

中文題目：複雜性氣胸於瀰漫性肋膜肺實質病變之病例交叉分析

英文題目：Complicated pneumothorax in pleuropulmonary disease case crossover analysis

作者：李瑞源

服務單位：衛生福利部台中醫院 內科

Introduction: Pleuropulmonary disorder of systemic diseases are important causes of morbidity and mortality worldwide. Pleuropulmonary disease associated with occupational exposure. malignancy: rheumatic disease. interstitial lung etc. For propensity for the lung stiffness and emphysema rupture results in complications such as recurrent secondary pneumothorax, air leak, hemorrhage, The inflammation, fibrous pleural peel formation (with trapped lung) and noncompliant parenchyma associated with air leak, obliteration of the pleural space.

Methods: We grouped patients treated for their diffuse lung disease with complicated pneumothorax inpatients under the attendance of a specific physician for a certain period of time, 4 patients had apparent underlying lung disease got complicated pneumothorax. We assembled 2 groups with different illness composed of 4 subjects matched for age, smoking history Chest tube placement time pleural effusion nature etc. The complication, duration of drainage, length of hospital stay, and immediate and long term success rate of treating complicated spontaneous pneumothorax were included for analysis.

Results: in 4 patients without serious complication .All patients with a median duration of drainage of 32 days (range 6-40) and a median length of hospital stay of 28 days (range 7-49). After follow up duration of 8 weeks (range 1-16) in 4 cases the short term success rate was 25%, although 4 cases still developed pneumothorax which might require surgical treatment but critical condition made patients to give up this choice. The presence of emphysema, smoking history and occupational lung disease were also poor prognosis for patients than those with lung malignancy. Conclusions: The majority of patients with pneumothorax had parenchymal destruction and emphysema based on the absence or presence of underlying lung disease. Abnormalities in include emphysema-like changes as blebs and bullae. The purpose of study was to evaluate lung structure and extent of emphysema in

patients with complicated pneumothorax to assess the influence factors on pneumothorax events. As these cases were likely to represent complicated, pneumothorax with higher mortality in short term. CXR and CT images may demonstrate an obstructive bronchus, pleural, atelectasis, pneumonia, lymphangitic carcinomatosis, stenting may relieve an obstructive bronchus. Thoracentesis, chest tube drainage or indwelling pleural catheter can reduce dyspnea associated with pleural effusion. Pleural involvement can manifest as pleural thickening with pleural effusion or as malignant pleural effusion. Patients with malignant effusion (lymphangitic carcinomatosis) are managed palliatively. Causes of collapsed lung include lung tumor obstruct large airway or mucus impaction. Their lungs are restricted from fully expansion. Restrictive lung disease most often results from a condition causing stiffness in the lungs. A collapsed lung could be life-threatening in people who have severe emphysema, because of their function is compromised.