胸膜肺母細胞瘤以張力性氣胸爲最初臨床表現：病例報告 DP009-CH
Pleuropulmonary Bastoma with an Initial Presentation of Tension Pneumothorax: a case report

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A 2-year-old girl with history of right tension pneumothorax post thoracostomy one month ago was brought to our ER due to shortness of breath for one week. According to her family, she had cough with yellowish sputum initially, following by progressive shortness of breath, fever, poor activity, and drowsiness. In our emergency department, chest radiography showed recurrent right tension pneumothorax, and pigtail catheter thoracostomy was immediately performed. In the follow-up chest radiography, a suspicious round lucency in the re-expanded right lower lung is noted. Chest computed tomography (CT) revealed a patchy consolidation in the posterior segment of upper lobe of right lung, indicating reexpansion pulmonary edema, and a large subpleural cystic lesion with an eccentric solid component in the posterior basal segment of right lower lobe of lung. Wedge resection of the right lower lobe under video-assisted thoracopscopic surgery was performed. The tumor was mainly located at the visceral pleura and invaded into lung parenchyma, consisting of both solid and cystic parts grossly. Under microscopic descriptions of the histopathology study, the tumor showed a picture of multilocular cystic and partly solid lesion, lined by benign low cuboidal ciliated or non-ciliated epithelium. There was a population of small primitive malignant cells beneath the epithelium with rhabdomyoblastic differentiation. The immunohistochemical (IHC) study showed positive staining for desmin, myogenin, and Myo-D1. The above findings confirmed the diagnosis of type II pleuropulmonary blastoma (PPB).

28 歲女性未預期的診斷爲 B 型主動脈弓中斷：病例報告 DP010-CH
Type B interrupted Aortic Arch: Unexpected Diagnosis in a 28-Year-Old Female: a case report

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PURPOSE: Interrupted aortic arch (IAA) is defined as complete absence of luminal continuity between the ascending and descending portions of the aorta. We present a case of type B IAA in a 28-year-old female.
CASE REPORT: A 28-year-old female had hypertension for one year without medical control. She suffered from right intracranial hemorrhage last September-11 status post therapy at outside hospital and referred to our rehabilitation department in bed-ridden status at this April-10. Cerebral vascular anomaly was suspected due to the outside hospital cerebral magnetic resonance image (MRI). Conventional angiography and computed-tomography angiography (CTA) were study after admission.
Angiography revealed complete occlusion of proximal descending aorta, many collateral circulations from right subclavian and intercostals arteries to the descending aorta. CTA showed total interruption between the left carotid and left subclavian arteries and tortuous at right brachiocephalic artery. Type B interrupted aortic arch is diagnosed. The patient was referred to medical center for further therapy opinions.
CONCLUSION: IAA is a very rare congenital malformation. The majority of patients die before adulthood. It is an unexpected diagnosis in an adult. Surgical correction of this anomaly is the definite treatment, but it is debatable for our patient because of her clinical bed-ridden status. Careful physical examination of the lower- and upper peripheral pulses in young adults with chief complain of hypertension may help to early diagnosis of IAA and coarctation of aorta.