

grip strength in the lowest quintile according to subgroups of gender and body mass index (83 elders as low grip strength and 387 elders as normal grip strength).

**Results:** The minor allele frequency for rs4814615 and rs2021785 was 0.4926 and 0.3109, respectively. After adjusting for age, gender, and body mass index, our study indicates that SNP rs4814615 G/A genotype was significantly associated with decreased grip strength ( $\beta=-1.179$  Kg,  $p<0.05$ ) and SNP rs2021785 was not associated with decreased grip strength. In addition, the adjusted odds ratios of low grip strength were at borderline significance [1.952 (95% CI: 0.984-3.874) among elders with SNP rs4814615 G/A genotypes compared with elders with GG genotype,  $p=0.056$ ]. On the contrary, the adjusted odds ratios of low grip strength were significantly associated with SNP rs2021785 A/A genotype [0.316 (95% CI: 0.100-0.998) among elders with SNP rs4814615 G/A genotypes compared with elders with GG genotype,  $p=0.049$ ].

**Conclusion:** We conclude that polymorphisms rs4814615 and rs2021785 in the PCSK2 gene are predictors of grip strength, indicating rs4814615 and rs2021785 appear to be a susceptibility biomarker of grip strength. But future study may be required.

## AGREEMENT OF BODY COMPOSITION MEASURED BY BIOELECTRICAL IMPEDANCE ANALYSIS AND DUAL-ENERGY X-RAY ABSORPTIOMETRY IN OLDER ADULTS

### 成老人使用生物電阻抗分析法與雙能 X 光吸光測定法 測量體組成的一致性

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**Purpose:** This study aimed to compare the estimates of body fat mass percentage (%BF) and lean mass percentage (%BL) by performing bioelectrical impedance analysis (BIA) and dual energy X-ray absorptiometry (DXA) in Chinese older adults.

**Methods:** A total of 1,382 older adults aged 55 years and over was recruited in a community-based cross-sectional study in Taichung City, Taiwan from 2010 to 2012. Among them, 638 (46.2%) were males and 664 (48.0%) were aged 65 years and older. Their body composition was measured by both bioelectrical impedance analysis (BIA) and dual energy X-ray absorptiometry (DXA) examinations. For each assessment, two indicators (%BF and %BL) in segmental body (legs, arms, and trunk) and in total body were calculated. Bland-Altman analyses and multiple regression analyses were used to assess relations of these indicators measured by BIA and DXA.

**Results:** Compared with DXA, BIA underestimated %BF [in males: -2.4, -2.8 to -2.0 (mean biases, 95% limit of agreement); in females: -1.44 (-1.80 to -1.77)] and overestimated %BL [in males: 6.3 (5.9 to 6.7); in females: 5.0 (4.7 to 5.3)].

The significant predictors of the difference of total body fat percent and total body lean mass percent between DXA and BIA were %BF and %BL when body mass index and age were considered in both genders (in males: including %BF and %BL, adjusted  $R^2=28.9\%$  and  $25.0\%$ , respectively; in females: including %BF and %BL, adjusted  $R^2=46.3\%$  and  $46.1\%$ , respectively).

**Conclusion:** BIA provides a relatively accurate prediction of %BF and %BL in older adults, but less accurate prediction of %BF and %BL with aging.

## CARING AN OLD AGED WOMAN WITH A CALCIFIED ABDOMINAL LESION – CASE REPORT

### 一位高齡婦右腹鈣化影像的診療—個案報告

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**背景：**老年病患經常是病史不詳、症狀非特異性、複雜性及多層面，侵入性檢查的安排更需謹慎考量；如何跟老人和家屬溝通也是挑戰甚高，本文整理腹部鈣化病灶的鑑別診斷及醫病溝通過程，供臨床醫師參考。

**個案：**一位 83 歲婦人因精神不佳，家屬陪同前來就診，理學檢查及回溯病歷，除高血壓病史外無特殊異狀，但 X 光意外發現右側上腹一橢圓形鈣化影像，初步懷疑是「膽囊或腎結石」，但腹部超音波未能發現任何鈣化組織，須排除「非完全性鈣化膽囊」，且考慮可能有惡性組織的風險，故安排電腦斷層掃描進一步評估，放射科醫師判斷為「陳舊性鈣化腎動脈血管瘤」，但一般外科醫師則評斷為「腎上腺腫瘤」，且安排相關血液檢驗，結果無異常發現，再次建議進行取組織檢查，但婦人不同意，其後也未再回診，為了有助影像診斷的判讀，家醫科醫師再次請放射科同仁協助，把 CT 掃描影像重組成 3D 影像再次判讀，並諮詢血管外科醫師意見，一致判讀是「腎血管瘤」，血管外科醫師建議可以血管攝影確診，並同時進行栓塞治療；家醫科醫師因考慮 C 婦高齡且健康狀況良好，故未積極建議 C 婦接受血管攝影，在 2013 年 3 月的電話追蹤，C 婦血壓穩定、無不適，居家活動無困難。

**討論：**雖然至今這個案腹部內鈣化影像未有確實診斷，因該鈣化影像組織半年間沒變化故應屬良性，C 婦 84 歲高齡、無症狀，基本生活功能無障礙，血壓亦已規律控制，鈣化血管瘤在腹部深處，且有脂肪層包裹，發生破裂風險不大，若為了確診而進行血管攝影或切片檢查，其所暴露的風險可能更高，個案和家屬對進行確診的意願也不高，故採取保守觀察態度；隨著檢查結果更改或外科醫師不同看法，家庭醫師與個案及家屬溝通面對很大壓力；對無