

106 年 02 月中部地區消化系同好會

- ★ 時 間：106 年 02 月 23 日（四）5:00-7:05PM
- ★ 地 點：裕元花園酒店-4 樓西側包廂（台中市台灣大道 4 段 610 號）
- ★ 主辦單位：澄清綜合醫院中港分院胃腸肝膽科/醫學教育研究部
- ★ 主 持：黃仁杰副院長
- ★ 規 則：專題演講 60 分鐘（50 分鐘報告、10 分鐘討論）
病例報告 15 分鐘（10 分鐘報告、5 分鐘討論）
- ★ 學 分：內科醫學會、消化系醫學會及消化系內視鏡醫學會申請中

5:00-5:20PM	報到
5:20-5:35 PM 病例報告	<p>A Case of Conservative Management of Esophageal Perforation by Fish Bones <u>陳鄭弘堯</u> 李政祺 辛政憲 黃仁杰 何士奇 陳俊欽 澄清醫院中港院區 胃腸肝膽科</p> <p>Esophageal perforation is a severe complication with a high mortality rate. Surgery was the standard treatment according to the previous reports. However, conservative treatment is now used more frequently due to improvement in nutritional therapy and development of aggressive antibiotic treatment. In this case report, we describe one uncommon case in which esophageal perforation due to swallowing fish bones were successfully treated with conservative therapy.</p>
5:35-5:50 PM 病例報告	<p>A case of abdominal pain with acute portal vein thrombosis <u>陳彥仰</u> 林宛姿 葉宏仁 台中榮民總醫院 胃腸肝膽科</p> <p>This 55-year-old man suffered from persistent diffuse epigastric pain for about two weeks. He visited our ER on 201611/20 due to epigastric pain with radiation to back and cold sweating. CTA showed no evidence of aortic dissection. He was discharged after symptoms improved. However, the man had recurrent abdominal pain. He visited LMD again and received UGI scope on 201611/21. NSAID related peptic ulcer disease was favored. He took oral PPI but abdominal pain persisted. He visited our ER again. Initial vital signs revealed sinus tachycardia. Physical examination showed abdomen was normoactive bowel sound, soft but diffuse tenderness. Lab data revealed Leukocytosis, elevated CRP. Abdomen CT showed fat stranding of mesentery root and some ascites. After admission, intermittent abdominal pain was noted. The abdominal CT showed portal vein thrombosis. Enoxaparin was prescribed since 2016/11/29. The abdominal symptom improved gradually after enoxaparin use.</p>

<p>5:50-6:05 PM 病例報告</p>	<p>以昏倒為表現的心臟轉移性肝癌 --- 一病例報告 鄭幸弘 鄧冠宇 許鈺銓 朱家聲 蘇文邦 鄭庚申 中國醫藥大學附設醫院 內科部消化系</p> <p>一位 47 歲男性工人，突然於工作時發生昏倒，被送急診室後，經心臟科檢查，右心房有一腫瘤，疑似肝臟原發，轉至消化系確診，之後轉心臟外科手術，取出心內腫瘤，出院後門診追蹤。</p>
<p>6:05-7:05PM 專題演講</p>	<p>HCV Immunology 林俊彥主任 林口長庚紀念醫院肝臟科</p> <p>There are three different kinds of chronic viral infection in human that claimed a lot of life, HIV, HBV and HCV. These three viruses had different strategies to deal with the immune system. For the HCV, the so-called “cunning” virus, had several strategies to evade the attack of innate immunity and to “exhaust” the acquired immunity. In addition, the treatment outcome of chronic hepatitis C, from conventional interferon to the interferon-free DAAs, had also had great impact on the immune system. In this talk, we will try to discuss the possible immune evasion strategy of the hepatitis C virus and the immune impacts of IFNα-based treatments and IFN free treatment on patients with CHC, especially for the innate immunity and adaptive immunity. On the other hand, the difficulty in the development of vaccination will be addressed as well.</p>