

# 中區消化系同好會( 107/11 )

時間：民國 107 年 11 月 01 日(四) PM 17:20 ~19:00

地點：裕元花園酒店 4F 東側包廂 (台中市西屯區台灣大道四段 610 號)

主辦：中山醫學大學附設醫院肝膽腸胃科

學分：消化系醫學會、消化系內視鏡醫學會、內科醫學會學分申請中

## Agenda

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### 講題 I

### 病例報告

主持人：蔡明璋主任

17:00-17:20	Registration
17:20-17:40	An unusual cause of spontaneous bacterial peritonitis 林佑達 江承源 亞洲大學附屬醫院胃腸肝膽科
17:40-18:00	消化系專科醫師在消化系統癌可以有更好的照護能力-六年經驗 案例分享 陳俊欽 澄清醫院中港院區胃腸肝膽科
18:00-18:20	Direct-acting antiviral agents in the treatment of chronic hepatitis C- experience from China Medical University Hospital. 許偉帆 賴學洲 蘇文邦 莊伯恒 陳昇弘 陳宏耀 王鴻偉 彭成元 中國醫藥大學附設醫院 消化系內科

### 講題 II

### 特別演講

主持人：林俊哲教授

18:20-19:00

**Metallic stenting of gastroduodenal and colonic obstruction.**

林口長庚 劉乃仁主任

19:00

餐敘

►時間：17:20-17:40

## An unusual cause of spontaneous bacterial peritonitis

林佑達 江承源

亞洲大學附屬醫院胃腸肝膽科

### Abstract:

50歲酒精性肝硬化患者，近一年因腹水所致腹脹，常至急診進行引流(paracentesis)。此次亦因腹脹而至急診進行腹水引流，急診醫師送相關檢體發現腹水中出現大量白血球。故以spontaneous bacterial peritonitis 住院治療，治療過程中發現。

►時間：17:40-18:00

## 消化系專科醫師在消化系統癌可以有更好的照護能力 - 六年經驗案例分享

陳俊欽

澄清醫院中港院區胃腸肝膽科

### Abstract:

- 台灣每年約四萬多人因癌症死亡，其中消化系統癌以肝、大腸、胃、胰臟與食道癌皆列於台灣前十大癌症死因，足見其重要性。相較於三十年前，醫學在癌症治療成績有明顯進展，尤其是攝護腺癌與乳癌，在腸胃科則只有大腸癌有明顯進步，五年存活率可以突破60%。但還有很多癌症的治療成績仍不甚理想，如肝、胰臟、胃癌與食道癌，都值得繼續努力。目前已經有些癌症都由診斷的專科來做全方位照護。(如乳房外科、大腸直腸外科、胸腔內科,泌尿外科...等)
- 這些由我們(消化系專科醫師)診斷的癌症病人，常面對之後「交」給那一科醫師來做後續處理。可以開刀的腫瘤交給外科，不能開刀的就交給腫瘤科，不同專業的醫師面對腫瘤的處理與對策各不相同。我們也可能替病患做出錯誤的決定。對病患而言，若腸胃科醫師能作為一個統合醫師，給予完整的治療，更能即時處理治療追蹤期間的消化系統相關併發症，病人可以不必東奔西跑，並且對醫師的信任度會更好。舉凡超音波及內視鏡檢查追蹤，電燒止血、早期腫瘤切除、肝轉移無線射頻燒灼，裝設膽胰管，食道，胃、十二指腸、大腸支架、腹膜積水之診斷，引流與化療、消化系統功能及肝臟功能照護，等，都是我們消化系醫師的專業。筆者在這六年累積近250例從診斷後的照護經驗，深刻感受到對這個領域值得更多同好來投入。今天藉一些案例與大家分享與討論。例如一位大腸癌三期導致腸套疊、腸阻塞的病患，又合併有B型肝炎急性發作的風險，在治療大腸癌及B型肝炎至今兩年無復發。一位三期胰臟癌合併十二指腸狹窄及膽管阻塞，在經置放十二指腸支架建立腸道營養及總膽管支架引流後，得以繼續接受化學治療。一位十二指腸基質瘤，併大出血及肝臟轉移、從止血、診斷及標靶藥物治療、存活至今已三年，因此專業的腸胃科診斷、妥善的醫療規劃，完整的醫護團隊有助於良好的治療成績。最後，由消化癌症科的醫師團隊來照顧腸胃科病患，不僅能夠照顧病人的身心靈，更能夠給予病患更好的明天。

►時間：18:00-18:20

**Direct-acting antiviral agents in the treatment of chronic hepatitis C- experience from China Medical University Hospital.**

許偉帆 賴學洲 蘇文邦 莊伯恒 陳昇弘 陳滋耀 王鴻偉 彭成元  
中國醫藥大學附設醫院 消化系內科

**Abstract:**

Direct-acting antiviral agent therapy is the standard of care in patients with chronic hepatitis C (CHC) nowadays. In this presentation, we will share the real world experience of DAA therapy for patients with CHC from China Medical University Hospital.

**講題 II**

**特別演講**

**Metallic stenting of gastroduodenal and colonic obstruction**

**Nai-Jen Liu, M.D.**

**Division of Gastroenterology and Hepatology**

**Linkou Chang Gung Memorial Hospital, Taoyuan, Taiwan**

A stents is the device to maintain patency of luminal structure throughout the body. Stenting is the placement of a stent. Metallic stents are currently an established component of the endoluminal and nonsurgical therapy for gastroduodenal and colorectal obstructions. The use of metallic stents within the stomach, duodenum, or colon is intended to provide nonsurgical palliation for the symptoms of gastric or colonic obstruction. For unresectable disease, this palliation may be improve the quality of life. It can also be a temporizing procedure prior to a definitive surgical procedure. The minimally invasive intestinal decompression procedure can quickly relieve the intestinal obstruction in an acutely ill patient. It can also allow time to improve a patient's overall medical condition and thus to allow a patient to better tolerate the definitive surgical procedure, eliminating the need for staged procedures.

Currently, tubular woven nitinol stents rather than the laser cut stents are preferred in pyloric-duodenal and colon stents to overcome the frequent acute angulation in these area. Although membrane covered stent can prevent tumor ingrowth, it is not usually used in the first line due to the higher migration rate. The result of the study of covered pyloric-duodenal stent with bumpy appearance to prevent stent migration is promising. A gastrojejunostomy can now be created by EUS guided placement of a lumen apposing metal stent with a specially designed balloon. It may be the best palliative treatment for malignant gastric outlet obstruction.

## Biography Nai-Jen Liu MD (劉乃仁)

Dr. Nai-Jen Liu is Assistant professor of Medicine and Chief of pancreato-biliary department at the Division of Gastroenterology and Hepatology in Linkou Chang Gung Memorial Hospital, Taoyuan, Taiwan. He completed medical school at Chung Shang Medical University in Taichung. He then trained in Medicine, Gastroenterology and Hepatology in Linkou Chang Gung Memorial Hospital.

Dr. Liu's clinical interest is in advanced therapeutic endoscopy including ERCP and fluoroscopic guided endotherapy. His research interests are in the areas of outcomes research, new technology evaluation and training in advanced endoscopic procedures.