

109 年 2 月中部地區消化系同好會

時間：民國 109 年 02 月 06 日(星期四) 下午 17:00~19:30

地點：台中市裕元花園酒店四樓東側包廂

(台中市西屯區台灣大道四段 610 號)

主辦單位：中山醫學大學附設醫院

討論方式：個案報告 15 分鐘，討論時間 5 分鐘

專題演講 50 分鐘，討論時間 10 分鐘

TIME	TOPICS/ACTIVITIES	DELEGATES
17:00-17:25	報到	
17:25-17:30	歡迎致詞	蔡明璋 主任 中山醫學大學附設醫院 胃腸肝膽科
個 案 報 告		
17:30-17:45	A 76-year-old female with a palpable mass and tenderness in the right lower quadrant (RLQ) of the abdomen for 10 days	<u>陳威良</u> <u>楊子緯</u> <u>蔡明璋</u> 中山醫學大學附設醫院 肝膽腸胃內科
17:45-18:00	A 49-years-old woman presented with intermittent epigastric pain for one month	<u>蔡佳勳</u> ¹ <u>廖光福</u> ¹ <u>余政展</u> ² 台中慈濟醫院 肝膽腸胃科 ¹ 一般外科 ²
18:00-18:15	A 64-year-old female with diarrhea for three months	<u>許貝池</u> <u>張凱智</u> <u>林群凱</u> <u>黃柏儒</u> <u>周仁偉</u> <u>鄭庚申</u> 中國醫藥大學附設醫院 內科部消化系
18:15-18:30	一名 66 歲女性出現持續 1 週的腹脹，噁心，嘔吐和水瀉。	<u>沈士雄</u> 台中榮總 胃腸肝膽科
專 題 演 講		
18:30-19:20	AASLD 2019 HCV Highlights	<u>劉振驊</u> 醫師 台大醫院內科部暨肝炎研究中心主治醫師
19:20-19:30	Closing	蔡明璋 主任 中山醫學大學附設醫院 胃腸肝膽科

►時間：17:30-17:45

A 76-year-old female with a palpable mass and tenderness in the right lower quadrant (RLQ) of the abdomen for 10 days

陳威良 楊子緯 蔡明璋

中山醫學大學附設醫院 肝膽腸胃內科

Abstract:

A 76-year-old woman was admitted to the hospital with a palpable mass and tenderness in the right lower quadrant (RLQ) of the abdomen for 10 days. Laboratory studies showed elevated levels of carcinoembryonic antigen (524.5 ng/ml), and carbohydrate antigen 125 (45.8 U/ml). Contrast-enhanced abdominal computed tomography (CT) showed a 9-cm heterogeneous enhanced mass involving the ascending colon and cecum.

►時間：17:45-18:00

A 49-years-old woman presented with intermittent epigastric pain for one month

蔡佳勳¹ 廖光福¹ 余政展²

台中慈濟醫院 肝膽腸胃科¹ 一般外科²

Abstract:

This 49 years-old woman had the past history of type 2 DM. This time, she presented with intermittent epigastric pain for one month. She visited other hospital at first and abdominal sonography showed liver tumor. Abdominal CT revealed a marginal enhanced lesion about 8.3 x 4.7 cm in lateral segment of liver. She came to our hospital for second opinion.

►時間：18:00-18:15

A 64-year-old female with diarrhea for three months

許貝池 張凱智 林群凱 黃柏儒 周仁偉 鄭庚申

中國醫藥大學附設醫院 內科部消化系

Abstract:

惠氏病(Whipple disease, WD)一種罕見的、由細菌感染引起的慢性，全系統感染性疾病,但主要影響是小腸，多見於白人 40 歲以上男子。致病菌為 *Tropheryma whippelii* 為一種革蘭陽性桿菌----放線菌(actinomycete)感染所致，此病菌常存在廢水中。疾病特徵是腹瀉、腹痛及嚴重的吸收不良、體重減輕、多發性關節痛和關節炎(90%)、咳嗽、貧血、色素沉著、肺門淋巴結腫大、胸腔積液。小腸粘膜活檢具有特異性和診斷價值。一般為偶發，不會引起流行。本病臨床表現變化多端，典型器官系統有胃腸道、關節、心臟、腸系膜感染等。該病可累及人體多個組織、器官,臨床上容易誤診誤治,可造成嚴重的不良後果。

患者為 64 歲退休女性工人，患糖尿病數年，因持續腹瀉 3 個月至本院就診，理學檢查呈現結膜蒼白、輕微腹脹、雙下肢水腫；主要接觸史:居家附近溝渠洗滌食物及餐具、赤腳接觸泥土。區域醫院做大腸鏡及胃鏡檢查並無特異性發現；腹部斷層掃描顯示小腸壁增厚、輕微腹水、腹部淋巴結腫大；血液生化學檢查呈現輕度貧血、白血球增多、低蛋白血症，小腸鏡檢查切片顯示含有糖蛋白的泡沫狀巨噬細胞(foamy macrophages)，其 PAS 染色陽性，及腸絨毛擴張現象，確診為惠氏病，經八周抗生術治療後，腹瀉，水腫症狀改善，患者持續於門診追蹤。

►時間：18:00-18:15

一名 66 歲女性出現持續 1 週的腹脹，噁心，嘔吐和水瀉。

This is a 66-years-old woman who has medical history of

- 1.CAD-II (LCX and RCA) with NSTEMI s/p robotic assisted off pump CABG
- 2-(LIMA-(R.A.))-OM-PDA as U graft) on 2009/3/2, under Ticlopidine
- 2.Type 2 DM under OHAs control
- 3.Right femoral neck fracture with displacement, s/p hemiarthroplasty of right hip on 2018/05/10
- 4.Hypertension.

She presented with abdominal fullness, nausea, vomiting, and watery diarrhea for 1 week. Whole abdominal pain was also mentioned. She denied fever, headache, sore throat, productive cough, rhinorrhea, chest pain, dysuria. She also denied having raw water or food. Initially she was admitted to Nau-tou hospital since 108/07/01, where painless panendoscopy and colonoscopy were arranged, which revealed gastric ulcers and cecal polyps. After polypectomy, she presented with dyspnea and chills. Her family asked to be referred to our hospital. At the ER, PE showed bilateral lung coarse breathing sounds especially left side, normoactive bowel sounds, no tenderness, no rebounding pain. Chest x ray showed left increased infiltration. Lab data revealed elevated lactate and procalcitonin, metabolic acidosis. After admission, antibiotics was switched from ceftriaxone to piperacillin/tazobactam. Respiratory distress gradually subsided and so does the left lung infiltration on chest x ray. Blood and sputum culture had no yield. However, the patient complained reflux and heartburn sensation on 7/11. Dexlansoprazole and mopride were prescribed. But her symptoms did not improve and she began to vomit after meal in 30 minutes since 7/13. Abdominal plain film revealed bowel loops dilatation. Ileus was suspected. Abdominal CT was arranged and showed small bowel ileus, r/o radiolucent gall stone or tumor related. Thus abdominal MRI is arranged. Abdominal MR was done and showed ileus due to gallstone. Exploratory laparotomy was done on 2019/07/19 and gallstone was removed by enterotomy. The patient stood the whole procedure well. The patient resumed oral intake well. She discharge on 2019/07/26 uneventfully.

講題 II 特別演講

►時間：18:30-19:20

主題: AASLD 2019 HCV Highlights

演講者: 劉振驊醫師 (台大醫院內科部暨肝炎研究中心主治醫師)

AASLD 2019 HCV Highlights

Chen-Hua Liu, MD, PhD

Hepatitis Research Center, and Department of Internal Medicine,
National Taiwan University Hospital, Taipei, Taiwan

Abstract :

Interferon-free direct acting antivirals (DAAs) has been the standard of care for the treatment of hepatitis C virus (HCV) infection. Sofosbuvir (SOF) is a pyrimidine nucleotide analogue that inhibits the HCV non-structural protein 5B (NS5B) ribonucleic acid (RNA)-dependent RNA polymerase, which is essential for viral replication. Clinically, SOF is administered once-daily with pangenotypic potency, well tolerability, a high genetic barrier to drug resistance, and low rates of drug-drug interactions (DDIs). Furthermore, SOF can be used in combination with various kinds of NS3/4A protease inhibitors (PIs), NS5A inhibitors, and/or ribavirin (RBV) to achieve high SVR rates.

Although the package inserts of SOF-based DAAs have recently updated showing no dose adjustment is needed for any degree of renal impairment. However, there are still concerns with regard to the highly elevated active metabolite of SOF, GS-331007, in patients with chronic kidney disease (CKD) stage 4/5 than those with CKD stage 1-3.

Any link between Nephrotoxicity and SOF? Conflicting data regarding to the renal toxicity of sofosbuvir for patients with chronic hepatitis C. Moreover, almost retrospective cohorts with heterogeneous patient recruitment, few and irregular eGFR measurements at specific time points, making the models not stable or imprecision. Most studies lacked SOF-free DAAs as the control for the comparison.

Conclusion :

Patients receiving SOF-based DAAs have a quadratic trend with on-treatment worsening and off-therapy improving eGFR. Patients receiving SOF-free DAAs have a linear trend with on-treatment and off-therapy improving eGFR. Increasing age, use of SOF-based DAAs, and baseline more advanced CKD stage are independent risk factors to be associated with eGFR decline in HCV patients receiving DAAs.

Keating GM. *Drugs* 2014;74:1127

Lawitz E, et al. AASLD 68th Annual Meeting, Washington DC, 2017

Liu CH, et al. *J Hepatol* 2019 [Epub ahead of print]

劉振驊醫師

學歷：

國立台灣大學醫學系畢業

國立台灣大學臨床醫學研究所畢業



經歷：

台大醫院內科部住院醫師

台大醫院內科部總醫師

台大醫院內科部肝膽腸胃科專科訓練

台大醫院雲林分院肝膽腸胃科主治醫師

中華民國內科專科醫師

台大總院肝膽腸胃科主治醫師

台大醫院雲林分院內科部兼任主治醫師

專長：

消化道疾病診斷與治療、肝炎追蹤與治療、上下消化道內視鏡檢查與治療、超音波檢查