



113 年 6 月中部地區消化系同好會

時間：113 年 6 月 6 日 (四) 17:30 ~ 20:30

地點：台中高鐵站 集思台中新烏日會議中心富蘭克林廳 401 會議室

主辦：彰化基督教醫院肝膽腸胃科 顏旭亨醫師

TIME	TOPIC
17:30 – 17:55	Registration
17:55 – 18:00	Opening Remarks 陳洋源 主任 彰化基督教醫院
18:00 – 18:15	案例分享一 李約鞍、蘇培元 醫師 彰化基督教醫院胃腸肝膽科 Hepatitis B virus (HBV) reactivation in solid organ malignancy patients undergoing chemotherapy
18:15 – 18:30	案例分享二 蕭富澤、蕭舜文 醫師 彰化基督教醫院胃腸肝膽科 An 8-year-old girl with acute pancreatitis and pseudocyst underwent successful EUS--guided therapy
18:30 – 19:05	專題演講 楊佳偉主任 彰化基督教醫院 內視鏡中心 Endoscopic Diagnosis and Management of Motility Disorders
19:05 – 19:40	專題演講 曾屏輝教授 台大醫院 肝膽腸胃科 Advancements in Diagnosing Esophageal Motility Disorders with High-Resolution Manometry
19:40 – 19:55	案例分享三 黃裕凱 醫師 中山醫學大學附設醫院內科部肝膽腸胃內科 A 76-year-old woman vomiting with coffee ground and blood today
19:55 – 20:10	案例分享四 傅重睿、吳東龍 醫師 彰化基督教醫院胃腸肝膽科 A 72-year-old man with abdominal pain
20:10 – 20:30	Closing Remarks 陳洋源 主任 彰化基督教醫院

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病例報告

1. 18:00 – 18:15

Hepatitis B virus (HBV) reactivation in solid organ malignancy patients undergoing chemotherapy

李約鞍、蘇培元 醫師 彰化基督教醫院胃腸肝膽科

A 42-year-old woman with a history of occult HBV infection presented with right lower quadrant pain to another hospital's emergency department on October 30, 2017. Abdominal computed tomography revealed a left lower lung nodule. Due to this finding, she sought further evaluation at the Thoracic Medicine outpatient clinic, where biopsy was arranged on December 8, 2017, confirming adenocarcinoma with EGFR mutation exon 19(+). Lung cancer staging revealed brain metastasis. Serum HBsAg, HBeAg, and Anti-HCV were negative before initiating target therapy. Subsequently, she underwent afatinib treatment and radiotherapy from December 22 to December 25, 2017 (18 times). Despite these treatments, disease progression occurred, leading to the initiation of systemic therapy with pemetrexed plus cisplatin. On July 5, 2018, abnormal liver function tests (GOT 653 U/L, GPT 798 U/L) prompted a reevaluation of serum HBsAg, which revealed a high titer (18117.57 IU/ml) and HBV viral load of 40957441 IU/ml. Consequently, she commenced treatment with tenofovir disoproxil fumarate 300 mg once daily.

病例報告

2. 18:15 – 18:30

An 8-year-old girl with acute pancreatitis and pseudocyst underwent successful EUS--guided therapy

蕭富澤、蕭舜文醫師 彰化基督教醫院胃腸肝膽科

This is a 8-year-old female with past history below:

1. Microcytic anemia with thalassemia trait

According to the patient's mother, she suffered from vomiting for 4-5 times for 1 day. Intermittent left upper quadrant abdominal pain (2-3 minutes/time, Interval for 1-2 minutes) with poor appetite and activity was also noted. Physical examination showed hyperactive bowel sounds and left upper abdominal tenderness. Lab examination showed elevated amylase and lipase. Abdominal CT on 2023-12-06 showed suspect ruptured pancreatic pseudocyst(Se903b Im30) with abscess formation(or hemorrhage inside it, Se9 Im19) about 8cm in size. Echo guide aspiration of pseudocyst (355 ml of cyst fluid aspirated; old blood color)was arranged on 2023-12-11. MRCP on 2023-12-18 revealed A 14.6x9.8x11.9 cm cyst lesion in upper abdomen arising from pancreatic tail, favored pseudocyst. Followed abdominal echo on 2023-12-21 showed huge pancreatic cyst 11.6cm ,favor pseudocyst. Echo guide aspiration of pseudocyst (400 ml of cyst fluid aspirated; old blood color)was arranged again on 2023-12-27. The patient received ERCD(Endoscopic retrograde pancreas drainage) on 2023-12-29. Huge pancreatic cyst size more than 10cm over pancreatic tail was found, status post cystogastrostomy from stomach. Endoscopic drainage of pseudocyst was arranged on 12/29. After treatment, the symptoms had improved. Followed liver echo on

2024-01-04: (1)pancreatic pseudocyst 5.4cm*3.0cm near pancreatic tail, with double pigtail stents in situ (2)pancreas is intact. She was discharged after treatment.



彰化基督教醫院
醫學中心 彰化唯一

專題演講

3. 18:30 – 19:05

楊佳偉醫師 彰化基督教醫院胃腸肝膽科

Endoscopic Diagnosis and Management of Motility Disorders

Gastrointestinal motility disorders have a wide range of symptoms and affect patients' quality of life. Interventional endoscopy may be a primary or alternative treatment option for selected patients with motility disorders. Here we present the use of endoscopy in diagnosing and treating motility disorders of the upper gastrointestinal tract including gastroesophageal reflux disease, achalasia and esophageal spastic disorders, esophageal diverticulum.

專題演講

4. 19:05 – 19:40

Advancements in Diagnosing Esophageal Motility Disorders with High-Resolution Manometry

曾屏輝教授 台大醫院 肝膽腸胃科

HRM represents a significant leap forward from conventional manometry, offering unparalleled spatial and temporal resolution in assessing esophageal motor function. By capturing high-fidelity pressure data across multiple sensors along the length of the esophagus, HRM enables comprehensive characterization of esophageal peristalsis, sphincter function, and bolus transit dynamics. The speech delves into the diagnostic utility of HRM in identifying and classifying a spectrum of esophageal motility disorders, including achalasia, esophageal spasm, and esophageal dysmotility associated with systemic diseases. It elucidates the diagnostic criteria, distinctive manometric patterns, and clinical correlations essential for accurate interpretation and diagnosis.

病例報告

5. 19:40 – 19:55

A 76-year-old woman vomiting with coffee ground and blood today

黃裕凱醫師 中山醫學大學附設醫院內科部肝膽腸胃內科

A 76-year-old woman vomited with coffee ground and blood today. She had undergone robotic fenestration of a large hepatic cyst five months prior, due to acute cholangitis caused by the bile duct external compression by a large hepatic cyst. Physical examination showed pale conjunctiva and palpable mass at upper abdomen. Lab data showed Hb 7.6g/dl, WBC, 14490/ul, Cre 4.0 mg/dl, CRP 14 mg/dl.

Esophagogastroduodenoscopy revealed gastric outlet obstruction with diffuse ulceration and lumen narrowing at the post-bulbar region and the second portion of the duodenum. Magnetic resonance cholangiopancreatography confirmed the presence of a huge hepatic cyst measuring 17 cm in segment IV of the liver, containing heterogeneous fluid distribution and an air-fluid level inside. Thus, cystogastrostomy was performed by using interventional endoscopic ultrasound (EUS)-guided drainage with double plastic stents.

6. 19:55 – 20:10

A 72-year-old man with abdominal pain

傅重睿 醫師 彰化基督教醫院胃腸肝膽科

The patient is an 72-years-old man , with a history of hypertension without known adverse drug reaction, who present with abdominal fullness and vomiting .There were no fever chills ,no stool passage and diarrhea ,no vomiting coffee ground ,no dysuria or upper respiratory sign.He epigastric pain for long time visit to GI OPD ,then further survey panendoscopy on 2024-04-4 was performed (1) Reflux esophagitis LA Gr A(2) Acute gastritis(3) Huge bezoar over gastric body (4) Gastric ulcer,Forrest III.Keep oral form proton pump inhibitor agent . CT revealed mechanical ileus with bezoar.

CURRICULUM VITAE

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經歷：	台灣大學附設醫院內科部住院醫師	2001.7 ~ 2004.6
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	教育部部定教授	2022.8 迄今
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	台灣消化系內視鏡醫學會秘書長	2022.4 迄今
	台灣胃腸神經與蠕動學會理事	2016.8~ 2019.3
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專長	內科學，消化醫學，胃食道逆流，功能性腸胃障礙，消化性潰瘍 消化道內視鏡，食道壓力檢測，24 小時食道酸鹼暨阻抗檢測	

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