

中文題目：腸氣囊腫病的危險因子與死亡率

英文題目：Pneumatosis Intestinalis Risk Factors for Mortality

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前言：腸氣囊腫病是一個會起因於良性病症的不尋常疾病，臨床醫師也常常面臨是否採取開刀還是單純藥物治療的難處。我們發表一系列罹患腸氣囊腫病的成人來分析並人死亡率與是否開刀治療的相關性。

材料及方法：我們利用影像系統回顧高雄醫學大學附設醫院和高雄市立小港醫院從 1999-2007 年罹患腸氣囊腫病的成人與經由大腸鏡追蹤的缺血性腸疾病病人做統計分析比較。利用卡方檢定和多變項分析來分析對於死亡和治療有意義的相關性因子。

結果：33 個病人在九年內罹患腸氣囊腫病。在院死亡率為 34.6%，有採取藥物治療為 55.8%，其中之後有接受手術治療為 51.9%。經過多變項分析發現慢性腎臟疾病 ($p = 0.0052$)，肝臟酵素 (AST) 升高 ($p = 0.038$)，以及白血球增多 $> 10 \text{ c/mm}^3$ ($p = 0.04$) 與死亡率顯著相關。

結論：當病人罹患腸氣囊腫病合併慢性腎臟疾病，肝臟酵素 (AST) 升高，以及白血球增多 $> 10 \text{ c/mm}^3$ 有很高的危險性造成死亡。雖然對於此病的治療已經產生許多共識，但對於到底在何時採取單純藥物治療何時採取手術仍需要更多的實驗研究加以證明。

Background Pneumatosis intestinalis (PI) is an unusual finding that can exist in a benign setting but can indicate ischemic bowel and the decision for whether medical treatment or surgical intervention. We present a series of cases of PI in adults to illustrate factors associated with death and surgical intervention.

Methods We reviewed the radiology database of the Kaohsiung Medical University Hospital and Kaohsiung Municipal Hsiao-Kang Hospital for cases of PI between 1999–2007 in adult patients compared with ischemic colitis patients who regular follow up by colonfibroscope exam. Chi-square and multivariable logistic regression analyses were used to identify factors significant for treatment and death.

Results Thirty three patients developed PI over a 9-year span. The overall in-hospital mortality rate was 34.6%, and the overall medical treatment rate was 55.8%; while surgical rate was 51.9%. Factors independently associated with

mortality on multivariable analysis were chronic kidney disease ($p = 0.0052$), the elevation of AST ($p = 0.038$), and a WBC $> 10 \text{ c/mm}^3$ ($p = 0.04$).

Conclusion Patients with the concomitant presence of PI, a WBC $> 10 \text{ c/mm}^3$, and/or chronic kidney disease, and/or elevation of AST were most likely to have the highest risk for death. A management algorithm is proposed, but further research will be needed to determine which patients with PI may benefit most from medical treatment or surgery.