



最新消息

一、理事長的話

各位基層夥伴：

爭取透析總額以及透析業務是否順利攸關醫療品質，和政治人物維持良好互動關係是我們必須要做的工作。明年選舉是和友善立委做好關係的最好機會，我們一定要明確表現出全體基層透析院所對他們的支持，在未來四年才能繼續獲得良好協助。

此次捐款完全合法，請大家安心！未來四年在此一舉，**回覆願意捐款的醫師會員**，請務必依照協會指示捐出款項，建立協會誠信的形象，感謝您！

Ps：匯完款後，請回傳劃撥單據告知協會，後續才能開立捐款收據給您，謝謝！

協會信箱：dialysis98@gmail.com；協會 line ID：dialysis98

捐款意願回覆表單：<https://forms.gle/u1LPWfBfufuXnsrc8>

捐款意願回覆表單
1. 院所名稱：
2. 院所地址：
3. 負責醫師：
4. 聯絡電話：
5. 捐款意願： <input type="checkbox"/> 願意； <input type="checkbox"/> 不願意
6. 捐款收據抬頭： <input type="checkbox"/> 醫師個人； <input type="checkbox"/> 院所名義 (確定捐款者，請務必填寫)
7. 醫師個人請填身分證字號；院所名義請填統一編號： (確定捐款者，請務必填寫)
8. 醫師個人請留戶籍地址： (確定捐款者，請務必填寫)

二、學術專欄

電子煙和爆米花工作者肺

新鴻遠診所 張智鴻醫師

Canada May Have Found New Vaping Complication: Popcorn worker' s lung

Life-threatening bronchiolitis related to electronic cigarette use in a Canadian youth

Cite as: CMAJ 2019;191. doi: 10.1503/cmaj.191402; early-released November 21, 2019

爆米花工廠員工之前曾被報導因吸入奶油和香料添加劑加熱氣化後的 diacetyl，而引起 bronchiolitis obliterans，而稱之 popcorn worker's lung，這次 vaping 也引起相同的病理學現象。

和美國之前報告 vaping 引起 alveolar injury 不同，加拿大這次報告是 vaping-associated bronchiolitis obliterans。

CT : diffuse centrilobular “tree-in-bud” nodularity with subpleural sparing consistent with bronchiolitis.

Histological sections of a transbronchial biopsy : alveoli showed nonspecific acute inflammation and reactive changes.



Figure 1: Portable frontal chest radiograph in a 17-year-old male youth taken on day 2 of a community hospital admission showing diffuse micronodular opacities in both lungs.

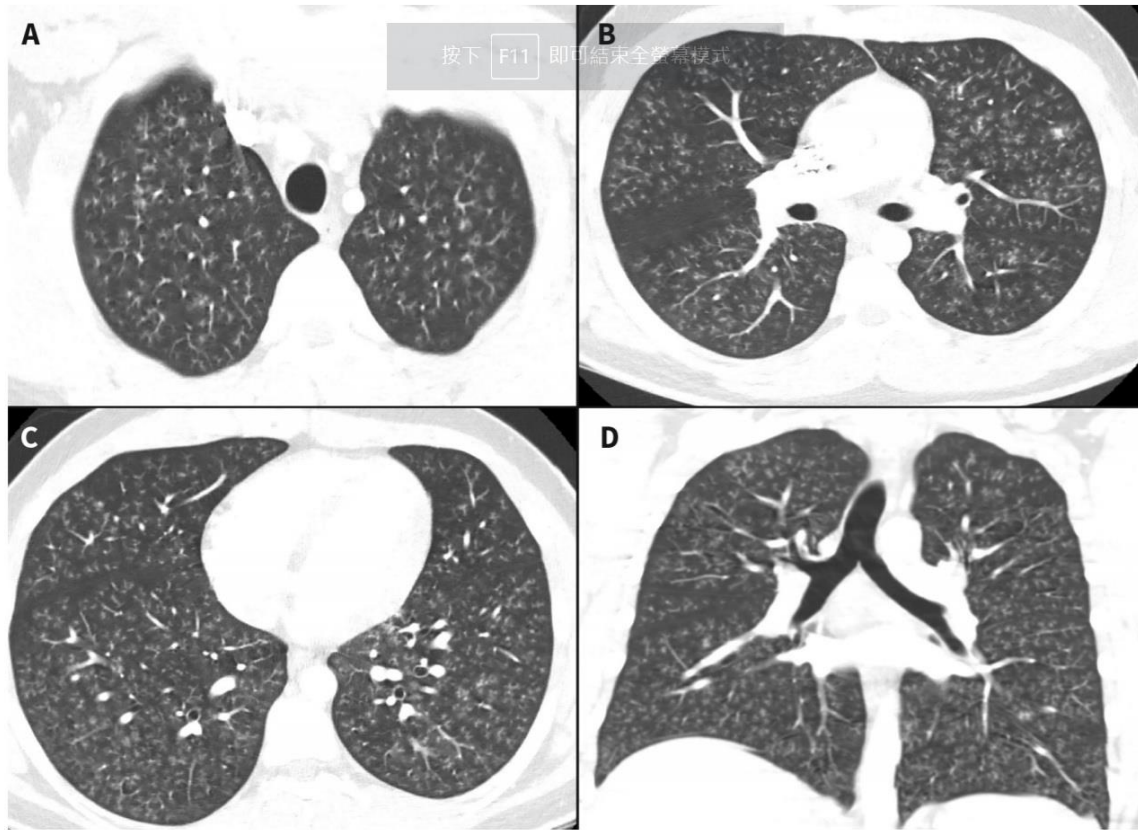


Figure 2: Computed tomography chest imaging on day 1 of hospital admission. Axial (panels A, B and C) and coronal (panel D) images show diffuse bronchiolitis manifested by innumerable tree-in-bud opacities throughout both lungs with subpleural sparing. Note the absence of mosaic attenuation, ground-glass opacity and consolidation.

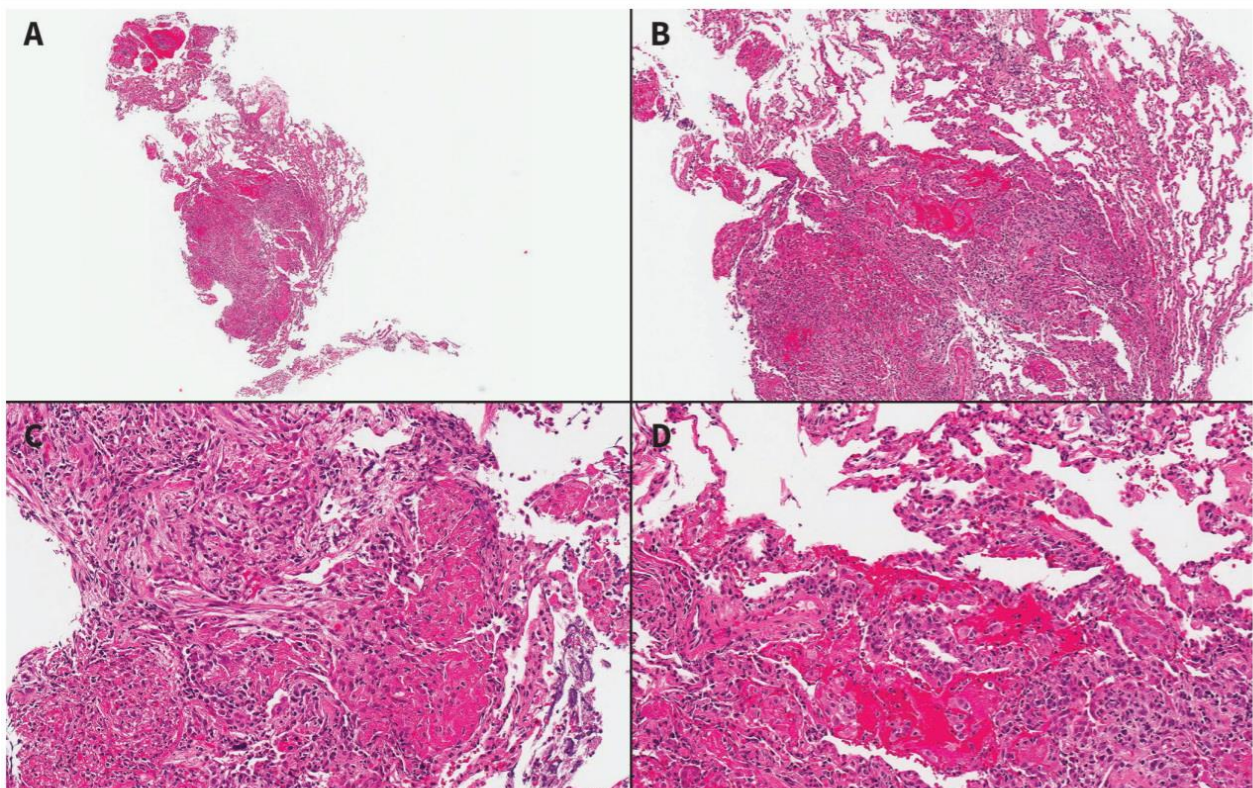


Figure 3: Histological sections of a transbronchial biopsy of the right lower lobe on day 8 of hospital admission at low (panel A, original magnification x 2), medium (panel B, original magnification x 4), high (panel C, original magnification x 10) and highest magnification (panel D, original magnification x 20) (hematoxylin and eosin stain). There is mild interstitial septal thickening secondary to acute inflammatory cells in the septi and type 2 pneumocyte hyperplasia (panel C). The airspaces are distended by a mixture of fibrin balls, neutrophils, macrophages and myofibroblast proliferation, with incorporation of myofibroblasts into the septi (panel D). These findings represent nonspecific acute inflammation and reactive changes in the airspaces. No bronchial mucosa is present for evaluation. The etiology of the findings is not identified. No infectious organisms are identified. Vasculitis and granulomatous inflammation is not identified. Hyaline membranes are not identified. Note the absence of viral cytopathic changes and paucity of foamy macrophages.