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高雄醫學大學附設中和紀念醫院胸腔內科 函

受文者：台灣胸腔及心臟血管外科學會

發文日期：中華民國 113 年 1 月 24 日

發文字號：高醫附胸內字第 113014001 號

附件：節目表、演講摘要、講者簡介

主旨：擬向貴會申請學分，懇請核准。

說明：一、名稱：南部胸腔病例聯合討論會

二、時間：113 年 3 月 13(三) 15:00~17:00

三、地點：本院自由一路啟川大樓 6 樓第二講堂

四、講題：如附件節目表所示

正本：台灣胸腔及心臟血管外科學會

副本：本醫院胸腔內科

科主任

洪仁宇

南區胸腔病例聯合討論會

主辦單位：高雄醫學大學附設中和紀念醫院胸腔內科

課程日期：113 年 3 月 13 日(星期三)

課程時間：下午 3 點至 5 點

地點：高醫附院 啟川六樓第二講堂 (高雄市三民區自由一路 100 號)

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日期	時間	主題	主講人	主持人
3 月 13 日 (星期三)	1500-1600	臨床病例討論會	各醫院醫師 吳寬澧醫師	洪仁宇主任
3 月 13 日 (星期三)	1600-1700	臨床病例討論會	各醫院醫師 吳寬澧醫師	洪仁宇主任

CURRICULUM VITAE

Name: KUAN-LI, WU, M.D.

Education:

M.D. 2001-2008 School of Medicine, National Yang-Ming University
(Ph.D.) 2019- Graduate Institute of Medicine, College of Medicine,
Kaohsiung Medical University

Career:

2009-2012 Resident, Internal Medicine, Kaohsiung Medical University
Hospital
2012-2014 Fellow, Department of Pulmonary and Critical Care Medicine,
Kaohsiung Medical University Hospital
2014-2018 Physician, Department of Chest Medicine, Ministry of Health
and Welfare Pingtung Hospital
2018-2020 Physician, Department of Internal Medicine, Kaohsiung
Municipal Ta-Tung Hospital, Kaohsiung Medical University
2020- Physician, Division of Pulmonary and Critical Care Medicine,
Department of Internal Medicine, Kaohsiung Medical University
Hospital

Administrative Positions:

2014-2018 Director, Intensive Care Unit, Ministry of Health and Welfare
Pingtung Hospital

Board Certification:

Taiwan Society of Internal Medicine, 2012

Taiwan Society of Pulmonary and Critical Care Medicine, 2014

Bibliography:

Original Research

1. **Wu KL**, Tsai MJ, et al. Liver metastasis predicts poorer prognosis in stage IV lung adenocarcinoma patients receiving first-line gefitinib. *Lung Cancer*. 2015 May;88(2):187-94
2. **Wu KL**, Kuo CY, Tsai YC, Hung JY, Sheu CC, Yang CJ, et al. CHADS2, CHA2DS2ASc, and New ABCD Scores Predict the Risk of Peripheral Arterial Disease in Patients with Sleep Apnea. *Journal of Clinical Medicine*. 2019;8(2):188.

3. Yang, C.J.; Hung, J.Y.; Tsai, M.J.; **Wu, K.L.**; Liu, T.C.; Chou, S.H.; Lee, J.Y.; Hsu, J.S.; Huang, M.S.; Chong, I.W. The salvage therapy in lung adenocarcinoma initially harbored susceptible EGFR mutation and acquired resistance occurred to the first-line gefitinib and second-line cytotoxic chemotherapy. *BMC pharmacology & toxicology* 2017, 18, 21
4. Tsai, Y.M.; **Wu, K.L.**; Chang, Y.Y.; Hung, J.Y.; Chang, W.A.; Chang, C.Y.; Jian, S.F.; Tsai, P.H.; Huang, Y.C.; Chong, I.W., et al. Upregulation of Thr/Tyr kinase Increases the Cancer Progression by Neurotensin and Dihydropyrimidinase-Like 3 in Lung Cancer. *Int J Mol Sci* 2020, 21
5. Chang, H.L.; Wei, P.J.; **Wu, K.L.**; Huang, H.L.; Yang, C.J. Checkpoint inhibitor pneumonitis mimicking COVID-19 infection during the COVID-19 pandemic. *Lung cancer (Amsterdam, Netherlands)* 2020, 10.1016/j.lungcan.2020.06.013
6. Tsai, Y.M.; **Wu, K.L.**; Chang, Y.Y.; Chang, W.A.; Huang, Y.C.; Jian, S.F.; Tsai, P.H.; Lin, Y.S.; Chong, I.W.; Hung, J.Y., et al. Loss of miR-145-5p Causes Ceruloplasmin Interference with PHD-Iron Axis and HIF-2 α Stabilization in Lung Adenocarcinoma-Mediated Angiogenesis. *Int J Mol Sci* 2020, 21, doi:10.3390/ijms21145081.

Review Article

1. **Wu, K.L.**; Tsai, Y.M.; Lien, C.T.; Kuo, P.L.; Hung, J.Y. The Roles of MicroRNA in Lung Cancer. *Int J Mol Sci* 2019, 20

南區胸腔病例聯合討論會

日期：113 年 3 月 13 日(星期三)

時間：下午 3：00~4：00

地點：高醫附院六樓 第二講堂

主持人：洪仁宇 主任

主題一：Pleural lesion

病例摘要：

67-year-old man with HTN, GERD and BPH, presented with right chest wall pain for 1 month. Chest X-ray showed radio-opacities over right lung with RML collapse. Chest CT disclosed fluid collection in the right pleural space.

Question 01 : Which is the differential diagnosis?

南區胸腔病例聯合討論會

日期：113 年 3 月 13 日(星期三)
時間：下午 4：00～5：00
地點：高醫附院六樓 第二講堂
主持人：洪仁宇 主任
主題二：Foreign body revealed by bronchoscopy

病例摘要：

62-year-old man without systemic disease, presented with productive cough for 1 month. Chest X-ray showed RLL infiltration, with progression to consolidation. Pulmonary function test showed positive bronchodilator test and LABA/ICS inhaler was added. For unstable SpO₂, he was hospitalized to chest medicine ward. Bronchoscopy showed a bony structure at TI with surrounding granulation tissue but failed to be removed by Cryoprobe, forceps, snare, Forgarty balloon catheter and Roth net. Later, he got burst of cough and the foreign body was gone. We found it at right nostril.

Question 01 : Which is the differential diagnosis?

Question 02 : Which is the optimal time for bronchoscopy evaluation?