

台中榮民總醫院
內部過敏免疫風濕科

謝格連氏症候群特別病歷記錄表

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|------|------|-----|------|-----|-----|--|
| 健保榮民 | 健保員工 | 健 保 | 健保員眷 | 民 眾 | | |
| 姓名 | | 病房 | 床位 | 年齡 | 病歷號 | |

日期：

I、口腔有乾澀之感覺：

- _____ 1. 口腔有乾澀之感覺，以致連續講話時 必須喝水潤喉 才能順利講完。
- _____ 2. 口腔有乾澀之感覺，以致吞食東西時發生困難。
- _____ 3. 口腔有乾澀之感覺，半夜常要起來喝水潤喉。
- _____ 4. 唾液腺有無種大現象 _____ (腮腺顎下線)
- _____ 單側(左、右)
- _____ 兩側

5. Dental caries

II、眼睛乾澀之感覺：

- _____ 1. 眼睛乾澀有感覺。
- _____ 2. 眼睛有異物感。
- _____ 3. 眼睛常疼痛。
- _____ 4. Schirmer test： 右眼 _____ mm
- 左眼 _____ mm

III、Sialoscintigraphy：

_____ Class I: Normal results, with rapid uptake of ^{99m}Tc-pertechnetate by the salivary glands within the first 10 minutes , progressive increase in concentration ; and prompt Excretion into oral cavity by 20 to 30 minutes. In the static study(at 60 to 80 minutes), The oral cavity was higher than the activity in the glands.

Date _____ Signature _____

_____ Class 2: Mild to moderate involvement, with relative normal salivary dynamics, but reduced absolute level of concentration; or with normal uptake, but a delay in the entire time sequence. Oral activity was less than normal and approximately equal to uptake within the glands in the static study.

_____ Class 3: Severe involvement, with markedly delayed and diminished concentration and excretion of ^{99m}Tc -pertechnetate. Oral activity may not be obvious even at the time of the static study.

_____ Class 4: Very severe involvement, with complete absence of active concentration. Glandular activity is not more than the background, and oral cavity may even appear as a negative defect.

IV、1. 臨床聽診有無 crepitant rales _____

2. 胸部 X 光有無 interstitial fibrosis _____

V、Associated with systemic disease

- _____ 1. SLE
- _____ 2. RE
- _____ 3. MCTD
- _____ 4. Polymyositis or dermatomyositis
- _____ 5. Interstitial lung disease
- _____ 6. PSS

VI、Laboratory data:

- _____ 1. ANA _____ titer _____ pattern
- _____ 2. ENA. _____
- _____ 3. RA _____ titer
- 4. IgG _____ IgA _____ IgM. _____
- 5. ESR _____ CRP _____