

中樞性發燒為神經重症患者常見之非感染性發燒，發生率高且容易混淆鑑別診斷。其病理機轉涉及急性神經損傷後引發之發炎反應及體溫調節中樞功能失衡。臨床上，患者常於住院初期出現高燒，對退燒藥反應不佳，並可能伴隨相對心搏過緩與少汗現象。診斷需排除感染性因素，並綜合考量高風險腦部病灶及發燒時序。前降鈣素原（PCT）等發炎指標有助於輔助鑑別。治療策略以積極降溫為主，惟中樞性發燒對傳統藥物反應有限，需考慮其他藥理與物理性介入方式。有效鑑別與管



理中樞性發燒，對提升神經重症患者之臨床預後具關鍵意義。

- 科技讓我們的腦子更有未來，重新定義腦中風的照護？

Acute stroke demands rapid and precise diagnosis to enable timely intervention and improve patient outcomes. Artificial intelligence (AI) has emerged as a transformative tool in MRI-based stroke detection, particularly in guiding thrombectomy decisions. AI algorithms can swiftly analyze MRI scans, differentiate ischemic from hemorrhagic strokes, and assess infarct core and penumbra, providing real-time insights for emergency physicians. AI-powered Rapid MRI solutions expedite stroke triage by identifying large vessel occlusions (LVOs), a critical factor in determining thrombectomy eligibility. This technology significantly reduces diagnostic delays, enhances accuracy, and optimizes decision-making for mechanical thrombectomy, ensuring that eligible patients receive timely treatment. AI integration also facilitates remote stroke evaluation through telemedicine, benefiting hospitals with limited neurology expertise. Furthermore, AI can predict stroke progression, personalize treatment strategies, and improve resource allocation in emergency departments. While challenges remain, including data standardization and regulatory compliance, AI-driven Rapid MRI solutions are revolutionizing acute stroke care, enhancing patient survival and long-term recovery.

- 超越 Heparin：從急重症醫師視角看高風險性急性肺栓塞的治療決策新趨勢

Acute pulmonary embolism (APE) is a common cardiovascular emergency, with a high incidence in elderly populations. Effective risk stratification is crucial for determining treatment strategies. High-risk APE is characterized by hemodynamic instability, shock, or cardiac arrest. Bedside ultrasound remains a primary diagnostic tool, supplemented by computed tomography pulmonary angiography (CTPA) if necessary. Immediate resuscitation involves oxygen support, cautious fluid management, and norepinephrine for blood pressure stabilization. Extracorporeal membrane oxygenation (ECMO) may be considered in refractory shock. Systemic thrombolysis with unfractionated heparin (UFH) is recommended, but catheter-directed thrombolysis or surgical embolectomy is necessary for contraindicated or failed cases. Recent studies suggest reduced-dose thrombolytics may lower bleeding risk while maintaining efficacy. Establishing a Pulmonary Embolism Response Team (PERT) can improve outcomes by expediting diagnosis and optimizing multidisciplinary management. Advances in diagnostic tools and therapeutic strategies continue to enhance survival rates and post-recovery quality of life for high-risk APE patients.



- 新興減肥藥物的急診挑戰：副作用及併發症

肥胖與多種代謝、心血管、骨骼疾病以及癌症風險增加密切相關，並對心理健康造成顯著影響。已成為全球及台灣的重大健康問題，並與多種致死原因相關。根據肥胖治療指引，適當的治療應結合生活方式改變、行為療法、藥物治療及減肥手術。新興減肥藥物如 Semaglutide 和 Tirzepatide 屬於 GLP-1 受體促進劑，已在全球市場上開始廣泛應用，並且這些藥物已顯示出較好的體重減輕效果。儘管它們在使用過程中有腸胃道不適的副作用，但現有證據顯示這些藥物並不會顯著增加低血糖、胰臟炎、膽囊疾病或癌症風險。然而這些藥物的長期安全性仍需進行更多研究以確保其對各類患者的健康影響。

- 兒童跛行的急診評估

When evaluating pediatric limping, emergency physicians must adopt a systematic differential diagnosis approach. This begins with assessing for trauma, overuse, and systemic symptoms, allowing for step-by-step exclusion of potential causes. Gait analysis is essential to determine whether the limp is antalgic (pain-related) or non-antalgic (non-pain-related). Non-antalgic gaits often indicate neurological or skeletal disorders, while antalgic gaits suggest painful conditions that require focused physical examination of the hip, sacroiliac joint, knee, and ankle. Blood tests and imaging studies further support the final diagnosis.

Emergency physicians must remain particularly vigilant for urgent conditions such as septic arthritis, osteomyelitis, pyomyositis, and compartment syndrome, as these can rapidly damage bones and joints and require early hospitalization. Familiarity with specific gait abnormalities is also important, enabling timely referral to appropriate subspecialties for further management.