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トピックス

胚発生を指標とした水質汚染モニタリングシステム構築の試み

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組織幹細胞・血管内皮前駆細胞の子宮内微小循環への関与一子宮内膜増殖~着床~妊娠維持における役割一

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原 著

四国地区における外来2型糖尿病患者の臨床像-多施設共同研究-

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Summary

Background and Aims: To clarify the clinical characteristics of Japanese type 2 diabetes, we investigated the clinical characteristics of our outpatients with type 2 diabetes.

Material and Methods: 2940 type 2 diabetic outpatients were registered in the hospital-based Shikoku Diabetes Study from April 2000 until May 2001.

Results: 1722 male patients (58.6%) and 1218 female patients (41.4%) were registered in the study. The patient's mean age was 61.3 years and mean BMI was 24.1 kg/m2. 26.2% of patients smoked and 24.2% drink at the time of the study. The mean plasma glucose level at the initial visit was 168 mg/dl, and the mean level of HbA1c was 6.9%. The mean systolic blood pressure was 134 mmHg, and mean diastolic blood pressure was 75 mmHg. In order to treat their diabetes 28.1% of patients made change to their diet, 54.7% of patients took oral hypoglycemic agents, and 17.2% of patients took insulin. The percentages of patients with retinopathy, numbness of the extremities, and proteinuria were 24.7%, 28.4 % and 22.2%, respectively. 7.0% of patients had a history of cardiovascular disease, and 7.2% had a history of cerebrovascular disease.

Conclusions: This study clarified the epidemiological and clinical characteristics of type 2 diabetes in Shikoku Japan. We believe that these clinical data will be useful for many clinical doctors and their out patients with type 2 diabetes.

Key Words: type 2 diabetes, observational study, cross-sectional study

臨床経験録

下部尿路機能障害に関する現況-アンケート結果の検討-

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愛媛医学 26(3):236-243, 2007

Summary

In order to investigate the present methods of diagnosis and treatment for patients with lower urinary tract dysfunction(LUTD) in Ehime, a survey was administered. Questionnaires were sent by mail to 794 internal medicine physicians and 128 urologists. Two-hundred-twenty-four(28.5%) and 52(40.6%) valid responses were obtained, respectively.

The results are summarized as follows: 1) Many potential LUTD patients have complained of lower urinary tract symptoms (LUTS) only at the internal medicine department and have not yet visited a urological clinic. 2) Male patients with LUTS tend to show voiding and post-micturition symptoms and female patients with LUTS tend to show storage symptoms. 3) Measurement of residual urine by ultrasonography is not a popular method of diagnosing LUTD among internal medicine physicians. 4) Internal medicine physicians do not fully understand the diagnosis and treatment of overactive bladder (OAB). 5) Internal medicine physicians and urologists have quite different impressions about each medicine used for LUTD.

In conclusion, more internal medicine physicians than expected deal with patients with LUTS. However, the internal medicine physicians'knowledge of LUTD was insufficient in some areas. We realize the importance of enlightening internal medicine physicians about LUTD and hope that the close connections between internal medicine physicians and urologists will be created in the future.

Key Words: lower urinary tract dysfunction, Ehime, questionnaire

症例報告

救命しえた上腸間膜静脈・門脈血栓症の1例

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愛媛医学 26(3):244-246, 2007

Summary

A 66-year-old man was referred for severe abdominal pain about 7 days after the onset of slight abdominal pain. The patient's abdominal computed tomography (CT) scan showed that thrombosis of the superior mesenteric and portal vein were detected, and then an emergency laparotomy was required. Intraoperative findings showed that congestive necrosis of the jejunum derived from thrombosis of the SMV and PV. The necrotic portion was approximately 1 m long and that was located 30 cm from the Treitz ligament. After affected bowel resection, primary anastomosis was performed. Intravenous administration of urokinase started immediately following the operation for seven days. The man's postoperative condition improved gradually. The patient is in the careful follow up observation by the administration of oral anticoagulant therapy (warfarin) and no recurrent thrombosis of SMV or PV has been found.

In this case, anticoagulant therapy in combination with the bowel resection is thought to have been effective.

Key Words: primary superior mesenteric venous thrombosis, jejunal necrosis, anticoagulant therapy

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愛媛医学 26(3):247-250, 2007

Summary

Infection of a pacemaker lead is relatively rare, but it is difficult to treat once it happens. We report one case of an infected pacemaker lead in which the lead was removed by a cardiopulmonary bypass. The patient was a 69-year-old woman who underwent an intravenous pacemaker implantation when she was 42 years old because of sick sinus syndrome. Seven months after the fourth re-implantation of the generator, she was admitted to a nearby hospital because of her elevated body temperature and discharge from the skin incision for the generator.

As conservative treatment failed to improve the patient's condition, she was referred to our hospital. A cardiopulmonary bypass was applied to remove the infected pacemaker lead. The lead with infected tissue was found in the right atrium using intraoperative echocardiography. Then the right atrium was opened and the infected lead was partially removed. The rest of the lead was pulled out through the subclavicular skin incision. After the operation, the patient's condition improved. On the 12th day after the operation, the generator was implanted in the abdominal wall and the patient was discharged.

When it is difficult to control a pacemaker infection with conservative medical management, removal of the infected pacemaker lead by a cardiopulmonary bypass is effective.

Key Words: removal, pacemaker lead infection, cardiopulmonary bypass

大腸癌術後に腸閉塞を発症した腸間膜脂肪織炎に対してステロイドが著効した1例

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愛媛医学 26(3):251-255, 2007

Summary

Postoperative mesenteric panniculitis is a very rare benign disease of the mesentery. We encountered a case of a 72-year-old man with an ileus after surgery that developed into mesenteric panniculitis. We chose to administer corticosteroids and observed a complete response. The patient recovered favorably until the 14th day after surgery for colorectal cancer. He began meals and ileac symptoms emerged two days later. A large elastic hard mass, approximately fist-size, developed on his right side. The patient's condition deteriorated after conservative treatment, and an exploratory laparotomy was performed. During surgery, a hyperplasia of the mesentery was observed with an adhesion between the small intestine and the bladder. A bypass operation was performed because a delamination proved difficult. A histological examination of the specimens revealed mesenteric panniculitis. The patient began 60 mg of steroids per day at the 14th postoperative day. His condition improved slowly and steddily, and he became symptomfree and was discharged.

Key Words: mesenteric panniculitis, postoperative ileus, steroid

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