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トピックス

抗加齢センターで得られる検診データ

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腫瘍選択的増殖と自殺遺伝子導入を組み合わせたアデノウイルスによる胆管癌の遺伝子治療

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原著

頸部内頸動脈狭窄症に対するCAS/CEAの治療成績と術後過灌流症候群のリスクファクターに関する検討

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Summary

Purpose: To study the perioperative and long-term results in both carotid stenting (CAS) and carotid endarterectomy (CEA) cases, and to investigate the risk factor for postoperative hyperperfusion syndrome (HPS).

Methods: In total 103 consecutive patients who underwent each revascularization procedure from January 1998 to October 2006 at our department were enrolled in the study, the CAS cases amounted to 52 and the CEA cases to 51. CAS was selected for CEA high risk cases.

Results: The perioperative results were favorable; in CAS the morbidity rate was 3.8% and the mortality rate was 0%, and in CEA the morbidity rate was 3.9% and the mortality rate was 0%. Over the long term follow-up period, both procedures revealed no infarction. Occurrence of other disorders that impaired the ADL were observed in 7.3% of CAS cases and 12.8% of CEA cases. Cerebral blood flow(CBF)Type _at the middle cerebral artery (MCA) area and crescendo transient ischemic attacks or fluctuating minor stroke (cTIAs / fMS) were risk factors for postoperative HPS. The incidences of HPS were 0% in cases with no risk factor, 15% in cases with one risk factor, 80% in cases with two risk factors.

Conclusion: Our data suggest that CAS as well as CEA could be performed securely, and revealed good results with long-term follow-ups. CBF Type _ at the MCA area and cTIAs / fMS were risk factors for postoperative HPS. Key Words: carotid revascularization, perioperative & long term result, hyperperfusion syndrome

総説

恒久的ペースメーカー植え込み術における工夫とコツー"cut-down変法"を中心に一

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愛媛医学 27(1):23-29, 2008

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Summary

The conventional cut-down method although complicated, significantly improves the long-term performance of leads in comparison to the subclavian puncture method. Still, the subclavian puncture method remains popular because of the ease of its technique, in spite of its short life-span. Cardiologists should endeavor to decrease lead failure for patients' benefit without regard to the difficulty of the technique. We already reported our cephalic vein cut-down arranged technique is easier than the conventional cut-down method. This paper further explains the arranged technique and other ideas and tricks for pacemaker implantation. Our arranged cut-down technique can transform the difficult conventional cutdown technique into an easy procedure without sacrificing the long-term performance of implanted pacing leads.

Key Words: pacemaker implantation, arranged cut-down technique, lead survival

症例報告

エパルレスタットによる薬物性肝障害の1例

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Summary

A 62-year-old man was managing diabetes mellitus with diet and exercise therapy for 8 years and developed severe hepatitis after 40 days starting of ingestion of epalrestat for diabetic neuropathy.

Infection with hepatitis viruses and autoimmune disease were discarded. The patient was diagnosed with a drug-induced liver injury by the criteria described in the 2004 DDW Japan scale, and also from clinical course and histological finding of liver. After withdrawal of epalrestat, parameters of liver function test became normalized. Although epalrestat is known to cause drug-induced liver injury, the drug has been used with several drugs. This study shows clearly that epalrestat can induce drug-induced liver injury by itself.

Key Words: Drug-induced liver injury, epalrestat

切迫流早産治療中に薬剤性無顆粒球症を合併した双胎妊娠

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Summary

Drug-induced agranulocytosis is infrequent, and reports of pregnant women with this disorder are rare. We present a case of a pregnant woman with agranulocytosis after prolonged intravenous infusion of ritodrine hydrochloride, who was successfully treated with recombinant human granulocyte colony stimulating factor (G-CSF).

A 27-year-old woman, gravida 0, para 0, underwent IVF-ET in November, 2001 and became pregnant. She was diagnosed as having a diamniotic, dichorionic twin pregnancy, and was admitted elsewhere for premature labor at 27 weeks gestation. A regimen of continuous intravenous infusion of ritodrine was started. The intravenous infusion was raised from 50 to 200 μg/min.

On admission the white blood cell count was 5,600/mm3. Five weeks later, the white blood cell count had fallen to 1,000/mm3, with no neutrophils. Ritodrine was discontinued immediately. We started subcutaneous injection of G-CSF at $100 \mu g/day$. Five days later, the white blood cell count increased to 9,700/mm3, with 84.1% neutrophils.

G-CSF may have potential as a treatment for drug-induced agranulocytosis during pregnancy. The possibility of drug-induced agranulocytosis should be kept in mind when using ritodrine hydrochloride over a long period during pregnancy.

Key Words: drug-induced agranulocytosis, ritodrine hydrochloride, G-CSF

透析患者における化学療法:肺小細胞癌肝転移に対してイリノテカン,シスプラチンによる化学療法を施行しPRが得られた1例

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Summary

A 65-year-old woman who had undergone hemodialysis for twelve years had symptoms including general fatigue and hepatomegaly. Based on computed tomography and a fiberscopic examination, she was diagnosed with multiple hepatic tumors with lung tumor. Histopathological findings (HE staining) by an ultra -sonography guided needle liver biopsy showed small cell carcinoma. The patient was diagnosed with small cell carcinoma and was started on chemotherapy with irinotecan(CPT-11) and cisplatin(CDDP), which had been reported to be effective for extended small cell lung carcinoma. The patient was treated with CPT-11 (40 mg/m2) and CDDP (7 mg/m2) on days 1 and 8 of each 21 day therapy course. Hemodialysis was performed for 44 hours after the administration of the anti-cancer drugs. After 3 courses of therapy, the patient achieved a partial response lasting for 14 months (16 courses of therapy). Nonhematological toxicities were moderate. After 11 courses of therapy, the patient experienced hematological side effects, including grade 3/4 neutropenia, anemia and thrombocytopenia, and required Granulocyte colony stimulating factor (G-CSF) and a blood transfusion. Significant tumor progression was observed after 14 months and the patient died 21 months after starting chemotherapy.

Key Words: CPT-11, small cell carcinoma, hemodialysis

鈍的腹部外傷にて小腸腸間膜損傷・小腸壊死をきたした1症例

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Summary

We report a case of mesenteric injury caused by blunt abdominal trauma. The patient was a 66-yearold male, admitted to our hospital after the traffic accident. The diagnosis was delayed because abdominal tenderness appeared 20 hours after the accident. Abdominal computed tomography revealed hemoperitoneum. We performed a diagnostic laparoscopy and a subsequent laparotomy, where mesentery was ruptured between 50 cm and 100 cm from ileocecal valve and the small intestine developed ischemic necrosis. We resected the small intestine and closed the mesentery. The post operative course was uneventful.

Key Words: mesenteric injury, blunt abdominal trauma, diagnostic laparoscopy

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第16回愛媛肝臓外科研究会

愛媛医学 27(1):45-47, 2008

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愛媛医学 27(1):48-50, 2008

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愛媛医学 27(1):51-55, 2008

第108回愛媛整形外科集談会

愛媛医学 27(1):56-58, 2008

第39回愛媛臨床血液懇話会

愛媛医学 27(1):59-60, 2008