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# トピックス

### オンコリティックアデノウイルスを用いた癌遺伝子治療

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### 心停止後症候群(Post-Cardiac Arrest Syndrome:PCAS)に関する最新のトピックス

相引 眞幸, 馬越 健介, 菊池 聡, 松本 紘典, 大下 宗亮, 安念 優, 森山 直紀, 竹葉 淳

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愛媛医学 33(2):59-64, 2014

### エディトリアル

### 腎癌の疫学と分子病理

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### 睡眠と頭痛

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愛媛医学 33(2):67-68, 2014

### 労働者のうつ病をどう把握し、治療するか

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愛媛医学 33(2):69-70, 2014

### 原著

# 乳頭状腎細胞癌の臨床病理学的検討

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愛媛医学 33(2):71-73, 2014

Summary

Two different subtypes of papillary renal cell carcinoma (PRCC) have so far been identified; type 1 with cuboidal cells and basophilic cytoplasm and type 2 with columnar cells and eosinophilic cytoplasm. It has been generally accepted that type 2 tumors have less favorable features in comparison with type 1 tumors. PRCC cases from our hospital were reviewed with special attention to their distinct clinicopathological differences.

Twenty-one cases (17%) were diagnosed as PRCC out of 127 renal tumor cases which underwent surgery between June 2008 and May 2013 in our hospital. PRCCs were classified according to the criteria established by Delahunt and Eble.

Of these 21 patients, 9 and 12 were diagnosed as having type 1 and 2 PRCCs, respectively. Median tumor size of type 2 PRCCs was significantly larger than that of type 1 PRCCs. Only 2 patients with type 2 PRCCs displayed vascular or lymphatic invasion, or distant metastasis. Postoperative recurrence and cancer-specific death also occurred only in patients with type 2 PRCC.

In the present study, type 2 PRCCs tend to have less differentiated features in comparison with type 1 PRCCs. Further investigations of the clinicopathological characteristics of PRCC are needed to fully characterize this neoplasm.

Key Words: papillary renal cell carcinoma, subtype, retrospective study

### 中高齢閉塞性睡眠時無呼吸患者における睡眠時無呼吸性頭痛と自覚的眠気との関連

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Summary

Sleep apnea headaches are one of the major symptoms of obstructive sleep apnea syndrome (OSAS), and often develop into chronic daily headaches. However, few studies have examined the associations of sleep apnea headaches with OSAS-related indicators. Therefore, this study examined the relationship between sleep apnea headaches and OSAS-related indicators among middle- to old-age OSAS patients. In total, 111 OSAS patients (apnea-hypopnea index [AHI] \_20 times/h) aged 43-89 years were enrolled. Fourteen patients had both sleep apnea headaches and chronic daily headaches, 11 patients had sleep apnea headaches but did not have chronic daily headaches, and 86 patients had neither sleep apnea headaches nor chronic daily headaches. We compared BMI, major PSG parameters and subjective sleepiness score evaluated by the Epworth Sleepiness Scale (ESS) among the three groups. Patients with both sleep apnea headache and chronic daily headache had significantly higher ESS scores than the other two groups (mean±standard deviation: 7.9±4.5, 4.2±3.4 and 4.0±2.7, respectively; p<0.05), but there were no differences between groups for the BMI and PSG parameters. In conclusion, sleep apnea headaches and chronic daily headaches were associated with subjective sleepiness among middle- to oldage OSAS patients.

Key Words: Sleep apnea headache, chronic daily headache, obstructive sleep apnea syndrome

# 抑うつ傾向を示す労働者に対する顔合わせ程度の面談による症状改善効果の検討:

### 産業保健現場における無作為化比較試験

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愛媛医学 33(2):80-86, 2014

### 症例報告

### 圧迫性視神経症を呈した最重症甲状腺眼症の1例

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愛媛医学 33(2):87-89, 2014

Summary

Despite an increase in stress-related disorders, no effective programs are available to help workers return to work (RTW). The aim of this study was to evaluate the effect of an original RTW program, ultra-short daily briefings care (USDBC), which was based on a key concept from the European Framework for Psychological Risk Management (PRIMA-EF; WHO, 2008). We compared the efficacy and efficiency of USDBC with care as usual (CAU) in a randomized, controlled, non-inferiority trial design. A total of 47 mildly depressed employees were assigned to one of two RTW programs: the USDBC group (n =23) and the CAU group (n =24). The USDBC group participated in the brief face-to-face rehabilitation program on a daily basis, and the CAU group participated in one session per month. The primary outcome measure was change in scores on the 17-item Hamilton Depression Scale (HAMD-17) from baseline to 4 weeks. We found a difference in the change in HAMD-17 scores from baseline to 4 weeks between the USDBC and the CAU groups (1.2 (SD 2.1) vs. -0.2 (SD 3.2); 95% CI: -0.2-3.0). The lower limit of the 95% CI exceeded the predetermined non-inferior margin of -2.5 points. Compared with CAU, USDBC resulted in non-inferior improvement in HAMD-17 scores among mildly depressed employees in an occupational healthcare setting.

Key Words: Return-to-work program, Hamilton depression scale, Ultra-short daily briefings care

# 研究会抄録

#### 愛媛脳神経外科懇話会第107回学術集会

愛媛医学 33(2):90-92, 2014

# 第47回愛媛県血管外科研究会

愛媛医学 33(2):93, 2014

### 第15回愛媛肛門疾患懇話会

愛媛医学 33(2):94-95, 2014

### 第135回愛媛整形外科集談会

愛媛医学 33(2):96-100, 2014

### 第8回愛媛脊椎脊髄病セミナー

愛媛医学 33(2):101-104, 2014