

## [ 論文・著書 ]

<神経筋疾患>

### 1. Exon 3 insert of tau protein in neurodegenerative diseases

Terada S, Ishizu H, Ishiguro K, Tanabe Y, Itoh N, Yasutake K, Furubayashi A, Kitamura Y, Kuroda S

Acta Neuropathol (Berl) 110 (1) , 12-18, 2005

Microtubule-associated protein tau is the major component of the filamentous neurofibrillary lesions of Alzheimer's disease (AD) and other tauopathies. Recently, it has been reported that tau isoforms lacking both N-terminal exon 2 and exon 3 do not form straight filament- or paired helical filament-like filaments in vitro, and that the N-terminal exons facilitate assembly of full-length tau. However, neuropathological and biological studies on the N-terminal region of tau protein in human tissue have been limited. We performed a biochemical study on the abnormally phosphorylated tau in brains affected by AD and corticobasal degeneration (CBD), and an immunohistochemical study on tau-positive structures in neurodegenerative diseases, to clarify whether tau with the exon 3 insert was present in abnormal tau-positive structures. On immunoblots of sarkosyl-insoluble tau, anti-exon 3 antibody (anti-E3 Ab) recognized two bands of 68 and 72 kDa in AD and only one band of 72 kDa in CBD. Immunohistochemically, anti-E3 Ab recognized most parts of the neurofibrillary tangles (NFT) in AD and Pick bodies in Pick's disease. In progressive supranuclear palsy (PSP) and CBD, most NFT and pretangles were positive for anti-E3 Ab, as were a small number of glial inclusions. These results indicate that abnormally phosphorylated tau containing the exon 3 insert is present in both PSP and CBD brain, and that CBD cannot be distinguished from PSP by immunoreactivity for anti-E3 Ab. Although most intraglial inclusions were negative for anti-E3 Ab, a few were positive. Therefore, tau isoforms containing the exon 3 insert are expressed at low levels in glial cells.

### 2. Influence of repetitive transcranial magnetic stimulation on disease severity and oxidative stress markers in the cerebrospinal fluid of patients with spinocerebellar degeneration.

Ihara Y, Takata H, Tanabe Y, Nobukuni K, Hayabara T

Neurol Res 27(3), 310-313, 2005

Ataxia severity, cerebellar hemispheric blood flow (CHBF), ascorbate free radical (AFR), superoxide dismutase protein, superoxide scavenging activity, and 8-hydroxy-2'-deoxyguanosine (8-OHdG) in cerebrospinal fluid (CSF) were compared before and after an 8-week course of repetitive transcranial magnetic stimulation (rTMS) in 20 patients with spinocerebellar degenerations (SCD). SCD patients showed higher AFR, 8-OHdG, and superoxide scavenging activity than 19 controls. In SCD patients, AFR and ataxia severity declined, and CHBF increased after rTMS. As the SCD patients showed negative correlations between ataxia severity and CHBF or superoxide scavenging activity,

the therapeutic mechanism of rTMS may involve decreased oxidative stress and increased CHBF.

### 3. Delusion of Theft and Phantom Intruder Delusion in Demented Elderly Patients in Japan

Terada S, Ishizu H, Fujisawa Y, Yokota O, Kugo A, Nakashima H, Tanaka Y, Ishihara T, Nakashima T, Nakashima Y, Sasaki K, Kuroda S

J Geriatr Psychiatry Neurol 18, 142-148, 2005

Delusion of theft and phantom intruder delusion are among the most frequent delusions in dementia. The purpose of this study was to clarify the clinical characteristics of patients with these symptoms. The authors conducted a questionnaire survey; items included age, gender, dementia diagnosis, cognitive function, and activities of daily living. Other clinical characteristics were evaluated using the quality of life questionnaire for dementia. A total of 217 patients with dementia were rated. Frequencies of delusion of theft were as follows: frequent, 7%; sometimes, 11%; rare, 16%; and none, 66%. Frequencies of phantom intruder delusion were as follows: frequent, 4%; sometimes, 10%; rare, 9%; and none, 77%. Comparison between positive and negative groups with these symptoms revealed that positive groups had higher scores in 2 of 6 domains of the quality of life questionnaire for dementia, namely, negative affect and actions, and restlessness. The positive group with delusion of theft had higher scores in cognitive function and activities of daily living than did the negative group. These results suggest that negative affect and action and restlessness might be related to delusion of theft or phantom intruder delusion and that delusion of theft frequently occurs in the early stage of dementia.

### 4. Frequency of early and late-onset dementias in a Japanese memory disorders clinic

Yokota O, Sasaki K, Fujisawa Y, Takahashi J, Terada S, Ishihara T, Nakashima H, Kugo A, Ata T, Ishizu H, Kuroda S

Eur J Neurol 12, 782-790, 2005

The aim of this study was to compare the diagnostic profiles of patients with early (age < 65 years) and late (age ≥ 65 years) onset of dementia in a memory disorders clinic in Japan. A total of 512 consecutive memory clinic patients were evaluated using clinical information and results of examinations. Diagnosis of dementia was made according to DSM-III-R, and that of subtypes according to standard diagnostic criteria. A total of 464 patients met the criteria for dementia. Amongst late-onset patients (n=430), Alzheimer's disease (AD) (48.1%) was the most frequent cause of dementia, followed by AD with cerebrovascular disease (CVD) (31.4%), vascular dementia (VaD) (9.1%), dementia with Lewy bodies (DLB) (3.7%), frontotemporal lobar degeneration (FTLD) (1.6%), and others (5.8%). On the contrary, amongst early onset patients (n=34), the most common dementia diagnosis was AD (38.2%), followed by VaD (23.5%), FTLD (14.7%), AD with CVD (5.9%), DLB (2.9%), and others (17.6%). FTLD and VaD were significantly more common in the early onset group. All patients, but one, with DLB and Parkinson's disease dementia were late-onset.

The relative frequencies of AD, VaD, and DLB in our series are consistent with epidemiologic findings in several Western countries; however, the frequency of FTLD is not consistent with the previous findings presenting high frequency in late-onset patients in some Western countries.

#### 5. Chronic lithium treatment decreases tau lesions by promoting ubiquitination in a mouse model of tauopathies

Nakashima H, Ishihara T, Suguimoto P, Yokota O, Oshima E, Kugo A, Terada S, Hamamura T, Trojanowski JQ, Lee VM, Kuroda S

Acta Neuropathol (Berl) 110, 547-556, 2005

Lithium, a widely used drug for treating affective disorders, is known to inhibit glycogen synthase kinase-3 (GSK-3), which is one of the major tau kinases. Thus, lithium could have therapeutic benefit in neurodegenerative tauopathies by reducing tau hyperphosphorylation. We tested this hypothesis and showed that long-term administration of lithium at relatively low therapeutic concentrations to transgenic mice that recapitulate Alzheimer's disease (AD)-like tau pathologies reduces tau lesions, primarily by promoting their ubiquitination rather than by inhibiting tau phosphorylation. These findings suggest novel mechanisms whereby lithium treatment could ameliorate tauopathies including AD. Because lithium also has been shown to reduce the burden of amyloid-beta pathologies, it is plausible that lithium could reduce the formation of both amyloid plaques and tau tangles, the two pathological hallmarks of AD, and thereby ameliorate the behavioral deficits in AD.

#### 6. 薬物乱用が初発症状であった chorea-acanthocytosis の1例

斉藤清子, 和気洋介, 寺田整司, 宮田信司, 氏家 寛, 黒田重利

精神医学 47, 553-556, 2005

49歳時に薬物乱用にて発症, 約1年後に舞踏病様の不随意運動が出現し, 引き続き緩徐に進行する不随意運動のため57歳時にChorea-acanthocytosis(ChAc)と診断された1男性例を報告した。初発症状としての人格変化が顕著な例であり, ChAcの病態理解にとって貴重な症例と考えた。稀ではあるが, 薬物乱用がChAcの初発症状である可能性を念頭におく必要がある

#### 7. 心因性昏迷として紹介されてきた脳腫瘍の1例

難波理可, 寺田整司, 宮田信司, 黒田重利

精神科 6, 82-84, 2005

「心因性昏迷」として紹介されてきた脳腫瘍の1例(30歳女性)を報告した。当初, 紹介状を書いた内科医も, 家族も皆, 心因性の疾患を強く疑っていたため, 家族のみが相談目的で来院したが, 器質性疾患が強く疑われたため, 本人を至急受診させるよう家族を説得してことなきを得た。家族のみの来院という特殊な状況においても, 緊急性のある器質性疾患を常に考慮しておく必要性を痛感させられた症例であった。

8. 大脳辺縁系 update 大脳辺縁系を侵す主な疾患Pick病

横田 修, 寺田整司, 黒田重利

Clinical Neuroscience 23, 86-89, 2005

9. 【痴呆の諸相】大脳辺縁系の病変による痴呆

横田 修, 寺田整司, 黒田重利

最新精神医学 10, 37-45, 2005

10. 侵襲的陽圧呼吸療法を施行した筋萎縮性側索硬化症の長期予後

田邊康之, 信国圭吾, 高田 裕, 井原雄悦

神経内科 62 (6) , 599-602, 2005

筋萎縮性側索硬化症(ALS)の事前指示書の作成において, totally locked-in state(TLS)の割合を含めて侵襲的陽圧呼吸療法(TPPV)を施行された ALS 患者の長期予後の情報は重要であると考え, ALS 患者 198 例の長期予後について検討した. 呼吸器を装着せず死亡したのは 73 例であった. TPPV 施行後に在宅人工呼吸(HMV)あるいは転院となったのは 12 例であった. TPPV を施行し入院継続となったのは 27 例で, 生存者は 5 例であった. TPPV 導入後, 早期の肺炎による死亡率減少は TPPV 患者の生存期間を延長している可能性があった. TLS の割合は呼吸器装着が長期になるにつれて高率となる傾向があった.

11. 脊髄小脳変性症に対する後頭部経頭蓋反復磁気刺激療法(rTMS)と抑うつ等の精神面への影響

高田 裕, 早原敏之

心身医学 45 (10) , 759-765, 2005

脊髄小脳変性症患者 31 名に後頭蓋刺激による経頭蓋反復磁気刺激療法(8 週間)を実施し, 「抑うつ」に対する影響を検討した. 治療前の Beck 尺度は重症群で有意に低値であった. 臨床的な抑うつ状態の改善をはじめ, 多くの例が治療後気分の改善を認めた. 治療前 Beck 尺度点数の高い群は低い群より有意に改善した. しかし Beck 尺度では全体としてわずかな改善に留まり, 運動機能への効果や患者背景による差は認めなかった. 個々には, 1)運動機能とともに改善した例, 2)運動機能は改善したが期待はずれで悪化した例, 3)運動機能は改善しないものの障害受容が進んで改善した例, などがみられた. さらに, 脳血流や髄液中カテコールアミンなどの変動との関連を検討中である

<免疫疾患>

12. Successful treatment of a patient with severe Churg-Strauss syndrome by a combination of pulse corticosteroids, puls cyclophosphamide, and high-dose intravenous immunoglobulin,

Takigawa N, Kawata N, Shibayama T, Tada A, Kimura G, Munemasa M, Soda R, Takahashi K

J. Asthma 42, 639-641, 2005

A 24-year-old woman with a 4-year history of bronchial asthma suffered from bloody sputum, numbness of the extremities, elevated eosinophil count, and hypoxemia. A diagnosis of alveolar hemorrhage was made by bronchoalveolar lavage. Echocardiogram revealed severe hypokinesis of

the left ventricular wall. Her respiratory condition deteriorated despite administration of pulse corticosteroids. A second pulse corticosteroids and pulse cyclophosphamide followed by high-dose intravenous immunoglobulin brought about a dramatic improvement of alveolar hemorrhage, cardiac impairment, and peripheral neuropathy. Levels of antimyeloperoxidase-antineutrophil cytoplasmic antibodies, soluble thrombomodulin, soluble interleukin-2 receptor, eosinophil cationic protein were elevated and returned to the normal range in remission. The combination of pulse corticosteroids, pulse cyclophosphamide, and high-dose intravenous immunoglobulin seemed effective for the acute phase of severe Churg-Strauss syndrome.

### 13. Hepatocyte growth factor attenuates airway hyperresponsiveness, inflammation, and remodeling

Ito W, Kanehiro A, Matsumoto K, Hirano A, Ono K, Maruyama H, Kataoka M, Nakamura T, Gelfand EW, Tanimoto M

Am J Respir Cell Mol Biol 32, 268-280, 2005

Hepatocyte growth factor (HGF) is known to influence a number of cell types and their production of regulatory cytokines. We investigated the potential of recombinant HGF to regulate not only the development of allergic airway inflammation and airway hyperresponsiveness (AHR), but also airway remodeling in a murine model. Administration of exogenous HGF after sensitization but during ovalbumin challenge significantly prevented AHR, as well as eosinophil and lymphocyte accumulation in the airways; interleukin (IL)-4, IL-5, and IL-13 levels in bronchoalveolar lavage (BAL) fluid were also significantly reduced. Further, treatment with HGF significantly suppressed transforming growth factor-beta (TGF-beta), platelet-derived growth factor, and nerve growth factor levels in BAL fluid. The expression of TGF-beta, the development of goblet cell hyperplasia and subepithelial collagenization, and the increases in contractile elements in the lung were also reduced by recombinant HGF. Neutralization of endogenous HGF resulted in increased AHR as well as the number of eosinophils, levels of Th2 cytokines (IL-4, IL-5, and IL-13) and TGF-beta in BAL fluid. These data indicate that HGF may play an important role in the regulation of allergic airway inflammation, hyperresponsiveness, and remodeling.

### 14. 【薬剤性肺障害】レフルノミド投与中に間質性肺炎の急性増悪をきたした関節リウマチの2例

吉永泰彦, 金森達也, 山村昌弘, 岡本 享, 太田裕介, 山鳥一郎

リウマチ科 33, 49-56, 2005

### 15. レフルノミド投与中に間質性肺炎の急性増悪を来した関節リウマチの2例

金森達也, 吉永泰彦, 太田裕介

岡山医学会雑誌 116, 323-324, 2005

### 16. 眼で見るリウマチ科 膠原病に合併した播種型肺結核の2例

吉永泰彦, 金森達也, 岡本 享, 太田裕介, 多田敦彦

リウマチ科 32, 638-640, 2005

17. (社)日本アレルギー学会とアレルギー診療のあり方  
高橋 清, 富岡玖夫, 大川隆行, 長屋 宏, 中川武正, 奥田 稔, 宮本昭正  
アレルギー 55, 95-100, 2006
18. 成人喘息発症の予知と重症化対策  
高橋 清  
アレルギー 34, 1-5, 2005
19. 喘息を修飾する他の病態・因子  
宗田 良  
喘息 18 (2) , 2-4, 2005
20. 呼吸器疾患診療における診断・治療のコツと落とし穴—気管支喘息—  
谷本 安, 高橋 清  
クリニカ 32, 52-57, 2005
21. 成人喘息発症の予防と難治化対策(第 17 回日本アレルギー学会春季臨床大会会長講演要旨)  
高橋 清  
アレルギー 55 (1) , 10-16, 2006
22. アレルギー疾患の最新疫学—特集に寄せて—  
高橋 清  
アレルギーの臨床 26, 16, 2006
23. 気管支喘息・セミナー 薬剤による喘息とその臨床  
平野 淳, 高橋 清  
Medical Practice 23 (2) , 254-256, 2006
24. 難治性気管支喘息  
岡田千春  
モダンフィジシャン 26, 367-370, 2006
25. 高齢者喘息の臨床的特徴とその対策 序  
高橋 清  
アレルギー・免疫 12 (4) , 603-605, 2005
26. 高齢者喘息の臨床的特徴とその対策 長期管理の薬物療法  
宗田 良  
アレルギー・免疫 12 (4) , 634-638, 2005

27. 成人気管支喘息 ー長期管理ー

木村五郎, 高橋 清

アレルギーの臨床 25 (4) , 271-276, 2005

28. 喘息治療の将来 最新の動向

岡田千春

診断と治療 93 (11) , 2023-2026, 2005

29. 疲労の喘息への影響とは?

岡田千春, 高橋 清

Q&A でわかるアレルギー疾患 1 (4) , 356-357, 2005

30. カンジダと成人気管支喘息

岡田千春

アレルギー科 20 (6) , 525-531, 2005

31. アレルギー科診療のあり方

高橋 清

アレルギー科 21 (1) , 81-87, 2006

32. ホルムアルデヒド負荷テストで咳嗽を認めたシックハウス症候群の3例(会議録)

木村五郎, 岡田千春, 平野 淳, 宗田 良, 戸田志保, 春摘 誠, 水内秀次, 高橋 清

アレルギー 54, 405, 2005

33. 重症化・喘息死の予防を目的とした分類が重要

高橋 清

Medical Tribune 第17回日本アレルギー学会春季臨床大会特集 2005.6.23号, 70, 2005

34. 質疑応答 吸入ステロイド薬と肺結核

宗田 良

日本醫事新報 4251, 91, 2005

35. 病態・発症機序・定義及び治療薬剤の奏功機序等について

高橋 清

厚生労働省健康局疾病対策課主催平成17年度リウマチ・アレルギー相談員養成研修会テキスト 57-67, 2005

<呼吸器疾患>

**36. Sarcoidosis occurring after interferon-alpha therapy for chronic hepatitis C: report of two cases**

Hirano A, Kataoka M, Nakata Y, Takeda K, Kamao T, Hiramatsu J, Kimura G, Tanimoto Y, Kanehiro A, Tanimoto M

Respirology 10, 529-534, 2005

We report two patients who were diagnosed with sarcoidosis after receiving interferon (IFN)-alpha therapy for chronic hepatitis C, and conduct a review the relevant literature. The first patient was a 52-year-old female who developed multiple subcutaneous nodules 2 months after finishing IFN-alpha therapy. A skin biopsy from subcutaneous nodules on the right elbow joint revealed sarcoid granulomata. These lesions resolved spontaneously 4 months later. The second patient, a 57-year-old male, developed bilateral hilar and mediastinal lymph node enlargement 2 years after finishing IFN-alpha 2a therapy. A transbronchial lung biopsy demonstrated sarcoid granulomata. In addition, he had uveitis and left ulnar nerve involvement. His eye and nerve involvement gradually improved over 20 months. It is feasible that IFN therapy has been a trigger for sarcoidosis in these patients.

**37. Successful treatment of a patient with Synchronous advanced non-small cell lung cancer and acute myeloid leukemia by a combination of Gefitinib, low-dose Cytarabine and Aclarubicin**

Takegawa N, Takeuchi M, Shibayama T, Yoshida I, Kawata N, Tada A, Ueoka H, Takahashi K

Anticancer Res 25, 2579-2582, 2005

There are few reports describing simultaneous occurrence of acute leukemia and lung cancer. We describe here an 83-year-old woman who simultaneously developed advanced adenocarcinoma of the lung and acute myeloid leukemia. She could not receive intensive chemotherapy due to poor performance status. This patient was treated with a combination of gefitinib, low-dose cytarabine and aclarubicin. This combination could be safely administered in the elderly patient with poor performance status and was effective for both lung cancer and acute myeloid leukemia.

**38. Determinants of cisplatin and irinotecan activities in human lung adenocarcinoma cells: evidence of cisplatin accumulation and topoisomerase I activity.**

Matsumura T, Takegawa N, Kiura K, Shibayama T, Chikamori M, Tabata M, Ueoka H, Tanimoto M  
In Vivo 19, 717-721, 2005

To elucidate the sensitivity of adenocarcinoma of the lung to cisplatin and irinotecan, intracellular glutathione (GSH) and glutathione S-transferase (GST)-pi concentrations and topoisomerase (topo) I activity were investigated using six adenocarcinoma cell lines. The antiproliferative activity was determined by MTT assay in terms of inhibition concentration (IC50) values. The IC50 values to cisplatin were not correlated with the amounts of intracellular GSH or GST-pi, but with intracellular accumulation of platinum ( $r = -0.91$ ,  $p = 0.013$ ). IC50 values to SN-38 were correlated with topo I activity determined by relaxation assay of pBR322 ( $r = -0.83$ ,



p = 0.040). These results suggest that platinum accumulation and topo I activity have definite impacts on the sensitivity of lung adenocarcinoma to cisplatin and irinotecan, respectively.

**39. Interstitial lung disease in Japanese patients with non-small cell lung cancer receiving gefitinib: an analysis of risk factors and treatment outcomes in Okayama Lung Cancer Study Group.**

Hotta K, Kiura K, Tabata M, Harita S, Gemba K, Yonei T, Bessho A, Maeda T, Moritaka T, Shibayama T, Matsuo K, Kato K, Kanehiro A, Tanimoto Y, Matsuo K, Ueoka H, Tanimoto M  
Cancer J 11, 417-424, 2005

Risk factors for the development of interstitial lung disease in patients with non-small cell lung cancer receiving gefitinib and the prognostic factors after interstitial lung disease development have not been established. The aim of this study was to retrospectively identify and evaluate these possible factors. PATIENTS AND METHODS: We reviewed the clinical records and radiographs of 365 consecutive patients with non-small cell lung cancer who received gefitinib in West Japan between 2000 and 2003. RESULTS: In total, 330 patients were eligible for interstitial lung disease evaluation, and 15 patients (4.5%) were finally confirmed to have developed interstitial lung disease by blinded expert review. Multivariate analysis revealed that preexisting pulmonary fibrosis, poor performance status, and prior thoracic irradiation were independent risk factors for interstitial lung disease, with odds ratios of 21.0 (95% confidence interval, 5.12-86.3, P < 0.0001), 9.70 (2.27-41.4, P = 0.001), and 4.33 (1.27-14.8, P = 0.019), respectively. Among the 15 patients who developed interstitial lung disease, eight have died of the condition. Short interval from the initiation of gefitinib treatment to the onset of interstitial lung disease, acute interstitial pneumonia pattern, and the presence of pre-existing pulmonary fibrosis were associated with poor prognosis. DISCUSSION: Our results suggest the importance of patient selection for gefitinib treatment based on interstitial lung disease risk factors in the Japanese population identified.

**40. A phase I study of 3-day topotecan and cisplatin in elderly patients with.**

Fujiwara K, Ueoka H, Kiura K, Tabata M, Takigawa N, Hotta K, Umemura S, Shibayama T, Kamei H, Harita S, Okimoto N, Tanimoto M  
Cancer Chemother Pharmacol 57(6), 755-760, 2006 Jun ; Epub 6, 1-6, 2005.10

Purpose: The aim of this phase I study was to determine the maximum-tolerated dose (MTD) in elderly patients with small-cell lung cancer (SCLC). Patients and methods: Patients aged over 75 years with previously untreated SCLC were enrolled in this study. Both topotecan and cisplatin were administered on days 1-3 and repeated every 3 weeks. The starting dose of topotecan was 0.5 mg/m<sup>2</sup>/day, while cisplatin was fixed at the dose of 20 mg/m<sup>2</sup>/day. Patients with limited disease (LD) SCLC received thoracic irradiation after the completion of chemotherapy. Results: Twenty-one elderly patients were enrolled in this study and received a total of 59 cycles. The major hematological toxicity was neutropenia and non-hematological toxicities including diarrhea

were generally mild and reversible. The MTD of topotecan was determined as 1.2 mg/m<sup>2</sup>/day. The recommended phase II study dose of topotecan was determined as 1.0 mg/m<sup>2</sup>/day with cisplatin 20 mg/m<sup>2</sup>/day daily for 3 days. An objective response was observed in 6 of 10 patients (60%) with LD-SCLC and 6 of 11 (55%) with extensive disease (ED) SCLC. The median survival time in patients with LD-SCLC and those with ED-SCLC were 16.0 and 11.0 months, respectively. Conclusion: The combination chemotherapy of 3-day topotecan and cisplatin appears to be tolerable and effective in elderly patients with SCLC.

#### 41. cisplatin,fluorouracil の投与にて発症した薬剤性肺臓炎の 1 例

平野 淳, 谷本 安, 木村五郎, 木浦勝行, 上岡 博, 片岡幹男, 谷本光音

日本呼吸器学会雑誌 43 (5) , 323-327, 2005

症例は 60 歳男性。1999 年 2 月, 近医から後腹膜腫瘍を指摘され, 生検で悪性リンパ腫と診断され, cyclophosphamide(以下 CPA), doxorubicin hydrochloride(以下 DXR), vincristine sulfate(以下 VCR) および prednisolone(以下 PSL)を用いたいわゆる CHOP 療法を施行されたが, 腫瘍増大のため, 同年 5 月に当院泌尿器科に紹介入院された。腫瘍の CT ガイド下生検で低分化型腺癌の診断を受け, cisplatin(以下 CDDP)および fluorouracil(以下 5-FU)の化学療法を施行された後に咳嗽, 呼吸困難を伴う両肺のびまん性陰影が出現し, 当科に転科となった。臨床経過及び TBLB 所見より薬剤性肺臓炎と診断された。ステロイドパルス療法と PSL 内服治療で改善した。CPA, DXR, VCR, CDDP 及び 5-FU によるリンパ球幼若化試験(DLST)は陰性であったが, 散見される文献から, CPA でプライミングを受け, その後 5-FU 投与開始後早期に肺臓炎を来したことが推測された。

#### 42. 呼吸リハビリテーションの知識と技術 患者教育・指導のポイント

多田敦彦

呼吸器&循環器ケア 5(6), 98-103, 2006

#### 43. 呼吸リハビリテーションの知識と技術 運動療法(全身持久力・筋力トレーニング)指導の実際(2)

多田敦彦

呼吸器&循環器ケア 5(4), 119-124, 2005

#### 44. 呼吸リハビリテーションの知識と技術 吸リハビリテーションの「はじめの一歩」

多田敦彦

呼吸器&循環器ケア 5(1), 47-53, 2005

#### 45. 呼吸リハビリテーションの知識と技術 呼吸コンディショニングのコツ

多田敦彦

呼吸器&循環器ケア 5(2), 40-45, 2005

#### 46. 急性呼吸不全患者の急性期の対応

多田敦彦

呼吸器&循環器ケア 5(3), 8-13, 2005

47. 慢性呼吸不全患者の急性増悪の防止法

多田敦彦

呼吸器&循環器ケア 5(3), 26-29, 2005

48. 気管支喘息患者の発作時の対応

河田典子

呼吸器&循環器ケア 5(3), 21-25, 2005

49. 慢性呼吸不全患者の急性増悪時の対応

柴山卓夫

呼吸器&循環器ケア 5(3), 14-20, 2005

50. 呼吸リハビリテーションの知識と技術 運動療法(全身持久力・筋カトレーニング)指導の実際(1)

多田敦彦

呼吸器&循環器ケア 5(3), 36-40, 2005

51. 呼吸リハビリテーションの知識と技術 排痰療法

多田敦彦

呼吸器&循環器ケア 5(5), 44-50, 2005

52. 呼吸器感染症

多田敦彦

呼吸器治療のコツと落とし穴 1, pp151, 2005, 工藤翔二編, (株)中山書店, 東京

53. 胸水中腫瘍マーカー測定とその読み方

多田敦彦

呼吸器治療のコツと落とし穴 3 びまん性肺疾患・肺腫瘍 pp135, 2006.01, 工藤翔二編, (株)中山書店, 東京

54. 骨髄移植後の閉塞性細気管支炎

河田典子

呼吸器治療のコツと落とし穴 3 びまん性肺疾患・肺腫瘍 pp178-179, 2006.01, 工藤翔二編, (株)中山書店, 東京

<血液・造血器疾患>

55. Rapidly progressed acquired immunodeficiency syndrome dementia complex as an initial manifestation

Takeuchi M, Nobukuni K, Takata H, Kawata N, Hayashibara N, Ishizu H, Takahashi K

Int. Medicine 44(7), 757-760, 2005

We report a patient with acquired immunodeficiency syndrome dementia complex (ADC) that presented human immunodeficiency virus infection as an initial manifestation. A 34-year-old man developed disturbance of consciousness and severe abulia over 3 months. The CD4 lymphocyte count was 7.9/microl, while human immunodeficiency virus RNA in blood amounted to  $4.2 \times 10^4$  copies/ml. T2-weighted magnetic resonance imaging showed diffusely high signal intensity in the deep white matter of both cerebral hemispheres. On the 20th hospital day, the patient died of sepsis caused by methicillin-resistant *Staphylococcus aureus*. Autopsy findings in the brain included increased glial cells and multinucleated giant cells in cerebral white matter and subcortical gray matter. These features were compatible with ADC.

56. ステロイド治療抵抗性であった帯状疱疹ウイルス関連高齢者 HPS

吉田 功, 吉野 正, 竹内 誠

臨床血液 46 (11), 1229-1232, 2005

101 歳男性。患者は結核性胸膜炎で入院し、抗結核剤にてほぼ治癒状態であったが、額から左眼瞼に帯状疱疹が出現し、aciclovir (ACV) 点滴静注で軽快した。今回、黄疸で受診し、貧血と血小板減少、軽度肝障害と直接優位の高ビリルビン血症 (T-Bil 11.7mg/dl) を認め、ACV に対する DLST は陽性で薬剤性肝炎と考え prednisolone (PSL) を開始した。T-Bil は漸減したが、血小板減少症は進行し、骨髄検査で組織球による血球貪食像を 2.2% 認めた。PSL 投与前の血清学検査で EBV および VZV (帯状疱疹ウイルス) の血清学的再活性化を確認した。T-Bil は 7.1mg/dl を最低値として増悪し、methylprednisolone を点滴静注したが効果なく死亡となった。剖検では骨髄、脾臓で血球貪食を認め、胆汁うっ滞と中心静脈域に肝細胞の広範な変性、壊死、脱落があり、類洞内に貪食細胞とグリソン域に CD3 陽性 T リンパ球浸潤を認め、hemophagocytic syndrome による肝不全と診断された

57. タミバロテン (Am-80) による再発難治性急性前骨髄性白血病の治療

竹内 誠

癌と化学療法 33, 397-401, 2006

58. 新規合成レチノイド Am-80 による再発難治性 APL 治療の実例

竹内 誠

血液・腫瘍科 50 (5), 477-482, 2005

<耳鼻科>

59. 扁桃悪性リンパ腫によって発見された乳児 post-transplant lymphoproliferative disorders の一例

服部 央, 岡野光博, 山本美紀, 菅田裕士, 貞森 裕, 八木孝仁, 田中紀章, 吉野 正, 赤木博文, 西崎和則

耳鼻咽喉科 免疫アレルギー (JJIAO) 23(1), 25-28, 2005

This case report describes monomorphic post-transplant lymphoproliferative disorders (PTLD);

diffuse large B-cell lymphoma generated in tonsils of the patients. A 6 months old patient received the living related liver transplantation due to fulminant hepatitis. The EBV antibody in serum before the transplantation was positive. Immunosuppressive therapy included tacrolimus and prednisolone. 3 months later after the transplantation, the patient entered the hospital again to treat for infection of cytomegalovirus. 2 weeks later, dyspnea appeared with nasal obstruction and adenotonsillar hypertrophy. The tonsils gradually increased and left tonsil was extirpated for histological diagnosis. Histology of the tonsil was large B-cell lymphoma with positive EBER. Despite the reduction of immunosuppressive therapy and addition of chemotherapy, the patient died a month later after the diagnosis. It is important for otolaryngologists to consider the diagnosis of PTLN in pediatric transplant recipient who presents with adenotonsillar hypertrophy.

#### 60. IgA 腎症における扁桃局所病巣性の診断

赤木博文, 西崎和則

口腔・咽頭科 18 (2) , 237-243, 2006

IgA 腎症の扁桃摘出術適応基準を作成する目的で、まず病巣扁桃診断のために、病歴、扁桃局所所見、扁桃誘発試験の 3 項目を取り上げ、次に扁桃摘効果が得られる基準 (値) 設定のために、腎病理組織障害度 (重症度)、腎機能の 2 項目を取り上げて検討を行った。腎病理組織障害度と腎機能は、適応基準 (案) では必須項目とすることができた。病巣扁桃診断のための項目は、重要度が一様ではなく、また IgA 腎症がある程度以上進行すると、扁桃以外の因子の関与が加わって腎症が増悪していくために、扁桃後の長期予後とは必ずしも関連しなかった。したがって、病歴、扁桃局所所見、扁桃誘発試験は、適応基準 (案) では参考項目とせざるをえなかった。

#### 61. IgA 腎症の病態と扁桃摘出術適応基準

赤木博文

先端医療シリーズ 35 耳鼻咽喉科・頭頸部外科学の最新医療 pp127-131, 2005.9, 加我君孝編, 先端医療研究所, 東京

#### 62. IgA 腎症の扁桃摘出術適応基準案とエビデンス

赤木博文

口腔・咽頭科 18 (1) , 16, 2005

<小児科>

#### 63. 肥満教室とその後の生活習慣チェックシートを用いたフォローアップが小児肥満改善に及ぼす影響

足立 稔, 沖嶋今日太, 水内秀次

岡山大学教育学部研究集録 129, 71-76, 2005

<外科>

64. Surgical treatment of atypical *Mycobacterium intracellulare* infection with chronic empyema: A case report

Kotani K, Hirose Y, Endo S, Yamamoto H, Makihara S

J Thorac Cardiovasc Surg 130, 907-908, 2005

65. A Subacute Hypoxic Model Using a Pig

Kotani K, Nagahiro I, Nakanishi H, Mori H, Osaragi T, Ando A, Shimizu N

Surgery Today 35, 951-954, 2005

Purpose: A large animal model of hypoxia is necessary to develop a new therapeutic method for respiratory failure. Methods: The experiments were performed on six pigs weighing from 15 to 19kg. Under general anesthesia the left chest was opened and the left main bronchus was closed by a stapler. A Swan-Gantz catheter was inserted through the right jugular vein. The right carotid artery was cannulated and the mean arterial blood pressure was monitored, and arterial blood samples were drawn everyday for 24 h until 96 h after the operation. The blood samples were submitted for a blood gas analysis. All data were expressed as the mean  $\pm$  standard deviation of the mean. Results: The partial pressure of the oxygen of the arterial blood at baseline (104.8 $\pm$ 24.3 mmHg) significantly decreased at 24 h after closure of the bronchus (76.7 $\pm$ 9.9 mmHg,  $p < .001$ ) and thereafter remained at the same level for 4 days. Conclusion: This hypoxic model using a pig was found to be very simple, effective, and reproducible. This model can be used for a variety of experiments to evaluate new therapeutic modalities for respiratory failure.

66. Transintestinal Oxygenation with Perfluorocarbon: Investigation of Perfusion Rate

Kotani K, Nagahiro I, Nakanishi H, Mori H, Date H, Shimizu N

The Japanese Journal of Thoracic and Cardiovascular Surgery 53(10), 539-544, 2005

Objective: Perfluorocarbons are structurally similar to hydrocarbons but with the hydrogen atoms replaced by fluorine. In general, perfluorocarbons have an excellent oxygen and carbon dioxide carrying capacity. We studied the suitability of oxygenated perfluorocarbon as an agent for transintestinal oxygenation and measured its perfusion rates under different conditions. Subjects and Methods: We used FC-77 (Sumitomo 3M, Tokyo, Japan) perfluorocarbon and a rat hypoventilation model (room air, 20 breaths/min, a tidal volume of 10 ml/kg). Oxygenated FC-77 was perfused through the small intestine for 4 hours. Rats were allocated to 3 experimental groups according to the perfusion rate and a control group: Group 1 (n=6), 10 ml/min; Group 2 (n=6), 2.5 ml/min; Group 3 (n=6), 0.75 ml/min; Group 4 (n=6) served as control (hypoventilation only). Arterial blood samples were drawn every 30 min. Standard blood gas analysis was performed. Results: After four hours of perfusion, the PaO<sub>2</sub> levels in Groups 1 to 3 were significantly better than Group 4 ( $p < 0.01$ , Group 1: 141.7 $\pm$ 18.0 mmHg, Group 2: 145.2 $\pm$ 25.1 mmHg, Group 3: 120.5 $\pm$ 21.2 mmHg, Group 4: 67.4 $\pm$ 7.2 mmHg). PaCO<sub>2</sub> levels in Groups 1 and 2 were significantly better than Groups 3 and 4 ( $p < 0.01$ , Group 1: 42.6 $\pm$ 7.2 mmHg, Group 2: 52.1 $\pm$ 7.7 mmHg, Group 3: 78.2 $\pm$ 22.8 mmHg, Group 4: 75.3 $\pm$ 10.3 mmHg). Conclusion: In the present settings, 8 ml/kg/min was adequate for oxygenation

and CO2 clearance. This approach promises to become another modality for respiratory assistance.

<麻酔科>

67. やさしく学べる人工呼吸器 人工呼吸器の基本構造と使用上の注意点

齋藤智彦

呼吸器&循環器ケア 5 (1) , 40-47, 2005

68. やさしく学べる人工呼吸器 モニタリング

齋藤智彦

呼吸器&循環器ケア 5 (2) , 34-39, 2005

69. やさしく学べる人工呼吸器 アラーム時の対処法

齋藤智彦

呼吸器&循環器ケア 5 (3) , 30-35, 2005

70. やさしく学べる人工呼吸器 ウィーニングとファイティング

齋藤智彦

呼吸器&循環器ケア 5 (4) , 42-48, 2005

71. やさしく学べる人工呼吸器 合併症, 感染防止策

齋藤智彦

呼吸器&循環器ケア 5 (5) , 30-35, 2005

72. やさしく学べる人工呼吸器 酸素療法・在宅酸素療法

齋藤智彦

呼吸器&循環器ケア 5 (6) , 32-36, 2006

<看護部>

73. 末期癌患者をもつ家族の予期的悲嘆への援助—娘の心理過程を通して—

宮本敏子, 尾崎律世, 東島恵子, 奥野小百合

看護・保健科学研究誌 6 (1) , 91-98, 2006

Caring for the family who has the end cancer patient is important. In this research I be able it to grieve if there was no treatment method in the future, to adjust the family of the terminal cancer patient who had been perplexed, and to have adjusted the relation of people who surrounded the patient and the family with the nursing master through relations. Additionally, anticipated grief was able to be expressed, and the meaning was found spending both time when the death was received with the patient. It narrowed the focus to daughter's psychology process, the change in the grief reaction of the daughter was understood, and the intervention factor was analyzed referring to the crisis theory of Fink. First of all, the first was related in the posture of

the receipt of the nursing master with the daughter, and showed posture in which it cooperated in a severe current state. The second is a thing to sympathize, to admit daughter's feelings, and to touch by sympathized attitude. Thirdly, patient's role on the death was produced as help to taking care that the daughter did not regret in consideration of patient's hobby and something to live for.

#### 74. 退院を控えた高齢患者を抱える家族の意識－介護する家族への聞き取り調査を通して－

田淵まゆみ, 高橋希代野, 藤村昌子, 澤田弘子, 宮本敏子

日本看護学会論文集: 老年看護 (1347-8249) 36 号, pp100-102, 2005, (社) 日本看護協会

退院を控えた 80～90 歳代の高齢者患者を抱えた家族 6 名 (男性 1 名, 女性 5 名, 50～60 歳代) を対象にインタビューによる意識調査を行い, その内容をカテゴリー化した。その結果, 退院を控えた家族介護者の意識には早期退院を奨励する病院側の意思に対して退院後再び同じ状態になるのではという不安を抱いたり, 医療者との患者に対する目標のズレから不安や不満などの戸惑いや自分の身体の心配や他の家族の協力を得られず自分だけで介護することの負担などが明らかになった。さらに家庭不和など長年の生活の重みが感情面を大きく左右していた。患者の ADL の程度によっては環境の不備は介護者に大きく影響するため, 対応の必要性の意識も捉えていた。また, 希望・回復の期待を持って高齢者自身を大切に受け止めようとする前向きな意識も明らかとなった。