# 〔 論文・著書 〕

＜神経筋疾患＞

1. Creutzfeldt-Jakob disease with the M232R mutation in the prion protein gene in two cases showing different disease courses: a clinicopathological study

Takeda N, Yokota O, Terada S, Haraguchi T, Nobukuni K, Mizuki R, Honda H, Yoshida H, Kishimoto Y, Oshima E, Ishizu H, Satoh K, Kitamoto T, Ihara Y, Uchitomi Y

J Neurol Sci 2012; 312: 108-116 doi: 10.1016/j.jns.2011.08.008 Epub 2011 Oct 7.

We report two autopsy cases of Creutzfeldt-Jakob disease (CJD) with the M232R mutation of the prion protein (PrP) gene that exhibited different clinicopathological features (age at death, 64/54 years; disease duration, 13/26 months). Both cases showed myoclonus, hyperintensity on diffusion-weighted MRI, and increased 14-3-3 protein in the cerebrospinal fluid. The initial sign in each case was memory disturbance and abnormal pharyngeal sensation, respectively. In the first case, the disease progressed rapidly with akinetic mutism developing 6 months after onset, while it occurred 23 months after onset in the second case. Pathologically, both cases had severe neuronal loss with gliosis and spongiform change in the cerebral cortex, basal ganglia, and cerebellum. PrP deposition was the diffuse synaptic type in the first case, but the second case had both diffuse synaptic and perivacuolar types. PrP(sc) immunoblotting revealed a type 1 band pattern in the first case, but both types 1 and 2 in the second case. Based on these findings, together with the results in previous CJD cases with M232R, we noted the possibility that the presence of type 2 PrP(sc) may be associated with both morphological features of PrP deposition and slow disease progression in this genetic prion disease.

2. Coexistence of TDP-43 and tau pathology in neurodegeneration with brain iron accumulation type 1 (NBIA-1, formerly Hallervorden-Spatz syndrome)

Haraguchi T, Terada S, Ishizu H, Yokota O, Yoshida H, Takeda N, Kishimoto Y, Katayama N, Takata H, Akagi M, Kuroda S, Ihara Y, Uchitomi Y

Neuropathology. 2011 Oct; 31: 531-539 doi: 10.1111/j.1440-1789.2010.01186.x. Epub 2011 Jan 30.

We report here an autopsy case of sporadic adult-onset Hallervorden-Spatz syndrome, also known as neurodegeneration with brain iron accumulation type 1 (NBIA1), without hereditary burden. A 49-year-old woman died after a 27-year disease course. At the age of 22, she suffered from akinesia, resting tremor, and rigidity. At the age of 28, she was admitted to our hospital because of worsening parkinsonism and dementia. Within several years, she developed akinetic mutism. At the age of 49, she died of bleeding from a tracheostomy. Autopsy revealed a severely atrophic brain weighing 460g. Histologically, there were iron deposits in the globus pallidus and substantia nigra pars reticulata, and numerous axonal spheroids in the subthalamic nuclei. Neurofibrillary tangles were abundant in the hippocampus, cerebral neocortex, basal ganglia, and brain stem. Neuritic plaques and amyloid deposits were absent. Lewy bodies and Lewy neurites, which are immunolabeled by anti-$\alpha$-synuclein, were absent. We also observed the presence of TDP-43-positive neuronal perinuclear cytoplasmic inclusions, with variable frequency in the dentate gyrus granular cells, frontal and temporal cortices, and basal ganglia. TDP-43-positive glial cytoplasmic

inclusions were also found with variable frequency in the frontal and temporal lobes and basal ganglia. The present case was diagnosed with adult-onset NBIA-1 with typical histological findings in the basal ganglia and brainstem. However, in this case, tau and TDP-43 pathology was exceedingly more abundant than α-synuclein pathology. This case contributes to the increasing evidence for the heterogeneity of NBIA-1.

3. Perseverative errors on Wisconsin card sorting test and brain perfusion imaging in mild Alzheimer's disease

Terada S, Sato S, Honda H, Kishimoto Y, Takeda N, Oshima E, Yokota O, Uchitomi Y

Int Psychogeriatr. 2011; 23: 1552-1559

4. Suicidal ideation among patients with gender identity disorder

Terada S, Matsumoto Y, Sato T, Okabe N, Kishimoto Y, Uchitomi Y

Psychiatry Res. 2011; 190: 159-162

5. Kana Pick-out Test and brain perfusion imaging in Alzheimer's disease

Kishimoto Y, Terada S, Sato S, Takeda N, Honda H, Yokota O, Uchitomi Y

Int Psychogeriatr. 2011; 23: 546-553

6. Validation of Addenbrooke's Cognitive Examination Revised (ACE-R) for detecting mild cognitive impairment and dementia in a Japanese population

Yoshida H, Terada S, Honda H, Kishimoto Y, Takeda N, Oshima E, Hirayama K, Yokota O, Uchitomi Y

Int Psychogeriatr. 2012; 24: 28-37

7. 精神症状をきたしやすい脳炎

寺田整司，黒田重利

Schizophrenia Frontier. 2011; 12: 38-43

8. 高齢者うつ病に mirtazapine 使用後，せん妄を来した 4 例

井上真一郎，岡部伸幸，矢野智宣，中村真之，牧安紀，岡久祐子，高木学，児玉匡史，松本洋輔，寺田整司，内富庸介

臨床精神薬理 2011; 14: 1057-1062

9. 認知症の神経病理学

武田直也，横田修，寺田整司，黒田重利，内富庸介

老年精神医学雑誌 2011; 22: 743-754

10. 治療抵抗性統合失調症に対し clozapine を投与後，薬剤性の胸水，胸膜炎をきたし，投与中止・再投与開始後に好中球減少症がみられた 1 例

井上真一郎，矢野智宣，武田直也，髙木学，寺田整司，内富庸介

臨床精神薬理 2011; 14: 1983-1989

11. Geriatric Depression Scale

石原武士，寺田整司

認知症学（上）その解明と治療の最新知見，日本臨床 69 増刊号，
(株)日本臨牀社，東京，pp.455-458，2011

12. 中国四国ブロック神経筋ネットワーク協議会

足立克仁，井原雄悦

医療 2011; 65(4): 238

＜免疫疾患＞

13. Association between Body Mass Index and Asthma among Japanese Adults: Risk within the Normal Weight Range.

Fukutomi Y, Taniguchi M, Nakamura H, Konno S, Nishimura M, Kawagishi Y, Okada C, Tanimoto Y, Takahashi K, Akasawa A, Akiyama K.

Int Arch Allergy Immunol. 2012; 157(3): 281-287. Epub 2011 Oct 28.

Background: Increasing amounts of data have shown that some Asian populations are more susceptible to increased weight and development of noncommunicable disease than Western populations. However, little is known about the association between increased weight, particularly within the normal range, and the development of asthma among Asian populations. Methods: To examine the association between increased body mass index (BMI) and asthma among Japanese adults, data from a nationwide population-based cross-sectional survey of asthma prevalence in Japan were analyzed (n = 22,962; age range 20-79 years). BMIs were classified into 7 categories considering WHO recommendations (cutoff points: 17.00, 18.50, 23.00, 25.00, 27.50 and 30.00), and the association between BMI and the prevalences of asthma as well as asthma symptoms were assessed by multivariate logistic regression. Results: The prevalences of obesity (BMI ≥30.00) in this population were relatively low (males 3.0%, females 2.3%). BMI categories of 25.00 or higher in both genders were significantly associated with an increased risk of asthma compared with the reference category (BMI 18.50-22.99). Even in females with a BMI of 23.00-24.99, the prevalence of asthma significantly increased (adjusted odds ratio 1.49, 95% confidence interval 1.16-1.92) compared with that in the reference category. Conclusions: An increase in the prevalence of asthma among Japanese females starts at a BMI of 23.00, which was relatively lower than those reported from Western countries. This finding suggests that the Japanese population is likely to have asthma with a lesser degree of obesity than Western populations.

14. The prevalence of rhinitis and its association with smoking and obesity in a nationwide survey of Japanese adults.

Konno S, Hizawa N, Fukutomi Y, Taniguchi M, Kawagishi Y, Okada C, Tanimoto Y, Takahashi K, Akasawa A, Akiyama K, Nishimura M.

Allergy. 2012 Feb 16. doi: 10.1111/j.1398-9995.2012.02793.x. [Epub ahead of print]

BACKGROUND: Rhinitis is a common disease, and its prevalence is increasing worldwide. Several studies have provided evidence of a strong association between asthma and rhinitis. Although smoking and obesity have been

extensively analyzed as risk factors of asthma, associations with rhinitis are less clear.
OBJECTIVE: The aims of our study were (i) to evaluate the prevalence of rhinitis using the European Community Respiratory Health Survey (ECRHS) questionnaire in Japanese adults and (ii) to evaluate the associations of smoking and body mass index (BMI) with rhinitis. METHODS: Following our study conducted in 2006-2007 to determine the prevalence of asthma using the ECRHS questionnaire, our present analysis evaluates the prevalence of rhinitis and its association with smoking and BMI in Japanese adults 20-79 years of age (N = 22819). We classified the subjects (20-44 or 45-79 years) into four groups as having (i) neither rhinitis nor asthma; (ii) rhinitis without asthma; (iii) asthma without rhinitis; or (iv) rhinitis with asthma. We then evaluated associations with smoking and BMI in each group. RESULTS: The overall age-adjusted prevalence of rhinitis was 35.1% in men and 39.3% in women. A higher prevalence was observed in the younger population than in the older population. Active smoking and obesity were positively associated with asthma without rhinitis. In contrast, particularly in the 20- to 44-year age-group, active smoking and obesity were negatively associated with rhinitis without asthma. CONCLUSION: The results of the present study suggest that smoking and obesity may have different effects on the development of rhinitis and asthma.

15. Churg-Strauss syndrome with necrosis of toe tips.

Waseda K, Tanimoto Y, Hasegawa K, Miyahara N, Nojima D, Ikeda G, Kanehiro A, Okada C, Kimata Y, Tanimoto M.

Acta Med Okayama. 2011 Jun; 65: 215-218

Churg-Strauss syndrome (CSS) is a granulomatous necrotizing vasculitis of unknown etiology associated with bronchial asthma. Despite affecting small to medium-sized vessels, necrosis of the digits due to vasculitis is extremely rare. We report a case of CSS with necrosis of the toe tips. A 37-year-old woman with asthma, who had been diagnosed with CSS 2 years ago, was admitted to our hospital with an exacerbation of CSS. The patient had a high grade fever and complained of abdominal pain and numbness of the lower extremities. Blood examination revealed marked eosinophilia. The fever pattern, abdominal pain and blood eosinophilia showed improvement by combination treatment with prednisolone and cyclophosphamide. However, the color of her right toe tips changed, and necrosis finally resulted despite antithrombotic therapy. Arteriography showed narrowing of the dorsalis pedis artery and of the more peripheral arteries of her right leg. Stump plasty with negative pressure dressing therapy for the toe tips, but not amputation, was done to preserve the leg function. While numbness of the extremities remained, no recurrence of necrosis was seen. Clinicians need to be aware that rare complications of CSS, including necrosis of the digits, can occur.

16. 追悼　髙橋　清先生を偲んで

宗田　良

アレルギー 2012.01; 61(1): 63-34

＜呼吸器疾患＞

17. Long-term follow-up of phase II trial of docetaxel and cisplatin with concurrent thoracic radiation therapy for locally advanced non-small cell lung cancer

Tokuda Y, Takigawa N, Kozuki T, Kamei H, Bessho A, Tada A, Hotta K, Katsui K, Kanazawa S,

Tanimoto M, Kiura K

Acta Oncol. 2011 Nov 16. doi: 10.3109/0284186X.2011.631580 [Epub ahead of print]

Background. Chemoradiation improves survival for patients with locally advanced non-small cell lung cancer (NSCLC), but clinical outcomes beyond five years are rarely reported. The aim of the present study was to identify the long-term results of a phase II study of docetaxel and cisplatin with concurrent thoracic radiation. Methods. We previously reported short-term outcomes from the phase II study, which enrolled 42 patients (aged ≤ 75 years) with unresectable stage III NSCLC. We continued to follow these patients for long-term clinical outcomes. Results. At a median follow-up for all patients of 6.3 years (range: 5.2 - 7.1 years), the median survival time was 2.1 years and the actual five-year survival rate was 31%. Among 14 patients who were progression-free longer than two years, three patients died due to bacterial or fungal pneumonia and one died due to gall bladder cancer. Conclusions. Thirty-one percent of locally advanced patients having NSCLC treated with docetaxel and cisplatin and concurrent thoracic radiation survived beyond five years. Progression-free patients might be cautiously followed up taking precautions against emerging pneumonia.

18. **Phase II study of irinotecan and amrubicin in patients with relapsed non-small cell lung cancer: Okayama Lung Cancer Study Group Trial 0402.**

Nogami N, Hotta K, Segawa Y, Takigawa N, Hosokawa S, Oze I, Fujii M, Ichihara E, Shibayama T, Tada A, Hamada N, Uno M, Tamaoki A, Kuyama S, Ikeda G, Osawa M, Takata S, Tabata M, Tanimoto M, Kiura K.

Acta Oncol. 2012 Jan 27. [Epub ahead of print]

Background. The survival advantage achieved by existing anti-cancer agents as second-line therapy for relapsed non-small cell lung cancer (NSCLC) is modest and further improvement of treatment outcome is desired. Combination chemotherapy with irinotecan and amrubicin for advanced NSCLC has not been fully evaluated. Methods. The primary endpoint of this phase II clinical trial was objective response. Patients with NSCLC who had been treated previously with one or two chemotherapy agents were enrolled. Irinotecan and amrubicin were both administered on Days 1 and 8 of a 21-day cycle, at doses of 100 mg/m(2) and 40 mg/m(2), respectively. Results. Between 2004 and 2006, 31 patients received a total of 101 courses; the median number of courses administered was three (range, one to six). Objective response was obtained in nine of the 31 patients (29.0% response rate; 95% confidence interval (CI), 12.1-46.0%). With a median follow-up time of 43.9 months, median survival time and the median progression-free survival time were 14.2 and 4.0 months, respectively. Myelosuppression was the most frequently observed adverse event, with grade 3/4 neutropenia in 51% of patients. Febrile neutropenia developed after nine courses (9%) and resulted in one treatment-related death. Cardiac toxicity and diarrhea, possibly specific for both agents, were infrequent and manageable. Conclusion. Combination chemotherapy with irinotecan and amrubicin is effective in patients with NSCLC but showed moderate toxicities in second- or third-line settings.

19. **吸入ステロイド治療を継続中の喘息患者の吸気流速と背景因子の関連性調査－中国，四国地区多施設研究**

尾長谷靖，金廣有彦，谷本安，宮原信明，岡三喜男，江田良輔，窪田哲也，横山彰仁，若林規良，

竹山博泰，岡田千春，木村五郎，宗田良，高橋清，谷本光音

アレルギー 2011 Dec; 60 (12): 1621-1629

BACKGROUND: Inhaled corticosteroid (ICS) will be effective if used properly. Inadequate intake may result in insufficiency, such as for elderly asthmatics, in particular, for use of dry powder inhalers. METHODS: 312 asthmatics treated with ICS for at least 6 months in the 6 facilities belonging to the Chugoku Shikoku Adult Asthma Research Forum were subject to investigation of the peak inspiratory flow (PIF) measured using In-check® and related factors. RESULTS: Nine (2.8%) patients were considered to have insufficient intake. By multivariate analysis, PIF (L/min) prediction formula was as follows: 79.0+0.19* peak expiratory flow (PEF: L/min) + 22.9* FVC (L)-0.68* onset age (years)+34.7* gender (male, 1; female, 0)+16.1* V50/V25, [r^2=0.677, p<0.0001]. Using cluster analysis with Euclidean distance and Ward's method, the PIF without an adaptor was included in the same category as height and PEF, and the PIF with an adaptor was included in the same category as %FVC and %FEV1.0. CONCLUSION: The cases with insufficient PIF are few but present. Adequate device selection and inhalation guidance may be important. The meaning of PIF differs depending on whether or not an adaptor is present. Further investigation of intake is considered necessary.

**20. 肺非結核性抗酸菌症各論 その他の非結核性抗酸菌および *M. bovis, M. bovis* BCG 株による感染症の病態と治療**

多田敦彦

非結核性抗酸菌症の臨床，佐々木結花・小川賢二 編，(株)新興医学出版社，東京，2010.10

**21. 非結核性抗酸菌症**

多田敦彦

今日の診療のために ガイドライン 外来診療 2012．泉孝英編，pp.49-56，
(株)日経メディカル開発，東京，2012.03

＜血液疾患＞

**22. Deep skin infection of Scedosporium apiospermum in a patient with refractory idiopathic thrombocytopenic purpura.**

Takeuchi M, Yoshida C, Ota Y, Fujiwara Y.

Intern Med. 2011; 50(12): 1339-1343. doi: 10.2169/internalmedicine.50.4890. Epub 2011 Jun 15.

Infection of Scedosporium apiospermum is very rare but is now emerging as an important cause of both localized and disseminated infections in immunocompromised patients. A 62-year-old woman, who had undergone steroid therapy for refractory idiopathic thrombocytopenic purpura and had a history of diffuse large B cell lymphoma, developed a deep skin ulcer complicated with lymphangitis. After culture study demonstrated the presence of S. apiospermum, voriconazole (VRCZ) was administered and prompt improvement was observed. Because it is difficult to distinguish S. apiospermum from Aspergillus by histopathology and S. apiospermum is resistant to amphotericin B, VRCZ should be selected as the first choice of antifungal agent when mold is considered to be the causative organism.

23. A novel t(1;8)(q25;p11.2) translocation associated with 8p11 myeloproliferative syndrome

Yoshida C, Takeuchi M, Sadahira Y

Br J Haematol. 2012 Jan; 156(2): 271-273. doi: 10.1111/j.1365-2141.2011.08839.x. Epub 2011 Aug 18.

＜耳鼻科＞

24. Indication criteria for tonsillectomy in IgA nephropathy patients.

Akagi H, Doi A, Kosaka M, Hattori K, Kariya S, Fukushima K, Okano M, Nishizaki K, Masuda Y.

Adv Otorhinolaryngol. 2011; 72: 50-52. Epub 2011 Aug 18.

We proposed the following indication criteria for tonsillectomy in patients with IgA nephropathy. (1) IgA nephropathy has been definitively diagnosed by an evaluation of the renal glomeruli during renal biopsy. (2) Tonsillectomy is indicated for patients who demonstrate grade I-III renal pathology and a serum creatinine level of 2.0 mg/dl or less during renal biopsy. However, even among patients who demonstrate grade IV disease or a serum creatinine level higher than 2.0 mg/dl during renal biopsy, surgery should be considered in the absence of contraindications for tonsillectomy, such as renal hypofunction, providing the patient wants to undergo surgery and informed consent is obtained. (3) The patient's medical history includes deterioration of urine findings during tonsillitis or acute upper respiratory inflammation.(4) Buried tonsils and the attachment of pus plugs to the tonsillar crypt are observed as local findings of the palatine tonsil. (5) Positive findings, especially positive urine findings (hematuria), are detected on the tonsillar provocation test. Items (1) and (2) are essential. Items (3) to (5) are indicative, as their inclusion has not been supported by previous studies.

25. Abnormalities of glycogenes in tonsillar lymphocytes in IgA nephropathy

Inoue T, Sugiyama H, Kitagawa M, Takiue K, Morinaga H, Kikumoto Y, Maeshima Y, Fukushima K, Nishizaki K, Akagi H, Hiki Y, Makino H

Adv Otorhinolaryngol. 2011; 72: 71-74. Epub 2011 Aug 18.

Glycosylation, which represents the most complex post-translational modification, plays a pivotal role during protein maturation, and is orchestrated by numerous glycosyltransferases. Aberrant O-glycosylation of serum and tonsillar IgA1 is presumed to be one of the pathogeneses of IgA nephropathy (IgAN). However, the synthesis of underglycosylated IgA1 in tonsils has not yet been characterized. This study investigated tonsillar B lymphocytes of IgAN using tonsils from patients with chronic tonsillitis and sleep apnea syndrome. Gene expression of β1,3-galactosyltransferase (β3GalT), Cosmc, UDP-N-acetyl-α-D-galactosamine: polypeptide N-acetylgalactosaminyl-transferase 2, were significantly down regulated in tonsillar CD19-positive B lymphocytes from IgAN patients compared to control as determined by real-time RT-PCR. In contrast, the level of sialyltransferase was not significantly different among the three groups. Tonsillar B cell β3GalT gene expression significantly correlated with estimated GFR and negatively correlated with proteinuria and glomerular or interstitial injury score. Double immunofluorescent staining showed that some IgA-positive cells in the intrafollicular area were also positive for β3GalT staining. Western blotting showed the protein expression of β3GalT in the tonsils to significantly decrease in IgAN in comparison to the controls. These data suggest the downregulation of β3GalT in tonsillar B lymphocytes to be closely associated with the clinical characteristics of IgAN.

**26. Study on perioperative changes in urinary findings in patients with IgA nephropathy**

Doi A, Tamura K, Kozakura K, Yamamoto M, Shimamoto K, Ogawa A, Matsuoka T, Tsuchiyama Y, Uchida H, Akagi H, Nishizaki K, Masuda Y

Adv Otorhinolaryngol. 2011; 72: 199

**27. 【私の処方箋】 口腔咽頭領域　口内炎，舌炎**

赤木博文

JOHNS (0910-6820) 2011 Sep; 27(9): 1406-1407

**28. IgA 腎症例の扁桃組織と周術期・術後半年後尿所見変化**

村井綾，土井彰，小桜謙一，島本久美子，盛實恵子，田村耕三，中井登紀子，岩田純，沼本敏，溝渕憲子，土山芳徳，赤木博文

口腔・咽頭科 (0917-5105) 2011 June; 24(2): 157-161

IgA 腎症の治療においての耳鼻咽喉科の役割は扁桃摘出が主体となるが，摘出した扁桃組織と周術期・術後半年後の尿所見変化について検討し，治療における扁桃摘出の役割について考察した。ステロイドパルス 3 回後扁摘した症例と長期ステロイド内服後扁摘した症例とを扁桃の B 細胞の分裂増殖の場であり，IgA 産生の場でもある明中心の有無により各々2 群に分け，術後早期と扁摘半年後の尿所見を調べた。パルス群では明中心の存在が扁桃の IgA 腎症への関与の度合いを示す可能性が，内服群では術後より早期に尿所見が悪化した症例では放出された IgA に対する腎の予備力が少ないことが示唆された。

**29. 移植腎 IgA 腎症例に対する扁摘・パルス療法第 2 報：2 年予後**

土井彰，田村耕三，小桜謙一，村井綾，島本久美子，溝渕憲子，土山芳徳，渋谷祐一，赤木博文

口腔・咽頭科 (0917-5105) 2012 Mar; 25(1): 91-97

高知医療センターでの移植腎 IgA 腎症 5 例への扁摘･パルス療法 2 年予後成績を報告する．検討項目は，尿潜血，尿蛋白，eGFR，腎病理組織所見である．それぞれの項目で，手術時の所見と比較した．尿潜血及び尿蛋白定性は全例陰性であったが，尿蛋白定量は 1 例異常を示した．eGFR は 1 例悪化していた．eGFR 悪化例は，慢性拒絶によるものと判断した．全症例で早期の血尿陰性化や，2 年後も再発がないことより，総合的に判断して 2 年後も本療法は有効と考えた．

＜看護部＞

**30. 慢性呼吸不全患者の効果的なリハビリテーションを目指して　情報共有用紙を用いて連携を深める**

豊田真也，小林桂子，武田弘明，橋本浜子，下中尚代，溝内育子，原節子

中国四国地区国立病院機構・国立療養所看護研究学会誌 (1880-6619) 2012 Jan; 7: 232-235

**31. 在宅で溺水後遺症の孫を看る祖母の思い　単独介護する祖母にインタビューを実施して**

舟木由美子，入江好子，田中梓，香川須真子

中国四国地区国立病院機構・国立療養所看護研究学会誌 (1880-6619) 2012 Jan; 7: 208-211

**32. 神経筋難病患者に対する療養介助員が行った余暇活動について　アンケート調査を実施して**

橋本実和，延原稚枝，高見利奈，宮本敏子

中国四国地区国立病院機構・国立療養所看護研究学会誌(1880-6619) 2012 Jan; 7:140-143

**33. 合格しました！呼吸療法認定士**

豊田真也

呼吸器ケア 2011; 9(7): 668-669

＜小児科＞

**34. トピラマートの有効性と安全性についての多施設共同研究**

小出泰道，長尾雅悦，福島克之，宇留野勝久，笹川睦男，高橋幸利，岡田久，渡邊宏雄，星田徹，井上美智子，後藤一也，馬場啓至，石津棟暎，井上有史

てんかん研究 2011 Jun; 29(1): 3-13

新規抗てんかん薬であるトピラマート（TPM）の使用状況，有効性，安全性について，多施設共同で調査を行った。2007 年 9 月から 2009 年 1 月までの TPM 使用例 302 例のデータを検討したところ，総合効果判定での有効例が 123 例（40.7%）で認められ，発作消失は 13 例（4.3%）であった。てんかん類型では特に Dravet 症候群での高い有効性が示された。発作別の有効性では，50%以上減少した例が複雑部分発作で 189 例中 49 例（25.9%），強直間代発作で 91 例中 26 例（28.6%），強直発作で 49 例中 9 例（18.4%），ミオクロニー発作では 16 例中 4 例（25%）に認められた。副作用は 122 例（40.4%）で報告され，眠気，食欲低下などのほかに種々の精神症状や認知機能への影響が認められた。TPM は幅広いスペクトラムを有し，有効性が高い半面，いくつかの注意すべき副作用もあることが明らかになった。

＜外科＞

**35. 慢性膿胸に合併した胸壁原発扁平上皮癌**

小谷一敏，牧原重喜，多田龍平

胸部外科(0021-5252) 2011 Jul; 64(7): 549-551

74 歳男。54 歳時に膿胸で胸腔ドレナージを施行され，以後ドレナージチューブ交換のため定期的に通院していた。今回，胸痛が出現して胸部 CT で左胸壁腫瘍(8.0×5.5cm)を指摘され，穿刺針生検で扁平上皮癌と診断され入院した。入院時検査所見では貧血，CRP 上昇，腫瘍マーカーSCC の軽度上昇，呼吸機能で拘束性障害を認めた。胸壁腫瘍切除術を施行し，術中所見で胸膜播種，横隔膜への浸潤を認め非治癒切除となった。術後放射線療法(60Gy)を追加したが，全身状態が悪化して 2 ヵ月後に死亡した。病理組織所見では角化の目立つ異型な扁平上皮細胞からなる細胞巣の形成がみられ，乳頭状の増殖も認めた。また，癌が筋・骨を破壊し侵食するような増殖箇所も存在した。