記録 3

循環器内科

Does pulmonary vein isolation prolong QT interval?

Chikata A, Kato T, Usuda K, Hayashi K, Takamura M
（Department of Cardiology, Toyama Prefectural Central Hospital, Toyama, Japan.）
Europace, 2021；23：2046

Cardiac thrombus growth without D-dimer elevation in atrial fibrillation-mediated cardiomyopathy

Chikata A, Kato T, Usuda K, Hayashi K, Takamura M
（Department of Cardiology, Toyama Prefectural Central Hospital, Toyama, Japan.）
J Interv Card Electrophysiol,
2021；doi：10.1007/s10840-021-01042-7. Epub ahead of print

Precaval bundle re-entry atrial tachycardia: a variant of upper loop re-entry

Chikata A, Kato T, Usuda K, Hayashi K, Takamura M
（Department of Cardiology, Toyama Prefectural Central Hospital, Toyama, Japan.）
J Interv Card Electrophysiol,
2022；doi：10.1007/s10840-021-01105-9. Epub ahead of print.

Rapidly Progressive Infected Coronary Artery Aneurysm

K Otowa, A Chikata, M Maruyama, K Usuda
（Department of Cardiology, Toyama Prefectural Central Hospital, Toyama, Japan.）
Circulation Journal, 2021 Nov 25；85（12）：2246.

Multiple Spontaneous Coronary Artery Dissections and Ruptures in Vascular Ehlers-Danlos Syndrome

Fukuhara K, Otowa K, Chikata A, Maruyama M, Usuda K
（Department of Cardiology, Toyama Prefectural Central Hospital, Toyama, Japan.）
Circulation Journal,
2022 Mar 17. doi：10.1253/circj.CJ-21-1083.

One-year outcome after percutaneous coronary intervention in nonagenarians: Insights from the J-PCI OUTCOME registry

Otowa K, Kohsaka S, Sawano M, Matsuura S, Chikata A, Maruyama M, Usuda K, Watanabe T, Ishii H, Amano T, Nakamura M, Ikari Y
（Department of Cardiology, Toyama Prefectural Central Hospital, Toyama, Japan.）
American Heart Journal,
2022 Apr;246：105-116. doi：10.1016/j.ahj.2022.01.004. Epub 2022 Jan 10.

Successful revascularization with percutaneous coronary intervention using a combination of the subintimal transcatheter withdrawal technique and coronary artery fenestration for spontaneous coronary artery dissection

Shintaro Matsuura, Kanichi Otowa, Michiro Maruyama, Kazuo Usuda
（Department of Cardiology, Toyama Prefectural Central Hospital, Toyama, Japan.）
Clinical Case Reports, 2021；9：e05045

The combination of the STRAW technique and coronary artery fenestration using a cutting balloon could be effective in SCAD patients, especially with dissection to the distal end of the coronary artery.

血液内科

Coombs' test positive autoimmune hemolytic anemia accompanied by myelodysplastic syndrome that became Coombs' test negative after azacitidine administration.

Yamada S, Kajikawa S, Nakagawa N, Kondo Y, Okumura H
Ann Hematol, 2022 Apr；101（4）：915-917

Imaging findings of a case of intravascular large B-cell lymphoma with cardiac involvement.

Kadoya Y, Nagaoka S, Kanatani M, Nagaoka R, Maekawa N, Terada N, Nakagawa N, Kajikawa S,

Okumura H, Ishizawa S
Radiol Case Rep, 2021 May 4；16（7）：1780-1784

呼吸器内科

Bochdalek hernia with liver herniation

Mao Kanatani, Hirokazu Taniguchi, Kimiho Kusabiraki, Yasuaki Masaki, Takeshi Tsuda, Hitoshi Abo
Clin Case Rep, 2022；10：e05534

Bochdalek hernia with liver herniation is rare and mimics a pulmonary mass. This case was hospitalized for masses found in the lower field of the right lung on a chest radiograph. The patient was diagnosed with Bochdalek hernia with liver herniation with three-dimensional images created from thoraco-abdominal enhanced computed tomography.

Rare MYH9-ROS1 Fusion Gene-Positive Lung Adenocarcinoma Showing Response to Entrectinib Treatment:A Case Study

Takeshi Tsuda, Naoki Takata, Takahiro Hirai, Yasuaki Masaki, Shin Ishizawa, Hirokazu Taniguchi
Case Rep Oncol, 2022；15：376-381

The c-ros oncogene 1 (ROS1) fusion gene is a rare genomic alteration detected in nearly 1–2% of lung adenocarcinomas. The major partner genes of ROS1 include CD74, SDC4, and EZR. Here, we report a case of MYH9-ROS1 fusion gene-positive lung adenocarcinoma, a rare ROS1 fusion gene. The patient was a woman in her 40s who was diagnosed with advanced primary lung adenocarcinoma after a thorough examination. Initial genetic testing conducted using mediastinal lymph node biopsy specimens collected by endobronchial ultrasound-guided transbronchial needle aspiration revealed no driver gene mutations, including the ROS1 fusion gene. The patient was treated with four courses of immunochemotherapy. As the disease worsened, another genetic test was conducted using FoundationOne® CDx, and the MYH9-ROS1 fusion gene was detected. Multiple lung metastases disappeared after the administration of entrectinib; the response persisted up to a year. Adverse events of rash, dysgeusia, and peripheral edema were observed, and the patient required temporary drug interruption; however, we were able to continue entrectinib following a short-term drug interruption. This is the first report on the effectiveness of entrectinib against lung adenocarcinoma with the rare MYH9-ROS1 fusion gene.

A phase II study of S-1 and cisplatin with concurrent thoracic radiotherapy followed by durvalumab for unresectable, locally advanced non-small-cell lung cancer in Japan (SAMURAI study)

Shigeru Tanzawa, Sunao Ushijima, Kazuhiko Shibata, Takuo Shibayama, Akihiro Bessho, Kyoichi Kaira, Toshihiro Misumi, Kenshiro Shiraishi, Noriyuki Matsutani, Hisashi Tanaka, Megumi Inaba, Terunobu Haruyama, Junya Nakamura, Takayuki Kishikawa, Masanao Nakashima, Keiichi Iwasa, Keiichi Fujiwara, Tadashi Kohyama, Shoichi Kuyama, Naoki Miyazawa, Tomomi Nakamura, Hiroshi Miyawaki, Hiroo Ishida, Naohiro Oda, Nobuhisa Ishikawa, Ryotaro Morinaga, Kei Kusaka, Nobukazu Fujimoto, Toshihide Yokoyama, Kenichi Gemba, Takeshi Tsuda, Hideyuki Nakagawa, Hirotaka Ono, Tetsuo Shimizu, Morio Nakamura, Sojiro Kusumoto, Ryuji Hayashi, Hiroki Shirasaki, Nobuaki Ochi, Keisuke Aoe, Nobuhiro Kanaji, Kosuke Kashiwabara, Hiroshi Inoue, Nobuhiko Seki
Ther Adv Med Oncol ,
2021 Feb 27；13：1758835921998588.

Background: Based on the results of the PACIFIC study, chemoradiotherapy followed by 1-year consolidation therapy with durvalumab was established as the standard of care for unresectable, locally advanced non-small-cell lung cancer (LA-NSCLC). However, some topics not foreseen in that design can be explored, including progression-free survival (PFS) and overall survival (OS) after the start of chemoradiotherapy, the proportion of patients who proceeded to consolidation therapy with

durvalumab, and the optimal chemotherapeutic regimens. In Japan, the combination regimen of S-1 + cisplatin (SP), for which the results of multiple clinical studies have suggested a good balance of efficacy and tolerability, is frequently selected in clinical settings. However, the efficacy and safety of consolidation therapy with durvalumab following this SP regimen have not been evaluated. We therefore planned a multicenter, prospective, single-arm, phase II study.

Methods: In treatment-naïve LA-NSCLC, two cycles of combination chemotherapy with S-1 (80-120 mg/body, Days 1-14) + cisplatin (60 mg/m2, Day 1) will be administered at an interval of 4 weeks, with concurrent thoracic radiotherapy (60 Gy). Responders will then receive durvalumab every 2 weeks for up to 1 year. The primary endpoint is 1-year PFS rate.

Discussion: Compared with the conventional standard regimen in Japan, the SP regimen is expected to be associated with lower incidences of pneumonitis, esophagitis, and febrile neutropenia, which complicate the initiation of consolidation therapy with durvalumab, and have higher antitumor efficacy during chemoradiotherapy. Therefore, SP-based chemoradiotherapy is expected to be successfully followed by consolidation therapy with durvalumab in more patients, resulting in prolonged PFS and OS. Toxicity and efficacy results of the SP regimen in this study will also provide information important to the future establishment of the concurrent combination of chemoradiotherapy and durvalumab.

消化器内科

EUS-FNA で診断し得た膵放線菌症の 1 例

林 洸太郎，川根太郎，伊藤　綾，矢野正明，
在原文教，松田耕一郎，小川浩平，松田　充，
酒井 明人

日本消化器病学会雑誌，2021；118 巻 9 号：884-889.

症例は 60 歳男性．アルコール性慢性膵炎にて膵管ステントの交換を繰り返していた．201X-1 年 12 月の画像検査で膵頭部腫瘤の指摘があったが，膵炎の慢性経過と考えられ，慎重経過観察の方針となった．201X 年 3 月の画像検査では膵頭部腫瘤の腫大を認め，精査目的に EUS-FNA を施行した．病理では豊富な間質組織放線菌を主とした細菌塊を認めた．半年間の抗菌薬加療で膵頭部腫瘤の縮小を認めた．

Long-term outcomes after endoscopic retrograde pancreatic drainage for symptomatic pancreaticojejunal anastomotic stenosis

Akihiko Kida [1], Yukihiro Shirota [2], Taro Kawane [3], Hitoshi Omura [3], Tatsuo Kumai [2], Masaaki Yano [3], Fumitaka Arihara [3], Yuji Hodo [2], Koichiro Matsuda [3], Kohei Ogawa [3], Mitsuru Matsuda [3], Akito Sakai [3], Mitsuhiro Terada [1], Tokio Wakabayashi [2]
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There is limited evidence supporting the usefulness of endoscopic retrograde pancreatic drainage (ERPD) for symptomatic pancreaticojejunal anastomotic stenosis (sPJS). We examined the usefulness of ERPD for sPJS. We conducted a retrospective analysis of 10 benign sPJS patients. A forward-viewing endoscope was used in all sessions. Following items were evaluated: technical success, adverse events, and clinical outcome of ERPD. The technical success rate was 100% (10/10) in initial ERPD; 9 patients had a pancreatic stent (no-internal-flap: n = 4, internal-flap: n = 5). The median follow-up was 920 days. Four patients developed recurrence. Among them, 3 had a stent with no-internal-flap in initial ERPD, the stent migrated in 3 at recurrence, and a stent was not placed in 1 patient in initial ERPD. Four follow-up interventions were performed. No recurrence was observed in 6 patients. None of the stents migrated (no-internal-flap: n = 1, internal-flap: n = 5) and no stents were replaced due to stent failure. Stenting with no-internal-flap was associated with recurrence (p = 0.042). Mild adverse events developed in 14.3% (2/14). In conclusions, ERPD was performed safely with high technical success. Recurrence was common after stenting with no-internal-flap. Long-term stenting did not result in stent failure.Clinical trial register and their clinical registration number：Nos. 58-115 and R2-9.

Long-term outcoBipolar-current needle-knife

with a water jet function (Jet B-knife) shortens the procedure time of endoscopic submucosal dissection for colorectal tumors

Katsushi Hiramatsu [1], Tatsushi Naito [1], Yu Akazawa [1], Yasushi Saito [1], Takuto Nosaka [1], Kazuto Takahashi [1], Kazuya Ofuji [1], Hidetaka Matsuda [1], Masahiro Ohtani [1], Mitsuru Matsuda [2], Akito Sakai [2], Yasunari Nakamoto [1]
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Background: Endoscopic submucosal dissection (ESD) is a technically difficult and time-consuming procedure for the treatment of large colorectal tumors. In Japan, the ball-tip bipolar-current needle-knife (BB-knife) has been used in ESD as a safe device that minimizes the damage to deeper tissues of colorectal neoplasms. In May 2012, a BB-knife combined with a water jet function (Jet B-knife) was newly developed.

Methods: This retrospective study was aimed at examining the effectiveness and safety of the Jet B-knife. The BB-knife was used in 276 lesions (BB-knife group), while the Jet B-knife was used in 245 lesions (Jet B-knife group). We evaluated tumor characteristics and the results of the ESD procedures, including the size of the resected tumor, histological diagnosis, time required for resection, frequency of using other electrical devices, en bloc resection rate, and incidence rate of associated complications. Then, the data obtained were compared between the two groups.

Results: The histological evaluation of the resected tumors revealed that the incidence of cancer was not significantly different between the two groups. The median time required for resection was 103 min (45–255) in the BB-knife group and 51 min (28–210) in the Jet B-knife group. The difference was statistically significant ($p < 0.05$). Furthermore, the median tumor diameters were 23.1 mm (18–50) and 26.2 mm (20–60) in the BB-knife and Jet B-knife groups, respectively, demonstrating a statistically significant difference ($p < 0.05$). Multivariate logistic regression analysis revealed that short resection time ($p < 0.001$) and reduced use of hemostatic devices ($p < 0.01$) were independent favorable features of Jet B-knife. The en bloc resection rate and the perforation rate were not statistically significant between the two groups.

Conclusions: Use of the Jet B-knife may contribute to the development of a time-saving, cost-effective, and safe procedure for ESD of colorectal tumors.

感染症内科

Duration from onset to discharge is longer in COVID-19 patients with low blood regulatory T-cell counts

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J Med virol, doi：org/10.1002/jmv.27401

We read with interest the article by Rahimzadeh et al. They observed a trend toward decreasing regulatory T-cell (T reg) levels in severe coronavirus disease 2019 (COVID-19) patients [1]. We also studied the relationship between T reg in peripheral blood and severity of COVID-19, and believe that T reg is important in the progression of COVID-19 cases from serious to very severe.

Severe COVID-19 patients show various immunological abnormalities, including T-cell reduction and cytokine release syndrome. Previous reports have suggested a correlation between abnormalities in T reg and the autoimmune system [2,3]. Single cell-level mechanisms for T-cell dysregulation in severe COVID-19 have already been shown [4].

We performed a prospective observational study at Toyama Prefectural Central Hospital, in Japan. The research participants included 29 patients with positive results for SARS-CoV-2 RNA (11 wild types, 17 alpha variants, 1 delta variant) between 1 November 2020 and 30 July 2021. We chose the first 29 consecutive patients with pneumonia at admission. The primary outcome was the duration in days from onset to discharge. Typically, patients were discharged approximately 10 days from onset and 3 days from improvement of fever or respiratory symptoms by rule, although hospitalization was prolonged on a case-by-case basis. We collected the following baseline, demographic, clinical, laboratory characteristics, treatment and outcome data: age, sex, peripheral T reg

counts (CD4-positive, CD25-positive and CD127-negative cells) by flow cytometry (BML, Inc., Tokyo, Japan) on admission[5], complications of pneumonia, and use of oxygen therapy. The cut-off value for the T reg count was determined by receiver operating characteristic (ROC) curve analysis. We applied univariate and multivariate analysis to compare each of the characteristics and outcome data. Patients were allocated into two groups on the basis of the following cut-off values: Group A, patients with low T reg levels (<13 / μ L) and pneumonia; Group B, patients with high T reg level (≥13 / μ L) and pneumonia. Comparison of the two groups for duration from onset to discharge was performed using the Kaplan-Meier method for comparison of disease severity. EZR version 1.54 was used for all statistical analyses [6].

First, the optimal cut-off for regulatory T-cell count was determined as 13 / μ L by ROC curve analysis. The mean T reg count of patients with severe pneumonia (as determined by the need for oxygen therapy) and without severe pneumonia were 18.9 and 23.3, respectively. The mean T reg count of patients with severe pneumonia tended to be lower, although the difference between the groups was not significant. Age ≥ 65 years, sex, variant type, and low T reg level (<13 / μ L) did not correlate significantly with complications of severe pneumonia in univariate analyses. These categories were therefore removed from this model on multivariate logistic regression analysis. However, the T reg count of one patient with high blood T reg count on admission and severe pneumonia decreased before intubation (from 33 / μ L to 10.8 / μ L). If more such cases are evaluated or the timing of T reg examination is changed, we might find a significant correlation between low T reg level and complications of severe pneumonia. Furthermore, the onset to discharge duration in Group A was significantly longer in comparison with Group B (Figure 1). The median duration in COVID-19 patients with pneumonia and low T reg count was 19 days, while that in COVID-19 patients with pneumonia and high T reg count was 17 days.

Our data suggested that peripheral blood T reg levels on admission are associated with severe pneumonia requiring oxygen therapy, but not with pneumonia without oxygen therapy. The difference in median days from onset to discharge between pneumonia patients with low T reg and high T reg counts was suggested to indicate the difference in the strength of the immune response. The difference of only two days between the period of hospitalization between the two groups might be related to the significant response to steroids in severe cases. Methods to repair T reg activity might, thus, help improve the severity of COVID-19. We hope that the updated data will contribute to more accurate elaboration and substantiation of the findings reported by Rahimzadeh et al.

リウマチ・和漢診療科

Effectiveness and safety of subcutaneous abatacept in biologic-naïve RA patients at Week 52: A Japanese multicentre investigational study (ORIGAMI study).

Naoto Tamura [1], Takanori Azuma [2], Kenta Misaki [3], Rei Yamaguchi [4], Fuminori Hirano [5], Eiji Sugiyama [6], Daisuke Kanai [7], Yohko Murakawa [8], Motohiro Oribe [9], Takahito Kimata [10], Kazutoshi Aoki [11], Tomoko Sugiura [12], Koji Takasugi [13], Yuya Takakubo [14], Yasuyuki Tomita [15], Takeo Isozaki [16], Toshihiro Nanki [17], Naooki Katsuyama [18], Takanori Kuroiwa [19], Hideto Oshikawa [20], Motohide Kaneko [21], Hiroshi Fujinaga [22], Kiwamu Saito [23], Eiichi Tanaka [4], Eisuke Inoue [4 24], Yuri Yoshizawa [25], Shigeru Matsumoto [26], Hisashi Yamanaka [4 27], Masayoshi Harigai [4]

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[27]Department of Rheumatology, Sanno Medical Center, Tokyo, Japan）
Modern Rheumatology，2021 Oct 8：1-1

Objectives: To evaluate the effectiveness and safety of abatacept over 52 weeks in biologic-naïve rheumatoid arthritis (RA) patients with moderate disease activity in the prospective, 5-year, observational study (ORIGAMI study) in Japan.
Methods: Abatacept (125 mg) was administered subcutaneously once a week. Clinical outcomes included Simplified Disease Activity Index (SDAI) remission at Week 52 (primary endpoint), Japanese Health Assessment Questionnaire (J-HAQ), EuroQol 5-Dimension Questionnaire (EQ-5D), treatment retention, and safety. The results were compared with those of conventional synthetic disease-modifying antirheumatic drug (csDMARD) controls from the ongoing Institute of Rheumatology, Rheumatoid Arthritis (IORRA) registry.
Results: Overall, 325 patients were enrolled, with a mean age of 66.9 ± 12.7 years. The proportion of patients achieving SDAI remission（≤ 3.3）at Week 52 was 18.9 %（95 % CI: 14.3-23.6）and low disease activity（≤ 11）was 53.3 %（95 % CI: 47.4-59.1）. A significant improvement was observed in J-HAQ and EQ-5D over 52 weeks in both the abatacept and csDMARD groups. The probability of abatacept treatment retention at Week 52 was 69.9 %（95 % CI: 64.7-75.5）. Adverse events and serious adverse events were reported in 50.0 % and 12.1 % of patients, respectively.
Conclusions: Abatacept significantly improved disease activity, physical disability, and quality of life for up to 52 weeks in RA patients in a real-world setting.

小児科

出生直後より遷延する喘鳴から診断に至った肺動脈スリングの新生児例

竹中みか，藤田修平，西田圭吾，齊藤　悠，
高桑麻衣子，嶋尾綾子，伊奈志帆美，東山弘幸，
二谷　武，五十嵐登，畑崎喜芳
（富山県立中央病院　小児科）
富山県立中央病院医学雑誌，2021；44：25-28

Catheter ablation in a pediatric patient with idiopathic ventricular tachycardia and arrhythmia-induced cardiomyopathy.

Shuhei Fujita，Keigo Nishida，Akio Chikata，
Kazuo Usuda，Kiyoshi Hatasaki
Pediatr Int，2021；63：716-738

Superior slow pathway を介した Fast-slow 房室結節リエントリー性頻拍に対して無冠尖からの通電で完治した 11 歳男児例

藤田修平，中川　亮，水冨慎一朗，畑崎喜芳，
近田明男，臼田和生
臨床心臓電気生理，2021；44：99-108

The efficacy of pacemaker implantation for extracardiac total cavopulmonary connection in a pediatric patient with bradycardia-tachycardia syndrome.

Shuhei Fujita, Eriko Kabata, Keigo Nishida, Noboru Igarashi, Akira Murata, Kiyoshi Hatasaki
November 22, 2021；
doi:https://doi.org/10.1016/j.jccase.2021.10.008

傍膜様部心室中隔欠損症の生後１か月時点での標準１２誘導心電図による予後予測

中川　亮，藤田修平，佐藤　啓，畑崎喜芳
Pediatric Cardiology and Cardiac Surgery, 2001；37（3）：203-207

外科

Clinical features of patients with pancreatic ductal adenocarcinoma with a history of other primary malignancies: A retrospective analysis

Hironori Hayashi [1], Koji Amaya [1], Tomokazu Tokoro [1], Kosuke Mori [1], Shunsuke Takenaka [1], Yuya Sugimoto [1] Yuto Kitno [1], Toru Kurata [1], Shunsuke Kawai [1], Atsushi Hirose [1], Tomoya Tsukada [1], Masahide Kaji [1], Koichi Shimizu [2] and Kiichi Maeda [1]
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Molecular and Clinical Oncology, 2021；15：173

Patients with pancreatic ductal adenocarcinoma (PDAC) that have a history of other primary malignancies are not well documented. The current study therefore aimed to evaluate the clinicopathological characteristics of patients with PDAC with or without a history of other primary malignancies. A total of 102 patients with surgically treated PDAC that presented with or without a history of other primary malignancies were retrospectively analyzed. A total of 25 patients (24.5%) had a history of other primary malignancies (age, with history of other primary malignancy vs. without, 74.2 vs. 68.9 years; P=0.005) and the reason for consultation (P<0.001) differed significantly between the groups with a history of other primary malignancies [HoM(+)] and without a history of other primary malignancies [HoM(-)]. Incidental indications during malignancy follow-up was the most common reason for the diagnosis of PDAC in the HoM(+) group. Conversely, there were no significant differences in the resectability (P=0.645), complete resection rate (P=0.774) and final stage (P=0.474) between the two groups. Disease-free survival was also not significantly different between the two groups (P=0.184). However, overall survival was significantly poorer in the HoM(+) group compared with the HoM(-) group (P=0.003). A history of other primary malignancies was also an independent predictor of poor overall survival (hazard ratio, 2.416; 95% confidence interval, 1.324-4.406; P=0.004). In conclusion, patients with PDAC and a history of other primary malignancies had significantly poorer overall survival than their counterparts, despite no differences in disease-free survival.

Thoracoscopic esophagectomy in the prone position for esophageal cancer patients with pectus excavatum: a report of two cases

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（Department of Surgery, Toyama Prefectural Central Hospital）
Surgical case reports, 2021；7：113

Background: Pectus excavatum is a common thoracic deformity that can be encountered during thoracoscopic esophagectomy. Here, we report two cases of esophageal cancer complicated by pectus excavatum that were treated with thoracoscopic esophagectomy with the patients in the prone position.

Case presentation: The first patient was a 64-year-old male diagnosed with esophageal cancer (cT3N0M0, Haller index 8.5) and underwent radical thoracoscopic esophagectomy in the prone position following neoadjuvant chemotherapy. The second patient was a 67-year-old male diagnosed with esophageal cancer (cT1bN0M0, Haller index 4.3), and the same procedure was performed in this patient. In cases of patients with a high Haller index, where securing the surgical field is difficult, preoperative computed tomography in the prone position can help surgeons to understand the mediastinal field of view and is

safe.

Conclusions: Radical thoracoscopic esophagectomy in the prone position may be a surgical option in patients with pectus excavatum.

整形外科

Postoperative blood loss including hidden blood loss in early and late surgery using percutaneous pedicle screws for traumatic thoracolumbar fracture

Sasagawa T, Takeuchi Y, Aita I
Spine Surgery and Related Research,
2021；5：171-175

Minimally invasive surgery for traumatic high grade lateral spondylolisthesis of L1 with multiple spinal fractures: closed reduction and internal fixation using percutaneous pedicle screws

Sasagawa T
Asian Journal of Neurosurgery,
2021；16：692-694

Patient satisfaction with implant removal after stabilization using percutaneous pedicle screws for traumatic thoracolumbar fracture

Sasagawa T, Takagi Y, Hayashi H, Nanpo K
Asian Journal of Neurosurgery,
2021；16：692-694

Treatment of unstable pelvic ring injury with a dual internal anterior subcutaneous fixator using spinal instrumentation called "dual INFIX"：a case report

Sasagawa T
Journal of Orthopaedic Case Reports,
2021；11：33-36

Treatment of unstable sacral fracture with minimally invasive spinopelvic posterior fixation and an internal anterior fixator in a 95-year-old patient with diffuse idiopathic skeletal hyperostosis: A case report

Sasagawa T
Journal of Orthopaedic Case Reports,
2021；11：43-46

Facet joint violation by thoracolumbar percutaneous pedicle screw and its effect on progression of facet joint osteoarthritis

Sasagawa T
Asian Spine Journal, 2021 Sep 28；
doi: 10.31616/asj.2021.0224.

Utility of the energy subtraction method for thoracic spine radiography in clinical practice: An analysis of 25 patients with multiple myeloma.

Shimizu T, Sasagawa T, Kawamura N,
Masuyama S, Tachibana N, Emori H, Iizuka M,
Ishikura H, Suzuki K, Kuwabara T, Tsuchiya H,
Kunogi J
Orthopedics, 2021；44：e31-e35

Conjoined tendon preserving posterior approach in hemiarthroplasty for femoral neck fractures: A prospective multicenter clinical study of 322 patients.

Takuya Nakamura, Yamakawa T, Hori J,
Goto H, Nakagawa A, Takatsu T, Osamura N,
Saito A, Hagio K, Mouri K
Journal of Orthopaedic Surgery, 2021；29：
1-8

「低侵襲 THA の手術手技と今後の展望」序文

中村琢哉，兼氏 歩
日本整形外科学会雑誌 Vol.96，2022；No.4：
221-222

呼吸器外科

A case of giant intradiaphragmatic bronchogenic cyst

Naoya Kitamura, Tomohiko Takahashi,
Tetsuya Takayama, Jun Kawamukai,
Hideki Shinno, Hideki Miyazawa
（Toyama Prefectural Central Hospital thracic surgery）
Respirology Case Reports, 2021；9：e0832

産婦人科

Fascia の構造と変化から謎を解く

谷村 悟
（富山県立中央病院 産婦人科）

産科と婦人科，2021；88：1033-1039

Fascia（ファシア）が柔軟にかつ連携をもって支え，機能させる

谷村　悟
（富山県立中央病院　産婦人科）
排尿障害プラクティス，2021；29：102-106

女性医師のリクルート

草開　妙，谷村　悟
（富山県立中央病院　産婦人科）
産婦人科の実際，2022；71巻3号：257-262

子宮全摘術後にCIN3から扁平上皮癌に進行し治療後も腟上品が胃腫瘍の再発を繰り返した1例

田中有華，南　里恵，曽根原健太，谷村　悟，
吉越信一，飴谷由佳
（富山県立中央病院　産婦人科）
日本婦人科腫瘍学会雑誌，2021.07;39巻3号:
619-627

骨盤臓器脱に対する腹腔鏡下仙骨膣固定術（Laparoscopic Sacral Colpopexy:LSC）の代替術式としての腹腔鏡下ペクトペキシー（Laparoscipic Pectopexy:LP）

中島雅子，谷村　悟，坂井英慧，道倉瑛里奈，
浅井隆之，本多真澄，草開友理，草開　妙，
吉越信一，炭谷崇義，中島正雄，南　里恵，
飴谷由佳
（富山県立中央病院産婦人科）
富山県立中央病院医学雑誌，2021.09；44巻
3-4号：74-78

腹腔鏡下子宮体癌手術と有棘縫合糸を用いたNative tissue repairを同時に施行した一例

中島雅子，谷村　悟，林　晃輝，八十島巌，
碓井　愛，川上翔子，中垣成子，本多真澄，
草開友理，草開　妙，吉越信一，炭谷崇義，
中島正雄，南　里恵，飴谷由佳
（富山県立中央病院　産婦人科）
富山県立中央病院医学雑誌，2021.09；44巻
3-4号：70-73

当院で経験した再生不良性貧血合併妊娠の3例

八十島巌，中島正雄，林　晃輝，碓井　愛，
川上翔子，中垣成子，本多真澄，草開友理，
草開　妙，吉越信一，炭谷崇義，南　里恵，
飴谷由佳，谷村　悟
（富山県立中央病院　産婦人科）
富山県立中央病院医学雑誌，2022.03；45巻
1-2号：21-24

予防的卵巣卵管切除施行し，漿液性卵管上皮内癌を認めた遺伝性乳癌卵巣癌症候群（HBOC）の一症例

川上翔子，南　里恵，草開　妙，中島正雄，
林　晃輝，八十島巌，碓井　愛，中垣成子，
本多真澄，草開友理，吉越信一，炭谷崇義，
中島正雄，飴谷由佳，谷村　悟
（富山県立中央病院　産婦人科）
富山県立中央病院医学雑誌，2022.03；45巻
1-2号：32-35

皮膚科

【皮膚悪性腫瘍（第2版）下ー基礎と臨床の最新研究動向ー】乳房外パジェット病　治療　手術治療　切除マージンと再建

八田尚人
（富山県立中央病院　皮膚科）
日本臨床，2021；79増刊3：277-280

【皮膚悪性腫瘍（第2版）下ー基礎と臨床の最新研究動向ー】基底細胞癌　基底細胞癌の治療　基底細胞癌の治療戦略　概論

八田尚人
（富山県立中央病院　皮膚科）
日本臨床，2021；79増刊3：224-226

手指に生じた腱鞘線維腫　結節性筋膜炎と鑑別を要した1例

池田智行，八田尚人，石井貴之，石澤　伸，
齋藤　敦
皮膚科の臨床，2021；63：1206-1208

上肢深部静脈血栓症3例の報告

池田智行，石井貴之，八田尚人
（富山県立中央病院　皮膚科）
皮膚科の臨床，2021；63：1111-1114

【血管性腫瘍】先天性血管腫の2例

石井貴之，八田尚人
（富山県立中央病院　皮膚科）
皮膚病診療，2021；43：312-315

皮膚悪性腫瘍ガイドライン第３版　乳房外パジェット病診療ガイドライン2021

吉野公二（がん・感染症センター都立駒込病院皮膚腫瘍科），清原隆宏，逆瀬川純子，八田尚人，藤澤康弘，村田洋三，古賀弘志，菅谷　誠，公益社団法人日本皮膚科学会，一般社団法人日本皮膚悪性腫瘍学会皮膚悪性腫瘍診療ガイドライン改訂委員会（乳房外パジェット病診療ガイドライングループ）

日本皮膚科学会雑誌，2021；131：225-244

皮膚科処置　基本の「キ」切除マージンの取り方

石井貴之

（富山県立中央病院　皮膚科）

Derma，2021；311：8-18

眼科

Clinical evaluation of electrolysis for Reis-Bucklers Corneal Dystrophies and in vivo histological analysis using anterior segment optical coherence tomography

Nishino T，Kobayashi A，Mori N，Yokogawa H，Sugiyama K

Cornea，2021；40：958-962

放射線診断科

Imaging findings of a case of intravascular large B-cell lymphoma with cardiac involvement

Yoshisuke Kadoya[1]，Shotaro Nagaoka[1]，Mao Kanatani[1]，Risa Nagaoka[1]，Naoto Maekawa[2]，Nao Terada[2]，Noriharu Nakagawa[3]，Sayaka Kajikawa[3]，Hirokazu Okumura[3]，Shin Ishizawa[4]

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Radiology Case Reports,

2021 May 4；16（7）：1780-1784

doi: 10.1016/j.radcr.2021.04.030.

Intravascular large B-cell lymphoma (IVLBCL) is a very rare subtype of malignant lymphoma that is difficult to diagnose. Cases of myocardial infarction caused by IVLBCL are even rarer. Herein, we report a case presenting with heart failure and delayed enhancement in the hypokinetic cardiac septum on contrast-enhanced cardiac magnetic resonance imaging. Myocardial biopsy showed large B-cell lymphoma cells in the microvessels within the myocardium. To the best of our knowledge, this is the first report of imaging findings of cardiac involvement in IVLBCL.

乳腺病変を合併した肺アミロイドーシスの１例

長岡将太郎[1]，阿保　斉[1]，角谷嘉亮[1]，齊藤順子[1]，望月健太郎[1]，出町　洋[1]，川向　純[2]，石澤　伸[3]

（[1]富山県立中央病院　放射線診断科，[2]富山県立中央病院　呼吸器外科，[3]富山県立中央病院　病理診断科）

臨床放射線，2022年1月；第67巻1号

麻酔科

早期胃癌に対する２回の内視鏡的粘膜下層剥離術後の胃切除術時に予期せぬ胃内容充満があった症例

荒井理歩，吉田　仁，長岡治美，宇佐美潤，那須倫範

日本臨床麻酔学会誌，

2021；41巻7号：559-562

76歳，男性．3年前よりインスリンなどで糖尿病治療中であった．早期胃癌に対し，2回の内視鏡的粘膜下層剥離術（ESD）が施行された．非治癒切除のため，腹腔鏡下幽門側胃切除術が予定された．術前絶飲食時間は12時間であった．全身麻酔を導入し気管挿管を施行した．挿管時口腔内に異物はなかった．経鼻胃管からは約200mLの食物残渣が吸引できた．手術開始後は胃の膨満を認めた．胃切除後に残胃内の食物残渣を約700g除去した後，胃十二指腸吻合を行い，手術は終了した．2回の広範囲なESDや糖尿病により，胃内容排出遅延が生じ，予期せぬ胃内容充満があった．幸いにも誤嚥はなかったが，麻酔科医へ警鐘を鳴らす症例であった．

胸腔鏡下肺切除術における術後悪心・嘔吐の検討：患者自己調節硬膜外鎮痛法と経静脈的患者自己調節鎮痛法との比較

那須倫範，吉田　仁，大石博史，荒井理歩，小川浩平，松井　望

日本臨床麻酔学会誌，2022.03；42巻2号
125-130

胸腔鏡下肺切除術の術後鎮痛法（patient-controlled epidural analgesia：PCEAとintravenous patient-controlled analgesia：IVPCA）における術後悪心・嘔吐（postoperative nausea and vomiting：PONV）を後ろ向きに比較した.72人がPCEA（E群）で，86人がIVPCA（V群）で管理された．術翌日までのPONV発生率（E群：12.5 %，V群：15.1 %），制吐薬投与率，PONVによる鎮痛法の中止率は2群間に有意差を認めなかった．IVPCAはPCEAと比べPONVを増加させなかった.

ロボット支援下腹腔鏡前立腺全摘術における循環動態の経時的変化についての検討

那須倫範，吉田　仁，山田正名，大石博史，
荒井理歩，牛尾和弘，寺崎敏治
（富山県立中央病院　麻酔科）
麻酔，2021.04；70巻4号：387-391

ロボット支援下腹腔鏡前立腺全摘術（robot-assisted laparoscopic prostatectomy:RALP）における気腹と高度頭低位による影響を，フロートラックセンサー（エドワーズライフサイエンス,東京）を用いて後ろ向きに検討した．頭低位角度の平均は26.8°であった．心係数（cardiac index:CI）は頭低位後より有意に低下し，頭低位後60分で最小（1.54 ± 0.411・min-1・m-2）となった．RALPにおいて，頭低位中の心拍出量の減少が示唆された．CIの低下による合併症は認めなかったが，術中はモニタリングを行い，循環動態の変化に注意する必要がある.

病理診断科

Imaging findings of a case of intravascular large B-cell lymphoma with cardiac involvement.

Kadoya Y，Nagaoka S，Kanatani M，Nagaoka R，
Maekawa N，Terada N，Nakagawa N，Kajikawa S，
Okumura H，Ishizawa S.
（富山県立中央病院　放射線診断科，血液内科，
病理診断科）
Radiol Case Rep，2021；16：1780-1784

Rare MYH9-ROS1 Fusion Gene-Positive Lung Adenocarcinoma Showing Response to Entrectinib Treatment: A Case Study.

Tsuda T，Takata N，Hirai T，Masaki Y，
Ishizawa S，Taniguchi H.
（富山県立中央病院　呼吸器内科，病理診断科）
Case Rep Oncol，2022；15：376-381

画像技術科

Use of optically stimulated luminescence dosimeterand radiophotoliminescent glass dosimeter for dose measurement in dual-source dual-energy computed tomography

Ayaka Hirosawa，Kosuke Matsubara，
Yusuke Morioka，Masayasu Kitagawa，
Thunyarat Chusin，Akihiro Takemura
Physical and Engineering Sciences in Medicine，
2021；44：1311-1319

We aimed to evaluate properties of optically stimulated luminescence dosimeters (OSLDs) and radiophotoluminescent glass dosimeters (RPLDs) used in dual-source dual-energy (DE) computed tomography (DECT) dosimetry. Energy dependence was evaluated in single-energy (SE) and DE modes, and their relative dose responses differed by 3.8% and 6.6% under equivalent effective energy with OSLD and RPLD, respectively. Dose variation was evaluated using coefficients of variation of dose values from 10 dosimeters, and dose variation of OSLD and RPLD in SE mode ranged from 2.1 to 3.0% and from 2.1 to 2.8%, and those in the DE mode were 1.8 and 2.6%, respectively. Dose linearity was evaluated from 1 to 150 mGy, and linear relationships of dose response were observed between the dosimeters and the ionization chamber (correlation coefficients ≥ 0.9991). Angular dependence was evaluated from − 90° to + 90°, and it was smaller in DE mode than in SE mode for OSLD. The normalized response of RPLD was higher at ± 30° and ± 60° and lower at − 90° in SE and DE modes. This study demonstrated both OSLD and RPLD can perform dosimetry in dual-source DECT with small influence of the properties of the dosimeters compared with that in SECT.