

総 説

.....	1
STIC	11
.....	19
.....	27

症例報告

妊娠中の卵巣腫瘍に対して，皮下鋼線吊り上げ法による 単孔式腹腔鏡下卵巣腫瘍摘出術（Tanko）を施行した一例	33
腹腔鏡下手術中の迅速組織診にて診断できず， 再腹腔鏡下手術を施行した卵巣境界悪性腫瘍の一例	39
卵巣成熟嚢胞性奇形腫に関連した自己免疫性辺縁系脳炎と考えられた一例	43
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香川産科婦人科雑誌投稿規定

3
A4 12 1 1 30 25
3
800 5
10

Index Medicus

-) 1 OEIS (omphalocele, extrophy of the cloaca, imperforata anus, spinal deformity)complex baby
1998 50 167-170
- 2 23
1998 412-417
- 3 Kuno A, Akiyama M, Yanagihara T, Hata T. Comparison of fetal growth in singleton, twin, and triplet pregnancied. Hum Reprod 1999 ; 14 : 1352-1360.
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10

11

12

13

Microsoft Word

floppy disk CD-R

14

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香川産科婦人科学会 平成 23 年度役員

— 総説 —

診断能力向上を目指した経膈超音波の使い方

Use of transvaginal ultrasonography to improve diagnostic potential

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Department of Nursing, Faculty of Health Sciences, Kagawa Prefectural University of Health Sciences

Key words: transvaginal ultrasonography, use, improvement of diagnostic potential

はじめに

I. 子宮

1.

1980

5MHz

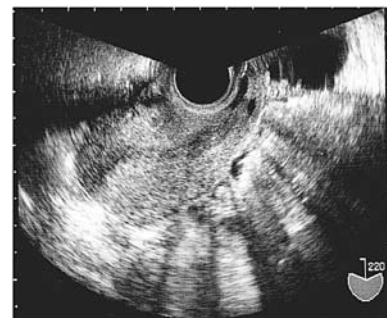
1

(1a)

(1b)



a



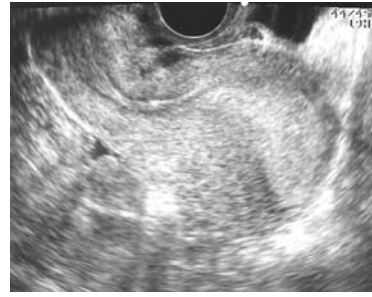
b

1 (a)

(b)



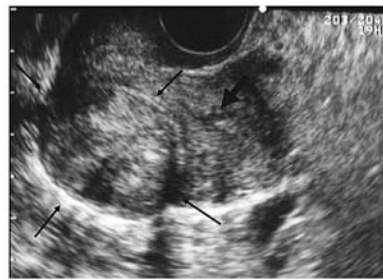
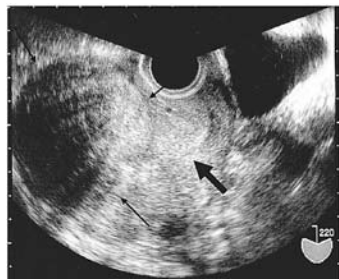
a



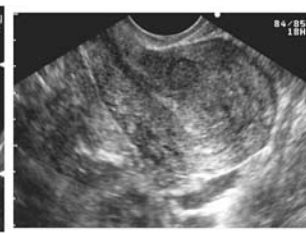
b

2 (a)

(b) hyperechoic



3



4

2a

hyperechoic

2

(

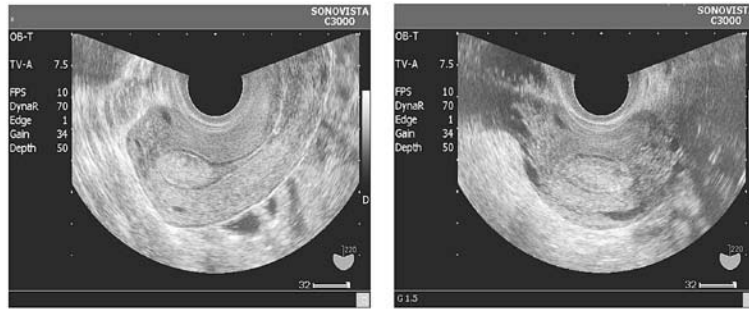
2b)

heterogeneous

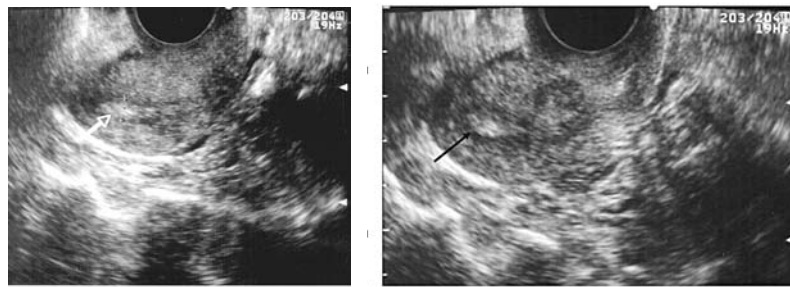
90°

(3

(4



5

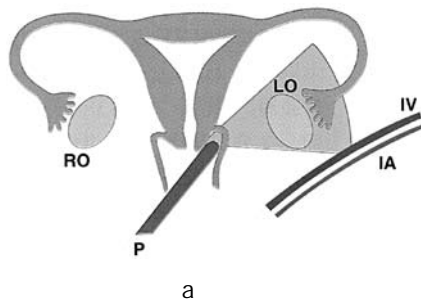


EM:5mm

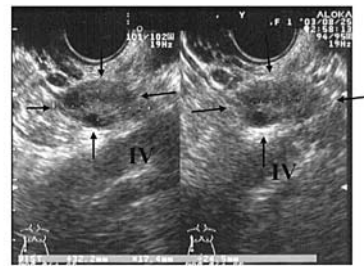
EM:7mm

6

; EM;



a



b

7 (a)
P:

(b)

LO:
IV

RO:

IV:

IA:

()

3

endometrioid adenocarcinoma G1

5

II. 卵巢

4

1.

7a

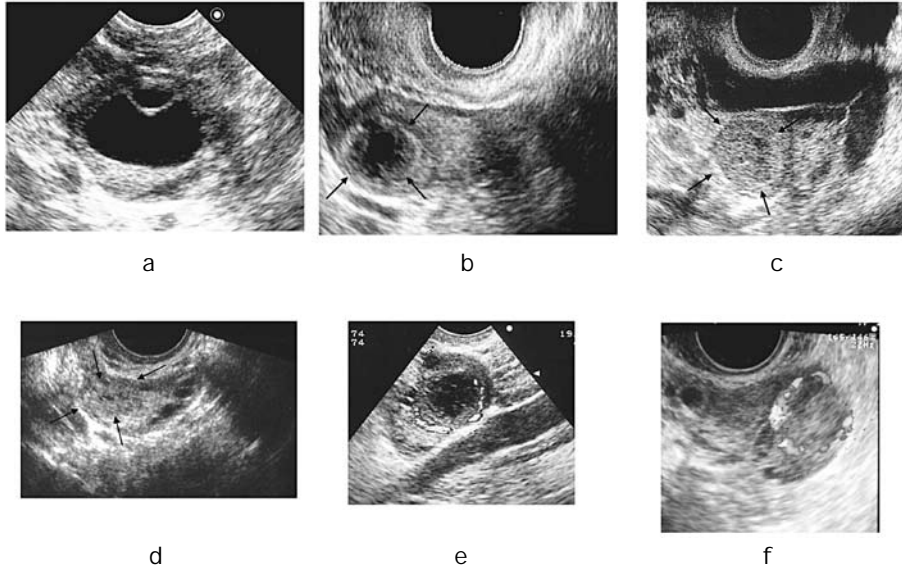
5mm

1.2 6

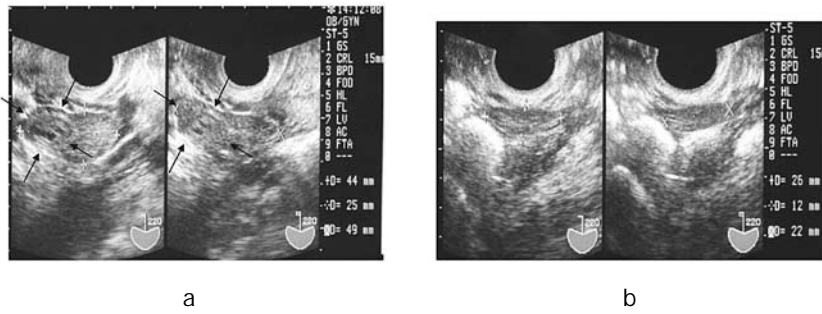
7b

7b

5mm 7mm



8 (a) (b) hypoechoic
(c) isoechoic (d) hyperechoic (e,f)



9 (a) (ovarian volume; 28.2cm³) (b) (ovarian volume; 3.6cm³)

2 (B) (C) 3 (A)
 A x B x C 0.523 / 6 x 2
 (OV) (OV) (ovarian volume;
 OV) (cumulus) (8a)
 3 anechoic
 anechoic
 hypoechoic ~ hyperechoic
 (8b, c, d)
 (8e, f) (active
 (inactive ovary) 9



10



a



b



c



d



e

11

B-mode

4

(OV)
necklace sign

sensitivity, 83-88
5,6 specificity, 91-96
c, d, e

10

3

scoring^{7,8}

9-11)

12,13

3

3mm

¹⁴⁻¹⁶ vascularization index (VI) flow index
(FI) vascularization flow index (VFI) vascu-
larity index

^{17,18}

sensitivity, specificity

11

5

⁴ a, b

c, d, e

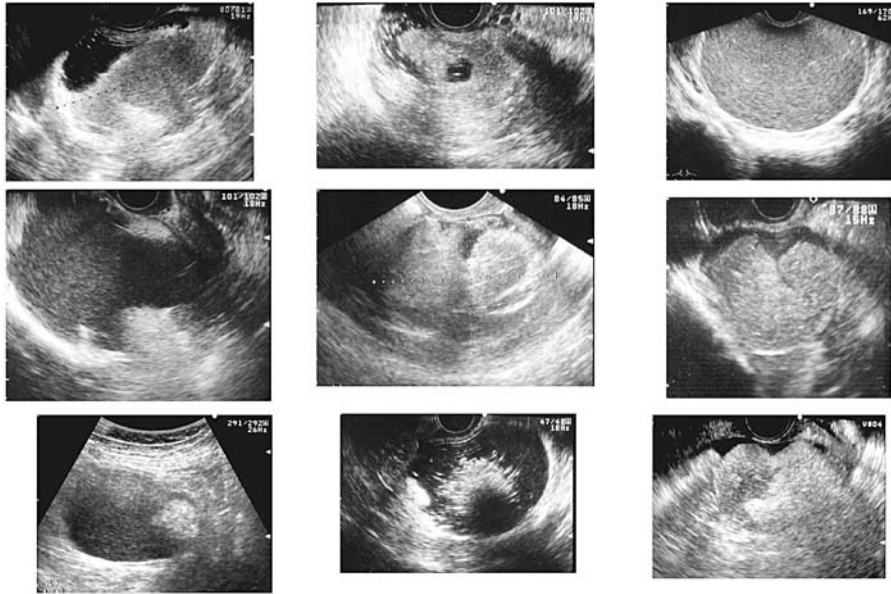
1

^{19,20}

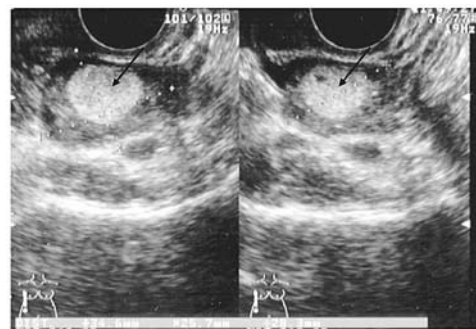
1

- 1)
- 2) ring
- 3) low pulsatile
- 4) perfusion
- 5)
- 6)

(文献 19,20 より一部改編して引用)



12a



12b

93

2)

1

shadow dermoid cone, acoustic

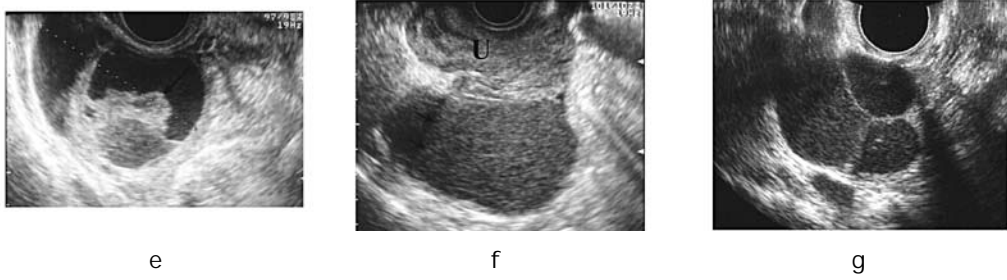
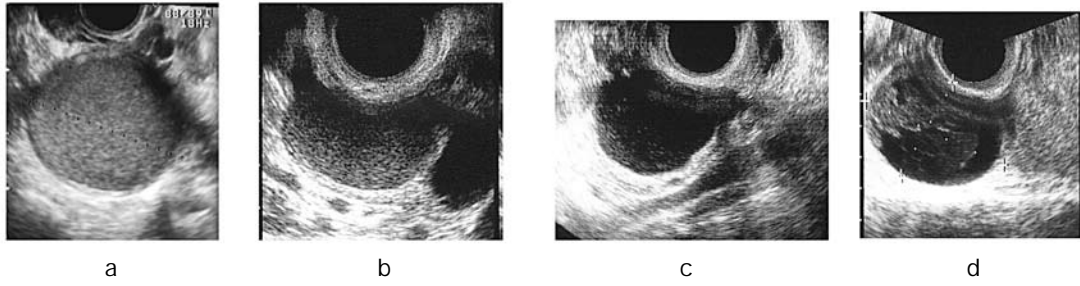
2

12b

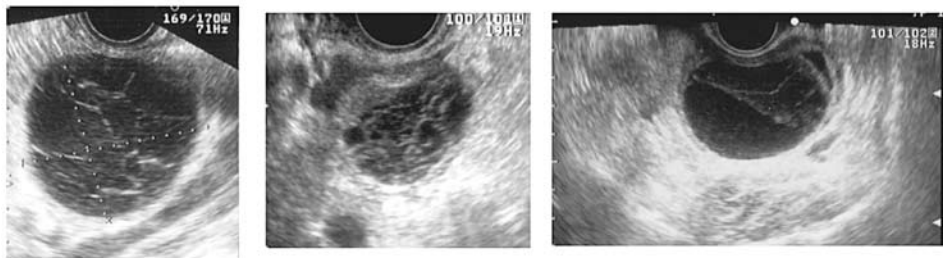
12a scoring

score

false positive



13 (a, b) (fine granular echo) (c, d) (e) () (f) (U) () (g)



14

() 3

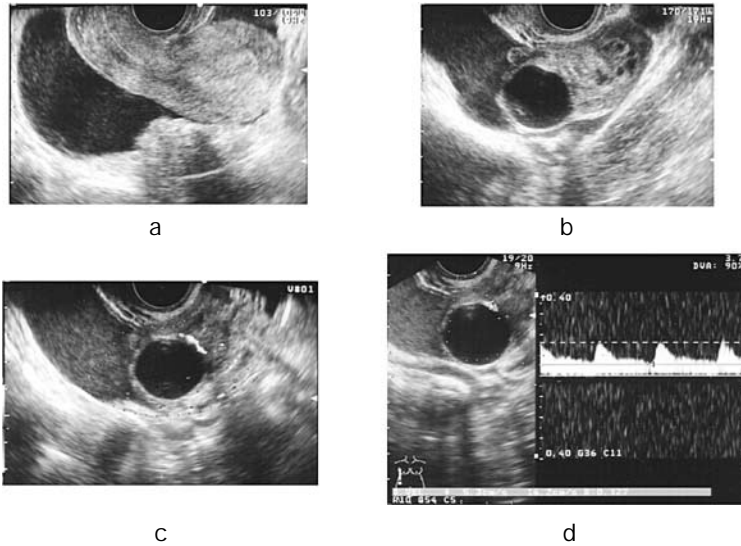
(13a, b) (fine granular echo) 14

13c, d

13e 4

13f

(13g)



15 (a) (b) (c) (d)

15a

15b

15c

(15d)

おわりに

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— 総説 —

STIC を用いた出生前診断について

Prenatal diagnosis using STIC

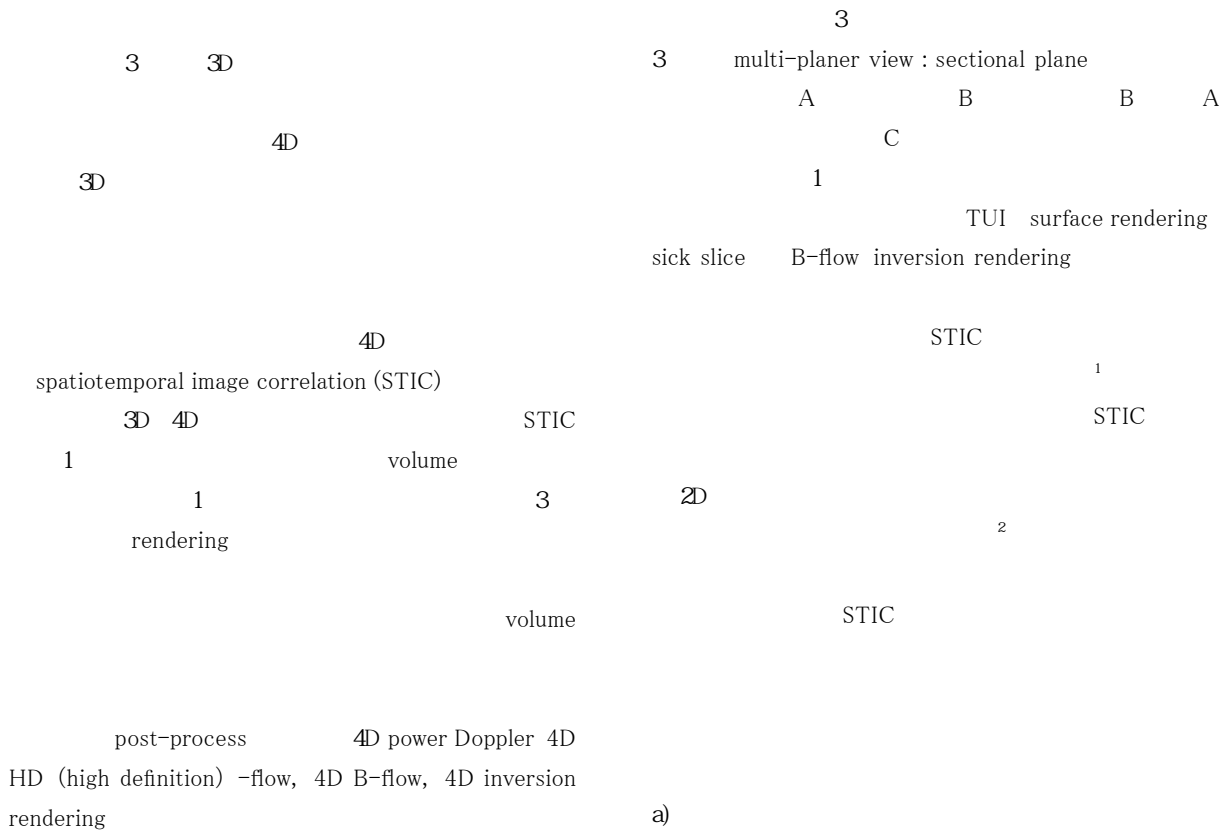
Showa Aoki

Dept.OB/GYN,Shimane University Faculty of Medicine

STIC

Key words STIC, prenatal diagnosis, ultrasound

STIC までの経緯



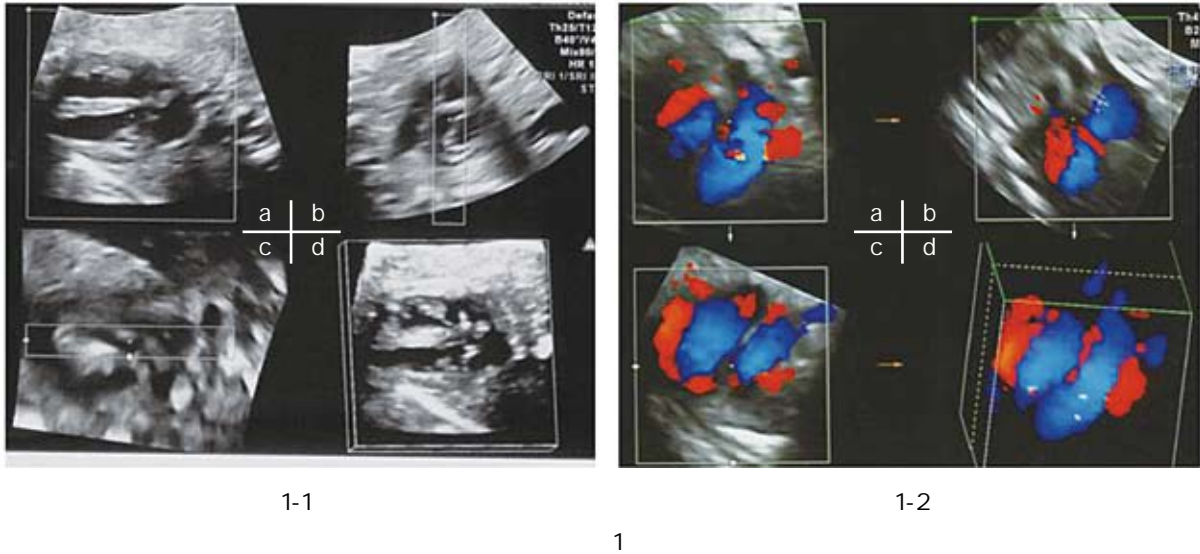
I . 対象臓器別の STIC 法

2

1

STIC

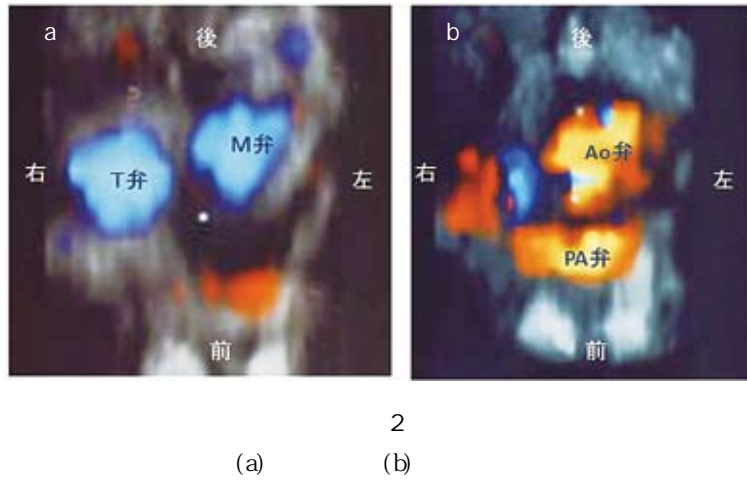
3



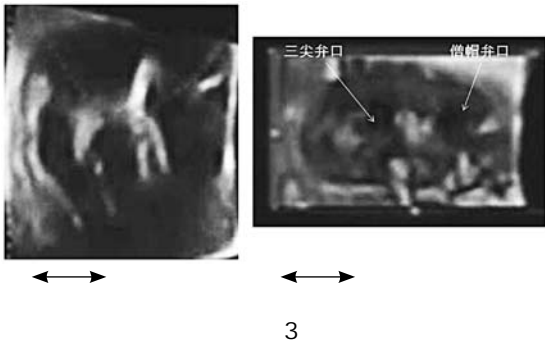
1-1 正常胎児心臓における STIC の gray scale による直交 3 断面 (multi-plane view : sectional plane 法) 表示およびその立体表示。

1-2 同じく STIC のカラードプラ法による直交 3 断面 (multi-plane view : sectional plane 法) 表示およびその立体表示。(青 : 房室間血流)

a;A 断面 (通常の B モード断面), b;B 断面(A 断面に直交した断面), c;C 断面 (プローブ表面に平行な断面), d; 立体表示

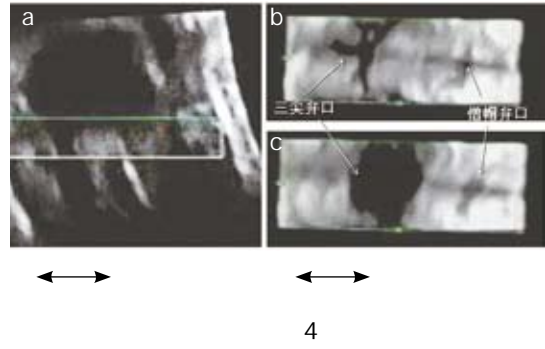


3D 4 5 STIC
 3D rendering B-flow STIC inversion
 B inversion rendering
 b) B-flow
 6 7
 3



3D

3



a
3D

b

c

3D

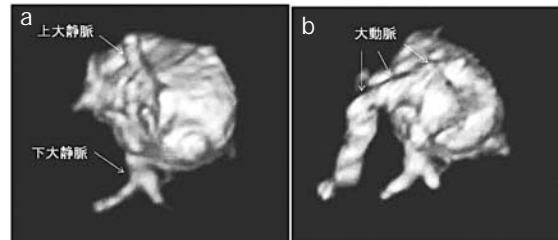
4



5

3D

2

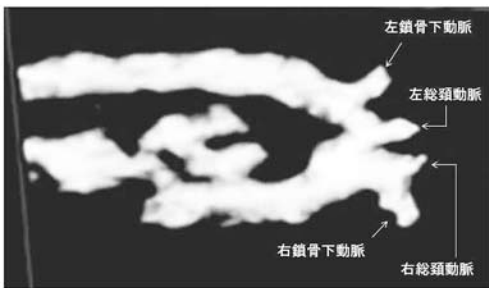


6

STIC B-flow D

a

b



7

inversion 3D

3



8

STIC B-flow 3D

8

STIC B-flow

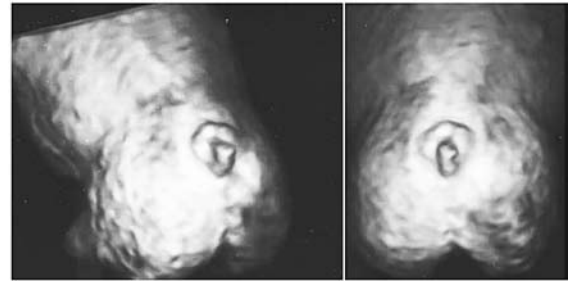
STIC



9

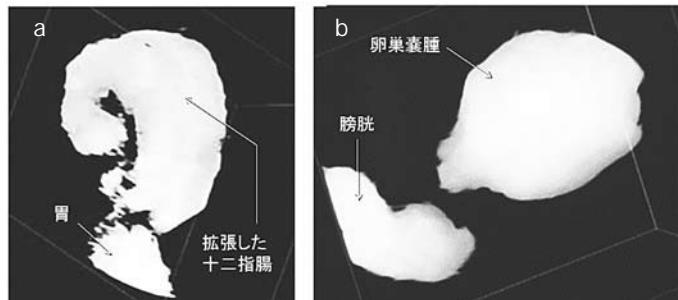
surface rendering
b) (c) (d)

(a,



10

surface rendering による脊髄髄膜瘤像。胎児の腰部に明らかな破裂部分を認める。



11

胎児の空腸閉鎖および卵巣嚢腫の inversion 3D 画像。a : 空腸閉鎖では著明に拡張した十二指腸の輪郭が明瞭に描出されている。b : 卵巣嚢腫では嚢腫と膀胱の位置関係が把握しやすい。

c)

thick slice

B M
 reference range STIC
 34 STIC
 big-eye frog 5

VOCAL

6

2

Surface rendering
 surface rendering

9 surface
 10

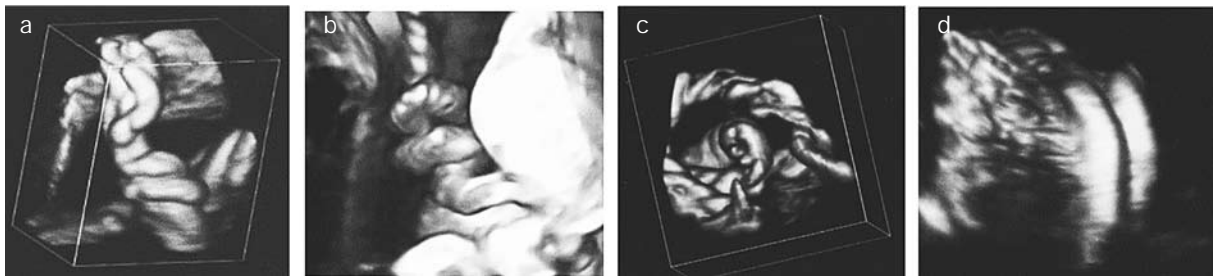
B

3

B

volume

inversion rendering 3D



12

臍帯の3D画像 (a, c, d : B-flow, b : surface rendering)。a : 臍帯動脈のcoilingがはっきりわかる。b : 臍帯全体のよじれ・捻転。c : 1絨毛膜1羊膜性双胎における臍帯の相互巻絡。d : 臍帯の胎児頸部巻絡。



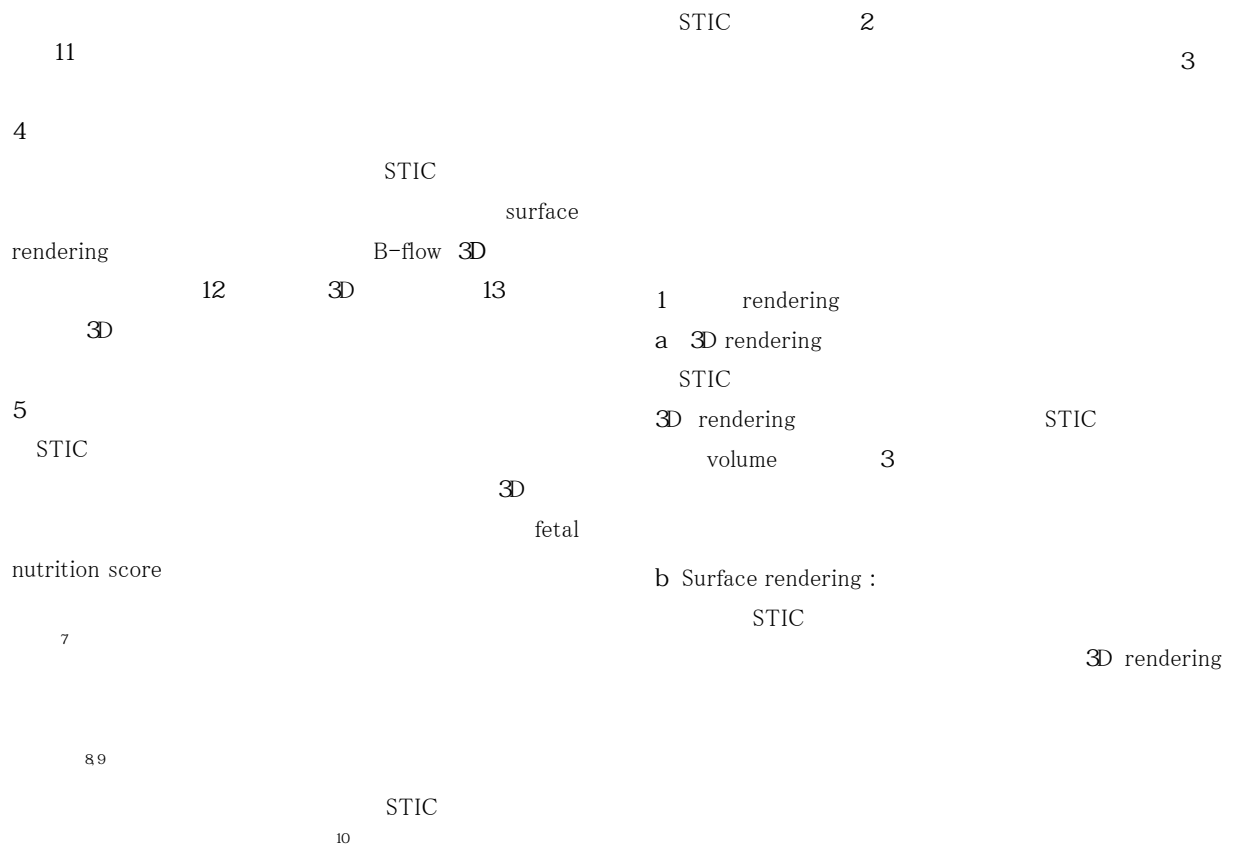
13

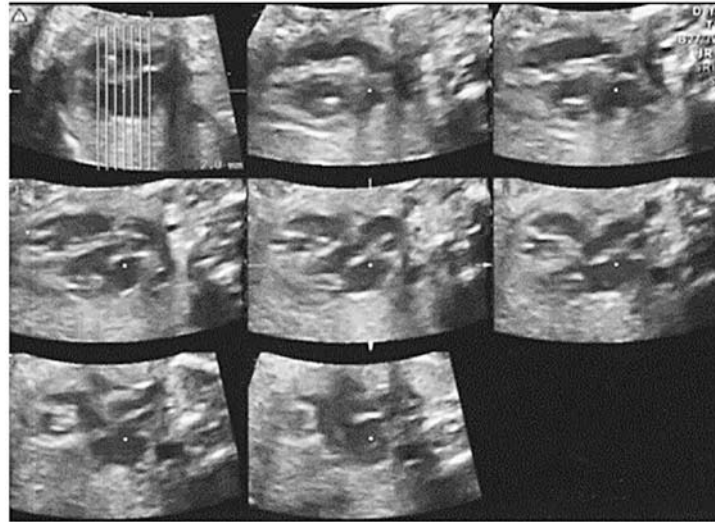
3D a

b

c

II. 描出技術別による応用





14

胎児心臓の tomographic ultrasound imaging (TUI)。一定間隔の平行断面を多断面表示したもので、検査対象を理解するのに有効である。これは静止画だけでなく動画としても表示される。左上の参照画像上に TUI の表示断面の位置が示されている。

c Inversion rendering

B

code excitation

B

Doppler

threshold
3D rendering

STIC

3D

d Glass body rendering

power Doppler

3

4 HD-flow

High definition flow (HD-flow:

)

power Doppler

2 TUI

Tomographic ultrasound imaging (TUI) volume

power Doppler

MRI CT

14

15 HD-flow 3D

5 VOCAL

Virtual organ computer-aided analysis (VOCAL)

TUI
STIC

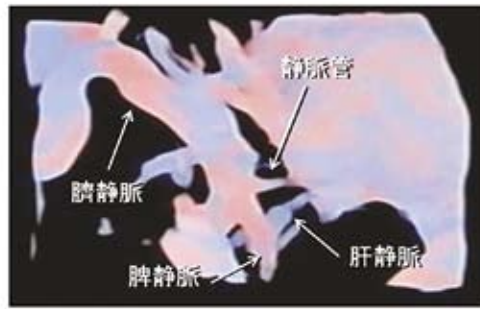
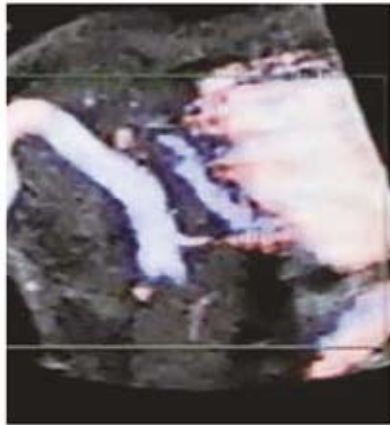
3

3 B-flow

B-flow

B

Doppler



15

HD-flow の3D 表示による胎児静脈系。血流速度の低い臍静脈，肝静脈，脾静脈，さらに静脈管の血流が明瞭に示されている。

6 3
STIC color/power Doppler
3

5

outflow

18

power 23

Doppler

3D power Doppler

9 SonoAVC

FMBV (fractional moving blood volume)

automatic volume

¹¹ VFI(vascularization flow index)

calculation : AVC)

1

vascularization (placental

volume

vascular sonobiopsy: PVS)

¹²

7 VCI

Volume contrast imaging(VCI) volume

Ⅲ. STIC を使ったネットワーク，遠隔診断の可能性

1

S/N

3

VCI

VCI in 3D VCI B

DICOM (digital imaging and communication in medicine)

VCI A-plane VCI C-plane

DICOM

VCI C-plane

TCP/IP

STIC

8 Sono VCAD

Sonography based volume computer-aided diagnosis (sono VCAD)

DVD

VPN (virtual private network)

STIC

2MB/s

STIC

volume

5

post-process

1 STIC

interactive

STIC

STIC

10MB/s

STIC

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— 総説 —

不育症の診断と治療のポイントとコツ

Current management of recurrent pregnancy loss

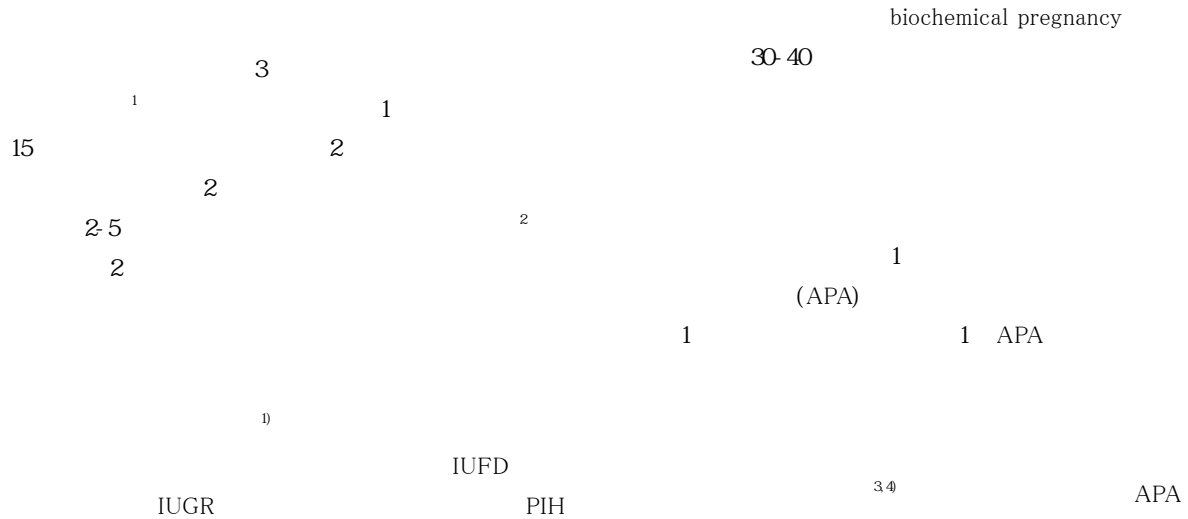
Yasuhiko Kamada, M.D., Ph.D.

Department of Obstetrics and Gynecology, Okayama University Hospital, Okayama, Japan

習慣流産, 不育症, 抗リン脂質抗体, 血管障害, ヘパリン自己注射

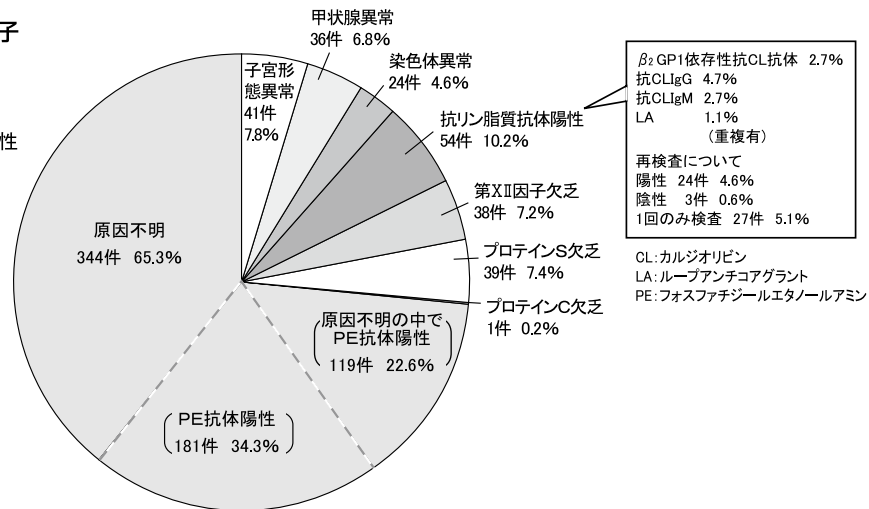
Key words: recurrent pregnancy loss, antiphospholipid antibody, vascular injury, aspirin, heparin

1. 習慣流産・不育症とは？



不育症のリスク因子

1. 子宮形態異常
2. 甲状腺異常
3. 染色体異常
4. 抗リン脂質抗体陽性
5. 第XII因子欠乏
6. プロテインS欠乏
7. プロテインC欠乏
8. 原因不明



n=527(年齢34.3±4.8歳、既往流産回数2.8±1.4回、重複有43件)

1		(APA)	
		LA	
	CL	IgG	
β_2 GPI		CL	
	CL	IgM	
		PS	IgG IgM
		PE	IgG IgM
	PT		

2	2006	5.6
1	1	

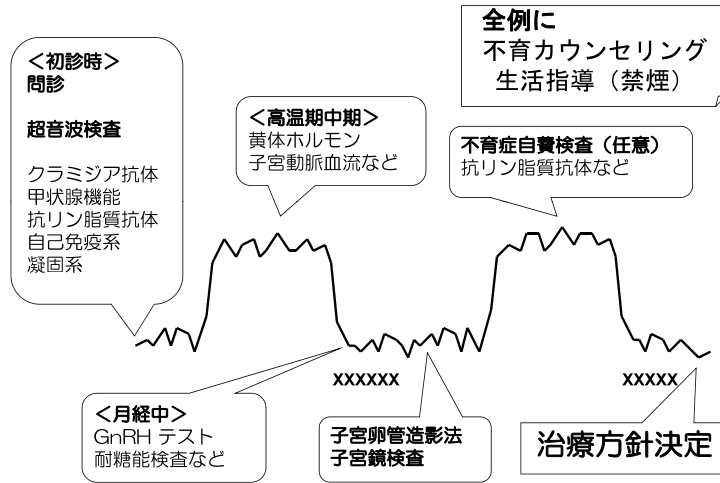
1

先天性・後天性問わず，ほかの血栓症の要因は除外しないが，リスクファクターの存在の有無で a(有)b(無)に分類

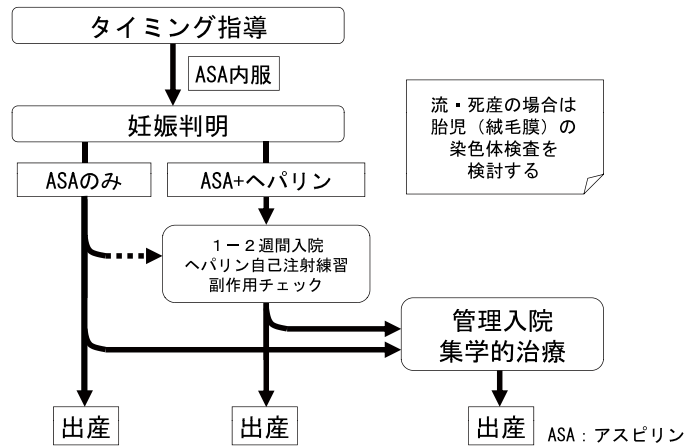
1	10					
2	34					
3	10	3				
	12		2			
1	lupus anticoagulant(LA)					
2			IgG	IgM	40 GPL	40 MPL
3	β_2 GPI	IgG	IgM			

5.6	2	(APS)	2006	2. 岡山大学病院での不育症の検査・治療 の実際
		1		
	APA			
LA		CL	IgG	β 2GPI
CL				
APA		1		
		PE		2-3
			2	
	APS			
APS				7

IUFD IUGR PIH



2



3

3

(50-150ng)

2

(ASA)

⁴ ASA

4

ASA

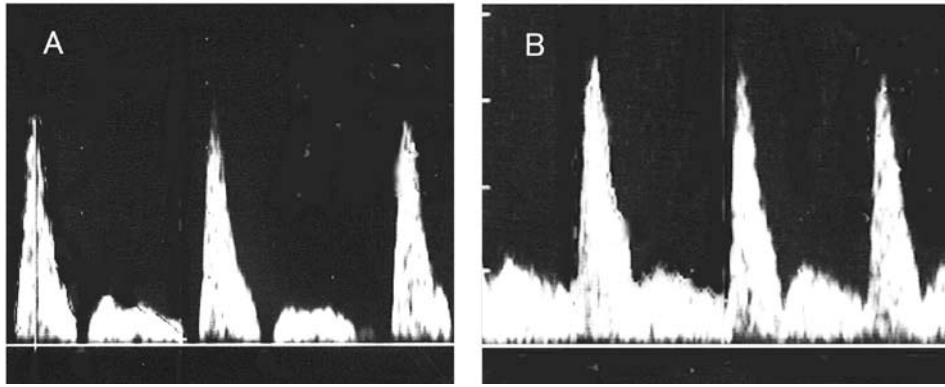
81 (81ng)

(100ng)

1)

28

28



4

A :

B :

35 6
1
ASA
ASA
APS
8
2
PE
9
XI
APS
APS
49
(HIT)
HIT
HIT
5-10
4
APS
12
10,000 /
36
70-80
2⁹ APS
12
3
12
PSL 20(-40) ng/
PSL
3
12

4) 2) 8 1 FISH

13) ART

7) 3) FDA

5) APS 14) 3 1 GVHD

6) () 4) RCT

3. 習慣流産・不育症診療の最近の動向

1) 1 15 2) 80

6 3 2

2

1

4. 岡山大学病院での不育症の診療成績

2008 1 2010 6

177

3 APA

1 APA

APA

LA

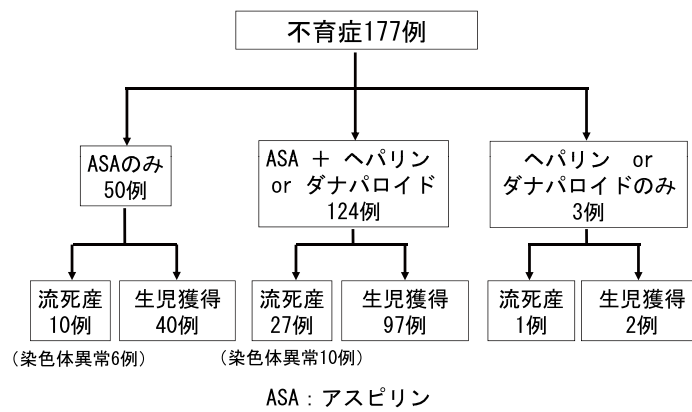
CL IgG CL β 2GPI CL IgM

PE APA

1250

/ APA

		3	177
			34.7 ± 4.1 (mean ± S.D.)
BMI		20.4 ± 4.3	2.6 ± 1.7
CL	IgG	15	(8.5)
CL	IgM	13	(7.3)
LA		13	(7.3)
	β ₂ GPI	3	(1.7)
	PS	89	(50.3)
	PE	121	(68.4)
	PT	68	(38.4)



5 177

4

		139	78.5	22
		34.4 ± 3.9		35.2 ± 5.2
BMI		20.4 ± 4.2		21.0 ± 4.8
		2.5 ± 1.6		3.1 ± 1.9
CL	IgG	11	7.9	2 (9.1)
CL	IgM	9	6.5	4 (18.2)
LA		10	7.2	2 (9.1)
	β ₂ GPI	3	2.2	0 (0)
	PS	69	49.6	11 (50.0)
	PE	97	69.8	13 (59.1)
	PT	55	39.6	7 (31.8)

BMI, APA

5 38 21.5

4

	5	126		5	100
	APS	26		APS	100
BMI	33.3 ± 3.8	20.6 ± 2.7		34.5 ± 3.8	20.5 ± 4.2
	1.7 ± 1.6 ^a	38.2 ± 1.6		2.7 ± 1.5 ^a	38.6 ± 2.1
(g)	2720.1 ± 330.8 ^b			2936.4 ± 534.0 ^b	
Light for date	4 (15.4%)			10 (10.0%)	
	0 (0%)			4 (4.0%)	
	2 (7.7%)			9 (9.0%)	
	0 (0%)			2 (2.0%)	
	1 (3.8%)			3 (3.0%)	
	0 (0%)			1 (1.0%)	
PIH	1 (3.8%)			4 (4.0%)	

^{a,b} Student t-test, P < 0.05

APS	CL	LA	β 2GPI
		26	APS
APS	APS		
2936.4 ± 534.0g		(p < 0.05)	2720.1 ± 330.8g
LFD	15.4	10.0	
0	4.0	PIH	3.8
		APS	4.0
APS			2
LFD			
APS			APS

5. まとめ

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http://fuiku.jp

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— 総説 —

不妊症の診断と治療のポイントとコツ

Clinical practice on the diagnosis and treatment for infertility.
Takehiko Matsuyama
Department of Obstetrics and Gynecology, Koujin Hospital

概 要

AH MF-ET

不妊症, 診断と治療, LH-RH テスト

Key words: infertility, diagnosis and treatment, LH-RH test

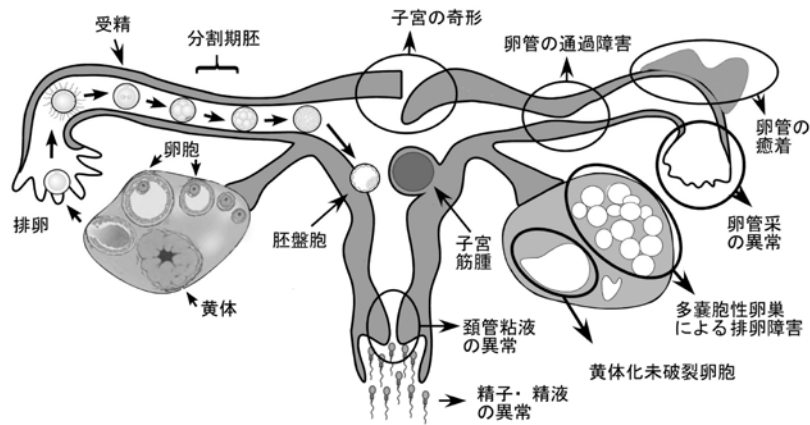
緒 言

Ⅱ. 不妊因子の検索

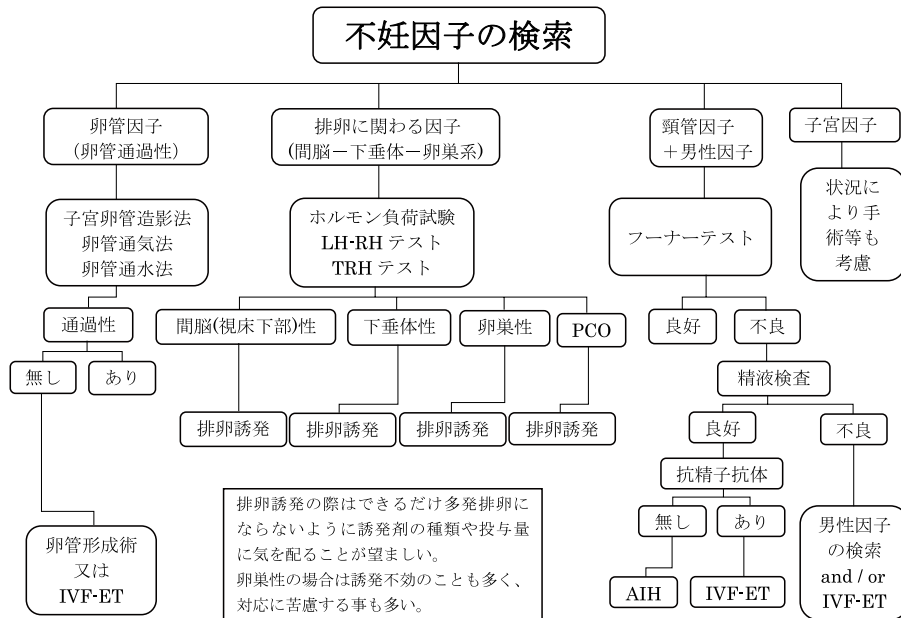
I. 正常な排卵・受精・着床

2

正常な排卵・受精・着床 排卵・受精・着床障害

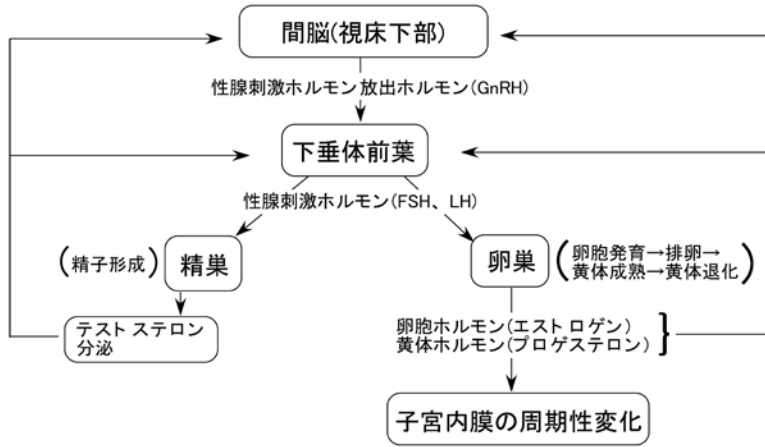


1

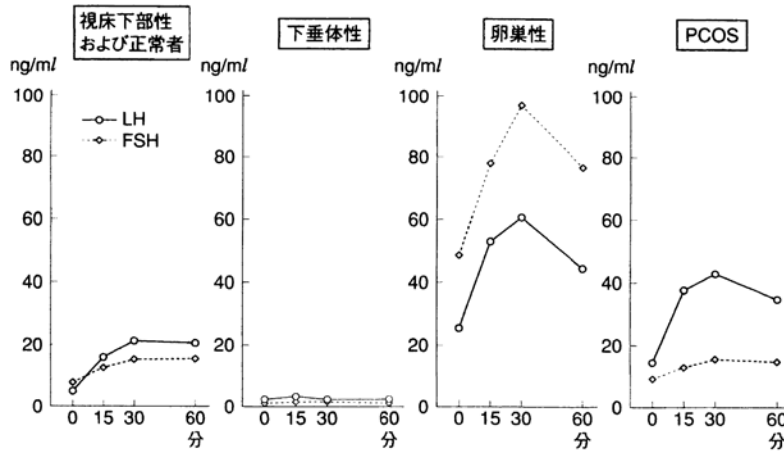


2

2



3



4 LH-RH

2

4

FSH

GnRH
FSH

4

4

FSH

2

FSH/HMG

FSH/HMG

FSH/HMG

FSH

4 5

AIH

AIH

AIH

4 5

AIH

—

IVF-ET

IV. 実際の外来では…

AIH

5

20mm

III. 治療・管理法の基本

LH

LH

LH

6 7

5

4 5

1 2

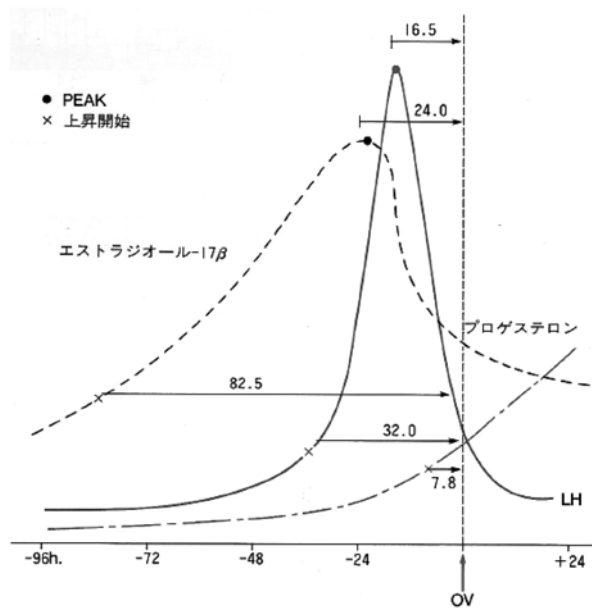
女性側検査

- 1) 婦人体温測定
- 2) 超音波検査 ————— 適時
- 3) 月経血培養 ————— 月経の一番多い日 ————— 結核
- 4) 血中ホルモン値測定 ————— 適時
- 5) ホルモン負荷試験 ————— 月経開始後7-8日め ————— 間脳・下垂体・卵巢機能 (LH-RH test, TRH test など)
- 6) 子宮卵管造影 ————— 月経開始後7-8日め ————— 卵管機能
- 7) 頸管粘液検査 ————— 排卵直前 ————— 卵巢機能
- 8) フーナーテスト ——— 予定排卵日の前日又は当日に夫婦生活、翌日来院 — 精子通過性など
- 9) 子宮内膜検査 ————— 排卵後7-8日目 ————— 卵巢機能、結核

男性側検査

- 1) 精液検査
- 2) 診察
- 3) 血中ホルモン測定

5



6 LH

3

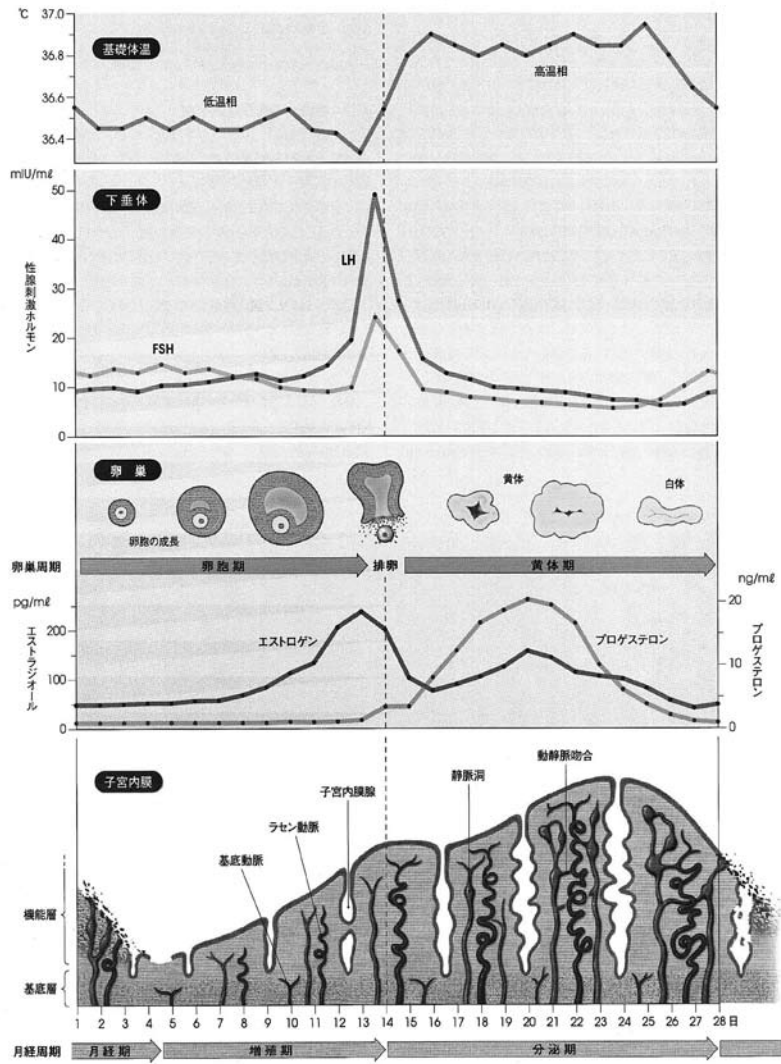
血中 LH, エストラジオール-17β, プロゲステロンの上昇開始より, 各々およそ 32.0 時間, 82.5 時間, 7.8 時間後に, また血中 LH, エストラジオール-17β のピークより各々およそ 16.5 時間, 24.0 時間後に排卵がみられる。

AIH

AIH

AIH

IVF-ET



7 下垂体, 卵巣, 子宮内膜の関 文献 4 より引用)

最後に

文献

30	35	25	30	1)	2003;12-17.
	10	30	35	2)	
		20	25	3)	2009;38-53
				4)	1994;24-29
					2003;36-37

— 症例報告 —

妊娠中の卵巣腫瘍に対して、皮下鋼線吊り上げ法による
単孔式腹腔鏡下卵巣腫瘍摘出術 (Tanko) を施行した一例

1) 1) 1) 2)

1) 2)

Laparoscopic Single-Site Surgery(Tanko) of Ovarian Tumor in Pregnancy with Abdominal
Wall Lifted by means of a Single Stainless Steel Wire Passed under the Skin

Yoshio Ohno¹⁾, Mizuho Yamashita¹⁾, Hidetoshi Mori¹⁾, Daisaku Senoh²⁾

1)Takamatsu Municipal Hospital, 2)Matsuyama Red Cross Hospital

22 5 19 13 0
Tanko
5 26 7 11 24
40 0 3502g

索引語:妊娠合併卵巣腫瘍, 単孔式腹腔鏡下手術 (Tanko), 皮下鋼線吊り上げ法

Key words : Ovarian Tumor in Pregnancy, Laparoscopic Single-Site Surgery (Tanko), Abdominal Wall Lift

緒言

22 2 17
3 19

74.2× 78.6mm

Tanko

22 11 24 22 5

症例

17 12 5 112× 68mm solid part
(58× 86mm 1

25 2 0

CA125 49.6 (35) CA199 : 45.0 37.0
CA72-4 3.0< (4.0

16 10 20

22 5 18 12 6 19



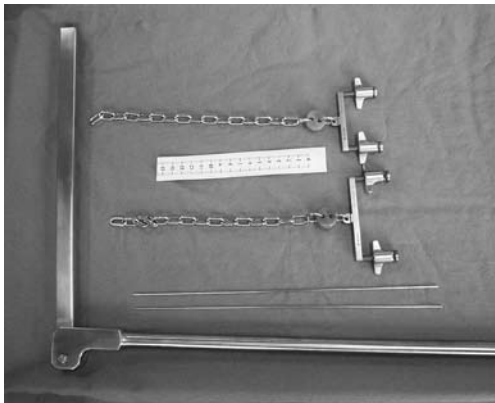
(a)



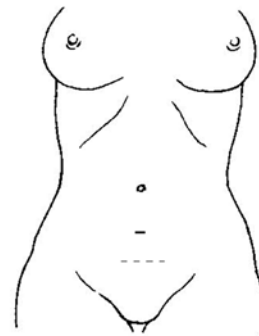
(b)

1 (a)
(b)

solid part



2

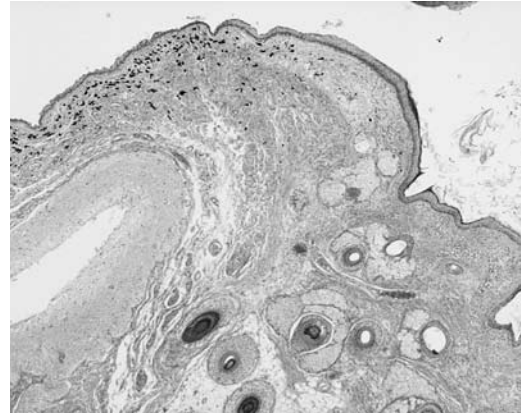


3 -----
—— 2 3

Tanko				考 察				
3	2	3	3mm	0.21				
			2cm	1.24	1)			
3mm			TM	3.7	2)			
			TM		3	10	3)	
5mm	30			80	90		4)	
	S.A.N.D.		TM					
		1	40	10			1)	
	30g		360g	6cm		12	16	
			4					
	5	26	7			5	7	8cm
				22				6)
9	22		31	0				
23	10	9	33	3				
			22	11	24			
40	0	350g	Ap7					
		11	30					9)



(a)



(b)

4 (a)

(b)

1

21)	2002	13	15
20)	2002	12	14
19)	2004	13	14
18)	2004	12	16
17)	2004	12	16
16)	2005	12	15
15)	2006	15	17

			32.3	30.0
			8.4	3.7
		60	1.3	
	CA125, AFP, TPA			
	CEA, CA199, STN			
10, 11, 12)	CT	MRI	1st	
trimester				
			12	
	13)	16	15-21)	1
	14)			2
			CO ₂	
	12	13	CO ₂	

2

気腹法	麻酔法	麻酔薬の胎児毒性	麻酔薬の催奇形性	CO ₂ 気腹法の胎児への影響	術野の視野
気腹法	全身麻酔	(-) or (?) 揮発性麻酔薬： 〔1MAC 以下なら安全?〕	(-) or (?)	(-) or (?) 〔気腹圧は最小限 (8 ~ 10mmHg) P _{ET} CO ₂ : 32(~ 38)mmHg〕	やや良好
吊り上げ法	硬膜外麻酔併用脊椎麻酔	(-)	(-)		やや悪い

MAC : minimum alveolar concentration (最小肺胞濃度), P_{ET}CO₂ : 呼気終末二酸化炭素分圧

結語

CO₂

23

13

24

alveolar concentration :

23

1MAC(minimum)

Tanko

1

26-29

10mmHg

27,29,30

P_{ET}CO₂

32mmHg²⁹

38mmHg²⁹

文献

1)

1992 44:N31-34.

2

18-21)

2)

1992;44 N51-54.

1 2 3cm

TM

3)

1995;47 N197-200.

TM

5mm 30

4)

1996;26 160-161.

1 TM (

TM

5)

S.A.N.D.

TM

1

100-105.

1992; 3 :

6)

1967;21:883-888.

(Tanko

7)

1973;22 514-518.

1

8)

1993;329-336

9)

1993;359-365.

10

LiSA

1991;43 145-151.

11)

1993;60 677-681.

12)

1997;46:781-787.

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15)

2006;42 117-120 .

16)

2005;21: 388-391.

17)

2004;20 :

120-124.

18)

2004;71 : 872-876.

19)

7 53:1155-1158.

20)

25

2002;18:41-45.

21)

2002;18 : 60-62.

22)

1999;48 900-902.

23)

10

2006;13:50-53.

24)

2004;71:860-866.

25)

8

LiSA 2006;13:44-48.

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— 症例報告 —

腹腔鏡下手術中の迅速組織診にて診断できず、
再腹腔鏡下手術を施行した卵巣境界悪性腫瘍の一例

1) 1) 1) 2)

1) 2)

Re-laparoscopic surgery of the Ovarian Mucinous Cystic Tumor of Borderline Malignancy
Underdiagnosed by the Intraoperative Consultation (frozen section)
in the First Laparoscopic Surgery.

Yoshio Ohno¹⁾, Mizuho Yamashita¹⁾, Hidetoshi Mori¹⁾, Daisaku Senoh²⁾

1) Takamatsu Municipal Hospital, 2) Matsuyama Red Cross Hospital

34 0
mucinous cystadenoma 21 9 8 (t
ovary) mucinous cystadenoma, no malignant findings
mucinous cystic tumor of borderline malignancy 10 29

索引語:

Key words : laparoscopic surgery, borderline malignancy of ovarian tumor,
intraoperative consultation(frozen section)

緒言

症例

34 0
17 IgA
21 3 8
98 5 10 64 67 45 87 64 4 8 14
mucinous cystadenoma MRI (cystic mass
18.3× 15.8× 9.2cm T1W1
mucinous cystic tumor of borderline malignancy T2W1
T1
CA125 17.3 (<35)

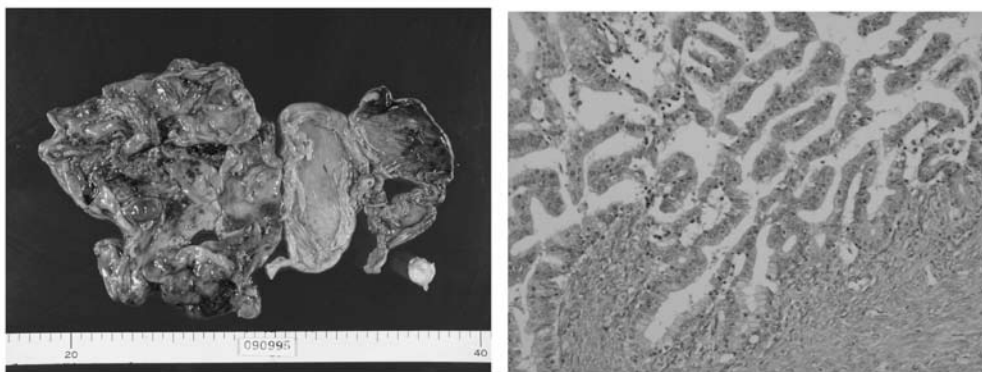


T1

T1 造影

T2

1 MRI



a

2

b

Mucinous cystic tumor of borderline malignancy(intestinal type)

CA199 12.3<37.0 CA72-4 3.0 4.0 CEA: 1.1
5.0 mucinous
cystadenoma

21 9 8

Laparoscopic assisted lt ovarian
cystectomy

1008g

mucinous cystadenoma suggestive

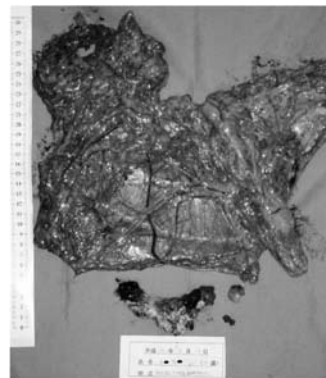
9 17

mucinous cystic
tumor of borderline malignancy(intestinal type)

2

21 10 28 29

3



3 2

考 察

04 39 1,2,3

11 6

73 , 1069				4			2		
46.1	48.6	20.0	11.8	71.3	17.5	11.3			
12.1	12.2	12.0	11.8	48.9	42.6	8.5			
41.8	39.2	68.0	76.4						

3			4			MRI			(g)
CA125	CA199	CA72-4							
33	10.0	11.2	3.0	()	()	Serous Cystadenoma	Mucinous Cystic Tumor Borderline Malignancy	1100	
55	8.0	10.5	3.0	(±)	(±)	Serous Cystadenoma	Serous Adenofibroma Borderline Malignancy	20	
35	44.4	56.3	3.0	()	()	Mucinous Cystadenoma	Mucinous Cystic Tumor Borderline Malignancy	1663	
34	17.3	12.3	3.0	()	()	Mucinous Cystadenoma	Mucinous Cystadenoma Mucinous Cystic Tumor Borderline Malignancy	1008	

			93	4		84	64.6	
		4.3				35	26.9	
4						11	8.5	
				12.1				
								6,7,10 Houck et al. ⁹
46.1		48.6		1	4			
							71.3	57/80
	solid ~ mixed pattern				53		17.5	14/80
47	cystic pattern							48.9
		CA125	52			23/47		42.6
4								20/47
	cystic pattern						2	
cystadenoma				mucinous				11.3
						8.5	4/47	9/80
								2
			4					
	7	6	1					
36.4	4/11		40.0	4/10				
						59		
			90	95				
								64
67	45	87	64	98				
					4			3
	5 10 Houck et al. ⁹					1		3
						3		1
	130						1	3

1
3
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1)
12, 13
14

結 語

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— 症例報告 —

卵巣成熟嚢胞性奇形腫に関連した自己免疫性辺縁系脳炎と考えられた一例

1) 1) 1) 2)
 2) 2) 3) 4)
 1) 2) 3)
 4)

Case report: Autoimmune limbic encephalitis associated with ovarian mature cystic teratoma

Mizuho Yamashita¹⁾, Hidetoshi Mori¹⁾, Yoshio Oono¹⁾, Fumitaka Mitou²⁾,

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2)Department of respiratory, Takamatsu Municipal Hospital

3)Department of Neurology, Tokushima University Hospital

4)National Epilepsy Center, Shizuoka Institute of Epilepsy and Neurological Disorders

29

3
CT cm

4 (JCS1
10

2
24 MRI CA19-9

2 2

索引語: 2

Key words : autonimmune limbic encephalitis, ovarian mature cystic teratoma, anti-glutamate δ 2 receptor antibody

緒言 ()

1
2

			1		1			
Hb	13.4	g/dl	ESR	18.0	mm/h	β-D グルカン	1.9	pg/ml
RBC	422 × 10 ⁴	/μl	CRP	0.0	mg/dl	カンジダ抗原	(-)	
WBC	6400	/μl	TSH	0.25	μ IU/ml	マイコプラズマ	< 40	
Neut	62.7	%	FT3	1.59	pg/ml	インフルエンザ		
Lym	30.9	%	FT4	1.22	ng/dl	A	(-)	
Mono	4.8	%	PRL	22.4	ng/ml	B	(-)	
Eos	0.5	%	ANA	< 20		尿中レジオネラ	(-)	
Baso	1.1	%	RF	7	IU/ml	sIL-2R	398	/Uml
Plt	29.0 × 10 ⁴	/μl	IgG	1460	mg/dl	CEA	1.8	ng/ml
AST	22	U/l	IgA	222	mg/dl	CA19-9	44.7	U/ml
ALT	29	U/l	IgM	159	mg/dl	CA125	11.6	U/ml
ALP	148	U/l	IgE	293	mg/dl			
γ-GTP	30	U/l	C3	118	mg/dl	尿検査		
LDH	199	U/l	C4	34	mg/dl	pH	7.0	
T-Bil	0.7	mg/dl	CH50	46.8	U/ml	比重	1.020	
CPK	43	U/l	PR3-ANCA	< 10	EU	潜血	(±)	
BUN	12	mg/dl	MP0-ANCA	< 10	EU	蛋白	(-)	
Cr	0.7	mg/dl				Glu	(-)	
Na	134.8	mEq/l				ウロビリ	(±)	
K	3.7	mEq/l				ケトン体	(-)	
Cl	98.1	mEq/l				ビリルビン	(-)	
						細菌	(1+)	

2		2	
髄液検査 (6月18日)		血液検査 (6月19日)	
色調	無色透明	QFT	(-)
比重	1.006	アスペルギルス抗原	(-)
蛋白	116.0	トキソプラズマ IgM	< 10
糖	38	トキソプラズマ IgG	< 20
C1	112.8	クリプトコッカス	(-)
細胞数	410	HSV1 型 -NT	< 4
単核	404	HSV2 型 -NT	< 4
多核	6	HSV IgG	< 2
培養	陰性	HSV IgM	< 0.8
初圧	36c mH ₂ O		

29

11

21 6 7

38.2

39

6 10

6 13

A B

6 16

39.6

1

6 18 (3)

(2)

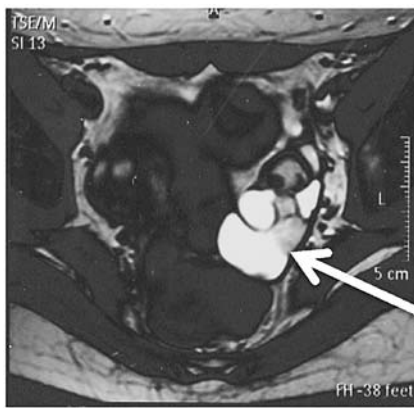
(2)

MRI



1 CT

左卵巣 (矢印) に 5cm 大の卵巣腫瘍 (成熟奇形腫疑い) を認める



2 MRI

左卵巣 (矢印) に多房性嚢胞性腫瘍 (成熟嚢胞性奇形腫疑い) を認める

3

意識：清明
 不随意運動：ミオクローヌス (+) 所見
 眼振 (-)
 眼球運動 異常なし
 Barre 徴候 (-)
 協調運動障害：四肢失調 …… 小脳障害
 指-鼻試験, 膝-踵試験で測定障害
 起立障害 (wide-based gait)
 自律神経症状：膀胱直腸障害 (+)
 記憶障害 (+)

4

内診所見 ; 分泌物 白色, 少量
 子宮腔部 正常大, びらん (+)
 子宮体部 正常大
 左ダグラス窩に鶏卵大の腫瘤 (+)
 細胞診 ; 子宮頸部 class I
 超音波検査 ; 子宮, 右卵巣 正常大
 左卵巣 53 × 28 × 33mm の多房性腫瘍
 血液検査所見
 E2 33 pg/ml CEA 1.8 ng/ml
 LH 1.46 mIU/ml CA19-9 44.7 U/ml
 FSH 3.81 mIU/ml CA125 11.6 U/ml
 SCC 0.9 ng/ml

CT

5 ()

1)

6 19 (4)

(JCS)

6 25 (10)

3

Dalman

NMDA

)

7 9 (24)

4 MRI

(2)

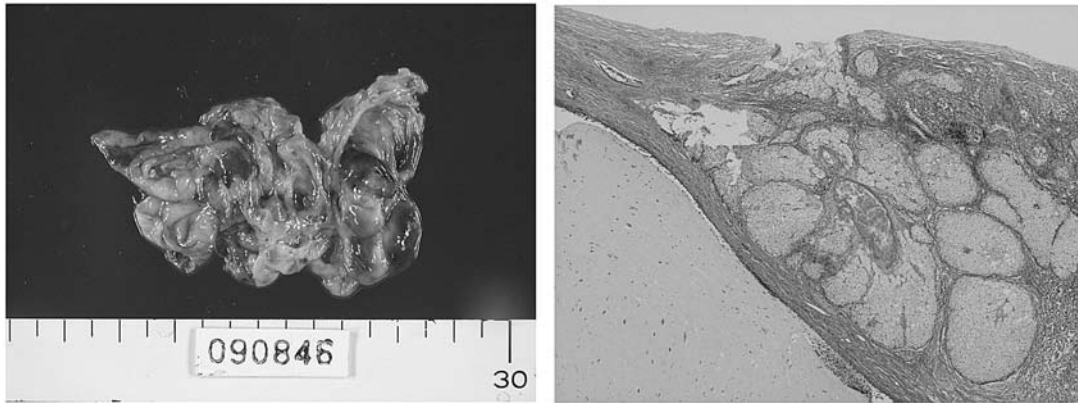
CA19-9

8 3

2

(5)

5 GluR			
GluR タイプ	自己抗体	血清	髄液
NMDA 型	抗 GluR ε 2 抗体 IgM	(-)	(-)
	抗 GluR ε 2 抗体 IgG	(-)	(-)
δ 型	抗 GluR δ 2 抗体 IgM	(-)	(+)
	抗 GluR δ 2 抗体 IgG	(+)	(-)



3 摘出病理所見

(左：マクロ所見，右：ミクロ所見)皮膚成分，骨，軟骨，粘液細胞等からなる成熟奇形腫で，明らかな悪性所見は見られない

6 GluR	
サブタイプ	自己抗体
NMDA 型	抗 NMDAR 抗体 (Dalmau 測定)
	抗 GluR ε 2 抗体 (高橋測定)
AMPA 型	抗 AMPAR 抗体
カイン酸型	
δ 型 (GluR δ 2)	抗 GluR δ 2 抗体 (高橋測定)

8 4 () 1
3

2
4
考察
Hu
N-methyl-D-aspartate(NMDA)
voltage gated potassium channel(VGKC)
2
3
NMDA
Dalmau
2007
2
NMDA
(NMDA)
4
(6
NMDA
Dalmau
NR1/NR2 heteromer
2
αGluR 2 (NMDA NR2B
)^{4,9}

α(GluR 2) (6)
NMDA 267

5

84

Dalmau

NMDA

NMDA

86

NMDA

(GluR 2)

(GluR 2)

59

7

NMDA

27

CD4 T

文 献

NMDA

8 Dalmau 2 NMDA

NMDAR

NMDA

2

2

2

2

2

2

10

11

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NMDA
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— 症例報告 —

処女膜閉鎖症の1例

A Case of Atresia Hymenalis

Chiaki Hayashi, Go Ishihara, Nozomi Yoshida, Masaaki Seki

Department of Obstetrics and Gynecology, Mitoyo General Hospital

概要

15
5
4

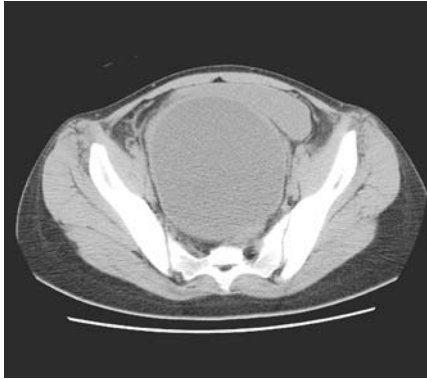
Key words : Atresia Hymenalis, Hematocolpos, abdominal pain

緒言

18G
600ml 2
10mm
0.014 0.024
1
1
5 16 1

症例

15
15 7
MRI
163cm 52kg
1200ml
2
4
CT
CT 10cm
1
2
WBC9290/ μ l CRP2.86ng/dl
2cm



1 CT



2 CT像 子宮留血腫, 卵管留血腫はともに認めない

考 察

0014 0024

1)

9

30

Müller

参考文献

1)

8A

1971 12-14

2)

23

1990

36(1) 97-99

3)

1993;47 1371-1373

4)

MRI

1

1994 43 1903-1906

5)

MRI

1

1996 36 58-62

6)

1990

36 2003-2006

CT

CT

MRI

CT

MRI

45