

行により現実のものとなった。これまでに、今回報告した3例を含め10例の心臓移植が実施され、内8例が退院し、既に4例が復職するという良好な成績を示している^{1,9)}。

心臓移植待機例における問題点としては、待機中の心不全の進行に対する対応がある¹⁰⁻¹²⁾。

これまで施行された10例中8例がLVAS装着例であり、さらに他の2例もカテコラミン使用中と全例status1であり、今後もこの傾向は続くと考えられる。

心臓移植後の管理においては、免疫抑制療法と感染症への対応が重要である。免疫抑制療法としては、現在ではネオオーラル、azathioprine (イムラン)、プレドニンによる三者併用療法を主とし、移植直後の臓器障害などを認める時や、治療困難な拒絶反応に対してはokt3を用いることとしているが、これまでの6例においては、大きな問題を認めていない。

【結 論】

従来の治療法の限界を越えた末期的心不全を呈した拡張型心筋症に対し心臓移植は、有効な治療手段である。これまでに当センターから44例がネットワークへ登録されたが、6例のみが我が国で移植が施行され、現在も21例が待機中である。今後我が国においても末期的心不全に対する治療選択としての定着が望まれる。

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IV 研究成果の刊行に関する 一覧表

(単行本)
(雑誌)

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