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Interventional な治療

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5 8 . 難治性腹水の治療に腹腔・静脈シャントは有効か

LeVeen Shunt

Denver-PAK

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特発性細菌性腹膜炎 (福井先生)

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60. 特発性細菌性腹膜炎の患者に抗生剤の点滴投与を行うことで予後の改善が得られるか

61. 特発性細菌性腹膜炎の既往のある患者に抗生剤の予防投与を行うことで再発を予防できるか。
62. 特発性細菌性腹膜炎の既往のある患者に抗生剤の予防的経口投与を行うことで予後は改善するか。
63. 特発性細菌性腹膜炎の既往のある患者に抗生剤の予防的経口投与を行うことは医療経済学的効果はあるか。
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肝性脳症 (鈴木先生)

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75. 肝硬変による脾機能亢進に対する脾摘療法は予後を改善するか

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75. 肝性脳症に対して亜鉛製剤は有効な治療法であるか。

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医療経済 (小林先生)

76. C型肝炎に対するインターフェロン治療の費用対効果は他の一般的な生活習慣病治療と同等か

77. C型慢性持続性肝炎(CPH)に対するインターフェロン治療は、C型慢性活動性肝炎(CAH)に対するインターフェロン治療と比べて費用対効用が高いか

78. 肝硬変患者における肝発がん抑制のためのインターフェロン投与は医療経済的に妥当か

79. 肝硬変患者に対する肝がん早期発見において、最も費用対効果の高い検査の組み合わせは何か

80. ウイルス性肝硬変に対する肝移植治療は医療経済的に妥当か

D. 考察

過去3年間の個別研究より得られた成績により、多彩な合併症を併発する肝硬変の診療において現状の治療法や診断法にはまだ以下のような問題点があることが明らかとなった。

低アルブミン血症は肝硬変の合併症の一つであり、肝の合性能が低下するために起こる。この低アルブミン血症に対する分枝鎖アミノ酸投与は日本からはじまった治療法であるが、投与方法の検討はなされていなかった。今回の研究で就寝前投与により低アルブミン血症の有意な改善が得られることが明らかとなった。今後はこれらの成果を踏まえ、分枝鎖アミノ酸就寝前投与の普及に心掛けなければならないと考えている。

肝硬変の重要な合併症の一つである食道静脈瘤に対する対策として、日本では広くEISやEVLといった内視鏡治療が行われてきた。しかしながらその治療法として標準化されたものはなかった。これはきちんと考えられた臨床研究が存在しなかったことによると考えられる。今回の研究において食道静脈瘤の治療ばかりでなく経過観察についても臨床研究を遂行中であり、今後その結果を公表するとともに、将来ガイドラインに盛り込む予定である。

肝硬変による腹水に対しては一般に利尿剤による治療がなされているが、その投与量は欧米の投与方法がガイドラインとして用いられている。しかしながら欧米人と日本人の体格の違いを考慮すると、欧米の投与量は日本人には不適切である可能性がある。現在日本人の患者において検討中であり、日本人における適切な投与方法を求め、日本のガイドラインに反映したいと考えている。

肝性脳症も肝硬変の主要な合併症であるが、その発症機序も不明な点が多く、診断法も確立されているとはいえない。今回研究によりMRIやポジトロン断層法を用いて、肝性脳症と関連が注目されるグルタミンや γ -aminobutyric acid (GABA)、benzodizepine (BZ)などと脳との関係を明らかにすることが出来た。今後これらの検査法の肝性脳症の新しいモニター法としての有用性を確立するためさらなる検討を進めていく予定である。

頻度は高くないが危険な合併症である特発性細菌性腹膜炎はその対策に早期診断が重要であるが、これまで有用な診断法は確立されていない。今回の研究でカルチャーポトル法や好中球エラストラーゼ測定法などによる早期診断の可能性が示された。今後検討を進め、臨床応用を目指していく。

合併症ばかりでなく慢性肝炎と肝硬変の鑑別診断、肝硬変の線維化の程度を診断することは臨床上大変重要であるが、現在は肝生検という侵襲的な検査に頼らざるを得ない。今回エラストメトリーを用いた肝線維化の新たな非侵襲的な診断法についても検討を行い、その有用性を示すことが出来た。今後更なる検討と診断法の普及に努めて行きたいと考えている。

以上のような個別研究を行い肝硬変診療の問題点とその改善法の可能性を明らかにすることができた。

一方実際の臨床の場合において、肝硬変に対する診療はいまだに判断が窮することも多く、肝硬変診療を支援する目的で診療ガイドラインの作成は重要であると考えられる。今回合併症の診断、治療法ばかりでなく肝炎ウイルスやアルコール、自己免疫などの原因に対してもその診断、対策について言及した、実際の臨床に即したガイドラインの作成が、臨床の場で必要であると考え、肝硬変診療ガイドラインの作成に着手し、現在進行中である。このガイドラインにおいては診断、治療のみならず、費用対効果などの医療経済的な面にも検討を加えていく予定である。

また将来に向けての新たな治療法として線維素分解酵素を用いた遺伝子治療やアンジオテンシンII受容体拮抗薬を用いた新たな薬物療法、骨髄幹細胞移植による肝不全治療などの開発に向けての検討もを行い、将来の肝硬変治療の可能性を示すことが出来た。

E. 結論

本研究班では、肝硬変診療におけるさまざま問題点と今後の新たな対策法について明らかにすることが出来た。今後肝硬変診療の標準化を目指し、診療ガイドライン作成を行っていく予定である。このガイドラインにより標準的診療と医療費の見直し