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知的所有権の出願・取得状況（予定を含む）

1) 特許取得

発明の名称： 皮膚病関連遺伝子の用途

発明者： 妹尾 久雄、村田 善晴

出願日： 平成16年5月31日

出願番号： 特願2004-160953

2) 実用新案登録

3) その他

Ⅲ. 分担研究報告

厚生労働科学研究費補助金（難治性疾患克服研究事業）
分担研究報告書

偽性副甲状腺機能低下症におけるPTH分子の存在様式に関する検討

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A. 研究目的

最近PTH (1-84) whole molecule (Bio-PTH) に特異的な測定系が開発され、これまで用いられてきたいわゆるintact PTH assay系では、Bio-PTHの他にHPLCでPTH (7-84) と同じ分画に溶出されるfragmentsがcrossreactすることが明らかにされた。偽性副甲状腺機能低下症 (PHP) では、PTHに対する標的器官の反応性の低下によって続発性に副甲状腺機能が亢進している。そこで、PHPにおいて、Bio-PTHとPTH (7-84) 様fragmentsを測定することにより、本症における血中PTH分子の存在様式およびPTH分泌とその代謝について検討した。

B. 研究方法

PHPにおける血中PTH濃度を血中PTHをBio-PTHに特異的な測定法と従来のintact PTH 測定法 (iPTH) により測定し、両者の差からPTH (7-84) 様fragments濃度を決定した。

C. 研究結果及び考察

Bio-PTH濃度は、正常者 22.3 ± 7.1 pg/mlに比べ、PHP 252.5 ± 124.8 pg/mlと増加していた ($P < 0.01$)。更に、BioPTH/iPTH比は、正常者 0.77 ± 0.06 、PHP 0.64 ± 0.03 であった ($P < 0.01$)。PTH (7-84) 様 fragmentsの濃度も、正常者 7.2 ± 4.1 pg/mlに対し、PHP 142.5 ± 76.9 pg/mlと増加していた ($P < 0.01$)。PTH (7-84) /Bio-

PTH比は、正常者 0.30 ± 0.11 、PHP 0.56 ± 0.07 であった ($P < 0.01$)。

PHP患者では、血中Bio-PTH値とPTH (7-84) 様fragmentsがいずれも増加していることが明らかとなった。また、PTH (7-84) 様fragmentsの割合が正常者に比べ増加していることも明らかとなった。従って、PHPではPTHの合成分泌と分解のいずれもが亢進していると考えられた。

D. 評 価

1) 達成度について

血中PTH分子の存在様式の検討は、計画を達成することができた。

2) 研究成果の学術的国際的社会的意義について

Bio-PTHに特異的な測定系を用いてのPHPにおける血中PTH分子の存在様式の最初の検討であり、PHPの新たな診断基準の基礎となるデータが得られた。

3) 今後の展望について

BioPTHを用いてのPHPの新たな診断基準を確定する必要があると考えられる。

4) 研究内容の効率性について

BioPTHに特異的な測定系が確立されたため、PHPの病態解明とその診断技術の向上は更に進むと考えられる。

E. 結 論

Bio-PTHに特異的な測定系を用いた検討によ

って、PHPにおいてはPTHの分泌代謝動態が
いずれも亢進していることが明らかとなった。
Bio-PTHの測定は、副甲状腺機能の正確な評価
のために重要と考えられるが、従来のintact
PTHassayによる測定値との比較は、PHPにお
けるPTH代謝異常を検討する上に有用と考え
られた。

F. 研究発表

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G. 知的所有権の出願取得状況

なし

高Ca尿症を呈した偽性副甲状腺機能低下症Ib症例における Ca受容体変異に関する研究

研究協力者 水梨一利 東北大学医学研究科腎高血圧内分泌内科 助手

A 研究目的

胸椎後靭帯骨化症を契機に偽性副甲状腺機能低下症Ib型と診断された症例において、低Ca血症にも関わらずCaの尿中排泄量の増加が認められた。本症例における高Ca尿症の発症機序を解明するとともに、有効でかつ安全な治療法の確立を目的として、vitaminD₃投与後の尿中Ca排泄量の推移を検討した。

B. 研究方法

Ca受容体 (CaR) のcoding region (exon2-7) をPCRにて増幅し、direct sequenceした。下に示すようなmissense mutationが認められたので、mutant CaRをHEK293細胞に発現し機能解析を行った。

C. 研究結果及び考察

CaRのcodon592にheterozygousなmissense mutation (Asn→Ser) が認められた。CaRのmissense mutationは、主にcodon 1-300とcodon 520-881に認められているが、本症例の変異は、後者のclusterに存在していた。

mutant CaRの細胞外Ca濃度の変化に対する反応性は亢進していた (EC₅₀: mutant CaR3.2mM, wild-type 2.4mM)。したがって、CaRのactive mutationが高Ca尿症の原因と考えられた。

1 α OHD₃ (1 μ g/day) 投与後、尿中Caは一過性に増加したが、1 α OHD₃の投与を継続したところ、血清Caの正常化とともに尿中Caも正常化した。血清PTH値は、1 α OHD₃投与前640-755pg/ml、投与後382-685pg/mlであった。CaRのactive mutationによるhypoparathyroidismにPTH (1-34) を皮下注することにより、尿中および血清Caを正常化することが報告されている。我々の症例では、少量の1 α OHD₃投与により血清PTHを高値に保つことで、血清および尿中Caを正常化できたと考えられる。

D. 評 価

1) 達成度について

高Ca尿症を伴ったPHPIb型症例の発症機序の解明と治療法の確立は、計画を達成することができた。

2) 研究成果の学術的国際的社会的意義について

CaRのactive mutationを伴ったPHPは極めて稀な症例で、尿中Caを増加させずに治療する方法を見出すことができた。

3) 今後の展望について

CaRのactive mutationを伴ったPHPの治療を継続中であるが、腎機能と骨量の長期予後と現在の治療法の安全性を検討する必要がある。

4) 研究内容の効率性について

PHPは稀な疾患ではあるが、その病態解明は着実に進んでいる。Protein chipが実用化されたため、病態解明と診断技術の向上は更に進むと考えられる。

E. 結 論

Caの尿中排泄量の増加を伴ったPHPIbの症例にCaRのactive mutationが認められ、これが高Ca尿症の原因と考えられた。さらに少量の 1α OHD₃投与により血清PTHを高値に保つことで、血清および尿中Caを正常化できた。高Ca尿症を伴ったPHPIbの症例において、その発症

機序を解明し、安全な治療法を確立することができた。

F. 研究発表

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G. 知的所有権の出願取得状況

なし