opening horizontal signal pathways from the primary visual cortex to the secondary visual cortex (Yoshimura et al., 2005b). In the same way, co-application of caffeine and D-AP5 from the beginning in the present study abolished not only induction of parietal oscillation, but also opening horizontal signal pathways from the insular cortex to the parietal cortex (Fig. 1C). The present study offered new confirmation that NMDA-receptor-dependent oscillatory activities cause opening and strengthening of intercortical horizontal signal pathways between the insular and parietal cortices.

The intracellular cAMP pathway is a key second messenger pathway that modulates neuron functions. We have previously reported that synaptic efficiency in the visual cortex is modulated by increases in intracellular cAMP (Yoshimura and Kato, 2000). In the next experiment, effects of intercellular

cAMP elevation on propagation and oscillation between insular and parietal cortices were investigated. Oscillation in the parietal cortex was induced in the same way as described above, and, after oscillation in the parietal cortex stabilized, bromo-cAMP, a membrane permeable cAMP analog, was applied to the medium. Approximately 30 min later, insuloparietal signal propagation remained, but oscillatory activities in the parietal cortex were depressed. Depressed oscillatory activities recovered with washout of bromo-cAMP from the medium (Fig. 2B; 7/7 slices). Application of bromo-cAMP thus reversibly diminished oscillatory activities in the parietal cortex.

NMDA-receptor-dependent oscillatory signal deliveries contribute to strengthening of corticocortical signal pathways between the primary and secondary visual cortices (Yoshimura

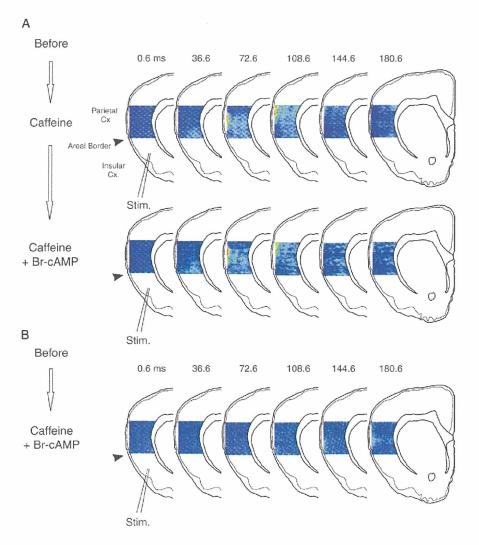


Fig. 3 – Comparing spatiotemporal dynamics of initial voltage signal propagation in parietal cortex under co-application of caffeine and bromo-cAMP after caffeine conditioning with dynamics under co-application of caffeine and bromo-cAMP from the beginning. (A) After caffeine conditioning, initial signal evoked by insular cortex stimulation propagated into parietal cortex along layer II/III (upper). After additional application of bromo-cAMP, initial evoked signal propagated into parietal cortex in the same way (lower). (B) When caffeine and bromo-cAMP were co-applied from the beginning, initial evoked signal managed to propagate into parietal cortex, but intensity of optical response and propagating velocity was reduced, compared with the case for caffeine application preceded by bromo-cAMP.

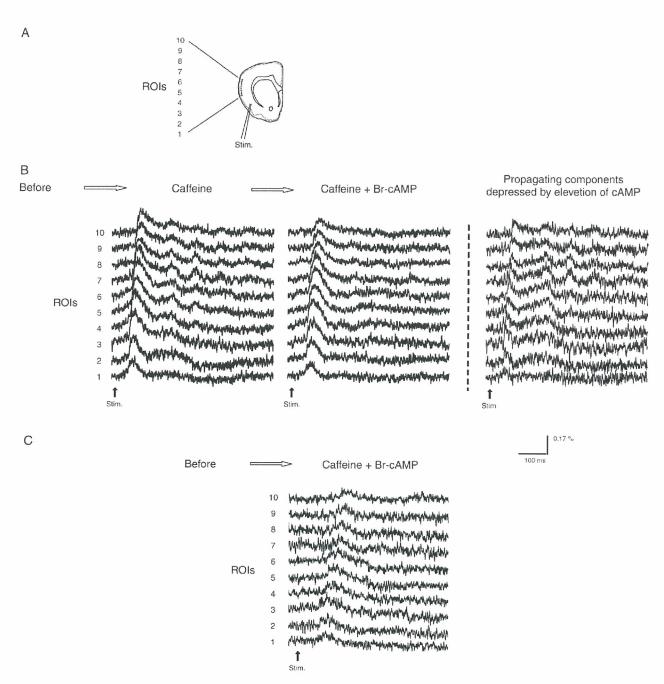


Fig. 4 – Comparing time courses of optical responses in parietal cortex obtained from optical recordings as shown in Fig. 3 under co-application of caffeine and bromo-cAMP after caffeine conditioning with time courses under co-application of caffeine and bromo-cAMP from the beginning. (A) Regions of interest (ROIs) 1–10 are shown in an illustration of insulo-parietal cortex slice. (B) Time courses of optical responses obtained from ROIs were arranged vertically. Left: after caffeine conditioning, initial signal evoked by insular cortex stimulation propagated into parietal cortex, and later oscillatory components were generated in parietal cortex and propagated toward insular cortex. Precise analysis of propagation is described in Thakur et al. (2004). Center: after additional application of bromo-cAMP, initial evoked signal propagated into parietal cortex in the same way, but later oscillatory components were largely depressed. Right: propagating components depressed by elevation of cAMP were obtained by subtracting "Caffeine" recordings from "Caffeine + bromo-cAMP" recordings. (C) When caffeine and bromo-cAMP were co-applied from the beginning, initial evoked signal managed to propagate into parietal cortex, but amplitudes of optical response and propagating velocity were reduced compared with the case of caffeine application preceded by bromo-cAMP.

et al., 2004a) and between the insular and parietal cortices (Fig. 1). Since elevation of intracellular cAMP depressed oscillatory components (Fig. 2B), we presumed that depression of oscillation induction by cAMP elevation might depress intercortical strengthening between the insular and parietal cortices. When bromo-cAMP was co-applied with caffeine from the beginning, induction of oscillatory activities was depressed, but depression of oscillatory activities was incomplete. With co-application of caffeine and D-AP5 from the beginning, no oscillatory activity occurred (Fig. 1C), whereas coapplication of caffeine and bromo-cAMP from the beginning vielded oscillatory activities with two or three wavelets occurring every several episodes (not shown, Fig. 2C). In addition, amplitude of the initial wavelet arriving in the parietal cortex was significantly smaller with co-application of caffeine and bromo-cAMP from the beginning (0.3  $\pm$  0.1 mV, mean  $\pm$  standard error of the mean; n = 7) than with addition of bromo-cAMP after oscillation generation in caffeine-containing medium (1.1  $\pm$  0.1 mV; n = 7). Incomplete induction of oscillation thus generates incomplete intercortical strengthening between the insular and parietal cortices.

The next experiments investigated how application of bromo-cAMP affects establishment of insulo-parietal signal pathways by observing spatiotemporal patterns of voltage signals, using optical recording methods with voltage-sensitive dye. Electrical stimulation was delivered to the insular cortex, and optical responses were observed from the area including parietal cortex. In caffeine-containing medium, evoked signals penetrated the parietal cortex and predominantly traveled along layer II/III (Fig. 3A; upper panel). After additional application of bromo-cAMP, evoked signals predominantly traveled along layer II/III in the same way as in medium containing caffeine only (Fig. 3A; lower panel). Conversely, in medium with co-application of caffeine and bromo-cAMP from the beginning, evoked signals traveled slowly, and intensity of optical responses was weak, compared with additional application of bromo-cAMP after caffeine conditioning (Fig. 3B).

To investigate the precise spatiotemporal properties of optical signals, time courses of signal intensity recorded from region of interests (ROIs; Fig. 4A) were aligned tangentially (Figs. 4B, C). Time courses of signal intensity in the case of

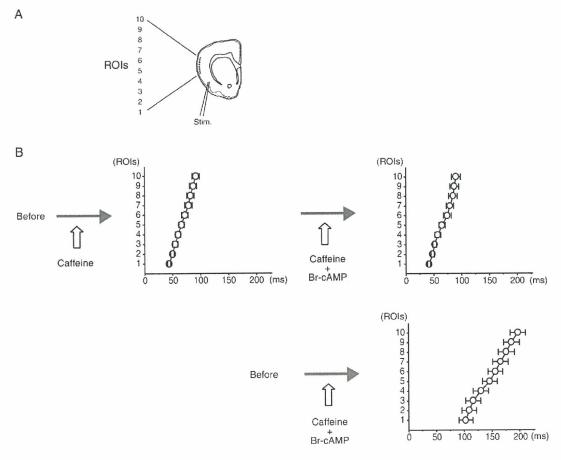


Fig. 5 – Comparing averaged time-to-peak of initial voltage signal propagation in parietal cortex under co-application of caffeine and bromo-cAMP after caffeine conditioning with time-to-peak under co-application of caffeine and bromo-cAMP from the beginning. (A) Regions of interests (ROI 1–10) are shown in an illustration of insulo-parietal cortex slice. (B) Mean time (open circle) and standard deviation (cap) were plotted. When caffeine and bromo-cAMP were co-applied from the beginning, mean time at each ROI was delayed, and mean propagating velocity was reduced (lower), compared with the case of caffeine application preceded by bromo-cAMP (upper).

caffeine application preceded by bromo-cAMP were collected from the same data displayed in Fig. 3A (upper panel). The results show that oscillation elicited by insular cortex stimulation comprises 2 components: an initial signal propagation from the insular cortex to the parietal cortex and later oscillatory signals generated in the parietal cortex that propagate bi-directionally in horizontal directions (Fig. 4B; left). This observation is consistent with the findings of our recent report (Yoshimura et al., 2004a). After addition of bromo-cAMP into the medium, initial signal propagation from the insular cortex to the parietal cortex persisted, but later waves diminished (Fig. 4B; center panel). Time courses of propagating components depressed by cAMP elevation were obtained by subtracting time courses in medium with additional bromo-cAMP from time courses in medium with caffeine alone (Fig. 4B; right panel). This clearly shows that part of the initial propagating components from the insular cortex to the parietal cortex and the greater part of oscillatory propagating components were depressed by elevations of intracellular cAMP. These results show that the dominant

targets of increases in intracellular cAMP are local areas generating NMDA-receptor-dependent signal flows from the parietal cortex.

Time courses of signal intensity with co-application of caffeine and bromo-cAMP from the beginning were aligned tangentially (Fig. 4C). Time courses were collected from the same data displayed in Fig. 3B. The results show that delivery of oscillatory signals from the parietal cortex was diminished, and both amplitudes of propagating signal and propagating velocity decreased compared with caffeine application preceded by bromo-cAMP.

Time-to-peaks of the first waves recorded at ROIs over different slices were averaged. After induction of parietal oscillation in caffeine-containing medium, first waves propagated from ROI 1 to ROI 10 (Fig. 5B; upper left; n=7). Mean propagating velocity of the first wave from ROI 1 to ROI 10 was 63.4  $\pm$  8.2 mm/s. After additional application of bromo-cAMP, first waves propagated in the same way (Fig. 5B; upper right; n=7), and propagating velocity was 62.7  $\pm$  11.9 mm/s. This shows that additional application of bromo-cAMP did not

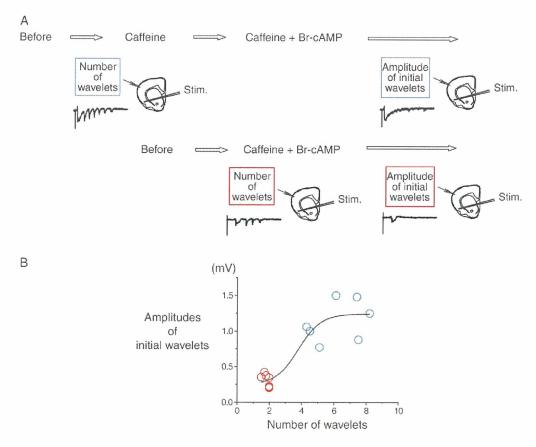


Fig. 6 – Relationship between number of wavelets of oscillatory activities after caffeine application and amplitudes of initial wavelets arriving in the parietal cortex from the insular cortex under co-application of caffeine and bromo-cAMP. (A) Schematic of timings and sites of data acquisition for preparation of part (B). Data were collected from field potential recordings, e.g., time course responses in Fig. 2. (B) Blue circle: amplitude of initial wavelets under additional application of bromo-cAMP to caffeine-containing medium was plotted against mean number of wavelets of oscillatory activities for several episodes before application of bromo-cAMP. Red circle: bromo-cAMP was bath-applied to caffeine-containing medium from the beginning. Amplitudes of initial wavelets were plotted against mean number of wavelets of oscillatory activities for several episodes. Blue squares in panel A correspond to blue circles in panel B, and red squares in panel A correspond to red circles in panel B. Note that signal propagation with sufficient amplitude requires sufficient oscillatory activities.

affect the propagating velocity of first waves. Conversely, in the case of co-application of caffeine and bromo-cAMP from the beginning, first waves managed to propagate from ROI 1 to ROI 10 (Fig. 5B; lower; n=7), but propagating velocity (30.2 ± 2.7 mm/s) was significantly reduced compared with caffeine application preceded by bromo-cAMP (P < 0.05).

To clarify the dependence of oscillatory activities on intercortical strengthening of signal communication, relationships between number of wavelets of oscillatory activities under caffeine application and amplitudes of initial wavelets arriving in the parietal cortex from the insular cortex under coapplication of caffeine and bromo-cAMP were investigated (Fig. 6). Once stable signal propagation and oscillation were established in medium with caffeine alone, initial propagation with sufficient amplitude was observed (1.1  $\pm$  0.1 mV; n = 7) even after addition of bromo-cAMP. However, when caffeine and bromo-cAMP were co-applied from the beginning, induction of oscillatory activities was not stable. Oscillatory activities with 2-3 wavelets occurred every several episodes rather than every episode, and, consequently, although initial signal propagation to the parietal cortex was observed, amplitudes of initial wavelets were small (0.3  $\pm$  0.01 mV; n = 7) (Fig. 2). Mean amplitude and wavelet numbers were calculated from data acquired from respective slices (n = 7) and plotted (Fig. 6). Incomplete induction of oscillation was seen to produce incomplete amplitude of propagating signals, suggesting a dependence of oscillatory activity on intercortical strengthening of signal communication.

#### Discussion

In the intercortical areas between primary and secondary visual cortices, the components of the horizontal pathway that is strengthened after NMDA-receptor-dependent oscillatory signal delivery using our experimental protocol are non-NMDA-receptor-dependent (Yoshimura et al., 2005b). In the same way in the present study, components of the horizontal pathway between the insular and parietal cortices that is strengthened after NMDA-receptor-dependent parietal oscillation are non-NMDA-receptor-dependent. Interestingly, increases in intracellular cAMP barely affected non-NMDA-receptor-dependent pathways that had been already strengthened but markedly diminished NMDA-receptor-dependent oscillatory activities (Figs. 2–6).

Functional glutamate receptors are expressed in both neurons and glial cells (Noda et al., 2000; Steinhäuser and Gallo, 1996). In addition, astrocytes can modulate neural synaptic activities by releasing glutamate in a Ca<sup>2+</sup>-dependent manner (Parpura and Haydon, 2000). GABA receptors in inhibitory networks are modulated by activation of cAMP pathways (Cuove et al., 2002). These findings indicate that application of caffeine and bromo-cAMP might modulate synaptic activities by way of various intra- and extracellular pathways. We thus cannot even conclude that targets of cAMP under caffeine application are restricted to excitable neurons, let alone conclude that cAMP, caffeine and NMDA receptors are operating in the same neurons. However, since NMDA receptor activity-dependent neural oscillations induced by caffeine and the depression of NMDA-receptor-dependent

neural activities with cAMP increases are effects produced by assemblies of various causes present in intra- and extracellular pathways, we can safely say that the dominant target of cAMP increases is NMDA-receptor-related neural activities.

The cAMP signaling pathway modulates neural functions at both channel and receptor levels, such as single channel activities (Greengard et al., 1991; Kavalali et al., 1997), probability of synaptic transmission (Abrams et al., 1991; Frey et al., 1993; Renden and Broadie, 2003; Yoshimura and Kato, 2000) and synaptic targeting of NMDA receptors (Crump et al., 2001). However, evidence that the cAMP signaling pathway regulates neural activities at the long-range intercortical network level has been lacking. In the process of establishing intercortical strengthening in our experimental model, we have described causality as follows: NMDAreceptor-dependent oscillatory signal deliveries cause strengthening of non-NMDA-receptor-dependent intercortical pathways (Yoshimura et al., 2005a,b). Thus, considering the relationship between cause and effect, increased cAMP levels directly affect the cause itself and as a result affect the effect. Since the dominant target of cAMP is considered to be NMDA receptor activities under the present experimental conditions, activation of intracellular cAMP signaling pathways can be interpreted as resulting in the induction of down-regulation in NMDA-receptor-activity-dependent strengthening of extracellular intercortical signal communications by way of diminishing NMDA-receptor-dependent oscillatory signal deliveries. This is important evidence that shows intracellular signaling pathways regulate extracellular signaling pathways between intercortical regions in the brain. NMDA receptors may act as an intermediary between actions of intracellular cAMP signaling pathways and extracellular signaling pathways at the cortical network level.

Induction of functional synapses mediated by non-NMDA receptors requires NMDA receptor activation in the hippocampus (Liao et al., 2001; Lu et al., 2001; Nicoll and Malenka, 1999). In the same way, strengthening of non-NMDA-receptordependent intercortical pathways in the present study required NMDA-receptor-dependent oscillatory signal deliveries from the parietal cortex. Plastic changes might thus underlie intercortical strengthening, as we previously reported (Yoshimura et al., 2005a,b). Blockade of NMDA receptor activities from the beginning completely abolished oscillatory activities and disturbed opening of signal pathways between insular and parietal cortices (Fig. 1). Compared with NMDA receptor blockade, manipulation of cAMP increases in the present experimental condition could not completely abolish oscillatory activities (Figs. 2, 6). Due to incomplete blockade of oscillation induction by cAMP increases, evoked signals from the insular cortex might manage to penetrate the parietal cortex after caffeine conditioning with increased cAMP. However, due to the attenuation of NMDA-receptor-dependent oscillatory activities by cAMP increases during caffeine conditioning, signal propagating velocity from the insular cortex to the parietal cortex in addition to amplitude of the propagating signals was reduced, compared with the case in which sufficient NMDA-receptor-dependent oscillatory signals were delivered during caffeine conditioning before manipulation of cAMP increases (Figs. 5, 6). Increases in intracellular cAMP levels could not completely abolish opening of insulo-parietal signal communication but attenuated strengthening of insulo-parietal signal communication under caffeine application. These findings suggest that full expression of opening and strengthening of intercortical signal pathways requires sufficient NMDA-receptor-dependent oscillatory neural activities.

Caffeine displays several neuropharmacological actions (Fredholm et al., 1999; Nehlig and Boyet, 2000; Yoshimura. 2005). Among these actions, either blockade of adenosine A1 receptors or blockade of phosphodiesterases (PDEs) by caffeine induces increased intracellular cAMP levels. In general, one result of the increase in intracellular cAMP by caffeine is facilitation of synaptic activities (Fredholm et al., 1999; Moraidis and Bingmann, 1994). In the present results, however, additional increase in cAMP by bromo-cAMP application to the medium with caffeine resulted in depression of synaptic activities. A discrepancy therefore seems to exist between the actions of these manipulations, application of caffeine alone and co-application of caffeine and bromo-cAMP. However, the two manipulations produce different spatiotemporal conditions of increased cAMP and may drive a different stream of signaling pathways. As we have discussed previously (Yoshimura and Kato, 2000), determination of the direction of neuron excitability by cAMP may be dependent on the manner in which cAMP is increased.

#### 4. Experimental procedures

All experiments were performed in accordance with the guidelines for the ethical use of animals approved by the Japanese Physiological Society. Details of the experimental procedures have been described previously by us (Yoshimura et al., 2001, 2002, 2003b, 2004a). Brains were quickly removed from Wistar rats and soaked into cold medium (2-4 °C) containing: NaCl, 124 mM; KCl, 3.3 mM; KH<sub>2</sub>PO<sub>4</sub>, 1.25 mM; MgSO<sub>4</sub>, 1.3 mM; CaCl<sub>2</sub>, 2 mM; NaHCO<sub>3</sub>, 26 mM; and D-glucose, 10 mM; saturated with 95%  $O_2$  and 5%  $CO_2$ . Coronal slices (350 µm thick) that included the insular and parietal cortices anterior to the middle cerebral artery were produced from rat brains isolated on postnatal day 27-35. Micropipettes for field potential recordings were filled with 3 M NaCl and inserted into the upper layer of the insular or parietal cortex (6–10 M $\Omega$ ). Synaptic responses were evoked by single pulse stimulation at 0.03-0.3 Hz, recorded with a bridge-equipped Axoclamp-2B amplifier (Axon Instruments, Foster City, USA), digitized by an AD Digidata 1200 converter (Axon Instruments) at a rate of 2.5-5 kHz and stored in a personal computer for off-line analysis. For experimental purposes, the following drugs (purchased from Wako, Osaka, Japan) were added to medium: caffeine, 3.0 mM; D-2-amino-5-phosphonovaleric acid (D-AP5), 15 µM; 6-cyano-7-nitroquinoxaline-2,3dione (CNQX), 20  $\mu$ M; and bromo-cAMP, 40  $\mu$ M.

High-speed optical recording methods with voltage-sensitive dyes were used to observe the spatiotemporal dynamics of neural activities. Details of the optical recording system used in this study have been described elsewhere (Thakur et al., 2004; Wang et al., 1999; Yoshimura et al., 2004a). Before optical recording began, slices were incubated with 0.125 mg/ml of NK2761 voltage-sensitive dye (Nihon Kanko, Okayama, Japan) for 20 min then transferred to the recording chamber. The camera unit of the optical imaging system (Fujix HR Deltaron 1700; Fuji Photo Film, Tokyo, Japan) contained a photodiode array of 128  $\times$  128 elements. With a  $\times$ 10 objective lens, the whole array corresponded to a 2.24  $\times$  2.24 mm² area of tissue. Light for absorption measurements, generated by a tungsten–halogen lamp (150 W), passed through a heat absorption filter and a narrow band interference filter before

being focused on the preparation. Illumination was controlled by an electromagnetic shutter to avoid dye bleaching or photodynamic damage. A run constituted the average of 16 responses elicited by cortical stimulation. Neural activity was recorded as the change in intensity of transmitted light hitting each photodiode. Images were captured every 0.6 ms. Recordings are shown as averages over 16 traces. Relative increases in optical signal were expressed as a time-sequence for the whole image or were plotted against time for each region of interest (ROI).

## Acknowledgments

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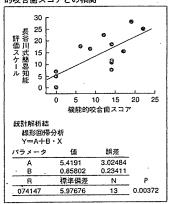
# 脳機能維持には口腔機能を 低下させないことが重要

高齢化社会を迎え、認知症・アルツハイマー病(AD)などの罹患率の増加が社会問題となっている。金沢医科大学類口腔機能病態学・生理機能例できれば氏のは、口腔機能低下との関連性について検討。脳機能低下との関連性について検討。脳機能低下と口腔機能低下との因果関係については、今後詳細に検討する必ずあるとしたが、「脳機能を維持するためには、口腔機能を低下させないことが重要であることが判明したと述べた。

### 知能評価スケールと 機能的咬合歯スコアに正の相関

吉村氏によると、老化によるactive life lossの主たる要因の1つは、認知症やADなどによる中枢神経機能低下であり、その結果として運動機能低下や認知・思考・記憶などの能力の低下が引き起こされる。また、顎口腔領域の感覚、運動にかかわる領域は脳に広く分布しており、

<図>長谷川式簡易知能評価スケールと機能 的咬合歯スコアとの相関



豊富な神経連絡を有しているとい う。

今回の検討は、同科を受診した認知症・ADと診断された高齢者を対象とした。知能評価として、長谷川式簡易知能評価スケールを用い、口腔機能評価については、同氏らが考案した機能的咬合歯スコアを用いた。また、MRI画像検査により脳実質の萎縮の程度を調べるとともに、脳血流シンチグラフィーを行い、脳の部位による血流変化を調べた。

その結果、知能評価スケールと機能的咬合歯スコアの間に正の相関が見られた(図)。また、知能評価スケールが低いほど脳の萎縮が顕著になり、前頭葉一頭頂葉一側頭葉において脳血流量が低下していた。機能的咬合歯スコアについても、スコア値

が低いほど脳萎縮が進行し,脳血流 量も低下する傾向にあった。

これらの結果について, 同氏は「天然歯, 義歯いずれについても, 咬合歯が存在して機能的な咬合関係 が成立している部位が多いほど知能 評価スケールが高く, 脳の萎縮や脳 血流の低下が引き起こされにくいことを示している」と述べた。

一方, 事象関連電位P300は脳の知的活動を反映していると考えられている。今回の検討では, 加齢に伴いP300のピーク潜時が遅延するという結果が得られた。同氏は「P300を生理学的脳機能評価法として, 今後認知症・AD患者からP300を計測し, 脳機能低下と口腔機能低下との関連性を調べていく」とし, さらに「事象を認知した後の咀嚼運動に連動して, 広範囲に脳を刺激することのできる「咀嚼運動による脳刺激システム」の開発を進める予定である」と述べた。

での誤嚥を帰結とし、単変量解析、 は 多変量解析により評価項目との関連 、 を検討した。VF検査での誤嚥を確認 係 できたのは67例(76%)であった。 その結果、①ではmRSは感度、特

その結果, ①ではmRSは感度, 特 異度ともに良好で, 統計学的に有意 であった。咽頭反射は感度は良好だ が, 特異度は低値で, 統計学的に有 意ではなかった。

を検討した。さらに、③ではVF検査

また、②ではRSST、MWST、嚥下音、嚥下後呼気音の4項目のうち、RSST、MWST、嚥下後呼気音の感度は良好だが、特異度は4項目とも低値で、統計学的に有意ではなかった。口腔癌術後患者との比較では、感度はほぼ同様の結果だが、特異度は脳卒中患者では4項目とも低値であった。

さらに、③では単変量解析で有意な項目は歩行の可否、食事介助の有無であった。多変量解析では歩行不可能、食事介助ありの2項目とも統計学的に有意であった(装)。

以上の結果から、渡邊氏は「嚥下障害を疑う脳卒中患者を対象とした場合、ADLのなかでも歩行・食事の介助は嚥下の状態を反映していた。また、嚥下障害スクリーニングテストは特異度は低値だが、感度は良好であり、誤嚥の検出に有用と考えられた」と述べた。

〈表〉従来の報告以外での誤嚥予測因子の 抽出

# ~脳卒中患者~

# 歩行・食事の介助を要する例で 誤嚥併発の可能性

脳卒中患者の約半数は誤嚥を経験し、その約3分の1は誤嚥性肺炎に罹患すると言われている。愛知学院大学口腔外科学第二講座の渡邉哲氏らは、嚥下障害を疑う脳卒中患者を対象に、誤嚥予測因子を検討。「ADL(日常生活動作)の低下した脳卒中患者、特に歩行・食事の介助を要する患者では、誤嚥を併発する可能性がある」と述べた。

## スクリーニングテストは有用

嚥下障害を疑う脳卒中患者を対象 に、①従来の誤嚥予測因子の有用性 の検討②嚥下障害スクリーニングテ ストの有用性の検討③従来の報告以 外での誤嚥予測因子の抽出ーについ て検討した。

対象は2001年8月~05年11月に急性期病院脳卒中科に入院し、嚥下障害を疑われ評価を行った脳卒中患者88例(男性65例、女性23例、平均年齢72歳)とした。脳卒中の内訳は脳梗塞66例(75%)、脳出血22例(25%)であった。

①の予測因子は、ADL(modified Rankin Scale; mRSにて評価)と咽頭反射の有無とした。また、②では反復唾液嚥下テスト(RSST)、改訂水のみテスト(MWST)、頸部聴診法(嚥下音、嚥下後呼気音での異常の有無)を用いた。①②の項目で、嚥下造影(VF)検査における誤嚥の有無についての感度・特異度から有用性

単変量解析で有意な項目 歩行の可否、食事介助の有無 多変量解析 評価項目 オッズ比 95%信頼区間 歩行不可能 13.0 2.3~106.5 食事介助あり 3.4 1.1~11.6 年齢、性、登録レベルで調整

# 小径腎癌には部分切除術を 長期の有害な影響を回避できる

(ニューヨーク) 単発の小径腎癌に 対する治療は、40年間にわたり腎全 摘術がゴールドスタンダードとされ てきた。しかし、スローン・ケタリ ング記念癌センター(ニューヨーク) のWilliam C. Huang博士らが実施し た後ろ向き研究によると、この慣行 を見直す必要性が示唆された。詳細 はLancet Oncology(2006; 7: 735-740) に発表された。

#### 全摘群の腎疾患発症率は 2 倍

今回の研究では、小径の腎癌が1個存在する以外は両腎とも健康な場合、腎温存法による腎部分切除術施行患者に比べて、慢性腎疾患の発症率が3分の2であることが確認された。術後3年間に慢性腎疾患発症を回避できる確率は、全摘群が35%であったのに対し、部分切除群では80%と、実際、全摘術は慢性腎疾患の有意な

危険因子であることが示された。

筆頭研究者のHuang博士は「画像技術の進歩により、腎癌患者の約70%で癌が4 cm未満のうちに早期発見されており、低侵襲性の手術で優れた結果が得られるようになってきた」と説明。「今回の結果は、小径の腎癌患者の術前腎機能は、これまで考えられていたよりも有意に低いことを示している。小径の腎癌には根治的全摘術を適用するのが最も一般的だが、術後に慢性腎疾患を発症するリスクは、部分切除術を施行した場合と比べて有意に高い」と指摘している。

今回の後ろ向き研究は、同センターで4cm未満の小径腎癌の治療を受けた患者662例のデータを解析したもので、術前に慢性腎疾患を発症していた患者は26%であった。さらに、全摘群では部分切除群に比べて、術後の慢性腎疾患発症リスクは

2 倍以上であった。

米国では、同センターのような第 3次医療機関で行われる腎手術に限った場合、腎部分切除術が全体の30~65%を占めているが、全米入院患者動態(NIS)に基づく最近の解析では、1998~2002年に実施された腎癌手術全体の92.5%が全摘術であった。英国保健省の統計によると、英国でも当時の状況は同等で、2002年に同国内で実施された腎癌手術の96%が全摘術で、部分切除術は4%にすぎなかった。

## 部分切除は技術的に難しい

研究責任者のPaul Russo教授は「当センターのような施設で蓄積されたエピデンスにより,限局性の腎癌は部分切除術で有効に治療でき,小径癌の場合、生存率は全摘術と同等であることが示されている。当センターでの腎癌手術実績は約70%が部分切除術であるが,全米や海外のデータベースによると,小径癌の場合でも、80%以上の患者が不必要な全摘術を施行されているようである。理

由の1つとして、部分切除のほうが 技術的に難しいことが挙げられる」 と述べている。

全摘術後の慢性腎疾患リスクの高さは、腎腫瘍患者の多くが糖尿病、高血圧、喫煙といった慢性腎疾患の危険因子を有していることで説明できる。慢性腎疾患では腎機能が損なわれ、腎不全に至ることもある。慢性腎疾患に伴う合併症には貧血、高血圧、栄養失調、神経障害、QOL低下などがあり、心疾患を発症したり、死亡することもある。

共同研究者で同センター外科部長のPeter T. Scardino博士は「今回の知見は、小径の腎癌に全摘術を施行した場合、腎機能に重大な影響が及び、慢性腎疾患リスクが高まることを初めて明らかにした。慢性腎疾患は心血管事故や入院リスクを高め、死に至ることもある。腫瘍の存在する部位のみを切除すれば、正常な腎機能を維持できる確率ははるかに高くなり、慢性腎疾患など長期の有害な影響を回避できる」と述べている。

## ▶第51回日本□腔外科学会

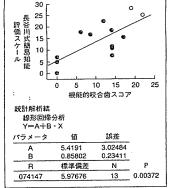
# 脳機能維持には口腔機能を 低下させないことが重要

高齢化社会を迎え、認知症・アルツハイマー病(AD)などの罹患率の増加が社会問題となっている。金沢医科大学顎口腔機能病態学・生理機能制御学の吉村弘氏らは、口腔機能低下と認知症・ADによる脳機能低下との関連性について検討。脳機能低下と口腔機能低下との因果関係については、今後詳細に検討する必要のあとしたが、「脳機能を維持するいことで重要であることが判明した」と述べた。

#### 知能評価スケールと 機能的咬合歯スコアに正の相関

吉村氏によると、老化によるactive life lossの主たる要因の1つは、認知症やADなどによる中枢神経機能低下であり、その結果として運動機能低下や認知・思考・記憶などの能力の低下が引き起こされる。また、顎切腔領域の感覚、運動にかかわる領域は脳に広く分布しており、豊富な神は脳に広く分布しており、豊富な神

〈図〉長谷川式簡易知能評価スケールと機能 的咬合歯スコアとの相関



経連絡を有しているという。

今回の検討は、同科を受診した認知症・ADと診断された高齢者を対象とした。知能評価として、長谷川式簡易知能評価スケールを用い、口腔機能評価については、同氏らが考案した機能的咬合歯スコアを用いた。また、MRI画像検査により脳実質の妻締の程度を調べるとともに、脳血流シンチグラフィーを行い、脳の部位による血流変化を調べた。

その結果、知能評価スケールと機能的咬合歯スコアの間に正の相関が見られた(図)。また、知能評価スケールが低いほど脳の萎縮が顕著になり、前頭葉一頭頂葉一側頭葉において脳血流量が低下していた。機能的咬合歯スコアについても、スコア値

が低いほど脳萎縮が進行し, 脳血流 量も低下する傾向にあった。

これらの結果について、同氏は 「天然歯、養歯いずれについても、咬 合歯が存在して機能的な咬合関係が 成立している部位が多いほど知能評 価スケールが高く、脳の萎縮や脳血 流の低下が引き起こされにくいこと を示している」と述べた。

一方,事象関連電位P300は脳の知的活動を反映していると考えられている。今回の検討では,加齢に伴いP300のピーク潜時が遅延するという結果が得られた。同氏は「P300を生理学的脳機能評価法として,今後認知症・AD患者からP300を計測し,随機能低下と口腔機能低下との関連性を調知した後の咀嚼運動に連動して、方に「事を放回に脳を刺激することのできる「咀嚼運動による脳刺激システム」の開発を進める予定である」と述べた。四

解析により評価項目との関連を検討 した。VF検査での誤嚥を確認できた のは67例(76%)であった。

その結果、①ではmRSは感度、特 異度ともに良好で、統計学的に有意 であった。咽頭反射は感度は良好だ が、特異度は低値で、統計学的に有

また、②ではRSST、MWST、嚥下 音、嚥下後呼気音の 4 項目のうち、 RSST、MWST、嚥下後呼気音の感度 は良好だが、特異度は 4 項目とも低 値で、統計学的に有意ではなかった。 口腔癌術後患者との比較では、感度 はほぼ同様の結果だが、特異度は脳 卒中患者では 4 項目とも低値であっ

さらに,③では単変量解析で有意な項目は歩行の可否,食事介助の有無であった。多変量解析では歩行不可能,食事介助ありの2項目とも統計学的に有意であった(表)。

以上の結果から、渡邉氏は「嚥下障害を疑う脳卒中患者を対象とした場合、ADLのなかでも歩行・食事の介助は嚥下の状態を反映していた。また、嚥下障害スクリーニングテストは特異度は低値だが、感度は良好であり、誤嚥の検出に有用と考えられた」と述べた。■

(Medical Tribune Vol.39, No.47, P.43より転載)

## ~脳卒中患者~

# 歩行・食事の介助を要する例で 誤嚥併発の可能性

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嚥下障害を疑う脳卒中患者を対象 に,①従来の誤嚥予測因子の有用性 の検討②嚥下障害スクリーニングテ ストの有用性の検討③従来の報告以 外での誤嚥予測因子の抽出ーについ て検討した。 対象は2001年8月~05年11月に急性期病院脳卒中科に入院し、嚥下障害を疑われ評価を行った脳卒中患者88例(男性65例、女性23例、平均年齢72歳)とした。脳卒中の内訳は脳梗塞66例(75%)、脳出血22例(25%)であった。

①の予測因子は、ADL (modified Rankin Scale; mRSにて評価)と咽頭反射の有無とした。また、②では反復唾液嚥下テスト(RSST)、改訂水のみテスト(MWST)、頭部聴診法(嚥下音、嚥下後呼気音での異常の有無)を用いた。①②の項目で、嚥下造影(VF)検査における誤嚥の有無についての感度・特異度から有用性を検討した。さらに、③ではVF検査での誤嚥を帰結とし、単変量解析、多変量

〈表〉従来の報告以外での誤嚥予測因子の 抽出

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# **禁煙にてこずるメントールたばこ** 喫煙再開率が2倍高い

【サンフランシスコ】カリフォルニア大学サンフランシスコ校 (UCSF) 疫学・生物統計学のMark Pietcher助教授らは、1,200例を超える喫煙者を15年以上にわたり追跡した研究から、メントールたばことメントールルは同等のようであるが、メントールだはには禁煙が困難である可能が、されたと Archives of Internal Medicine (2006; 166: 1915-1922) に発表した。メントール喫煙者は禁煙後に喫煙再開率がほぼ2倍となっており、長期間禁煙する確率が低いことが明らかになった。

#### 根底に複数の生理学的影響

筆頭研究者のPletcher助教授は「メントールたばこの禁煙が困難である 理由として、複数の生理学的影響が 根底にあると考えられる」と指摘している。メントールの清涼感と局所麻酔的作用は喫煙の快楽を増強する。しかし、より重要な点として、メントールは喫煙中の深い吸い込みを増やし、ニコチン代謝を低下させることにより血中の中毒性のニコチン濃度を上昇させる。

はできないことが明らかになった。

同助教授は「医師と患者が忘れてならないのは、いかなる種類のたばこであろうと喫煙は健康に悪影響をえるということである。たばこ1本当たりで見ると、メントールたばこと比べて、有害性は高くも低くもなかっ、メンヤし、われわれの知見から、メントールだばこの喫煙者は禁煙に近に、トレンジする場合、より多くの改動とかべている。

## 15年後も約70%が喫煙継続

今回の研究はCoronary Artery Risk Development in Young Adults (CARDIA) 研究の一部であった。

被験者は研究開始時の1985年に18~30歳の男女であった。被験者は研究開始年(1985年)とその5年後,7年後,10年後,15年後に健康診断を受け、人口統計学的質問と喫煙習慣に関する質問に答えた。当初の1,535例のうち,1,200例以上が研究を完了

した。

その結果、1985年の時点でメントールたばこを吸っていた喫煙者は、その後も喫煙を継続している可能性が高いことがわかった。同年にメントールたばこを吸っていた喫煙者の約69%は2000年も喫煙を継続していたのに対し、メントール以外のたばこを吸っていた喫煙者では約54%であった。

研究チームは10年以上にわたり、 メントールたばこに対する曝露と禁煙,動脈内のカルシウム蓄積,肺機能の変化の関連性を評価した。 (Medical Tribune Vol.39, No.48, P.22より転載)



# 研究協力者

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