

D. 考察

HIV 耐性検査は治療導入前の施行がガイドライン上勧められており、検査結果によって使用薬剤が変更されることもある。治療の変更等が必要となりうる耐性変異として、RT 領域に K103N と M184V の変異を認めた。いずれの変異も過去にも報告されたものである。K103N の頻度は決して高いものではないが、EFV の投与の際には注意が必要となる変異である。M184V は B 型肝炎に対して核酸アナログ製剤が長期に使用されていた症例であった。過去の

報告書においても言及したが、B 型肝炎の診断を行った場合は、必ず HIV 検査が必要であることを示唆する症例である。一方、PR 領域には 2 例の耐性症例を認め、いずれも L10I・D30N・L33F・N88D を有しており NFV に対する高度耐性が推測された。平成 22 年度の報告書においては、この 2 例は系統樹解析においても近い距離に位置していた。このような薬剤耐性ウイルスの伝播が危惧され、薬剤耐性検査による疫学調査は今後も必要と考えられた。

RAL は血中 HIV-RNA 量を低下させるスピードが

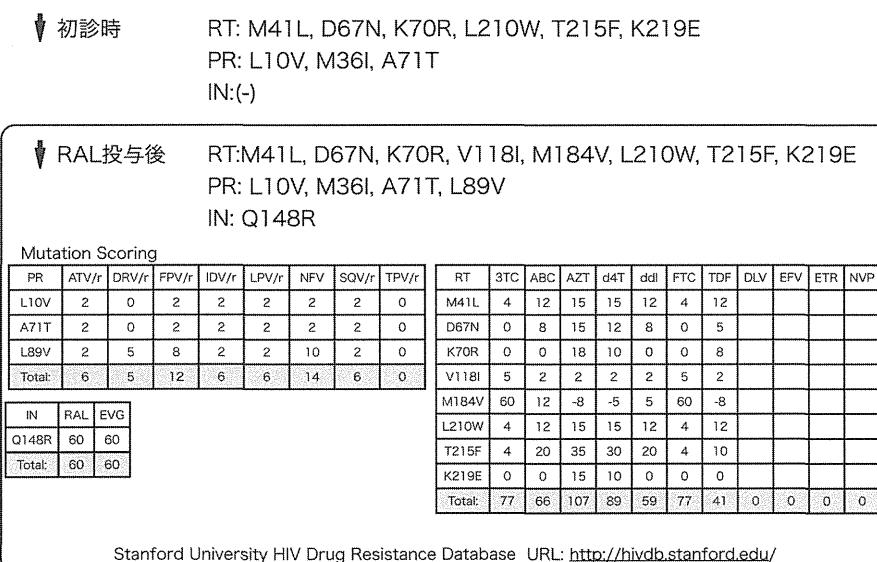


図 6 症例 1 の耐性検査

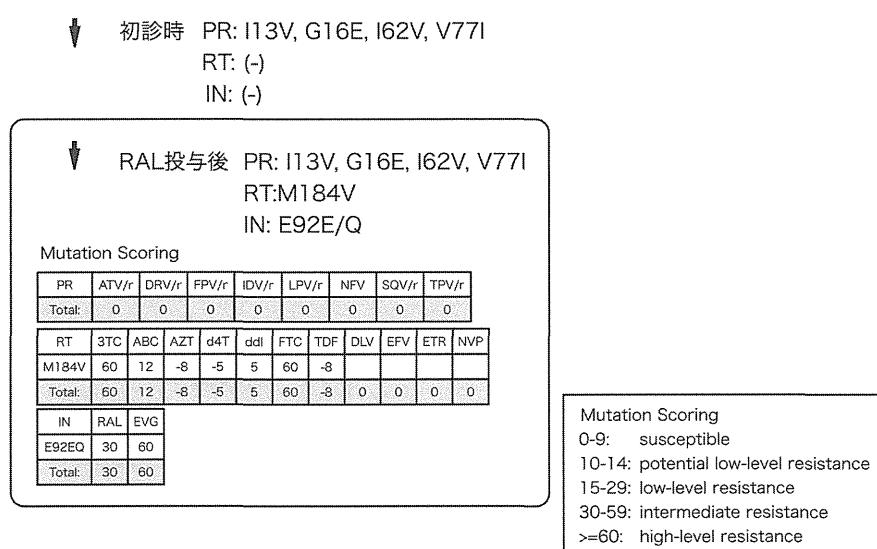


図 7 症例 2 の耐性検査

早いことに加え、副作用や薬物相互作用で問題となることが少ないことが特徴としてあげられる。しかし、耐性獲得に対する genetic barrier が低いことも問題視されている。初回治療を導入後、RT 領域の M184V/I は最初に出現する耐性変異としてよく経験する。今回図で示した 6 症例のうち、症例 1 と症

例 3 は過去に耐性変異を有していたが、残りの 4 症例は RAL 耐性が最初に出現した変異であった。3 症例は M184V も同時に出現していることから、RAL 耐性変異 (N155 と Q148) は M184V/I と同様に早期に耐性獲得に至ることが考えられた。

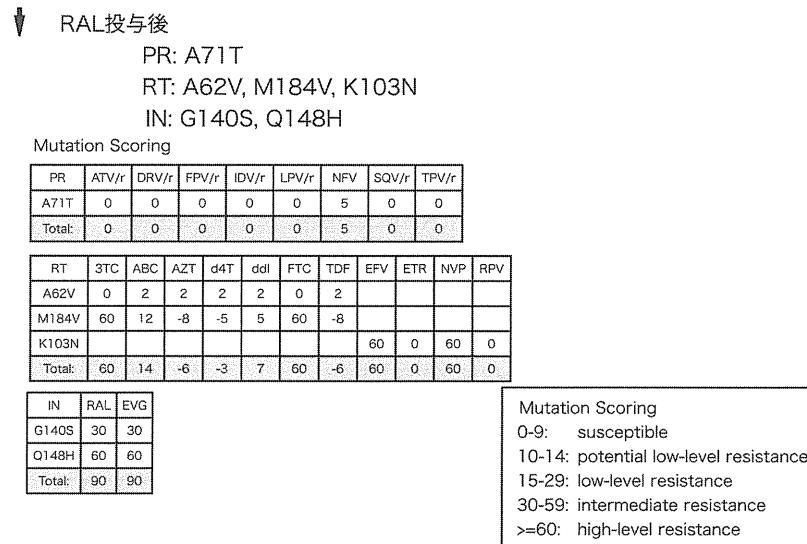


図 8 症例 3 の耐性検査

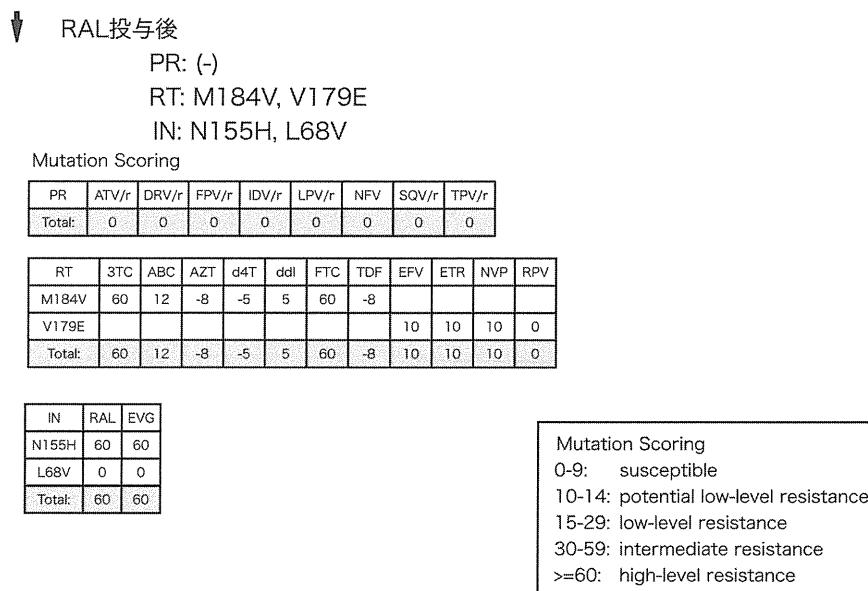


図 9 症例 4 の耐性検査

E. 結論

277 症例がサーベイランスの対象となった。WHO の 2009 年のリストに該当する耐性変異は T69D (1 例)、M184V (1 例)、K219Q (1 例)、T215X (5 例)、K103N (1 例)、D30N+N88D (2 例)、M46L (1 例)、I54T (1 例) に認めるのみであった。2010-2012 年に 6 例の RAL 耐性変異を経験した。RAL はウイルス学的効果や忍容性に優れる一方で、

耐性獲得に対する genetic barrier が低く、耐性変異の出現には注意が必要である。

F. 健康危険情報

該当なし

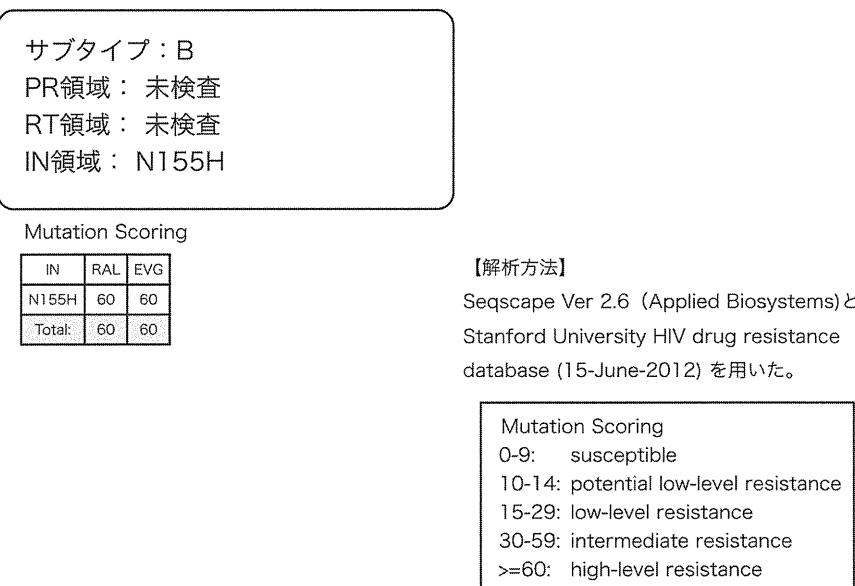


図 10 症例 5 の耐性検査 1 回目



図 11 症例 5 の耐性検査 2 回目

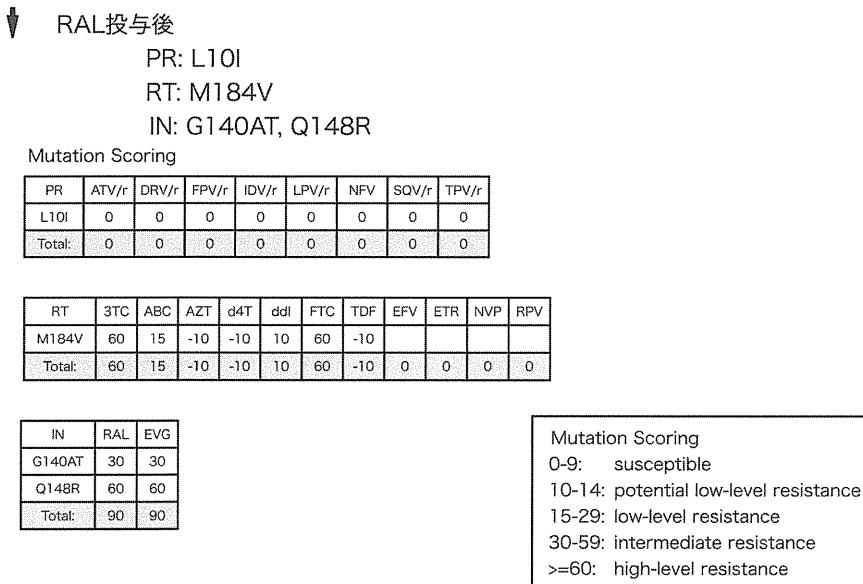


図 12 症例 6 の耐性検査

G. 研究発表

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H. 知的財産権の出願・登録状況

なし

研究成果の刊行に関する一覧

研究成果の刊行に関する一覧表 (H22~24 年度)

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(独) 国立病院機構名古屋医療センター臨床研究センター
〒 460-0001 名古屋市中区三の丸 4 丁目 1 番 1 号

