

46. Swept-source 光干渉断層計を用いた

脈絡膜透過性亢進所見の観察

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研究要旨 インドシアニングリーン蛍光眼底造影検査(ICGA)における脈絡膜透過性亢進所見は、加齢黄斑変性における血管内皮成長因子(VEGF)阻害薬療法における反応不良因子である可能性が報告されている。今回、脈絡膜への測定光侵達性が良好である swept-source 光干渉断層計(OCT)による観察を行い、OCT上の所見とICGAにおける脈絡膜透過性亢進所見との関連について検討した。東京大学を受診した中心性漿液性脈絡網膜症(CSC)症例 27 例 28 眼(39-78 歳)において、インドシアニンググリーン蛍光眼底造影検査(ICGA)および swept-source OCT(Topcon)により中心窩を中心とした 12 方向のラジアルスキャンを行った。OCT 検査での漿液性網膜剥離(SRD)、中心窩脈絡膜厚、および脈絡膜層における高反射/低反射領域比(L/D 比)を評価し、透過性亢進所見との関連について後ろ向き検討を行った。対象症例中、光線力学療法(PDT)15 眼、光凝固 3 眼の治療歴を認めた。ICGA において脈絡膜透過性亢進所見は 26 眼(93%)に認められた。うち 15 眼に脈絡膜外層の低反射領域が連続して内層が不鮮明化となる所見(不鮮明化)を認めた。15 眼中 14 眼において不鮮明化所見は透過性亢進領域内に認められた。不鮮明化所見を有する例は認めない例に比して、PDT 治療歴の有る頻度が有意に低く(33%対 67%、 $p=0.008$)、測定時に SRD を認める例が有意に高く(69%対 17%、 $p=0.008$)、中心窩脈絡膜厚が有意に厚く($p=0.03$)。また L/D 比が低かった($p=0.03$)。ICGA における脈絡膜透過性亢進所見を有する CSC 症例において、swept-source OCT 観察で内層不鮮明化所見を呈する症例を認める。本所見は脈絡膜内の滲出性変化と関連する可能性が示唆される。

A. 研究目的

インドシアニンググリーン蛍光眼底検査(ICGA)により認められる脈絡膜透過性亢進所見は、加齢黄斑変性(AMD)眼の一部の症例に認められ、¹血管内皮成長因子(VEGF)阻害薬の治療効果にも関連すると報告されている。²近年光干渉断層計(OCT)を用いて、脈絡膜が観察されるようになり、透過性亢進領域を有する眼は脈絡膜厚が大きいなどの報告がなされて

いる。³しかし、脈絡膜内部所見との関連を検討した報告は乏しい。

Swept-source OCT (SSOCT)は波長掃引式の光源を用いた OCT であり、現有機器は約 $1\mu\text{m}$ 前後の波長を使用している。現在普及している spectral-domain OCT に比して眼球組織深達度が高く、また深さによる感度の減衰が無いため、脈絡膜および強膜の観察に有用であると報告されている。^{4,5}

今回我々は SSOCT を用いた観察で得られた所見と脈絡膜透過性亢進との関連について検討した。

B. 研究方法

研究デザインは後ろ向き症例検討である。対象は東京大学附属病院眼科黄斑外来受診患者のうち、中心性漿液性脈絡網膜症(CSC)患者 27 例 28 眼に対して、診療録および検査データを参照した。

検査項目については、年齢、治療歴、インドシアニングリーン蛍光眼底造影検査および swept-source OCT による中心窩を中心としたスキャンを行った。

インドシアニンググリーン蛍光眼底検査は、HRAII (Heidelberg Engineering, Germany) を用いて行った。造影後期における透過性亢進所見を評価した。

Swept-source OCT 検査は、DRI OCT-1 (Topcon, Tokyo, Japan) を用いた。本装置は波長 1050nm を中心とした波長掃引光源を用いて出力し、その反射光を検出してフーリエ変換処理を行う。深さ分解能は 8 μm、横方向分解能は 20 μm である。100,000Hz の A-scan を行う。中心窩を中心とした 12 本の 9mm ラジアルスキャンを施行した。各スキャンは最大 32 スキャン画像を平均化した。中心窩脈絡膜厚は、中心窩におけるブルッフ膜相当高反射層と、脈絡膜強膜境界に相当する高反射層との距離を内蔵のキャリパーを用い手動で測定した。OCT 画像の脈絡膜層を定性的に解析した。すなわち Haller 層に相当する脈絡膜外層の管腔様低反射領域を同定し、その低反射領域が脈絡膜内層まで拡大して、Sattler 層および脈絡毛細血管板層に相当する顆粒状の高反射領域がブルッフ膜層直外層まで不鮮明化している所見を「不鮮明化所見」と定義した。各眼における 12 スキャンのうち、一つでも本所見を

認める場合は所見ありとした。

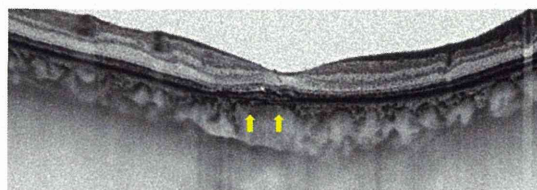


図 1: 脈絡膜内層不鮮明化所見

L/D 比の計算

脈絡膜実質と管腔の比率を推定する指標となる light-to-dark (L/D) 比を既報⁶の方法を一部修正して行った。9mm 水平スキャン画像において、中心窩を中心とした左右 1mm の範囲における、ブルッフ膜から脈絡膜強膜境界面までの画像を抽出し、信号強度のしきい値を大津の 2 値化により求めた。しきい値より高信号の領域(light)および低信号の領域(dark)

(倫理面への配慮)

倫理面では個人情報の漏洩がないよう留意した。

C. 研究結果

対象症例の背景因子は図2のとおりであった。光線力学療法(PDT)15 眼、光凝固 3 眼の治療歴を認めた。

背景因子	
総眼数	28
平均年齢[範囲]	59.6[39-78]
男性(%)	21/28(75)
治療歴	
光線力学療法	15/28
最終治療後期間(月[範囲])	9.2[2-36]
光凝固	3/28
最終治療後期間(月[範囲])	2.6[0.2-6]
なし	10/28
脈絡膜透過性亢進所見あり(%)	26/28(93)

図2: 背景因子

ICGA において脈絡膜透過性亢進所見は 26

眼(93%)に認められた。うち 15 眼に OCT 画像の脈絡膜内層不鮮明化所見を認めた。15 眼中 14 眼において不鮮明化所見は透過性亢進領域内に認められた。不鮮明化所見を有する例は認めない例に比して、PDT 治療歴の有る頻度が有意に低く(33%対 67%、 $p=0.008$)、測定時に SRD を認める例が有意に高く(69%対 17%、 $p=0.008$)、中心窩脈絡膜厚が有意に厚く($p=0.03$)。また L/D 比が低かった($p=0.03$)。(図 3)

不鮮明化所見	有り	無し	p
眼数 (%)	16 (57)	12 (43)	
脈絡膜透過性亢進あり	15/15	9/11	ns
PDT治療歴有り (%)	5 (33)	10(67)	0.01
漿液性網膜剥離有り (%)	11 (69)	2 (17)	0.01
平均中心窩脈絡膜厚 (μm)	364	295	0.03

図3: 結果

結果変数を SRD の有無、説明変数を不鮮明化所見および中心窩脈絡膜厚としたロジスティック回帰分析では、不鮮明化所見のみ有意な相関を呈した。

D. 考察

脈絡膜透過性亢進所見は CSC によく認められる所見として知られ、^{7,8,9} 脈絡膜厚増大と関連しており、^{10,11} 脈絡膜循環うっ滞を示唆する所見と考えられている。¹² 近年では AMD 特に PCV にも認められ、抗 VEGF 薬の応答不良との関連が示唆されている。^{2,13} OCT を用いた脈絡膜内部所見の検討は最近になりいくつかの報告がなされている。脈絡膜外層管腔構造の拡大が CSC¹⁴ および AMD¹⁵ で認められるとされ、一方で脈絡膜内層厚の

減少も CSC で認められるとされる。¹⁶しかし、現時点で、管腔内領域を含むと考えられる OCT 低反射領域と、実際の血管内領域との対応は不詳であるため、本検討では内装不鮮明化所見と称し検討した。さらに脈絡膜内層構造が外層から拡大した低反射像によりほぼ同定し得ない状況を所見ありと定義した。その結果、本所見の有無は SRD の有無によく相関し、脈絡膜厚よりも関連を認めていた。これより本書権は脈絡膜循環うっ滞の程度を鋭敏に反映する所見と考えられる。

本研究の AMD への応用としては、今後、AMD 癌に対して、脈絡膜厚に加えて本書権について検討することで、脈絡膜循環売ったいと、AMD の類型化または治療効果との関連についてより詳細な評価が可能となると考えられる。

E. 結論

ICGA における脈絡膜透過性亢進所見を有する CSC 症例において、swept-source OCT 観察で内層不鮮明化所見を呈する症例を認める。本所見は脈絡膜内の滲出性変化と関連する可能性が示唆される。

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