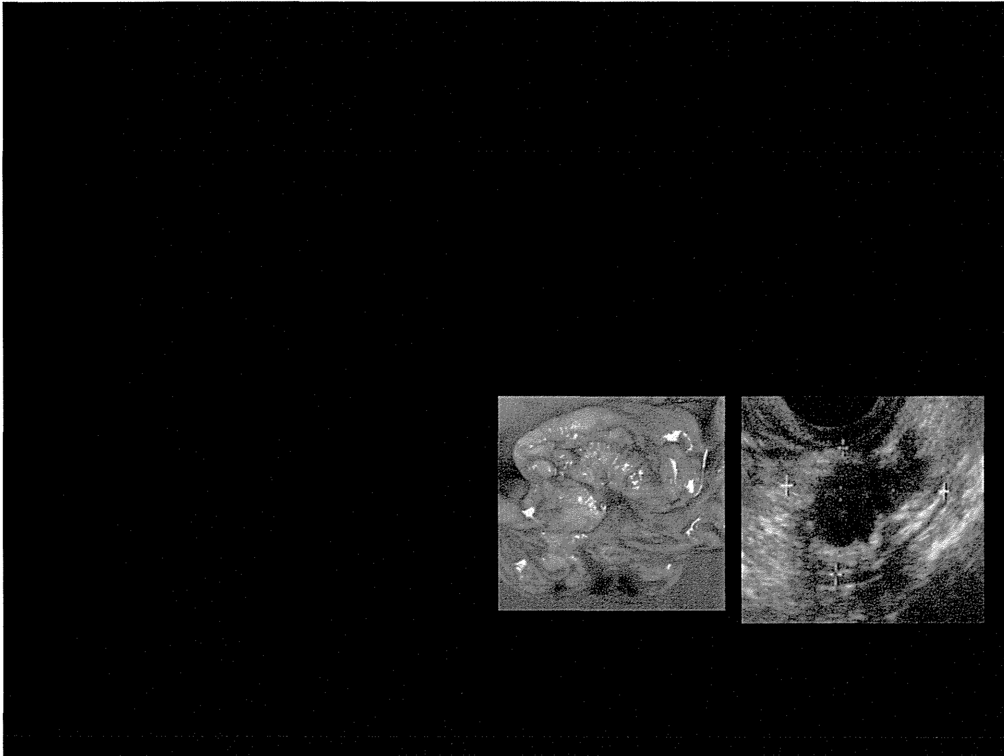
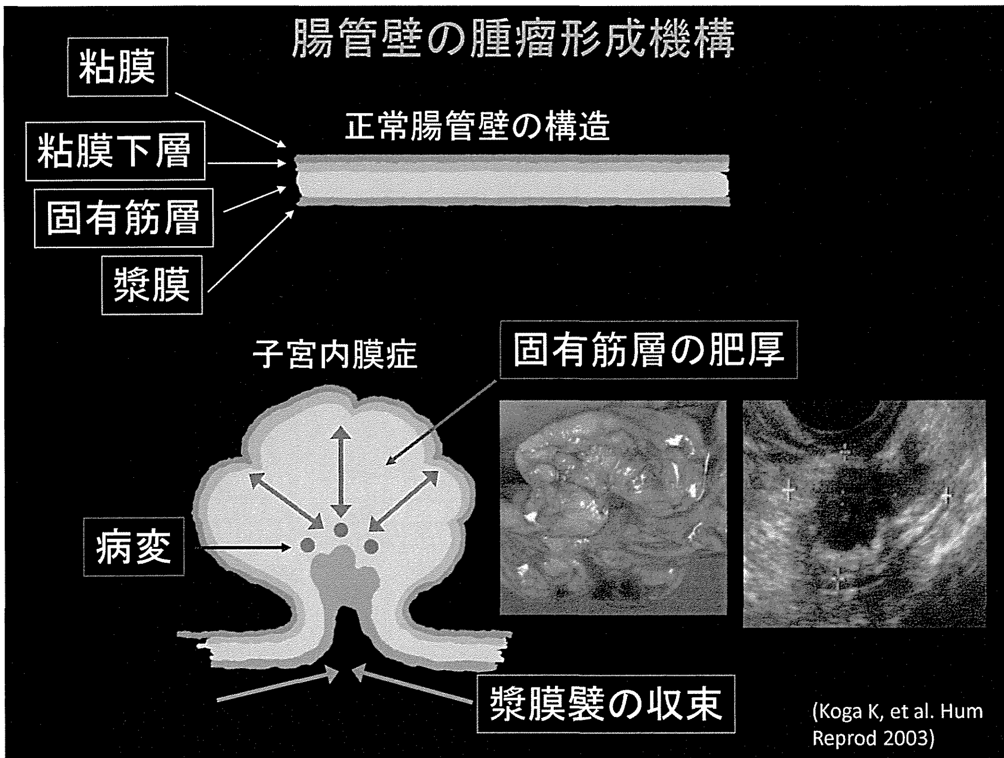
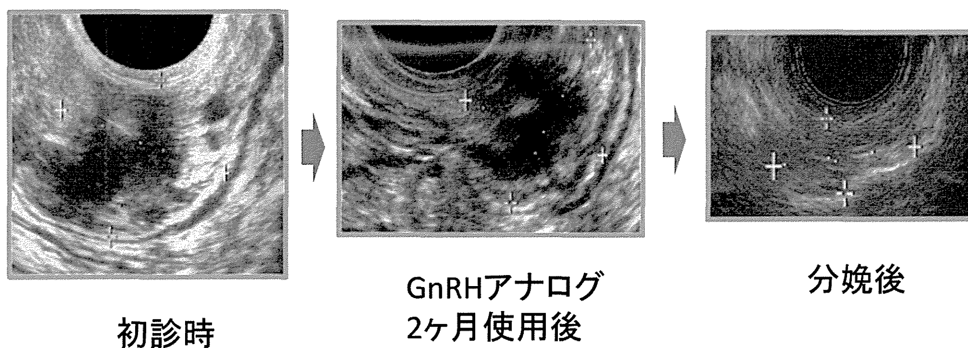



腸管壁の腫瘤形成機構
粘膜
粘膜下層
固有筋層
漿膜
正常腸管壁の構造
子宮内膜症
固有筋層の肥厚
病変
漿膜襞の収束
(Koga K, et al. Hum Reprod 2003)

妊娠・分娩による病巣の変化

32歳　下痢と血便で来院

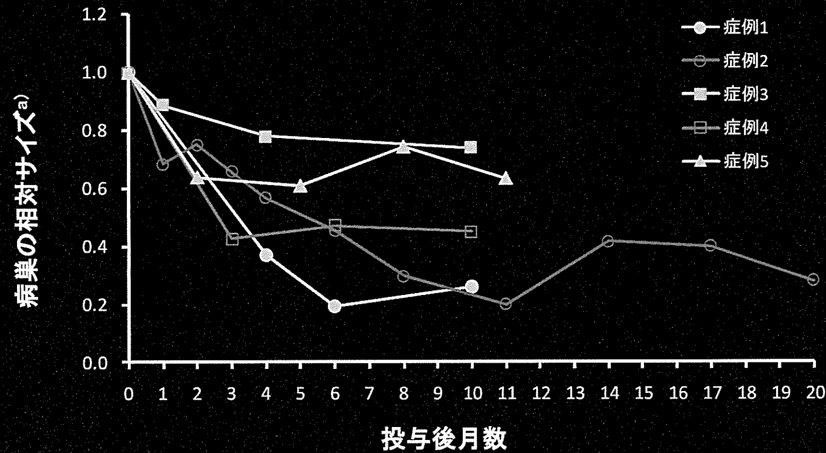


初診時　　GnRHアナログ 2ヶ月使用後　　分娩後

ジエノゲストによる稀少部位子宮内膜症の保存治療法：パイロットスタディ ー各症例のまとめー

症例	1	2	3	4	5
年齢	39	38	44	48	46
妊娠/出産	0/0	0/0	2/1	0/0	2/2
病巣部位	直腸S状結腸	直腸S状結腸	直腸S状結腸	直腸S状結腸	膀胱
治療前最大面積 (mm^2)	1295.1	910.1	209.7	623.1	298.4
子宮内膜症に伴う症状	血便 排便痛	血便 排便痛	排便痛	排便痛	排尿痛
他の子宮内膜症	腺筋症	i) 腺筋症 ii) 頸部に子宮内膜症性嚢胞	嚢胞および腺筋症による腹腔鏡下子宮摘出術および右付属器剔出術後	i) 腺筋症 ii) 両側性卵巣子宮内膜症性嚢胞	なし
副作用	点状出血	点状出血	胃痛 ホットフラッシュ	抑うつ ホットフラッシュ 点状出血	点状出血

Harada M, et al. Gynecological Endocrinology 2011; 27: 717-20



S状結腸、直腸子宮内膜症取扱い

CONCLUSION: In women with deep endometriosis, surgery is the therapy of choice for symptomatic patients when deep lesions do not improve with a medical treatment.

Human Reproduction Update, Vol.21, No.3 pp. 329–339, 2015
Advanced Access publication on January 24, 2015 doi:10.1093/humupd/dmv003

human reproduction update

Deep endometriosis infiltrating the recto-sigmoid: critical factors to consider before management

Mauricio Simões Abrão[1,*], Felice Petraglia[2], Tommaso Falcone[3], Joerg Keckstein[4], Yutaka Osuga[5], and Charles Chapron[6,7,8]

Brazil, Italy, USA, Austria, Japan, France

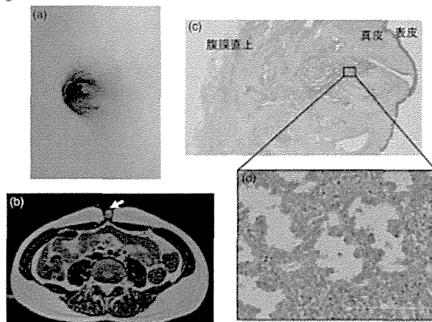
臍子宮内膜症の治療

Table 1 Clinical features of seven patients with umbilical endometriosis

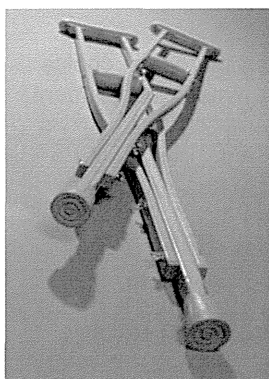
Patient	Age at the first visit (years)	G/P	History of surgery	History of OC	Management prior to the first visit	Symptoms		Pelvic findings	Desire for pregnancy at the time	Diagnosis (methods)	Managements	Follow-up period (years)
1	44	G3P3	No	No	None	P, M	Cy	Normal	No	D (histology)	E	7
2	33	G0P0	No	No	None	P, M	Cy	Bil EMoma	No	D (histology)	E	6
3	37	G0P0	No	No	None	P, B	Cy	Bil EMoma	No	C (empirical treatment)	D → E	7
4	34	G0P0	No	No	LR	P, M, B	Cy	Normal	No	D (histology)	OC	4
5	26	G0P0	No	No	LR	P, M	NCy	Normal	No	D (histology)	OC	3
6	45	G1P1	Ov cystectomy	Yes	None	P, M, B	Cy	Left EMoma	No	C (MRI, empirical treatment)	OC → MP	3
7	31	G0P0	Appendectomy	Yes	None	P, M, B	Cy	Bil EMoma	Yes	C (MRI) → D (histology)	RR w/UR	4

B, bleeding; Bil, bilateral; C, clinical; Cy, Cyclical; D, definitive; D, dienogest; E, expectant management; EMoma, ovarian endometriomas; G/P, gravida/parity; LR, local resection; M, mass; MP, menopause; MRI, multiple resonance imaging; NCy, non-cyclical; OC, oral contraceptive; Ov, ovarian P, pain; RR w/UR, radical resection with umbilical reconstruction.

Figure3

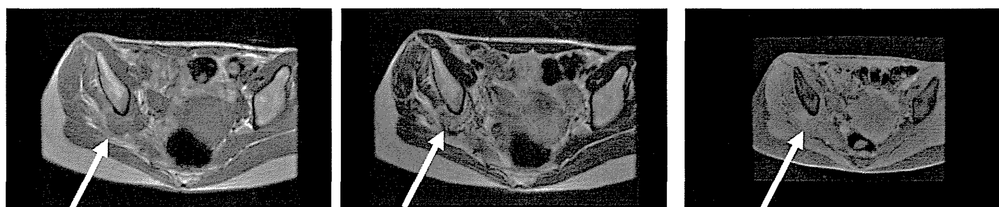


Saito et al. J Obstet Gynaecol Res. 2014 Jan;40(1):40-5



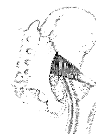
症例

33歳 未経妊、月経時に増強する右殿部から右下肢にかけての疼痛、右下肢跛行。子宮、卵巣に異常所見無し。MRIで右内閉鎖筋~小殿筋、梨状筋を巻き込む境界不明瞭な病変が認められる。

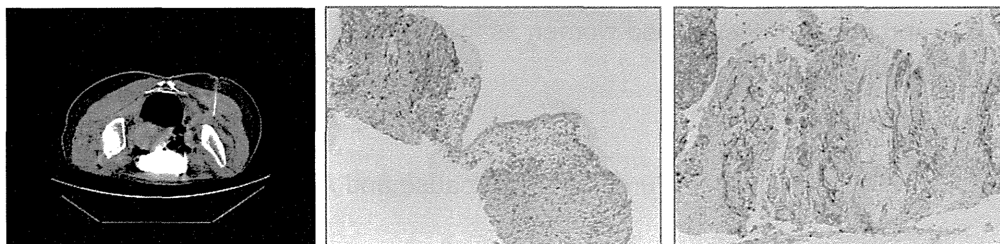


T1　T2　Gd

梨状筋子宮内膜症



CT ガイド下生検施行。
免疫染色で上皮はcytokeratin(+), EMA(+), ER(+), PR(+) ,
間質はCD10(+)。
異所性子宮内膜症の確定診断に至った。



低用量ピル（連続使用）により症状の著明な改善。

(Koga K, Osuga Y, et al. Fertil Steril 2005)

平成27年度厚生労働科学研究
（難治性疾患政策研究事業）

研究課題名（課題番号）:
難治性稀少部位子宮内膜症（肺・胸膜子宮内膜症、尿管・膀胱子宮内膜症、腸管子宮内膜症、臍子宮内膜症）の集学的治療のための分類・診断・治療ガイドライン作成

（H27-難治等(難)-一般-014）

閉経後のHRTと子宮内膜症

EMAS position statement: Managing the menopause in women with a past history of endometriosis

- The data regarding hormone therapy regimens are limited.
- However it may be safer to give either continuous combined estrogen-progestogen therapies or tibolone in both hysterectomised and nonhysterectomised women as the risk of recurrence may be reduced.

European Menopause and Andropause Society.

Moen MH, et al. Maturitas. 2010 Sep;67(1):94-7

美しい女性の一生

謝辞

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II.　研究成果の刊行に関する一覧表

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片渕秀隆	卵巣チョコレート嚢胞	秋澤忠男他	南山堂医学大辞典　第20版	南山堂	日本	2015	2129

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