

東邦大学学術リポジトリ

Toho University Academic Repository

タイトル	Toho Journal of Medicine Vol. 8 No. 3 掲載論文の紹介
別タイトル	PUBLISHED ARTICLES IN THE TOHO JOURNAL OF MEDICINE Vol. 8 No. 3
作成者（著者）	東邦大学医学会編集委員会
公開者	東邦大学医学会
発行日	2022.09.01
ISSN	00408670
掲載情報	東邦医学会雑誌. 69(3). p.164 166.
資料種別	その他
著者版フラグ	publisher
メタデータのURL	https://mylibrary.toho u.ac.jp/webopac/TD43580327

Toho Journal of Medicine Vol. 8 No. 3 掲載論文の紹介

Management of Postoperative Patients with Colorectal Cancer Using Information and Communication Technology: A Pilot Study

Kikuchi Y, Yamaguchi K, Funahashi K, Arita Y, Shimojo N, Watanabe K, Koshikawa I, Wakabayashi M, Izawa A, Kagami S, Kaneko T, Ushigome M, Shimada H
Toho J Med 8 (3): 89—95, 2022

要約 :

Introduction: Outpatient chemotherapy patients have a lot of anxiety about treatment-related adverse events. There have been several reports suggesting that a telephone support system could reduce hand-foot syndrome with XELOX therapy. In this study, we investigated whether information and communication technology (ICT) tools could reduce patients' anxiety and adverse events.

Methods: Twenty patients with postoperative stage III colorectal cancer who were eligible for XELOX therapy were divided into two groups: 10 patients in the symptom-monitoring group using the ICT tool and 10 patients in the control group. The treatment completion rate, relative dose intensity, psychological distress and adjustment, and adverse events in each group were assessed. The study protocol was approved by the Ethics Committee of Toho University Omori Medical Center (M18124). This clinical trial is registered in the University Hospital Medical Information Network (UMIN) registry system (UMIN ID: 000035475) (https://center6.umin.ac.jp/cgi-open-bin/ctr_e/ctr_view.cgi?recptno=R000040380).

Results: There was no significant difference in the treatment completion rate, treatment duration, and relative dose intensity between the two groups, and there was a trend toward less anxiety in the symptom-monitoring group compared to that in the control group. Moreover, the symptom-monitoring group showed a trend toward lower diarrhea and peripheral neuropathy compared to that in the control group.

Conclusions: Our findings indicate that symptom-monitoring using ICT tools for outpatient chemotherapy could relieve patient anxiety and reduce adverse events.

KEYWORDS: adjuvant chemotherapy for colon cancer, HAD score, ICT tool, MAC score, XELOX therapy

Is Preoperative Low Serum Calcium Level a Poor Prognostic Factor of Gastric Cancer?

Kochi R, Oshima Y, Suzuki T, Yajima S, Nanami T, Ito M, Shiratori F, Washizawa N, Funahashi K, Shimada H
Toho J Med 8 (3): 96—103, 2022

要約 :

Introduction: Few reports evaluated the prognostic impact of hypocalcemia in patients with cancer. In this study, we evaluated the clinicopathological and prognostic significance of preoperative serum calcium level in patients with gastric cancer.

Methods: We analyzed preoperative serum calcium levels in 758 patients (514 men and 244 women) who underwent radical surgery for gastric cancer between 2004 and 2017. The cutoff value of calcium level was fixed to 8.7 mg/dL based on receiver operating characteristic curve analysis. We compared the patients' clinicopathological characteristics between the low- and high calcium groups based on this cutoff value. We employed univariate and multivariate analyses to evaluate the clinicopathological and prognostic significance of preoperative low serum calcium levels.

Results: The low serum calcium level was significantly associated with old age, deep tumor depth, positive nodal status, positive distant metastasis, low serum albumin, high C-reactive protein, and high white blood cell count. The low serum calcium group exhibited a significantly worse overall survival than the high serum calcium group ($P < 0.001$). The survival difference was significant only in stage I cancer patients; however, young patients did not have this ten-

dency. The low serum calcium level was an independent risk factor for poor overall survival in stage I cancer elderly patients.

Conclusions: Preoperative low serum calcium level was associated with poor overall survival in patients with gastric cancer. This prognostic impact was particularly evident in stage I cancer elderly patients.

KEYWORDS: gastric cancer, hypocalcemia, preoperative serum calcium, prognosis

A Case of Laparoscopic Hiatal Hernia Surgery for Intrathoracic Omental Herniation Diagnosed by Preoperative CT Scan

Futawatari N, Akimoto Y, Maehara J, Nagao S, Enomoto T, Asai K, Watanabe M, Saida Y
Toho J Med 8 (3): 104—109, 2022

要約 :

Intrathoracic omental herniation is a very rare condition, and only a few reports have demonstrated a laparoscopic approach. The patient, a 53-year-old woman, visited her local doctor because of heartburn and reflux. She underwent chest X-ray and computed tomography (CT) and was diagnosed with intrathoracic omental herniation through the esophageal hiatus. She was referred to our hospital for further examination and treatment. Chest X-ray revealed a well-defined mass in the midline, whereas CT revealed fatty tissue in the posterior mediastinum. No herniation of the stomach into the thorax was observed. Laparoscopic surgery was performed. The greater omentum had entered the right side of the esophageal hiatus. The diameter of the hernial orifice was 5 cm. Direct suturing was performed to close the esophageal hiatus. A preoperative diagnosis of intrathoracic omental herniation was considered important, as it allowed for a safe and effective treatment *via* laparoscopic surgery.

KEYWORDS: intrathoracic omental hernia, esophageal hiatal hernia, laparoscopic surgery

Difficult Establishment of One-Lung Ventilation Due to Preoperatively Undiagnosed Tracheal Bronchus and Collateral Respiratory Pathway in a Patient with Situs Inversus Totalis

Koda K, Kimura R, Sano A, Uzawa M, Kimura H, Kitamura T
Toho J Med 8 (3): 110—114, 2022

要約 :

Secure one-lung ventilation (OLV) must be guaranteed during thoracoscopic surgery, and special attention is required for patients with central airway anomalies. A 72-year-old man with situs inversus totalis was scheduled for pleural biopsy for diagnosis of the pleural effusion etiology. We experienced difficult right bronchial intubation using a left-sided double-lumen tube due to subglottic resistance caused by tracheal deviation. Six months later, partial resection of the left lower lung lobe was scheduled under the diagnosis of adenocarcinoma. This time, we chose combined use of a single-lumen tube and a bronchial blocker; however, due to a tracheal bronchus and collateral respiratory pathways, which were preoperatively undiagnosed and incidentally found during the surgery, we could not successfully establish OLV. Based on our experience with this patient, we emphasize the importance of careful assessment of the tracheobronchial tree in patients with central airway anomalies who undergo surgery requiring OLV.

KEYWORDS: one-lung ventilation, situs inversus totalis, tracheal bronchus, collateral respiratory pathways

A Case of Facial Diplegia with Paresthesia after Severe Acute Respiratory Syndrome Coronavirus 2 Infection
Uchi T, Konno S, Isonishi J, Matsushima M, Kihara H, Sugimoto H, Fujioka T
Toho J Med 8 (3): 115—118, 2022

要約：

A 50-year-old man developed dysarthria with dysphagia 14 days after experiencing fever and malaise. He had no upper respiratory symptoms or disturbance of taste or smell. His serum antibodies against severe acute respiratory syndrome coronavirus 2 nucleocapsid phosphoprotein indicated a 73.8 cut-off index (normal value <1.0). Contrast-enhanced magnetic resonance imaging revealed enhanced intracranial facial nerves bilaterally. Cerebrospinal fluid examination revealed a cell count of 10/ μ L (all mononuclear cells), a protein level of 256 mg/dL, and a glucose level of 62 mg/dL. Motor responses of orbicularis oculi muscles by direct facial nerve stimulation were decreased, and bilateral blink reflexes failed to elicit early ipsilateral and late contralateral responses. Nerve conduction study of lower extremities revealed decreased sensory nerve action potential, delayed nerve conduction velocity, and polyphasic F waves. The patient was diagnosed with facial diplegia with paresthesia and dysphagia without anti-ganglioside antibodies. Intravenous gamma globulin therapy was effective for neurological symptoms.

KEYWORDS: severe acute respiratory syndrome coronavirus 2, facial diplegia with paresthesia, intravenous gamma-globulin therapy
