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Toho Journal of Medicine Vol. 3 No. 2 掲載論文の紹介

Tissue Repair Mediated by Basic Fibroblast Growth Factor in Wounds

Akasaka Y

Toho J Med 3 (2): 52 – 57, 2017

要約 :

Basic fibroblast growth factor stimulates granulation tissue formation and promotes scarless repair, a process that is partly mediated by decreased alpha smooth muscle actin (α -SMA) expression. Basic fibroblast growth factor also specifically induces angiogenesis by inducing an angiogenic phenotype of CD34+/pro-collagen I+ fibrocytes. This leads to a possible mechanism of disappearance of the newly formed vessels through conversion of angiogenic phenotype of fibrocytes into fibroblasts.

KEYWORDS: bFGF, fibroblasts, endothelial cells, fibrocytes

Perioperative Monitoring of Serum p53 Antibody Titers in Japanese Women Undergoing Surgical Treatment After Neoadjuvant Chemotherapy for Locally Advanced Breast Cancer

Kubota Y, Shimada H, Saito F, Nemoto T, Ogata H, Kaneko H

Toho J Med 3 (2): 58 – 65, 2017

要約 :

Background: The clinicopathological relevance of serum p53 antibodies (s-p53-Abs) in advanced breast cancer is not well understood. We evaluated the clinicopathological importance of s-p53-Abs titers in patients after surgical treatment and neoadjuvant chemotherapy for breast cancer.

Methods: We retrospectively analyzed the records of 43 consecutive female patients with primary locally advanced breast cancer who were surgically treated after neoadjuvant chemotherapy at Toho University Omori Medical Center between January 2010 and December 2014. S-p53-Abs, carcinoembryonic antigen (CEA), and cancer antigen (CA) 15-3 were assessed perioperatively, and the clinicopathological relevance of these tumor markers was analyzed.

Results: Eleven (26%) patients were s-p53-Abs – positive; however, s-p53-Abs status was not associated with any clinicopathological feature. Three of these 11 patients developed recurrence. The rate of positive test results for CEA and/or s-p53-Abs was significantly higher than that for CEA alone (44% vs 21%, respectively; $p = 0.04$). In addition, the positive rate for CA15-3 and/or s-p53-Abs was higher than that for CA15-3 alone (53% vs 33%, respectively; $p = 0.08$). The s-p53-Abs titer decreased in 10 of 11 (91%) patients after surgery and increased in 1 patient, who later developed brain metastasis. Seven patients with positive s-p53-Abs titers seroconverted and did not develop recurrence. In contrast, s-p53-Abs titers remained positive in 3 patients, 2 of whom developed brain metastases.

Conclusions: Perioperative monitoring of s-p53-Abs titers may be useful in detecting residual cancer cells. Extremely high s-p53-Abs titers suggest an increased risk of brain metastasis.

KEYWORDS: serum p53 antibodies, locally advanced breast cancer, neoadjuvant chemotherapy, brain metastasis, perioperative monitoring

Laparoscopic Suture Rectopexy for Treatment of Refractory Full-Thickness Rectal Prolapse in 5 Patients Aged 90 – 100 Years

Funahashi K, Kurihara A, Ushigome M, Kagami S, Suzuki T, Koda T, Kimura K, Koike J, Shiokawa H, Imamura S, Miura Y, Kaneko T

Toho J Med 3 (2): 66 – 70, 2017

要約 :

Full-thickness rectal prolapse (FTRP) is common among elderly adults and greatly impairs quality of life. We report successful use of laparoscopic suture rectopexy to treat FTRP in 5 patients aged 90 – 100 years.

The median age of patients was 92 years (range, 90 – 100 years). Three of the 5 patients had recurrent FTRP that was previously managed by a transperineal procedure. All patients had massive protrusion of the rectal wall (range 50 – 150 mm), and FTRP greatly adversely affected quality of life. No severe comorbidities were noted in any patient preoperatively. All patients had an American Society of Anesthesiologists physical status classification of II.

Laparoscopic suture rectopexy for all patients was selected after consultation with anesthesiologists. Although there were no deaths, medical complications were observed in 3 patients: 2 developed mild heart failure (Clavien-Dindo classification, grade I) and one had aspiration pneumonitis (Clavien-Dindo classification, grade III). There were no complications associated with laparoscopic suture rectopexy. All patients were able to return home after surgery.

Our experience suggests that laparoscopic suture rectopexy without resection is beneficial for selected patients older than 90 years who are active and in good general health. However, when treating very elderly patients, cautious evaluation of operative risks and careful perioperative management are required in order to avoid surgical complications.

KEYWORDS: refractory full-thickness rectal prolapse, very elderly, laparoscopic suture rectopexy

Total Resection With Long-Term Globe Preservation for Optic Pathway Glioma Case Report and Review of the Literature

Masuda H, Kondo K, Nemoto M

Fukushima D, Ando S, Sugo N, Harada N

Toho J Med 3 (2): 71 – 74, 2017

要約 :

We report a case of optic pathway glioma (OPG) treated by full resection with long-term globe preservation. A 3-year-old Asian boy with right exophthalmos and visual loss received a diagnosis of right intraorbital tumor at another hospital and was referred to our department. Magnetic resonance images showed a tumor localized from the intraorbital cavity to the optic nerve, without invasion of the globe or optic chiasm. The tumor was fully resected with the optic nerve, and the ophthalmic artery was preserved. After the operation, he was discharged with loss of vision and eye movement disorder but without other complications. The pathological diagnosis was pilocytic astrocytoma. Magnetic resonance images obtained 5 years after the operation confirmed the absence of tumor recurrence, preservation of globe form, and absence of enophthalmos and facial deformity. Total resection is associated with a good prognosis in patients with an anteriorly located optic pathway glioma, as was confirmed in the present case. For cosmetic and psychological reasons, surgical treatment for children should include globe preservation and maintenance of globe blood flow.

KEYWORDS: optic pathway glioma, pilocytic astrocytoma, intraorbital tumor, globe preservation
