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Traditional medicine: Research, education, and medical practice

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要約 :

Three factors are crucial if oriental medicine is to maintain its role in modern medicine and continue to progress. The first is the collection of scientific evidence, which in turn will safeguard the advantages of oriental medicine. The second factor is training clinicians who understand and can practice traditional medicine, which will require a restructured model of continuous education from medical school through specialist training. The third factor is actual participation in clinical medicine, which will contribute to patient care. Physician quality and advanced clinical skills are essential in clinical medicine, and we envision two types of clinicians: one who is highly specialized in western medicine and practices traditional medicine in their specialized field and one who is specialized in traditional medicine who practices comprehensive medicine that includes western medicine. The latter will work alongside specialists in western medicine, to discuss and improve patient care.

KEYWORDS: traditional medicine, *kampo*, education

Percutaneous endoscopic gastrostomy and percutaneous transesophageal gastrotubing for palliative treatment of malignant bowel obstruction: A review

Nakamura Y, Watanabe R, Katagiri M, Saida Y, Katada N, Watanabe M, Asai K, Enomoto T, Kiribayashi T, Kusachi S

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要約 :

We performed a systematic review of the therapeutic effects of percutaneous endoscopic gastrostomy (PEG) and percutaneous transesophageal gastrotubing (PTEG) for decompression in patients with terminal cancer. We searched the PubMed and Japanese *Igaku-Chuo-Zasshi* databases for studies of PEG or PTEG for decompression in patients with malignant bowel obstruction (MBO). Previous systematic reviews, randomized controlled trials, observational studies, and case series were included. None of the systematic reviews included a high-quality meta-analysis. There were no randomized controlled trials. Our review included 17 observational studies of PEG and nine observational studies of PTEG. Among a total of 795 patients, the rate of successful PEG tube placement for MBO decompression was 95.1%. Among a total of 187 patients, the rate of successful PTEG placement was 97.3%. The overall rates of patients who experienced relief of distressing symptoms of MBO after PEG and PTEG were 87.0% and 97.0%, respectively. Among 441 patients who underwent PEG and for whom follow-up data were available, 75.3% were able to resume oral intake. The combined rates of complications after PEG and PTEG were 16.3% and 16.2%, respectively. There have been no high-quality studies of PEG or PTEG, but such studies are expected in the future.

KEYWORDS: percutaneous endoscopic gastrostomy, percutaneous transesophageal gastrotubing, malignant bowel obstruction, palliative care

Supplementation with oral magnesium oxide, 750 – 1980 mg daily, did not reduce cisplatin-induced nephrotoxicity
Nishizawa K, Arita Y, Shimada H, Suzuki T, Nanami T, Oshima Y, Yajima S, Nishizawa K
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要約 :

Introduction: Hypomagnesemia is a side effect of chemotherapy with cisplatin-containing regimens and can increase cisplatin-induced nephrotoxicity. Previous reports found that oral magnesium supplementation significantly reduced the decline in serum magnesium levels after cisplatin treatment. However, few studies have assessed the effect of magnesium oxide on serum magnesium levels after cisplatin treatment. We retrospectively evaluated the effect of supplementation with oral magnesium oxide, 750 – 1980 mg daily, for treatment of constipation on cisplatin-induced nephrotoxicity in patients receiving high-dose cisplatin therapy.

Methods: We retrospectively reviewed data from 161 patients treated with cisplatin-containing regimens between January 2011 and December 2014. Using the Common Terminology Criteria for Adverse Events, version 4.0, we compared the incidence of grade 2 or higher serum creatinine elevation in patients who did (n = 21) and did not (n = 140) receive magnesium oxide for treatment of constipation during a first course of cisplatin chemotherapy.

Results: Mean change in serum creatinine level was similar (0.29 ± 0.50 mg/dl in the control group vs 0.34 ± 0.58 mg/dl in the magnesium oxide supplementation group; $p = 0.69$). Nephrotoxicity was observed in 15 patients, but there was no significant difference in incidence between groups. Change in creatinine clearance after cisplatin treatment did not differ between groups.

Conclusions: Supplementation with oral magnesium oxide, 750 – 1980 mg daily, did not reduce cisplatin-induced nephrotoxicity.

KEYWORDS: cisplatin, magnesium, nephrotoxicity

High postoperative neutrophil-Lymphocyte ratio is associated with poor outcomes after curative resection for locally advanced gastric cancer

Suzuki A, Shimada H, Kubota K, Takahashi O, Kishida A, Kaneko H
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要約 :

Background: Neutrophil-lymphocyte ratio (NLR) is associated with the inflammatory status of patients with some cancers. We tested the hypothesis that postoperative NLR (post-NLR) was associated with outcomes in patients with stage II/III gastric cancer.

Methods: We retrospectively analyzed data from 193 patients with stage II/III gastric cancer who underwent curative gastrectomy at St. Luke's International Hospital between 2000 and 2012. All patients underwent baseline staging, including blood testing, computed tomography, and endoscopic biopsy. The association of post-NLR with clinical outcomes was analyzed by univariate and multivariate analyses.

Results: Average age was 67.7 (95% confidence interval, 43.5 – 91.9) years, and most patients were male. After surgery, 92 (47.7%) patients underwent adjuvant chemotherapy. Median follow-up time was 78.4 (95% confidence interval, 70.3 – 86.6) months. In univariate analyses, age, stage, preoperative NLR, baseline carbohydrate antigen (CA) 19-9 level, postoperative white blood cell count, postoperative hemoglobin level, post-NLR, and adjuvant chemotherapy were associated with overall survival (OS). In multivariate analyses, age ($p < 0.01$), stage ($p < 0.01$), and post-NLR ($p < 0.01$) were associated with OS. When the post-NLR cutoff value was set at 3, outcomes were worse for patients with high post-NLR than for those with low post-NLR ($p < 0.001$).

Conclusions: High post-NLR was associated with poor OS and recurrence-free survival in patients with locally advanced gastric cancer, which indicates that post-NLR might be a useful marker for individualized therapy.

KEYWORDS: neutrophil-lymphocyte ratio, postoperative inflammation, gastric cancer, prognostic indicator, adjuvant chemotherapy