

広島大学第一内科 同門会賞専修医奨励賞

安佐市民病院での後期研修を振り返って

広島市立安佐市民病院

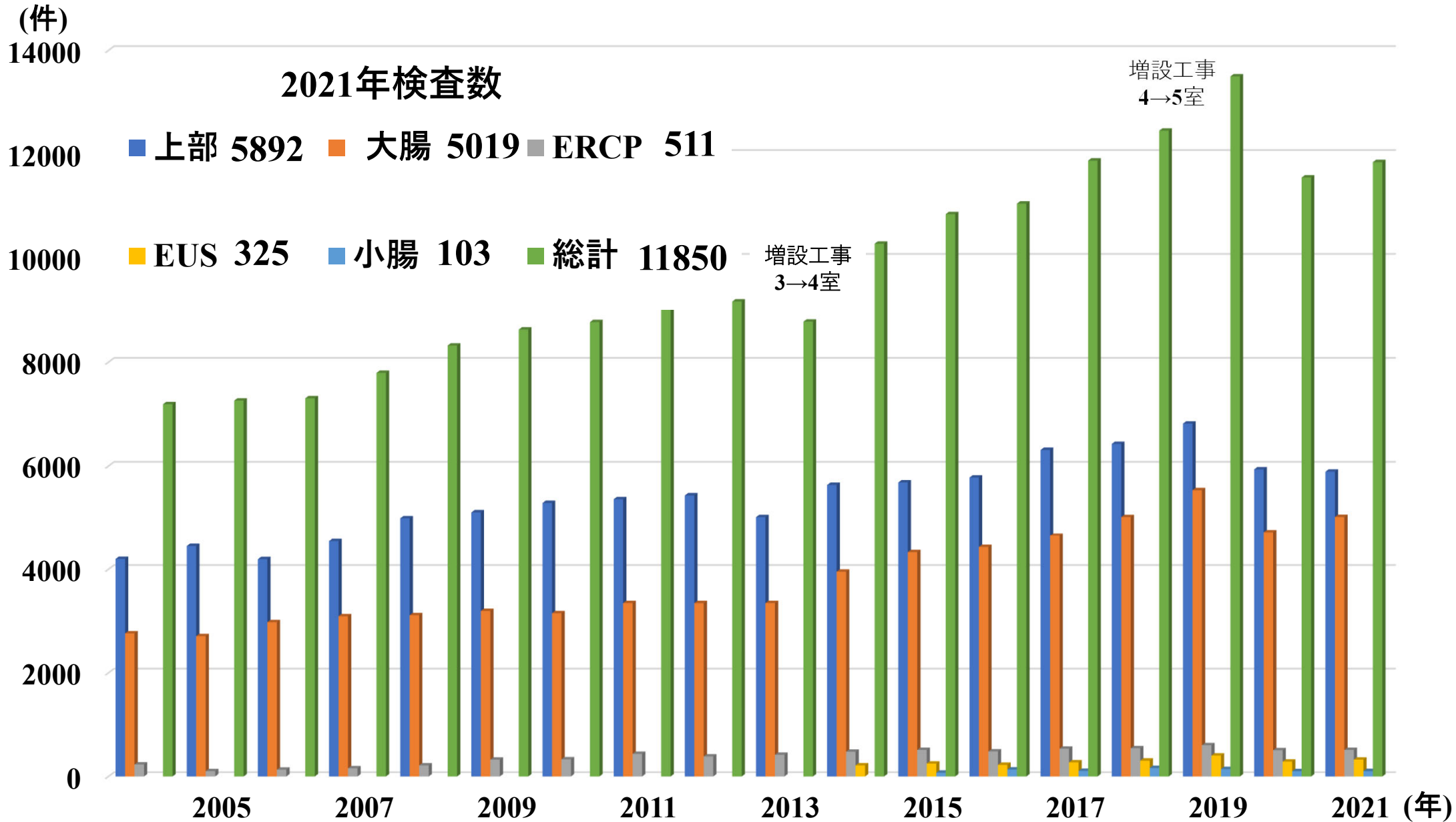
益田 啓志



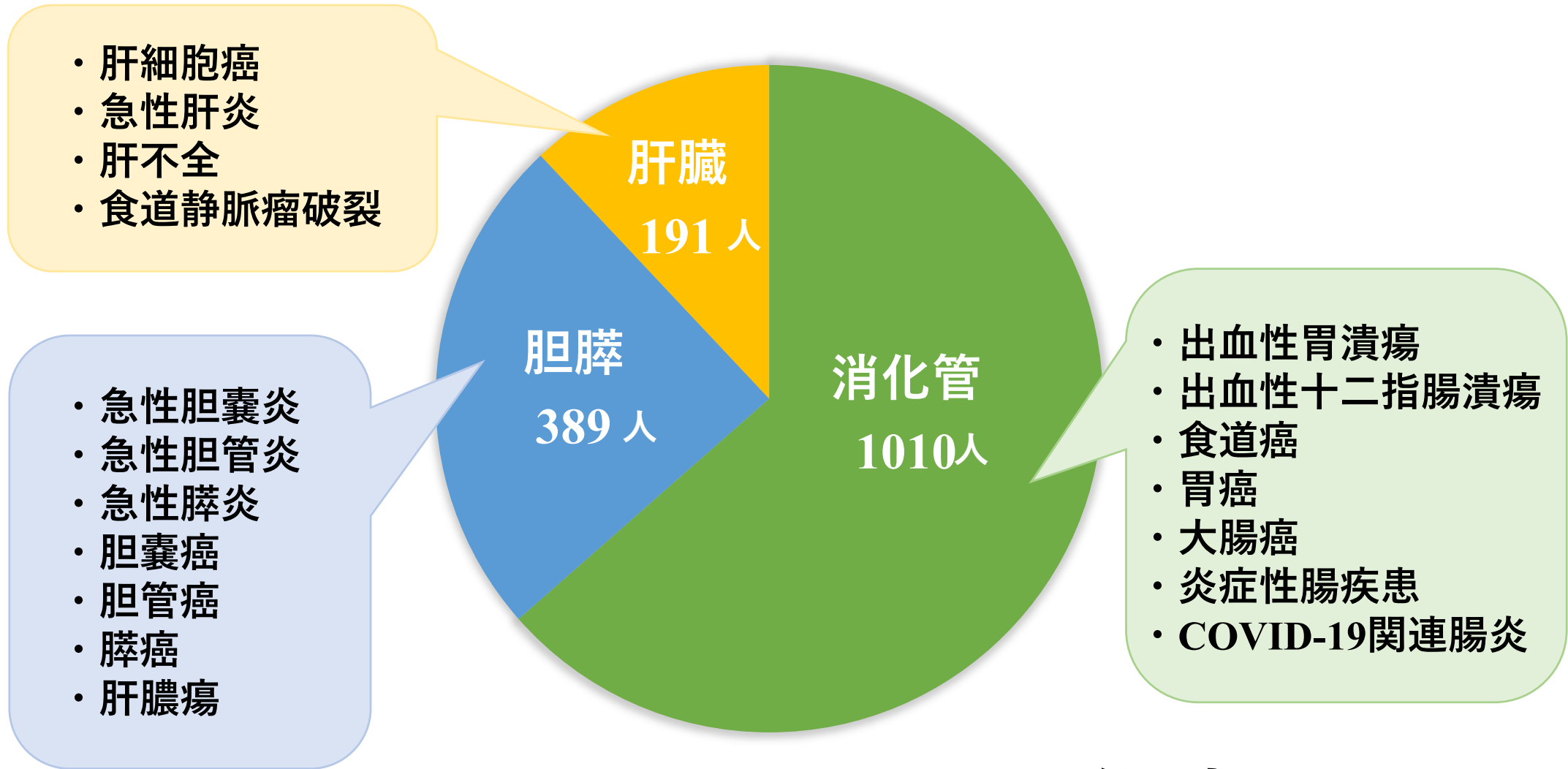
地方独立行政法人 広島市立病院機構
広島市立安佐市民病院
Hiroshima City Asa Citizens Hospital



年次別内視鏡検査数



担当入院患者 ~3年間を通して~

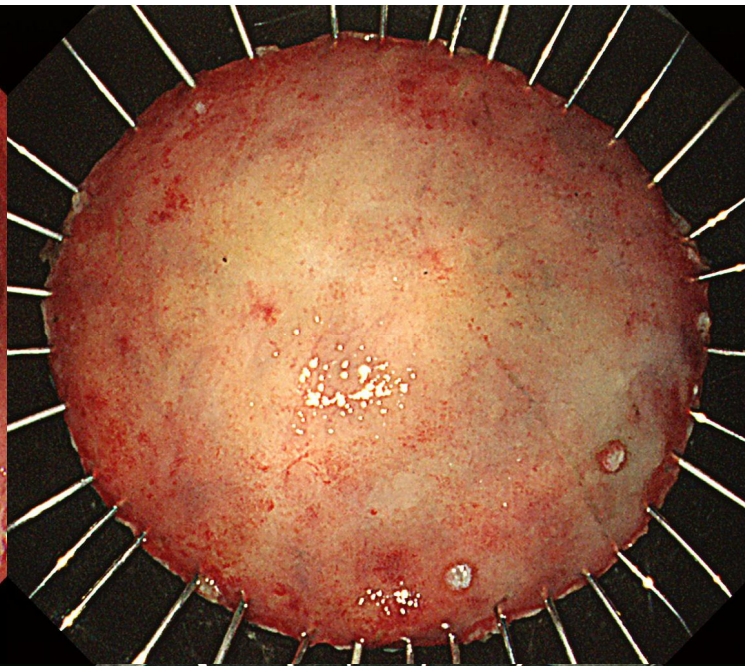
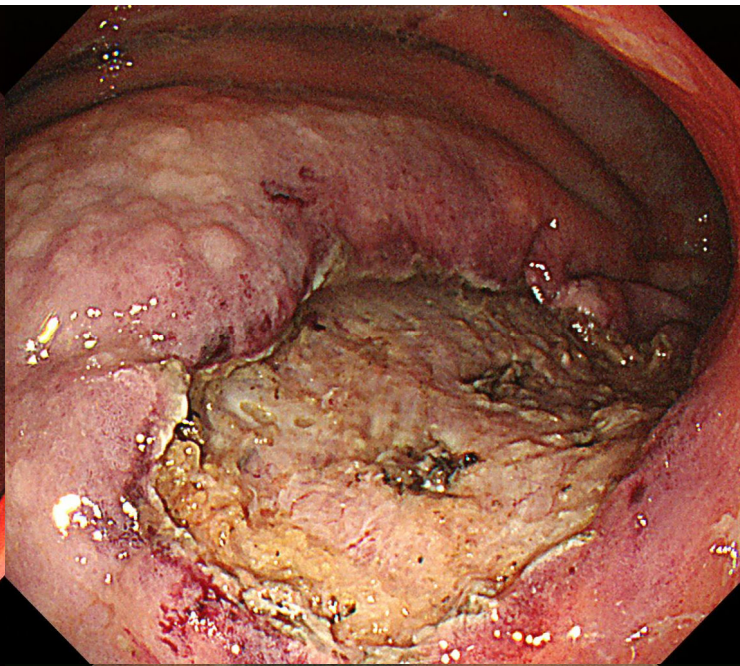
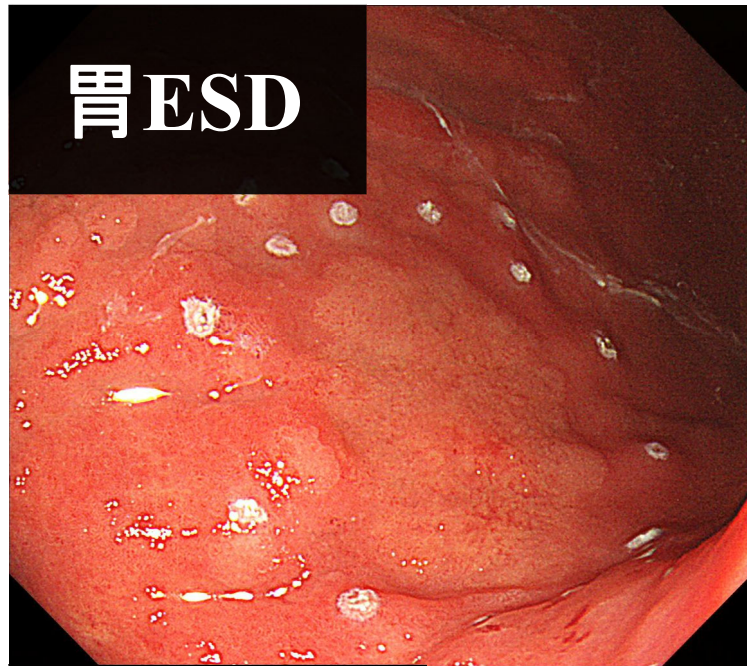


総計1590人

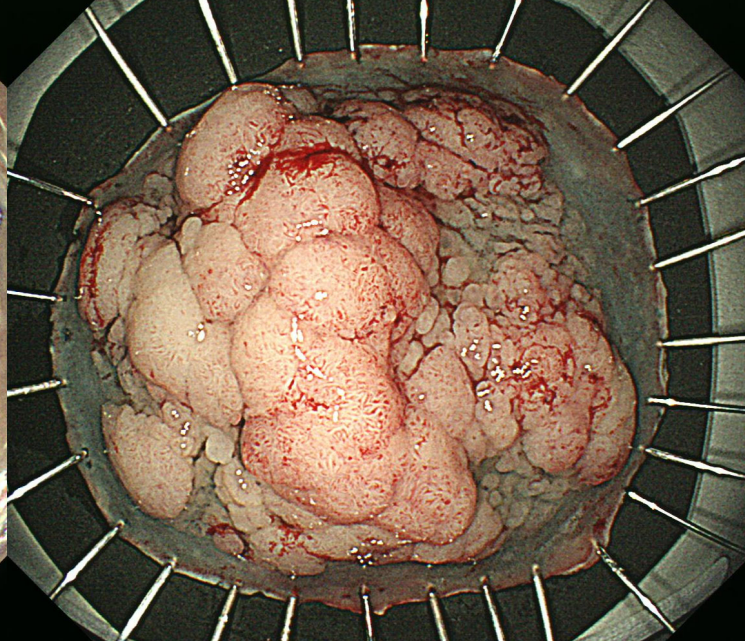
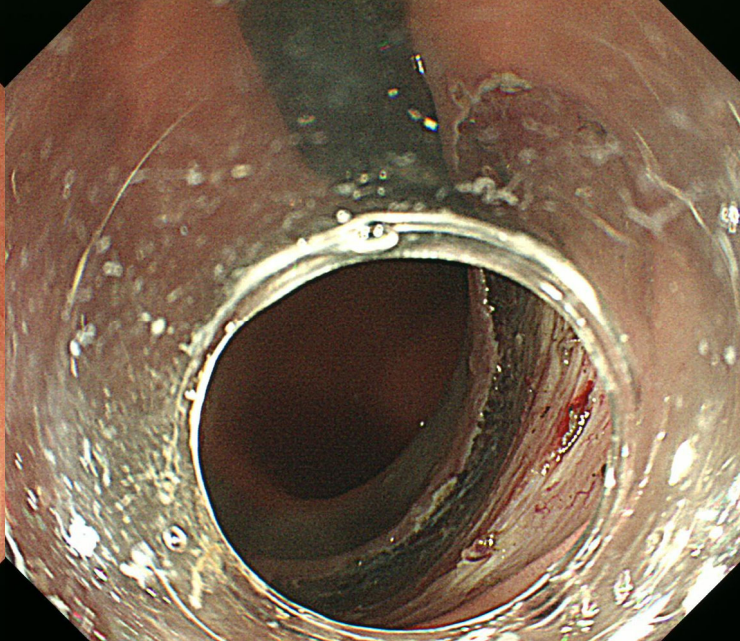
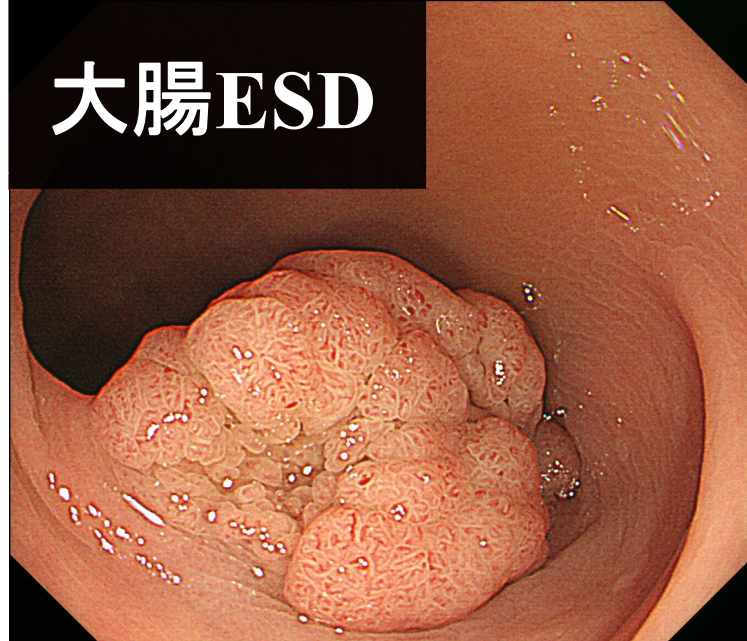
経験した手技 ～3年間を通して～

	件数
上部消化管内視鏡(緊急)	1368(88)
下部消化管内視鏡(緊急)	1225(17)
胃ESD/EMR	72/10
食道ESD	2
大腸ESD/EMR	19/435
ERCP	182
肝生検	20
EVL/EIS	17/4

胃ESD



大腸ESD



業績 ～3年間を通して～

論文

1. 保存的加療で回復した門脈ガスを伴った気腫性胃炎の1例, 日本内視鏡学会雑誌 2020年62巻11号(Image of the Month掲載)
2. Food-induced Duodenal Obstruction Successfully Reopened by Endoscopic Treatment. Cureus 12(12): e12176.
3. 腹膜播種に対する複数回の局所療法を行った混合型肝癌長期生存の1例 広島医学75巻1号(2022年1月)

口演

1. 専修医奨励賞「保存的加療で回復した門脈ガスを伴った気腫性胃炎の1例」 123回 日本内視鏡学会中国支部例会 2019.11.30 広島
2. 一般演題「複数回の外科的切除で長期生存を得られた混合型肝癌腹膜播種の1例」 第61回広島肝疾患ゼミナール 2020.2.15 広島
3. 一般演題「ヘリコバクター・ピロリ除菌後胃癌の発見時内視鏡像～びらん形成と不明瞭化～ 第99回 日本消化器内視鏡学会総会 2020.5.22-24 京都

業績 ～3年間を通して～

4. 第308回広島胃と腸疾患研究会 症例検討 2020.10.20.
5. ワークショップ「径20mm以上の大腸腫瘍に対する大腸ESDと分割EMRの治療成績と医療経済評価に関する検討」
第28回JDDW, 第100回日本消化器内視鏡学会総会 2020.11.5-8 神戸
6. 一般演題「大腸ESD後粘膜欠損部に対するSBクリップを用いた縫縮法」
第2回 内視鏡的全層切除・縫合法研究会 2020.12.26
7. シンポジウム「早期大腸癌におけるNBI低確信度症例の検討と拡大内視鏡観察に必要な技術習得」第101回日本消化器内視鏡学会総会 2021.5.14-5.16 広島
8. ワークショップ「直腸cT1癌の治療法選択に関する検討-PAEMの治療成績も含めて」
第126回日本消化器内視鏡学会中国支部例会 2021.7.11 岡山
(ワークショップ部門賞受賞)
9. 一般演題「高齢者大腸T1癌に対する大腸ESDの安全性と適応拡大に関する検討」
第29回JDDW, 第102回日本消化器内視鏡学会総会 2021.11.4-7 神戸

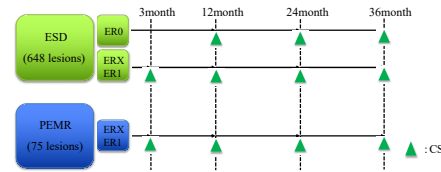
Clinical outcomes and Medical economic evaluation of colorectal ESD and piecemeal EMR

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Background and Aims

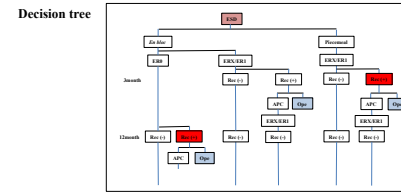
- ✓ According to our colorectal ESD / EMR guidelines, ESD is the most suitable method for en bloc resection, and ESD should be carried out by skilled endoscopist (piecemeal EMR should be avoided) for large lesions.
- ✓ It has been reported that piecemeal EMR can be an alternative treatment for ESD if strict surveillance is performed. (Moss A, et al. Gut 2015).
- ✓ We evaluated clinical outcomes (including medical economic evaluation) of colorectal ESD and piecemeal EMR.

Patients and Methods



- ✓ Outcome: *En bloc* resection rate, Histological complete resection rate, Adverse event (perforation, delayed bleeding), Recurrence
- ✓ Medical economic evaluation: Total Cost, QALY, EQ-5D-5L, ICER

Medical economic evaluation

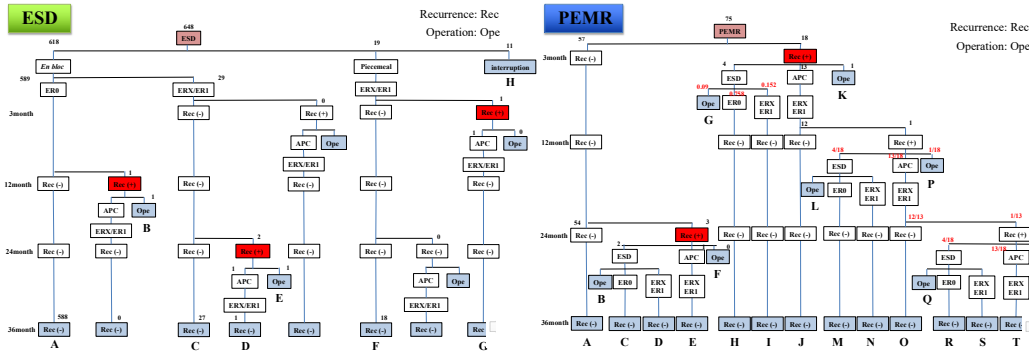


- ✓ Total Cost
- ✓ QALY (Quality adjusted life years)
- ✓ EQ-5D-5L (EuroQOL - 5 Dimension - 5 Level)
- ✓ ICER (Incremental cost effectiveness ratio)

Clinical outcomes

Variables	ESD (648 lesions)	PEMR (75 lesions)
<i>En bloc</i> resection	618 (95.4)	0 (0)
Piecemeal resection	19 (2.9)	75 (100)
Interruption	11 (1.7)	0 (0)
Histological complete resection		
ERO	589 (90.9)	0 (0)
ERX/ER1	48 (7.4)	75 (100)
Adverse event		
perforation	24 (3.5)	0 (0)
delayed bleeding	14 (2.0)	6 (8)
Local recurrence	4 (0.6)	21 (28)

(%: %)



ESD

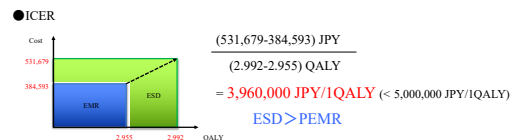
	n	Cost	Total Cost	QALY	Total QALY
A	588	505760	297386880	3	1764
B	1	1700530	1700530	2.774	2.774
C	27	521260	14074020	2.97675	80.37225
D	1	765590	765590	2.88375	2.88375
E	1	1747030	1747030	2.84375	2.84375
F	18	521260	9382680	2.97675	53.5815
G	1	765590	765590	2.907	2.907
H	11	1700530	18705830	2.673	29.403
Total	648		344528150		1938.765
Per person			531679		2.992

PEMR

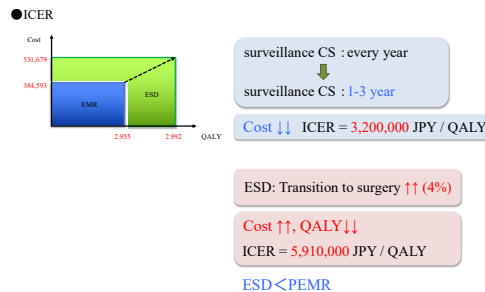
	n	Cost	Total Cost	QALY	Total QALY
A	54	272430	14711220	2.97675	160.7445
B	0.18	1957460	352342.8	2.84375	0.511875
C	1.516	731690	1109242	2.96125	4.489255
D	0.304	731690	222433.8	2.88375	0.87666
E	1	516760	516760	2.88375	2.88375
F	0	1498200	0	2.84375	0
G	0.36	1926460	693525.6	2.693	0.96948
H	3.032	731690	2218484	2.96125	8.97851
I	0.608	731690	444867.5	2.907	1.767456
J	12	516760	6201120	2.907	34.884
K	1	1467200	1467200	2.693	2.693
L	0.02	2186290	43725.8	2.681	0.05362
M	0.168444	976020	164405.1	2.8915	0.487057
N	0.033778	976020	32967.9	2.814	0.095051
O	0.666667	761090	507393.3	2.814	1.876
P	0.055556	1727030	95946.11	2.681	0.148944
Q	0.001111	2446120	2717.911	2.681	0.002979
R	0.009358	1220350	11420.07	2.7985	0.026188
S	0.001877	1220350	2290.04	2.721	0.005106
T	0.040123	1005420	40340.93	2.721	0.109176
U	0.003086	1986860	6132.284	2.681	0.0081
Total	75		28844535		221.4
Per person			384593		2.955

Medical economic evaluation

	Total Cost	Total QALY	●Cost/person (Up to 3 years after treatment)
ESD	531,679	2.992	ESD > PEMR (147,086 yen/person)
PEMR	384,593	2.955	●QALY/person
Difference	147,086	0.037	ESD > PEMR (Difference=0.037)



Medical economic evaluation



Summary

- ✓ The local recurrence rate in the ESD group (0.6%) was lower than that in the PEMR group (28%).
- ✓ The local recurrence in the PEMR group was managed endoscopically in 95.2% in cases with strict surveillance.
- ✓ As a result of cost-effectiveness analysis, *en bloc* ESD is superior to PEMR.

Conclusion

The cost of Colorectal ESD for tumors of 20mm or larger was higher than PEMR, but the local recurrence rate was low, and the cost-effectiveness up to 3 years after treatment was superior to PEMR.

症 例

保存的加療で回復した門脈ガスを伴った気腫性胃炎の1例

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 嶋田賢次郎²⁾ 青山大輝¹⁾ 福本 晃²⁾ 向井伸一¹⁾ 永田信二¹⁾

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 2) 同 内視鏡内科

要 旨

症例は75歳男性。頸髄損傷のため入院となった。嚥下困難にて胃管を挿入し、経管栄養を行っていたが、第22病日に嘔吐が出現し、翌日胃管より血性排液を認めた。造影CT検査で胃壁内気腫像及び門脈ガス像を認め、上部消化管内視鏡検査(EGD)で粘膜の発赤及び皺襞の腫大、びらんを認めたが、粘膜壊死像は認めなかった。胃液培養からガス産生菌である *Klebsiella pneumoniae* が検出された。気腫性胃炎と診断し保存的加療を行った。第28病日に再検した造影CT検査では、門脈ガス像及び胃壁内気腫像は消失し、第34病日に再検したEGDでは、所見の改善を認めた。今回、われわれは保存的加療で軽快した門脈ガス像を伴った気腫性胃炎の1例を経験したので報告する。

Key words 気腫性胃炎／胃壁内気腫症／胃気腫症／門脈ガス／経管栄養／胃管

CONSERVATIVE MANAGEMENT OF EMPHYSEMATOUS GASTRITIS AND HEPATIC PORTAL VENOUS GAS: A CASE REPORT

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 Yukari TAKEUCHI¹⁾, Hiroki TAKEMOTO¹⁾, Kenjiro SHIGITA²⁾,
 Taiki AOYAMA¹⁾, Akira FUKUMOTO²⁾, Shinichi MUKAI¹⁾
 AND Shinji NAGATA¹⁾

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 2) Department of Endoscopy, Hiroshima City Asa Citizens Hospital.

A 75-year-old man was hospitalized with cervical spinal cord injury. A gastric tube was inserted due to difficulty in swallowing, and enteral nutrition was initiated. He started vomiting on hospital day 22, and blood was observed draining from the gastric tube the next day. Contrast-enhanced computed tomography (CT) showed gas within the gastric wall and in the hepatic portal vein. Upper gastrointestinal endoscopy showed mucosal redness, giant rugal folds, and gastric erosion but no mucosal necrosis. *Klebsiella pneumoniae*, a gas-producing bacterium, was isolated from gastric juice culture. We made a diagnosis of emphysematous gastritis, removed the gastric tube, and continued with conservative treatment using a broad-spectrum antibiotic and proton pump inhibitor with total parenteral nutrition. Repeat CT on hospital day 28 revealed that the emphysematous gastritis and hepatic portal venous gas had disappeared, and repeat upper gastrointestinal endoscopy on hospital day 34 showed that the endoscopic findings had improved. Here, we report this rare case of emphysematous gastritis caused by gastric tube insertion. Early diagnosis using CT and upper gastrointestinal endoscopy and prompt treatment appear to be crucial for managing this critical condition.

Image of the Month



Masuda et al.
 P2946

益田 啓志 広島市立安佐市民病院 消化器内科

Food-Induced Duodenal Obstruction Successfully Reopened by Endoscopic Treatment

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Abstract

Duodenal obstruction is a rare event that is unlikely to be treated endoscopically. Herein, we describe the case of a 75-year-old woman who presented with vomiting and was diagnosed with food-induced duodenal obstruction. Impacted food was fragmented and removed by double-balloon enteroscopy, and the duodenal tract was reopened without any adverse events. Follow-up capsule endoscopy was performed one month after treatment to determine the obstruction etiology and it revealed a remarkably delayed passage of the capsule through the duodenum and excessive amounts of floating food residue in the third portion of the duodenum. Obstruction recurrence was not observed six months after endoscopic treatment. In conclusion, in our case, endoscopic treatment of duodenal obstruction prevented the unnecessary performance of surgery, suggesting its clinical utility for this condition.

Categories: Emergency Medicine, Internal Medicine, Gastroenterology

Keywords: double-balloon enteroscopy, duodenum, endoscopic treatment, food, ileus

— 症 例 報 告 —

腹膜播種に対する複数回の局所療法を行った
混合型肝癌長期生存の1例

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 新宅谷隆太³⁾・榎木 慶一¹⁾・行武 正伸¹⁾
 福本 晃²⁾・向井 伸一¹⁾・永田 信二¹⁾
 小橋 俊彦³⁾

A case of combined hepatocellular and cholangiocarcinoma with peritoneal dissemination that the plural surgical resection contributed to the long prognosis

¹Satoshi Masuda, ¹Yohji Honda, ³Naruhiko Honmyo,
³Ryuta Shintakuya, ¹Keiichi Masaki, ¹Masanobu Yukutake,
²Akira Fukumoto, ¹Shinichi Mukai, ¹Shinji Nagata,
³Toshihiko Kohashi