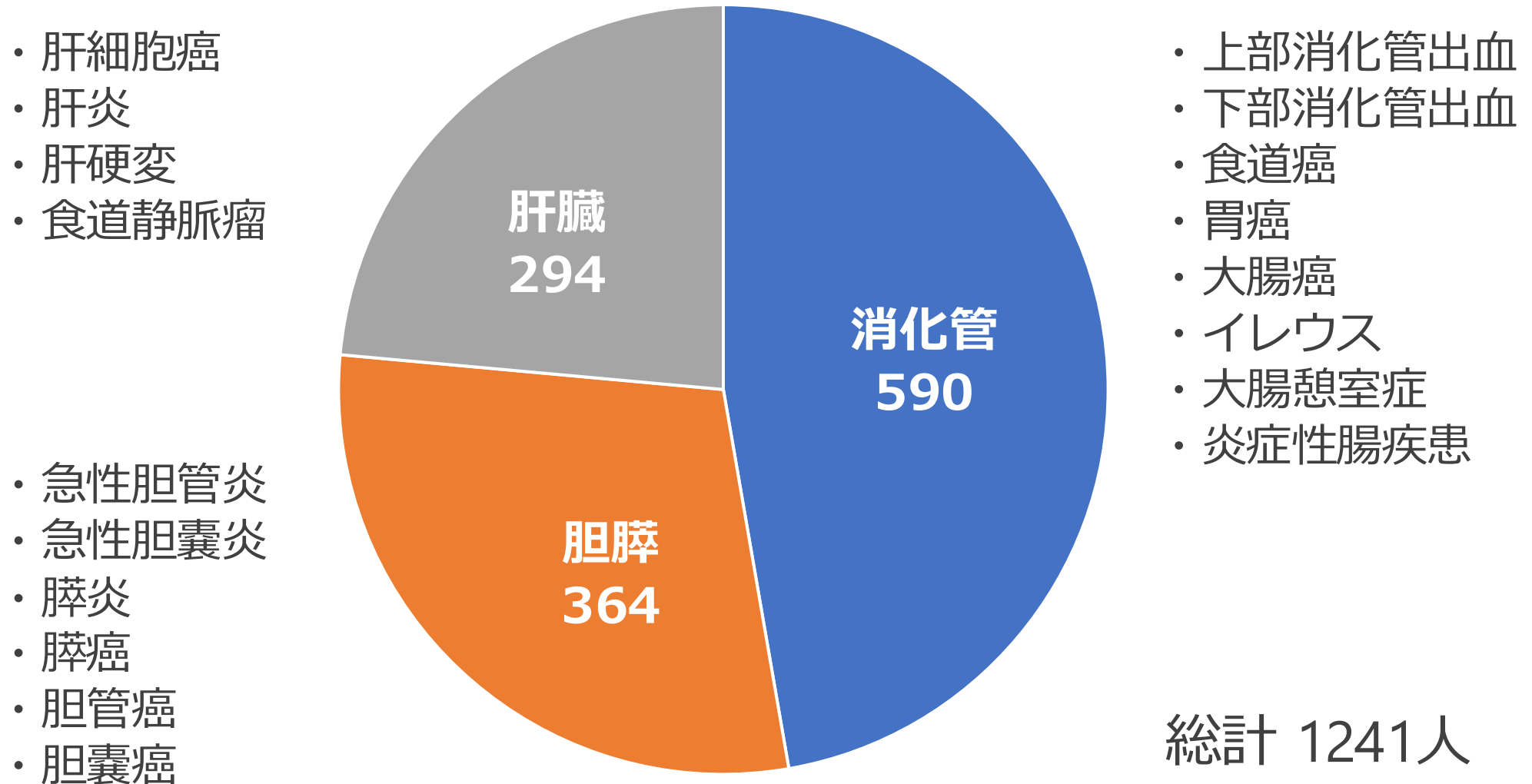




広島大学第一内科同門会賞 優秀賞

NHO 呉医療センター 内視鏡内科
仙波 重亮

担当した入院患者 ～3年間を通して～



経験した手技 ～3年間を通して～

主検査者として経験	件数
上部消化管内視鏡検査	2066
大腸内視鏡検査	1098
胃ESD/EMR	26/7
十二指腸EMR	1
大腸ESD/EMR	2/34
イレウス管留置	33
PEG	134
EVL/EIS	12/9
ERCP	263

Case report

title : A case of chronic hepatitis B complicated by systemic sarcoidosis that regressed following nucleos(t)ide analog therapy

Shigeaki Semba, Yuji Teraoka, Hiroki Kamada, Naohiro Kato, Takeshi Mizumoto, Yuzuru Tamaru, Tsuyoshi Hatakeyama, Atsushi Yamaguchi, Hirotaka Kouno, Shigeto Yoshida

DOI: Clinical Journal of Gastroenterology, 2025; DOI: 10.1007/s12328-025-02105-2

口演業績（筆頭演者 3年間を通して）

- 1. 仙波 重亮、楠 龍策、桑井 寿雄、加藤 尚宏、菅田 修平、奥田 康博、寺岡 雄吏、水本 健、田丸 弓弦、山口 厚、河野 博孝**
併存疾患指数は経皮内視鏡的胃瘻造設術後30日以内死亡の予測に有用である。
JDDW2024. 2024/10/31 (神戸)
- 2. 仙波 重亮、水本 健、畠山 剛、鎌田 大輝、加藤 尚宏、寺岡 雄吏、田丸 弓弦、山口 厚、河野 博孝、吉田 成人**
上部消化管病変を契機に診断に至った潰瘍性大腸炎の1例。
第133回日本消化器内視鏡学会中国支部例会. 2024/12/14 (岡山)
- 3. 仙波 重亮、水本 健、田丸 弓弦、鎌田 大輝、加藤 尚宏、寺岡 雄吏、畠山 剛、山口 厚、河野 博孝、吉田 成人**
大腸ステント留置後に口側への逸脱を認めた1例。
第12回大腸ステント安全手技研究会 学術集会. 2024/11/1 (神戸)

口演業績（筆頭演者 3年間を通して）

4. **仙波 重亮**、田丸 弓弦、鎌田 大輝、加藤 尚宏、寺岡 雄吏、水本 健、畠山 剛、山口 厚、河野 博孝、吉田 成人

ハサミ型ナイフを用いた大腸ESDにおける牽引法併用の有用性.

第109回 日本消化器内視鏡学会総会. 2025/05/09 (札幌)

5. **仙波 重亮**、寺岡 雄吏、鎌田 大輝、加藤 尚宏、水本 健、田丸 弓弦、畠山 剛、山口 厚、吉田 成人、谷峰 直樹、尾上 隆司、田代 裕尊、河野 博孝

切除不能肝細胞癌に対しアテゾリズマブ/ベバシズマブ併用療法により抗腫瘍効果が得られconversion surgeryを施行し得た1例.

2025消化器病学会中国支部例会. 2025/06/15 (広島)

6. **仙波 重亮**、田丸 弓弦、関本 慶太郎、安居 みのり、鎌田 大輝、中村 一樹、寺岡 雄吏、水本 健、岡崎 彰仁、畠山 剛、高木 慎太郎、吉田 成人

大腸腫瘍の1例

広島胃と腸. 2025/08/26 (広島)

口演業績（筆頭演者 3年間を通して）

7. **仙波 重亮**、水本 健、鎌田 大輝、加藤 尚宏、寺岡 雄吏、田丸 弓弦、畠山 剛、山口 厚、河野 博孝、吉田 成人
直腸の悪性閉塞に対するプロキシマルリリースタイプ大腸SEMS留置に関する有効性と安全性の検討
JDDW2025. 2025/10/30 (神戸)

8. **Shigeaki Semba**、Minori Yasui、Keitaro Sekimoto、Hiroki Kamada、Kazuki Nakamura、Yuji Teraoka、Takeshi Mizumoto、Yuzuru Tamaru、Akihito Okazaki、Tsuyoshi Hatakeyama、Shintaro Takaki、Shigeto Yoshida
Efficacy and safety of proximally releasing self-expandable metallic stents for malignant colorectal obstruction near the dentate line
UEGW2025. 2025/010/04 (Messe Berlin, Berlin, Germany)

口演業績（筆頭演者 3年間を通して）

PP0658

Efficacy and safety of proximally releasing self-expandable metallic stents for malignant colorectal obstruction near the dentate line

Shigeaki Semba¹⁾, Takeshi Mizumoto¹⁾, Minoru Yasui¹⁾, Keitaro Sekimoto¹⁾, Hiroki Kamada¹⁾, Kazuki Nakamura²⁾, Yuji Teraoka²⁾, Yuzuru Tamara²⁾, Akihito Okazaki²⁾, Tsuyoshi Hatakeyama¹⁾, Shintaro Takaki²⁾, Shigeto Yoshida¹⁾

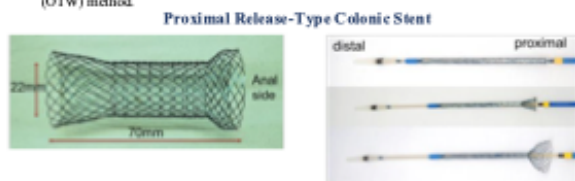
1) Department of Endoscopy, 2) Department of Gastroenterology, National Hospital Organization Kure Medical Center and Chugoku Cancer Center, Kure, Japan

INTRODUCTION

- Endoscopic placement of self-expandable metallic stents (SEMS) for malignant colorectal obstruction near the dentate line is technically challenging because of the difficulty faced in the precise alignment of the distal edge of the stent with the distal end of the lesion. Furthermore, after stenting, lesions close to the dentate line often induce anal pain.
- Therefore, positioning of the distal end of the stent at an adequate distance from the dentate line is crucial for reducing discomfort.
- A proximally release-type SEMS might be particularly advantageous in such cases.

Proximal Release-Type Colonic Stent

- The stent has a diameter of 22 mm and a length of 70 mm, and the delivery system is 16 Fr.
- To prevent migration, both ends of the stent are flared.
- Placement is performed under observation with a transnasal endoscope using the over-the-wire (OTW) method.



PATIENTS AND METHODS

- The study retrospectively analyzed 12 consecutive patients who had undergone SEMS placement between May 2019 and March 2024 at our institution.
- The clinical outcomes, technical and clinical success rates, adverse events, and prognosis were evaluated.

CONTACT INFORMATION

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UEGW 2025 CONFLICT OF INTERESTS
The authors have no conflict of interest directly relevant to the content of this study.

RESULTS

Clinical background

Mean age, years ($\pm$ SD)	72.8 ($\pm$ 9.30)	CROSS, % (n)	
Male, % (n)	41.7 (5/12)	0	16.7 (2/12)
ECOG Performance Status, % (n)		1	83.3 (10/12)
0-1	75.0 (9/12)	2	0 (0/12)
2-4	25.0 (3/12)	3	0 (0/12)
Cause of obstruction, % (n)		4	0 (0/12)
Primary rectal cancer	58.3 (6/12)	Symptoms of obstruction, % (n)	
Gastric cancer	41.7 (5/12)	Altered bowel habits	91.7 (11/12)
Cervical cancer	8.3 (1/12)	Abdominal distension	50.0 (6/12)
		Abdominal pain	33.3 (4/12)
		Nausea	25.0 (3/12)
		Vomiting	25.0 (3/12)

Lesion Factors

Indication for stent placement, % (n)	
Bridge to surgery	33.3 (4/12)
Palliative	66.7 (8/12)
Location, % (n)	
RS	16.7 (2/12)
Ra	16.7 (2/12)
Rb	66.7 (8/12)
Mean stricture length, cm ($\pm$ SD)	5.6 ($\pm$ 2.14)
Symptoms of obstruction, % (n)	
Complete obstruction	91.7 (11/12)
Incomplete obstruction	8.3 (1/12)

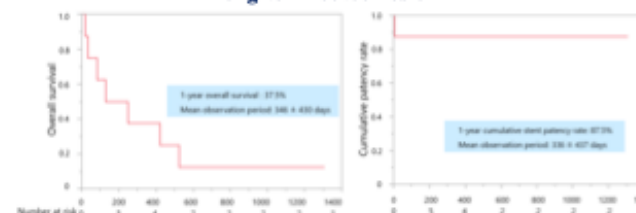
Treatment Outcomes

Technical success, % (n)	91.7 (11/12)
Technical failure, % (n)	8.3 (1/12)
-Migration	8.3 (1/12)
Clinical success, % (n)	91.7 (11/12)
Clinical failure, % (n)	8.3 (1/12)
-Technical failure	8.3 (1/12)
Mean procedural time, min ($\pm$ SD)	23.0 ($\pm$ 15.3)
Success rate of BTS, % (n)	100 (6/6)

Adverse Events

Early adverse events (≤ 7 days), % (n)	BTS	PAL
Migration	8.3 (1/4)	0 (0/6)
Perforation	0 (0/4)	0 (0/6)
Abdominal pain	0 (0/4)	0 (0/6)
Bleeding	0 (0/4)	0 (0/6)
Stent occlusion	0 (0/4)	12.5 (1/8)
Late adverse events (≥ 8 days), % (n)	BTS	PAL
Migration	0 (0/4)	12.5 (1/8)
Perforation	0 (0/4)	0 (0/6)
Abdominal pain	0 (0/4)	0 (0/6)
Bleeding	0 (0/4)	0 (0/6)
Stent occlusion	0 (0/4)	0 (0/6)

Long-term outcomes of PAL



SUMMARY

- The technical success rate was 91.7% (11/12), and the clinical success rate was also 91.7% (11/12).
- Early adverse events included one migration in BTS (8.3%) and one stent occlusion in PAL, which was resolved with re-stenting.
- Late adverse events included one migration in PAL, and the stent was retrieved under general anesthesia.

CONCLUSION

- Proximally releasing stents can be safely and effectively placed for malignant rectal obstruction, and may particularly contribute to expanding the indications for lesions near the dentate line.

The study protocol was approved by the ethics committee of Kure Medical Center and Chugoku Cancer Center. All patients gave their informed consent before all procedures.

内視鏡内科・消化器内科

