for ulcerative colitis（UC）in both remission induction and maintenance therapy. However, what indicator to use when reducing dose of oral 5-ASA during remission is still uncertain. Our aim was to investigate the clinical characteristics and evaluate the risk factors of relapse after reducing dose of oral 5-ASA from high dose to low.
Materials and methods : We investigated the medical records of UC patients whose dose of oral 5-ASA was reduced from high dose to low from 2012 to 2017. The following clinical features were compared between patients with relapse and remission at 52 weeks : gender, age, age at onset of disease, duration of disease, duration of disease remission, location of disease, type of oral 5-ASA, laboratory findings, medical history of corticosteroids use, thiopurines use, and acute severe colitis（ASC）. The remission was defined as partial Mayo（pMayo）score of ≤ 1, and relapse was defined as pMayo score of ≥ 3. We excluded patients who received combination therapy, such as thiopurines, anti tumor necrosis factor（TNF）agents, corticosteroids, tacrolimus, cytapheresis at reducing dose.
Results : 70 patients were eligible for inclusion in this analysis. 52 maintained remission and 18 relapsed in the follow-up period. Multivariable analysis indicated that medical history of ASC was independent predictive factor for clinical relapse（p <0.001, OR : 7.50, 95% CI : 2.9-14.33）.
Conclusions : Attention should be paid to relapse when reducing dose of 5-ASA in patients with medical history of ASC.

3-II-3.
咽喉頭頸部食道摘出術または喉頭摘出術に対し術後放射線治療を行った症例の甲状腺機能に関する検討

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喉頭全摘出術または咽喉頭食道全摘出術を受けた患者を対象に、放射線療法または化学放射線療法に伴う潜在性甲状腺機能低下の発現時期と重症度を検討した。対象患者 21 例（男性 20 例、女性 1 例、平均 64 歳）のうち下咽頭癌が 15 例、喉頭癌が 6 例であり、ステージ III が 2 例、ステージ IV が 19 例であった。甲状腺機能の評価には、甲状腺刺激ホルモン（TSH）、遊離チロキシン 3（FT3）、遊離チロキシン 4（FT4）を用い、TSH が 15 μU/mL 以上の場合に甲状腺ホルモンを投与することとした。化学放射線療法では、シスプラチン単剤または TPF 療法（シスプラチン、ドセタキセル、5-FU）を用いた。術後放射線療法単独が 6 例、化学放射線療法が 15 例であった。放射線療法終了の 2 ヵ月後より、血液検体を 6 ヵ月ごとに採取して甲状腺機能を検討した。平均フォローアップ期間は 32 ヵ月であった。その結果、21 例のうち 17 例（81%）では術後放射線療法後の TSH 値が正常範囲内になく、10 例に甲状腺ホルモン投与を行った。ホルモン療法の開始時期は 10 例のうち 5 例が術後 1 年以内、残る 5 例が術後 1 ～3 年であった。喉頭全摘出術または咽喉頭食道全摘出術後の放射線療法の施行によって、甲状腺機能低下のリスクが高まることが示唆された。

3-II-4.
Prognosis prediction of colon cancer by artificial intelligence

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For colon cancer, oncological staging by the TNM classification is used for diagnosis and treatment in Japan. However, discrepancies are present between staging and clinical practice regarding both prognosis and choice of treatment. Therefore, the 2019 Japanese Society for Cancer of the Colon and Rectum Guidelines for the treatment of colon cancer has recommended that some clinicopathologic elements are added to the staging, but specific criteria have not been established to date. Therefore, identification of a true prognostic factor for

use in clinical practice is urgently required, and is presently a crucial clinical question in the colorectal surgery field. Specifically, there are no lines of evidence of prognostic factors for pStage II and III colon cancer that are useful for the selection of postoperative treatment. Therefore, in this study we aimed to select molecular pathological prognostic factors of pStage II and III colon cancer retrospectively using artificial intelligence. This study is a multicenter analysis performed with Yamaguchi University Hospital. In total, about 1,000 patients with pStage II III colon cancer who underwent radical surgery between 2000 and 2014 at Tokyo Medical University Hospital or Yamaguchi University Hospital were included in our study. Hematoxylin and eosin-stained tissue sections from resected specimens were used. Artificial intelligence analysis was performed based on pleomorphism and heterogeneity. We here report the results of our preliminary research. This research is subsidized by study grants from Tokyo Medical University.

3-II-5.

The bleeding risk after colorectal endoscopic mucosal resection with heparin-bridging therapy in anticoagulated patients

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Objective : The population of Japan is aging, a number of anticoagulated patients has grown rapidly. Following with the JGES（Japan Gastroenterological Endoscopy Society）guidelines, we replace warfarin with heparin in gastroenterological endoscopic procedures that the risk of bleeding is considered to be high. However, in recent years there are some reports that post-polypectomy bleeding tends to occur by performing heparin-bridging therapy. Therefore, we examined delayed bleeding rate of colorectal endoscopic mucosal resection（EMR）with heparin-bridging therapy in patients taking anticoagulants in our institution.

Materials and Methods : We retrospectively reviewed the database of patients who underwent colorectal EMR. We evaluated patients receiving heparin-bridging therapy（HB group）compared with those who did not receive antithrombotic therapy（No-HB group）. 31 patients（73 lesions）were in the HB group between April 2013 and March 2018. And 289 patients（498 lesions）were in the No-HB group between November 2017 and March 2018. The patient and tumor characteristics were analyzed with delayed bleeding rate.

Results : Delayed bleeding rate was significantly higher in the HB group than in the No-HB group（21.9% vs. 1.00%）（$p < 0.01$）. Lesions of >7 mm in size（OR 0.15, $p < 0.05$）and Adenocarcinoma（OR 20.7, $p < 0.05$）were significantly more often with delayed bleeding in HB group.

Conclusion : Heparin-bridging therapy is associated with a high risk of delayed bleeding with colorectal EMR.

3-II-6.

Total hysterectomy due to flaccid bleeding during cesarean section of twin pregnancy, diagnosed as adhesion placenta after surgery

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【はじめに】 癒着胎盤は分娩・産褥期の大量出血の原因となりうる妊娠合併症である。癒着胎盤の発生率は約 0.01% と稀だが、母体死亡の原因として重要視されている。今回､我々は体外受精妊娠の初産、双胎妊娠に対する帝王切開後産科危機的出血のため子宮全摘術を施行し、術後病理検査で癒着胎盤と診断された一例を経験した。

【症例】 40 歳 2 妊 0 産、体外受精で双胎妊娠となったため、妊娠週数 9 週 4 日の時点で当院紹介受診となった。妊婦健診で明らかな異常は認めず、妊娠週数 37 週 5 日予定帝王切開施行。胎盤は一部強固な癒着認めるも剥離出来ており、拍動性出血なども認めなかった。子宮収縮不良のためバクリバルーン留