

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

(社会人大学院博士課程 2年 消化器内科)

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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

(大学院博士課程 4年 産科婦人科学)

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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