

P3-38**Impact of sleep-disordered breathing on ventricular tachyarrhythmia after left ventricular assist device implantation**

(専攻生：循環器内科)

○熊井 優人

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※抄録の掲載を辞退する。

P3-39**Do the assisted reproductive technology children remain big at 6 years of age ?**

(産科婦人科学)

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【Objective】 About 50,000 children have been born after assisted reproductive technology (ART) a year in Japan. Although the potential health risks associated with the ART have been concerned in the world, we have only limited data as to their long-term health and development. To investigate the differences among children born by fresh embryo transfer (Fresh ET), those by frozen embryo transfer (FET) and naturally conceived (NC) children, anthropometry of children at 6 year of age were analyzed.

【Method】 Prospective cohort study had been started from 2010 for infants originated from ET in 2008. Structured questionnaires had been sent to their parents of 8,356 children. Weight, height, and body mass index (BMI) of each group at birth and 6 years of age were calculated by least squares method and Dunnett's method as the adjustment factors.

【Results】 Parents of 4,437 children replied to the questionnaire and the data of 1,800 singletons fulfilled our criteria. Main confounding factors were parental anthropometry, nutrition method at one month, paternal allergy and asthma, maternal weight gain during pregnancy and infertility period at 6 years of age.

After controlling for these factors, FET infants were

70.4 g heavier than NC infants in boys at birth. Furthermore, ART infants were taller than NC infants in boys and FET infants were also 0.6 cm taller than NC infants in girls at birth. Although it appeared that weight of ART children were 800-900 g heavier than NC children in girls, weight of the difference disappeared in FET children in boys at 6 years of age. ART children were taller than NC children in both sexes at 6 years of age.

【Conclusion】 After adjusting confounding factors, including parents' anthropometry, the weight and height of ART groups were larger than those of NC group at 6 years of age. However, there was no significant difference in BMI.

P3-40**CVC 挿入に伴う感染性血栓に対して内科的治療を選択した一例**

(救命センター)

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織田 順

【背景】 血栓性静脈炎は稀な疾患であるが、昨今 CVC 挿入など医原性の血栓性静脈炎が増加している。治療法は抗凝固薬や血栓除去術の適応など未知の部分が多い。

【症例】 88 歳男性。意識障害で当院救命センターに搬入となった。意識障害、循環不全を認めたため第 1 病日に右内頸静脈より CVC 挿入とした。全身状態は改善したため CVC 抜去となったが第 5 病日に再度循環不全を認めたため左内頸静脈より CVC 再挿入となっている。第 10 病日にカテーテル関連血流症、MRSA 菌血症を発症した。CT では CVC 抜去部に血栓を認め、その周囲に炎症を示唆する所見を認めたため血栓性静脈炎と診断した。また肺野に塞栓を示唆する結節影を認め SE も発症したと考える。治療は抗菌薬を計 6 週間投与、抗凝固療法を施行した。血栓は残存するものの感染コントロールに成功した。

【考察】 血栓性静脈炎は壁在血栓に感染を生じる場合や感染を契機に血栓を形成する事も考えられる。

治療の基本は4~6週間以上の抗菌薬の経静脈投与と血栓の除去と考える。血栓の除去は抗凝固療法が基本となるが内科治療が奏功しない場合や表在の静脈の血栓である場合は外科的に摘除する事がある。抗凝固療法に関しては使用薬剤、使用期間など比較研究がなくコンセンサスは得られていない。今回の症例では内科的治療が奏功したと考える。

P3-41

What is the difference of surgical outcomes between individuals carrying TGFBR1 and TGFBR2 mutation in Loeys-Dietz Syndrome ?

(専攻生 : Department of Cardiovascular Surgery)

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【Objectives】 This study aims at reviewing the clinical results of patients with Loeys-Dietz syndrome (LDS) and clarifying the differences of surgical outcome between patients with transforming growth factor-beta receptor (TGFBR) 1 and TGFBR2 mutations.

【Methods】 Of 304 patients <50 years having undergone surgery for thoracic aortic diseases between 1998 and 2015, 22 patients (7.2%) having LDS with TGFBR1 ($n=11$) and TGFBR2 mutations ($n=11$) were enrolled in this study. The clinical courses including the surgical outcome were investigated. In the histological examinations, cystic medial necrosis (CMN) was classified into three grades according to the degree of cystic area.

【Results】 The freedom from aortic reoperation at 5 years were lower in TGFBR2 group (36%) than

TGFBR1 group (60%) ($p=0.17$). In the sub-analysis, the freedom from aortic reoperation at 5 years was significantly lower in female patients carrying TGFBR2 mutations (f-TGFBR2, $n=6$) (33%) than the others ($n=16$) (58%) ($p=0.08$). The freedom from aortic dissection after the initial surgery at 5 years was significantly lower in f-TGFBR2 (50%) than the others (83%) ($p=0.025$). All specimens (100% : 10/10) of the aorta with TGFBR2 mutations revealed grade III CMN. In contrast, 56% (5/9) of the aorta with TGFBR1 mutations showed CMN ($p=0.033$), and only one specimen (11% : 1/9) of them revealed grade III CMN ($P<0.001$).

【Conclusions】 The aortic reoperation was more frequent in LDS with TGFBR2 mutation than that of TGFBR1 mutation, and the postoperative aortic dissection was also more frequent in the females with TGFBR2 mutations than the others. The specimens of the aorta with TGFBR1 mutations revealed grade III CMN in the minority, compared to those of TGFBR2 mutations.

P3-42

Tracheocutaneous fistula closure using double piled V-Y advancement flap of platysma

(茨城 : 形成外科)

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【目的】 手術による上気道閉塞や声帯麻痺、全身状態の管理など様々な要因で気管切開が施行されるが、その必要性がなくなった場合は気管カニューレが抜去され自然閉鎖が見込まれる。しかしながら抜去のみでは気管皮膚瘻の完全閉鎖が見込めなかったり、陥凹変形や肥厚性癒痕、嚥下時の引きつれが生じる場合がある。今回我々は広頸筋皮弁を用いて気管皮膚瘻の閉鎖および癒痕の修正を行った。術後合併症も少なく、整容的にも良好な結果が得られたので報告する。

【方法】 気管皮膚瘻がある場合はhinge flapによって気管腔の閉鎖を行う。気管皮膚瘻が閉鎖されている症例では、肥厚性癒痕や醜形癒痕の切除を行う。