

横長の三角形の広頸筋皮弁を気管孔の側方から挙上し、中央に前進させ気管孔閉鎖部を被覆する。気管皮膚瘻の左右両側から挙上する場合は瘻孔閉鎖部を2枚に重ね、重なり合う部分の脱上皮を行う。気管皮膚瘻が小さい場合は皮島をすべて脱上皮し、上下の皮膚で collar line に沿うように閉創を行う。

【結果】 気管皮膚瘻および気管皮膚瘻閉鎖後の癒痕患者合計6名に対して、上記手術を行った。男性2名、女性4名で、平均年齢は31歳であった。頭頸部手術後が4名、脳出血後が1名、心臓手術後が1名であった。2例で術後の皮弁の一次的なうっ血を認めしたが、自然改善した。その他、全症例で術後出血や皮下気腫などの大きな合併症は認めなかった。

【考察】 症例は平均年齢が31歳と若く、瘻孔の閉鎖とともに整容性も求められる症例であった。気管皮膚瘻の閉鎖は、単純な気管腔の作成と皮膚の閉鎖のみでは皮膚と気管が癒着し嚙下時の不快感につながるがため、その間に軟部組織を介在させることで、癒着を少なくすると言われている。また術後合併症の一つに皮下気腫があるが、皮弁を折り重ねておくことで air のもれを少なくできると考えた。また V-Y 皮弁にすることで、癒痕が collar line に沿った整容的にも優れた閉鎖方法であると考えた。

P3-43

Zebrafish as a model for haloperidol-induced catalepsy

(大学院博士課程3年法医学)

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【Background】 Catalepsy is one of the typical symptoms in catatonic schizophrenia, but it could be also induced by haloperidol. Patients with catatonic schizophrenia have high potential to get fatal accidents in driving due to haloperidol-induced catalepsy as well as illness-induced catalepsy.

【Objective】 The objective of this study is to duplicate the haloperidol-induced catalepsy using zebrafish for revealing the association between antipsychotics and unexpected physical dysfunctions, that could trigger fatal

accidents.

【Methods】 Animal ; zebrafish larvae (Danio rerio). Drug ; haloperidol. Device ; a high-throughput tracking system and a software tool designed for investigating a scope of larvae parameters.

【Results】 This study revealed a significant worse performance in the activity for larvae treated with haloperidol when compared to the non-treated. In result, we duplicated the catalepsy induced by haloperidol in zebrafish larvae.

【Conclusion】 When patients with schizophrenia got suspicious case of catalepsy while driving followed by fatal car accidents, it needs to prove the causal association with the death by illness or the death by accident. We consider that it is important for forensic medicine to reveal inquest into the cause of deaths until the presence or absence of any correlation is firmly established.

P3-44

Research into the role of the family doctor during response to an emergency for patients receiving at-home care : Phase 1

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Qualitative investigation of differences in understanding between parties involved in at-home care was conducted as part of research into reducing the burden on family doctors during emergency responses for patients receiving at-home care.

Ten individuals with various occupations and roles were selected using theoretical sampling from parties involved in at-home care (including doctor(s), patient(s), families, and care providers). Semi-structured interviews discussed experiences with and understanding of at-home care and response during emergencies.

Interview recordings were transcribed for analysis.

Interview topics included emergency house calls, nursing at home, telemedicine, and the role of family doctors. One hundred twenty questions across all categories were identified from candidate questions for questionnaire-based research covering cost burdens, concerns about family doctors, information sharing, and prior explanations of terminal-stage symptoms. Reasons given for why it felt wrong to contact doctors included “I feel bad about bothering the doctor”. When family doctors cannot respond in an emergency the answers showed that response by another healthcare provider would be accepted “if information was shared”.

We observed differences of opinion on emergency response between healthcare providers and patients/families. To reduce the burden on family doctors when responding to emergencies for patients receiving at-home care the items elucidated through this research should be used in questionnaire-based research to quantify the understanding of all parties involved.

P3-45

The availability of screening tests of risk assessment of VTE by Caprini Risk Score ~A retrospective study of patients who underwent Total Knee Arthroplasty~

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【OBJECTIVES】 The aim of this study is to investigate whether Caprini Risk Score (CRS) is available for high risk patients of Japanese postoperative venous thromboembolism (VTE). We retrospectively investigated patients undergoing total knee arthroplasty (TKA). Our goal is to create an evaluation form of the screening test that the patient answers, for example a patient-complemented CRS in Japanese.

【METHOD】 We investigated 181 cases who underwent TKA at A hospital from January 2015 to May 2017

using the medical record. The survey contents are 39 items of CRS before undergo TKA, whether there was VTE in the lower extremity vessel ultrasonography after undergo TKA, and the VTE prophylaxis that patients received during the perioperative period. The obtained scores were calculated and compared to incidence of VTE.

【RESULT】 65 patients (35.9%) had developed VTE after TKA. No patients with a score of 7 and below, all the patients with VTE had a high score of 9 points or more. Patients with VTE had an average score of 10.8, and the patients in 36.5% with a score ≥ 9 developed VTE.

【CONCLUSION】 The following two points were found out about the availability of discrimination of Japanese VTE high risk patients by the Caprini Risk Score.

- 1) Modify CRS for Japanese people.
- 2) To improve items and scores to distinguish high and highest.