

病理診断結果は断端陰性であり、骨外性骨肉腫の診断となった。追加の化学療法を提案したが、他国に帰国し終診となった。

〔考察〕 骨外性骨肉腫は予後不良の悪性腫瘍であり、頭頸部領域原発の報告例は少ない。稀な症例であり、文献的考察を含めて報告した。

3-①-8.

Transoral endoscopic examination of the oropharynx with tongue protrusion, phonation and open mouth

(耳鼻咽喉科・頭頸部外科)

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The prevalence of superficial carcinomas of the oropharynx and the increase in HPV-positive oropharyngeal carcinomas meant that establishing an endoscopic diagnosis procedure for such cancers is of high importance. Therefore, we examined the diagnostic performance of the tongue protrusion with phonation and open mouth (TOPPOM) method for visualizing structures of the oropharynx. We enrolled 20 healthy volunteers and performed transoral endoscopy to evaluate 12 subsites of the oropharynx under three conditions: open mouth (OM), during phonation with open mouth (POM) and with TOPPOM. A score was assigned for each subsite; 2 points were given if the whole of the subsite could be clearly observed, 1 point if it could be partially observed, and 0 points if it could not be observed at all; scores were summed to give a total score (out of 48) for each condition. Images of the adjacent mucosa were similarly scored depending on how well the dendritic vasculature in the background could be observed. The total scores were significantly higher for TOPPOM compared with POM and during POM compared with OM. This order of scores was observed for the both palatine arches, both palatine tonsils, left lingual tonsillar sulcus and vallecula. The TOPPOM condition enables observation of the oropharynx through transoral endoscopic examination. However, it is difficult to observe deep subsites tangential to the endoscope; thus, performing with conventional transnasal endoscopy may enable early detection of

oropharyngeal carcinoma and oropharyngeal lesions including malignancies as well as informing pre- and post-treatment evaluations for oropharyngeal diseases.

3-②-1.

Initial histopathological evaluation for needle tract seeding caused by EUS-FNB based on the Whipple resection specimens in patients with pancreatic solid masses: analysis of consecutive 73 resected cases

(社会人大学院博士課程 4 年消化器内科)

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【Background and Aims】 Endoscopic ultrasonography-guided fine-needle biopsy (EUS-FNB) is a useful and safe method for preoperative diagnosis of resectable pancreatic solid masses. However, recently needle tract seeding (NTS) after EUS-FNB has been reported and the possibility of influence of longterm outcome for such patients. The aim of this study is to evaluate NTS after EUS-FNB.

【Methods】 We reviewed 73 resected cases that underwent preoperative EUS-FNB for pancreatic tumor from April 2014 until March 2016 and evaluated the utility and adverse events of EUS-FNB based on the consecutively resected pathological specimens.

【Results】 The final diagnoses of pancreatic tumors in which Whipple resection was undergone, were 67 pancreatic ductal adenocarcinomas, 5 neuroendocrine neoplasms, and 1 acinar cell carcinoma. Diagnostic accuracy of preoperative EUS-FNB was 98.6%. Clinical adverse events were observed in 4.1% (2 bleeding and 1 acute pancreatitis) and pathological abnormal findings were in 4.1% (2 needle tract seeding and 1 acute focal pancreatitis).