

correlation with the thoracic data was examined.

【Results】 The thorax was deviated to the left, and the upper and lower thoracic shapes were asymmetrical. The peak valgus moment was significantly larger on the right than on the left. The peak varus moment was significantly larger on the left than on the right. The asymmetrical ratio of the lower thoracic shape was positively correlated with asymmetry in valgus moment, and negatively correlated with asymmetry in varus moment.

【Discussion】 These results suggest that the larger the asymmetry of the lower thoracic shape, the larger the valgus moment of the right ankle and the varus moment of the left ankle are, relative to the contralateral side, respectively.

5-2.

Clinical appearance of stenosing flexor tenosynovitis of the finger with PIP joint fixed flexion deformity

(東京医科大学病院 整形外科科学分野)

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【Background】 Open release of the A1 pulley is a widely known procedure for the treatment of stenosing tenosynovitis of the finger (Trigger finger), and the postoperative results are usually excellent. However, in some cases symptomatic fixed flexion deformity of the proximal interphalangeal (PIP) joint remains after the operation. We have performed ulnar slip superficialis tendon resection (USSR) and obtained relatively favorable results. The clinical appearance of patients undergoing USSR for Trigger finger with PIP joint fixed flexion deformity is reported.

【Methods】 In this study, 45 Trigger fingers with PIP joint fixed flexion deformity from 41 patients (23 fingers of 21 women and 22 fingers of 20 men, with average age of 69.4 years) who were treated by USSR were retrospectively reviewed. The mean follow-up period was 12 months. We compared the pre and postoperative clinical findings (grip strength, PIP joint flexion and extension angle, DASH scores). In addition, flexor

tendon and proximal phalanx axial area ratios at the levels of proximal 20%, 40%, and 60% from the MP joint were calculated from the CT images and compared with age and sex matched control.

【Results】 Grip strength, PIP joint flexion and extension angles, and DASH score were significantly improved after surgery (<0.05). On CT imaging, the preoperative tendon proximal phalanx axial area ratio was significantly larger than that of control at the level of proximal 20% from the PIP joint (<0.05), but at the level of proximal 40% and 60%, no differences were seen.

【Conclusion】 Larger tendon proximal phalanx axial area ratio at the level of proximal 20% may relate to the cause of the fixed flexion deformity of the Trigger finger.

USSR is considered to be a useful method to treat Trigger finger with PIP joint fixed flexion deformity.

5-3.

Three cases of pressure injuries developed in ACL reconstruction surgery with low risk of pressure injuries

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【Aim】 Length of 6 hours more surgery is the highest risk of developing pressure injury (PI) in OR. We experienced that three PI cases in anterior cruciate ligament (ACL) reconstruction surgery, which is considered to have a low risk of PIs. We report the preventive measures against PIs in ACL and their efficacy after experiencing surgery with PIs.

【Case】 The ages of the three cases were 14, 20, 45 years-old, the BMI was 16.5, 21.6, 19.7, and the length of surgery was 165, 194, 205 minutes (respectively). At the end of surgery, redness was observed in the buttocks on the ACL surgery side in all three cases.

【Discussion】 The cause of PIs may be related to maceration (microclimate) and shear force. In ACL, an arthroscope is used to flex the knee position and widen

the joint space to secure the field of view by retraction of lower extremity, and to rotate the hip joint internally and externally to fix the transplanted tendon. When using an arthroscope, large amounts of leaked fluid often cause the maceration of the buttocks being rubbed (shear force) by knee manipulation. In the fixed knee position, the greater trochanter site on the ACL side was fixed with a side plate so that the buttocks can be prevented from shifting laterally on the surgical table. In addition, a multi-layered silicone foam dressing was applied to the buttocks to prevent maceration and shear force. We have taken these preventive measures against PIs in ACL after the three PIs cases. Since then, PIs have been prevented in all ACL after three cases.

5-4.

末梢前庭機能障害患者における video head impulse test の有用性の検討

(耳鼻咽喉科頭頸部外科)

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軽量・高速のビデオカメラを装着して施行する video head impulse test (vHIT) は、頭部回旋という生理的刺激を加えることで前庭眼反射を簡便に評価することができる。一方温度刺激検査は、温度刺激を用いた外側半規管機能検査として長年にわたり世界中で施行されている。vHIT と温度刺激検査は同じ半規管機能検査であっても刺激条件が異なるため、結果が同一とは限らない。しかし、末梢前庭機能障害患者で両検査結果を比較検討した報告は少ない。

2015年4月1日から2020年3月31日の間に東

京医科大学病院耳鼻咽喉科・頭頸部外科を受診し、末梢前庭機能障害患者と診断され、温度刺激検査とvHITの両検査が施行されていた40症例を対象とし、両検査の結果を比較検討した。

患者は、女性18例、男性22例で、平均年齢は57.1歳だった。眼振がみられた患者が33例、眼振がみられなかった患者が7例だった。患側は右が16症例、左が19症例、両側性が5症例だった。疾患の内訳は、前庭神経炎16例、メニエール病9例、遅発性内リンパ水腫2例、良性発作性頭位めまい症4例、内耳機能障害8例、一過性急性前庭障害1例であった。vHIT と温度刺激検査の両方で半規管機能障害を認めた患者は27人(67.5%)、温度刺激検査だけに前庭機能障害があった患者は8人(20.0%)、vHIT だけに半規管機能障害があった患者は1人(2.5%)、両検査で半規管機能障害がなかった患者は4人(10%)であった。

vHIT と温度刺激検査の結果は67.5%で一致していたが結果が乖離する症例もあり、vHIT より温度刺激検査の方が感度がよかった。一方でvHIT は簡便で温度刺激検査と比べて患者の侵襲も少ない。両検査を使い分けることで適正に半規管機能が評価できると考えた。

5-5.

COVID-19 経過中に発症した前腕コンパートメント症候群の治療経験

(形成外科学分野)

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【はじめに】 厚生労働省によると、本邦でのCOVID-19 検査陽性者数は117万人を超え、死亡者数は1.5万人に達した。原因ウイルスであるSARS-CoV-2 は気道症状以外に出血、血小板減少、凝固亢進など様々な凝固異常と関連する。今回、我々は重症COVID-19 経過中に前腕コンパートメント症候群を発症した症例を経験したので報告する。

【症例】 症例は43歳女性。既往は原田病で、ステロイドを約50mg内服加療されていた。BMIは30で肥満体型であった。COVID-19による呼吸困難で当院救命科に搬送され、人工呼吸器管理、ECMO導入となった。第2病日に造影CTを施行中、右正