

気管支鏡、気胸に関する研究

月経随伴性気胸に関する臨床的検討

胸腔内子宮内膜症関連気胸 (thoracic endometriosis-related pneumothorax :TERP) を月経随伴性気胸 (catamenial pneumothorax :CP) と非月経随伴性気胸 (non-CP) の2群に分け、臨床的特徴の違いについて検討した (Lung 2014;192:583-7)。月経随伴性に繰り返す喀血を契機に診断された肺子宮内膜症の一例。中絶後に避妊目的の服用していたピルを中断した後から月経に随伴する周期的喀血を呈しており、中絶による子宮内膜の肺への転移の可能性が示唆された。子宮内操作やピルの内服状況の問診は本症の診断において重要である (Respirology 2015;20:1272-1276)。

【気胸 原著論文】

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【気胸 症例報告】

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気管支鏡検査時の安全性確保および臨床応用

末梢肺病変の組織採取に用いるラジアルプローブ型 EBUS (EBUS-GS 使用) のエコー画像の周波数スペクトラム解析を行った。肺癌 45 検体、良性病変 26 検体の検討では、両者に明らかな周波数スペクトラムの相違を認め、本解析が診断補助に有用である可能性が示唆された (Respirology 2019;24:1005-1010) 気管支鏡検査におけるミダゾラムの有用性と安全性を前向き無作為試験で検討した結果、検査中の低酸素血症は有意に高頻度であったが、気管支鏡検査に対する忍容性は高かった (J Bronchology Interv Pulmonol 2016;23:106-11)。鎮静剤を用いた気管支鏡検査の安全性確保のために、呼気 CO2 モニターが有用かどうかを評価した。呼気 CO2 モニターはミダゾラムを使用しながらの気管支鏡検査における呼吸停止の頻度上昇、持続時間延長を明らかに示せることが示唆された (Respiration 2018;96:355-362)。

【気管支鏡研究】

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