

—原著—

緩和ケア病床における終末期口腔がん 13 例の臨床的検討

星名由紀子

木戸病院歯科口腔外科（主任：星名由紀子部長）

A Clinical Study of 13 Cases with Terminal Oral Cancer at the Palliative Care Unit

Yukiko Hoshina

Department of Dentistry and Oral Surgery, Kido Hospital (chief: Dr. Hoshina Yukiko)

平成 29 年 10 月 30 日受付 平成 29 年 11 月 30 日受理

キーワード：緩和ケア，終末期口腔がん，QOD（Quality of Death），BSC（best supportive care）

Key words : palliative care, terminal oral cancer QOD（Quality of Death）, BSC（best supportive care）

Abstract :

As the oral ingestion becomes difficult from an early stage in the terminal stage of oral cancer, many situations do not meet the guidelines provided for cancer palliative care.

Clinical study was performed in 13 patients with terminal stage oral cancer at the palliative care unit in Kido Hospital for the improvement of QOD (Quality of Death) of oral cancer. Patients' age ranged from 64 to 94 years and 8 were over 80 years old. Five patients were untreated. All patients were cases with poor control of the primary tumor or regional cervical metastatic lesion. Transdermal fentanyl was often used for pain treatment, however, patients who underwent radical radiation therapy tended to have a strong pain and therefore, a continuous injection of Morphine and Midazolam was performed. The nutrition method was continued to be used if the tube feeding had been performed by the previous doctor. The peripheral infusion was used after oral intake became difficult.

Especially symptoms that were difficult to control were chronic aspiration, mental symptoms, bleeding, dyspnea, loss of appetite and constipation. Odor is also one of the specific problems in oral cancer.

The survival time was about 2-4 months, and no cases with sudden changes such as bleeding, obstruction were observed.

It is important to understand the events that can occur at the terminal stage of oral cancer and take into account the methods except for the oral administration in advance.

抄録：

口腔がん終末期は早期に経口摂取が困難となることから、がん緩和ケアのガイドラインのとおりにはいかないことも多い。口腔がんの QOD（Quality of Death）の向上を目指して緩和ケア病床における終末期口腔がん 13 例について臨床的に検討した。年齢は 64～94 歳で 80 歳以上が 8 例で、5 例は無治療であった。全例が原発巣または頸部転移巣の制御不良例であった。疼痛治療はフェンタニル貼付剤が多く使われていたが、根治的放射線療法が施行された症例は疼痛が強い傾向にあり、モルヒネ塩酸塩とミダゾラムの持続注射が行われていた。栄養管理は前医で経腸栄養が行われていた場合は継続し、経口摂取が困難となった後は末梢輸液とした。特に制御に苦慮した症状は慢性的な誤嚥、精神症状、出血、呼吸困難、食欲不振、便秘であった。臭気も口腔癌特有の問題点である。生存期間は概ね 2～4 か月で出血、窒息などの急変を来した症例はなかった。口腔がん終末期において起こり得る事象を把握し、経口投与以外の方法を予め考慮しておくことが重要である。