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聴神経腫瘍術後に脳幹・小脳出血を合併し摂食嚥下障害を認めた１症例

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Case report of dysphagia following resection of acoustic neuroma with postoperative hemorrhage of brain stem and cerebellum

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Key words: acoustic neuroma, dysphagia, direct therapy, indirect therapy, position adjustment

Abstract

We report a case of a 56-years old woman with dysphagia following resection of acoustic neuroma. She underwent an operation for tumor in February, 2017. After the surgery, hemorrhage of left cerebella and a low density area in the pons and medulla were detected, which was surgically treated with evacuation of hematoma and decompressive craniectomy. First physical examination performed on the 11th day after the surgery revealed cerebellar and vestibular symptoms including posture holding difficulty and ataxic dysarthria and bulbar palsy including facial palsy, impairment of tongue and palatal movements. A score of repetitive saliva swallowing test was 2 and that of modified water swallowing test was 3a. Videoendoscopic examination revealed 1) pharyngeal residues and laryngeal penetration of secretion at rest, 2) fixation of left arytenoid cartilage and vocal cord with incomplete glottal closure, and 3) weak whiteout and regurgitation of bolus into the nasopharynx during swallowing as well as silent aspiration. Because the patient suffered from severe dysphagia, oral care and indirect therapy were started. On the 19th day, direct therapy was started because the durability was improved. Videofluoroscopic examination performed on the 35th day, revealed no improvement of function so that we continued indirect and direct therapies. Before hospital transfer, final examination was performed on the 55th day and no dynamic changes in the bulbar palsy were noted. However, the patient acquired safe methods to take some foods in the dysphagia rehabilitation including indirect and direct therapies and position adjustment.

抄録

聴神経腫瘍術後に嚥下障害を認めた一例を報告する。症例は 56 歳女性。2017 年２月に小脳・脳幹を圧迫する聴神経鞘腫に対する摘出術施行，術後左小脳出血及び延髄から橋にかけて低吸収域を認めたため，脳内血腫除去および減圧開頭術が施行された。術後 11 日目に嚥下機能評価目的に当科初診となった。小脳前庭症状としての姿勢保持困難と失調性構音障害，球麻痺症状としての顔面神経麻痺，舌運動減弱，開鼻声を伴う右カーテン徴候を認めた。反復唾液嚥下テストは２回, 改訂水飲みテストおよびとろみ付液体３cc でのテストでは 3a 点（嚥下後湿性音あり）であった。嚥下内視鏡検査時，安静時より咽頭内分泌物貯留，左側披裂・声帯は傍正中位固定で声門閉鎖不良，ホワイトアウトは減弱しており，とろみ付液体摂取時の食道流入不良，鼻咽腔逆流を認めた。さらに，残留物は不顕性誤嚥をしていた。重度摂食嚥下障害の診断にて，口腔ケア・間接訓練から介入を開始した。耐久性が改善した術後 19 日目以降は間接訓練の負荷を増やし，少量のとろみ付液体を用いた直接訓練も開始した。術後 35 日目に実施した嚥下造影検査