

— 臨床 —

摂食嚥下リハビリテーションを実施したクロウ・深瀬 (POEMS) 症候群の 1 例

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A case report of dysphagia rehabilitation performed for a patient with Crow-Fukase (POEMS) syndrome

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Abstract

We report a case of an 83-years old man with Crow-Fukase (POEMS) syndrome for whom dysphagia rehabilitation was performed following aspiration pneumonia. He was diagnosed with POEMS syndrome in 2012 and was treated with thalidomide. He was hospitalized for aspiration pneumonia and was introduced to dysphagia rehabilitation unit of Niigata University of Medical and Dental Hospital in November 2017. Clinical examination performed on November 8th at the initial visit revealed weak voluntary coughing pressure, hoarseness and short maximum phonation time. The score of repetitive saliva swallowing test was three. After swallowing 1-ml thickened liquid, the patient showed more than 3% decrease of SpO₂ and wet voice. Videoendoscopic examination revealed laryngeal edema and saliva aspiration at rest. Because we suspected that the patient suffered from severe oropharyngeal dysphagia, oral care and indirect therapy were started. On the 23th day, direct therapy was started after videofluoroscopic examination. However, on the 44th day, direct therapy was stopped because he had a high fever and showed signs of inflammation and difficulty of sputum expectoration. After he was transferred to another hospital in order to continue dysphagia rehabilitation, swallowing function was not reported to be improved for two months. Eventually, he was returned to our hospital for gastrostomy. At the examination, swallowing function was found not to be significantly changed. After performing direct and indirect therapy, he could eat small amounts of jelly and was transferred to a rehabilitation hospital.

抄録

クロウ・深瀬 (POEMS) 症候群の治療中に誤嚥性肺炎を発症し, 摂食嚥下リハビリテーションを行った一例を報告する。症例は 83 歳男性。2012 年に POEMS 症候群と診断され, サリドマイド治療に参加し, 加療されていた。2017 年 11 月に誤嚥性肺炎の診断で入院となり, 摂食嚥下機能評価目的に当科初診となった。初診時, 随意咳嗽力が低下し, 粗糙性および湿性嚙声を認め, 最長発声持続時間は 9.9 秒であった。反復唾液嚥下テスト 3 回, とりみ付き液体 1 ml 摂取では 3% 以上の SpO₂ 低下と頸部聴診にて湿性音を認めた。嚥下内視鏡検査では, 喉頭浮腫および唾液誤嚥を認め, 少量の食物摂取も困難であった。重度咽頭期障害の診断にて, 口腔ケアおよび間接訓練にて介入を開始した。介入 23 日目に嚥下造影検査を経て, 直接訓練を開始したものの, 介入 44 日目に熱発と CRP の上昇があり, 痰喀出も困難な状況のため直接訓練は中止となった。介入 63 日目に摂食嚥下リハビリテーション目的で地域医療支援病院に転院となり, 2 か月間のリハビリテーションを実施したものの嚥下機能に明らかな改善はみられなく, 胃瘻造設のため当院へ再入院となった。唾液誤嚥レベルの重度咽頭期障害は変わらなかったものの, 転院前は困難であった痰喀出は可能であった。その後も直接訓練と間接訓練を継続し, 最終的に少量のゼリー摂取が可能となり, リハビリテーション病院への転院を迎えた。