

皮膚結節性動脈周囲炎による下肢疼痛の漢方治療経験

慶應義塾大学医学部 麻酔学教室

山田寛幸, 福島和昭

要旨： 皮膚結節性動脈周囲炎による疼痛を主訴とする2例の皮膚科入院患者の治療を経験した。

症例1では、プレドニゾン17.5mg/日を経口投与されていたが、左足底部痛のため歩行困難となり、瘀血、冷え、便秘の治療などを目標に疎経活血湯エキス7.5g（加附子末1.5g）および桃核承気湯エキス7.5gを投与した結果、疼痛としびれは4週間後にはほぼ消失して歩行可能になった。

症例2では、プレドニゾン18mg/日、メトトレキサート7.5mg/週を経口投与されていた。左下腿潰瘍に伴う疼痛、しびれのため歩行困難となったため、当科で腰部硬膜外ブロック、腰部交感神経節ブロックを行ったが、疼痛コントロール不良のため漢方治療を開始した。瘀血、冷えを目標に疎経活血湯エキス7.5g（加附子末1.5g）と桂枝茯苓丸エキス7.5gを開始したが改善しなかったため、気血両虚と冷えを目標に十全大補湯エキス7.5g（加附子末1.5g）に変方したところ、疼痛および皮膚潰瘍が劇的に改善し2週間後には歩行可能になった。

皮膚結節性動脈周囲炎の治療は困難とされ、今のところ漢方治療の報告例はないが、少なくとも短期的な症状の改善は漢方治療により可能であることが示唆された。

索引用語： 皮膚結節性動脈周囲炎, 漢方治療, 痛み, 皮膚潰瘍

Two cases of lower leg pain due to cutaneous periarteritis nodosa treated by "Kampo" therapy

Hiroyuki Yamada, Kazuaki Fukushima

Department of Anesthesiology, Keio University School of Medicine

Abstract : We experienced treatment of two cases of cutaneous periarteritis nodosa with chief complaint of lower leg pain by Kampo therapy. In the first case, a 57-year-old female patient had been prescribed 17.5 mg/day of prednisolone from the department of dermatology, and she complained of very severe pain and numbness (burning sensation) of the left sole and difficulty in walking. She was introduced to our department for the Kampo therapy. She was prescribed Sokei-kakketsu-to extract 7.5g (with Bushi powder 1.5g) and Tokaku-joki-to extract 7.5g per day for the signs of Oketsu (congestion of old blood), chills, and constipation. The pain and numbness almost disappeared in 4 weeks and walking difficulty also diminished completely.

In the second case, a 57-year-old female patient had been prescribed prednisolone 18 mg/day and methotrexate 7.5mg/week from the department of dermatology, and she complained of very severe pain and numbness accompanied with the cutaneous ulcer of the left lower leg. She was introduced

(原稿受付 1993年2月26日)

to our department for the control of the pain. We made lumbar epidural block (L₄₋₅, 0.25% of bupivacaine 8ml tid) and left lumbar sympathetic ganglion block (L₂ and L₃, 2.5ml of 5% phenol each) was added, but the results were not satisfactory. She was prescribed Juzen-taiho-to extract 7.5g (with Bushi powder 1.5g) per day for the signs of fatigue and emaciation. Two weeks later, the cutaneous ulcer improved unexpectedly much better, and she complained of little difficulty in walking.

Treatment of cutaneous periarteritis nodosa is told to be very difficult, and there has been no report of the Kampo therapy for this disease. On the experience of these two cases, we think that improvent of symptoms due to cutaneous periarteritis nodosa can be obtained by Kampo therapy at least for a short period.

Key words : cutaneous periarteritis nodosa, Kampo therapy, pain, cutaneous ulcer