

症 例 報 告

10年余にわたり口腔内痛を訴え
QOLの低下した1症例

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要旨：症例は75歳の女性で、10年間にわたり口腔内、特に舌外縁部、軟口蓋、硬口蓋に痛みを訴え、それにより患者のQOLは著しく低下していた。身体所見では、口腔内に器質的疾患は認められず、軽度の貧血と糖尿病、高脂血症が指摘されていたのみであった。心理的には、不安神経症に伴う抑うつ状態が認められ、さらに社会、実存的には2人暮らしで生き甲斐の喪失などが認められた。治療は神経ブロックに薬物療法（抗不安薬、抗うつ薬、漢方薬）を併用し、漢方薬は加味逍遙散を主体に治療したが十分な効果は得られなかった。本疾患の病態より、Ziskinらの言うburning mouth syndrome (BMS)が最も考えられ、今後、病因、病態の把握と同時に、身体、心理、社会、実存医療モデルを基礎とした全人的医療を通じてはじめて治療を含めた本疾患の理解が可能であると考えられた。

(痛みと漢方7:49-52, 1997)

索引用語：口腔内痛, burning mouth syndrome, 神経ブロック, 漢方薬治療, 加味逍遙散, QOL, 全人的医療

A case of 10-year complaint about oral pain associated with deterioration of QOL

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Abstract : The case was a 75-year-old female. She complained about oral pain (the soft palate, hard palate and lingual margin) for ten years, and the pain deteriorated her QOL.

Bio-psycho-socio-existentially, we could not recognize any organic disease in her oral cavity and her laboratory results were almost unremarkable, except for slight anemia, diabetes mellitus and hyperlipidemia. However, we could recognize depressive mood associated with anxiety neurosis. In addition to this complex pathology, most importantly, she lost the meaning of her life. In order to improve her condition, nerve block therapy, anti-anxiety, anti-depressants and Kampo medicine, mainly Kami-shoyo-san were attempted.

However, these therapies were not effective. We think this case was burning mouth syndrome (BMS). And we not only have to understand etiology and pathology of BMS, but also should adopt a comprehensive approach based on bio-psycho-socio-existential medicine. We think this is only way to come to understand this case.

(Pain and Kampo Medicine 7:49-52, 1997)

Key words : oral pain, burning mouth syndrome, nerve block, Kampo therapy, Kami-shoyo-san, QOL, comprehensive medicine