

症 例 報 告

治療に難渋した外傷性陰部痛

立原弘章

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要旨：外傷後に、その損傷部位から中枢側へ広く頑固な痛みが生じる症例は、珍しいものではない。近年、ペインクリニック領域では、これらの疾患を Complex Regional Pain Syndrome(CRPS) (I型, II型)と分類し、難治性疼痛の代表としている。今回、外傷後から会陰部を中心とした頑固な疼痛を生じ、種々の治療に難渋した症例について報告する。患者は、労災による外傷で会陰部を中心に裂傷を生じ、2回にわたる手術を受けた。痛みは手術直後から生じ、手術瘢痕部と陰茎左半側部の鈍痛とアロディニアに悩まされ、QOLの著しい低下を認めた。患者背景には、神経症傾向とうつ傾向を認めた。治療は、CRPS(type II)を考慮しつつ仙骨硬膜外ブロックを中心に2回のWalther神経節ブロックおよび漢方薬(ツムラエキス剤)の併用と数回にわたる面接を施行した。さらに、drug challenge testの結果を踏まえて、塩酸メキシレチン(Mexitil[®])を用いた。漢方方剤は、当帰四逆加呉茱萸生薑湯から疎経活血湯に修治ブシ末の合剤へと変方使用した。これらの治療により患者は、現在辛うじて鎮痛が得られ、QOLも改善傾向にある。

(痛みと漢方7:107-113, 1997)

索引用語：陰部痛, Complex Regional Pain Syndrome(CRPS)(Type II), 仙骨硬膜外ブロック, Walther神経節ブロック, 漢方薬治療, drug challenge test, 疎経活血湯+修治ブシ末

Case of traumatic genital pain with resistance to treatment

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Abstract : In a number of cases post-traumatic refractory pain develops afferently, spreading from the site of an injury and affecting over a wide area. In the field of pain clinic, these conditions were recently classified into complex regional pain syndrome (CRPS) types I and II, which were considered to represent typical refractory pain. We report on a patient who developed a stubborn pain around the perineum following an injury, presenting a problem in formulating an effective treatment. The patient was injured at work, resulting in a tear around the perineum and underwent surgery twice. The pain developed immediately after the surgery and he continued to feel dull pain and allodynia at the surgical scar and on the left side of the penis, which resulted in marked deterioration of his QOL. A background investigation revealed neurotic and depressive tendencies. CRPS(Type II) was considered as a possible diagnosis and the patient was treated with a sacral epidural block combined with Walther ganglionic block (repeated twice). In addition, Kampo medicine (medicinal herb extracts by Tsumura) was administered and the patient underwent several interview sessions. Based on the results of a drug challenge test, Mexiletine hydrochloride(Mexitil[®]) was also administered. For the Kampo prescription, the initial formulation, Toki-shigyaku-ka-goshuyu-shokyo-to, was changed to Sokei-kakketsu-to combined with Shuji-bushi-matsu. These therapeutic modalities led to limited control of pain and his QOL began to improve.

(Pain and Kampo Medicine 7: 107-113, 1997)

Key words : perineal pain, complex regional pain syndrome (CRPS) [type II], sacral epidural block, Walther ganglionic block, drug challenge test, treatment with Kampo medicine, Sokei-kakketsu-to + Shuji-bushi-matsu