症例報告

腹膜癌治療中の原因不明の難治性関節痛に対して 桂枝加朮附湯が奏功した1例

関 典子*¹ 福永智栄*² 林 玲加*³ 谷岡桃子*¹ 谷村吏香*¹ 相本法慧*¹ 平田智子*¹ 西條昌之*¹ 河合清日*¹ 中山朋子*¹ 小髙晃嗣*¹ 水谷靖司*¹

要旨: 桂枝加朮附湯は、桂枝湯に朮と附子を加えたもので、寒と湿におかされた者に対する基本処方であり、冷え性で比較的体力の低下した人が四肢関節の疼痛、腫脹、四肢の運動障害などを訴える場合に用いる。今回、腹膜癌治療中に発症し、治療後も増悪する原因不明の手指のこわばりと関節痛、下肢痛、肩痛を認めた症例に桂枝加朮附湯が奏功した症例を経験した。症例は50歳台、女性。2年前に腹膜癌ⅢC期で手術と化学療法を施行し、その後約1年間の維持療法後である。術前化学療法中から手足のしびれと関節痛を認め、しだいに左下肢全体のしびれと疼痛、右肩痛が出現して徐々に増悪し、3カ月前から日常生活困難となった。精査にて再発転移は否定的で、整形外科で肩関節炎、膠原病内科でシェーグレン症候群疑いを指摘され、対症療法開始されるも効果不良であった。冷えと水毒を認めるため桂枝加朮附湯を処方したところ、内服10日目から症状が改善し始め、内服1カ月後にはNRS0~1に改善した。

索引用語:桂枝加朮附湯, 関節痛, 肩痛, 悪性腫瘍

PAIN AND KAMPO MEDICINE Vol.32 (2023)

Utility of keishikajutsubuto for severe joint pain during therapy in stage MC peritoneal cancer: A case report

Noriko SEKI*¹, Tomoe FUKUNAGA*², Reika HAYASHI*³, Momoko TANIOKA*¹, Rika TANIMURA*¹, Noritoshi AIMOTO*¹, Tomoko HIRATA*¹, Masayuki SAIJO*¹, Sayaka KAWAI*¹, Tomoko NAKAYAMA*¹, Koji ODAKA*¹ and Yasushi MIZUTANI*¹

Abstract: Keishikajutsubuto (Tj-18) is a combination of keisito and two crude drugs, jutsu and bushi. This is the basic prescription for patients suffering from cold and dampness. It is used for cold and relatively weak patients who complain of pain and swelling in the joints of the extremities. We experienced a case of unexplained stiffness of the fingers, arthralgia, leg pain, and shoulder pain that developed during peritoneal cancer treatment and aggravated even after treatment, and was successfully treated with Tj-18. The case is a woman in her 50s. She underwent surgery and chemotherapy for stage IIIC peritoneal cancer two years ago, followed by about one year of maintenance therapy. During preoperative chemotherapy, numbness and arthralgia in her limbs were observed, and gradually spread to numbness and pain in her entire left lower limb and pain in her right shoulder, which also worsened. Due to worsening of symptoms, the patient began to have difficulty in daily living 3 months ago. A close examination revealed no recurrence of metastasis, and the orthopedic surgeon suspected shoulder arthritis and the collagen disease physician suspected Sjogren's syndrome, and symptomatic treatment was initiated, but with poor efficacy. Since coldness and fluid toxicity were observed, we prescribed Tj-18 for her. Her symptoms began to improve on the 10th day of treatment, and after one month of treatment, her NRS improved to NRS 0-1.

Key words: Keishikajutsubuto, Joint pain, cancer

^{*}¹Department of Obstetrics and Gynecology, Japanese Red Cross Society Himeji Hospital Noriko SEKI, Department of Obstetrics and Gynecology, Japanese Red Cross Society Himeji Hospital. ¹-12-1 Simoteno, Himeji-shi, Hyogo, 670-8540, Japan

^{*2}Department of Palliative Care Internal Medicine, Japanese Red Cross Society Himeji Hospital

^{*&}lt;sup>3</sup>Department of Collagen Disease Internal Medicine, Japanese Red Cross Society Himeji Hospital