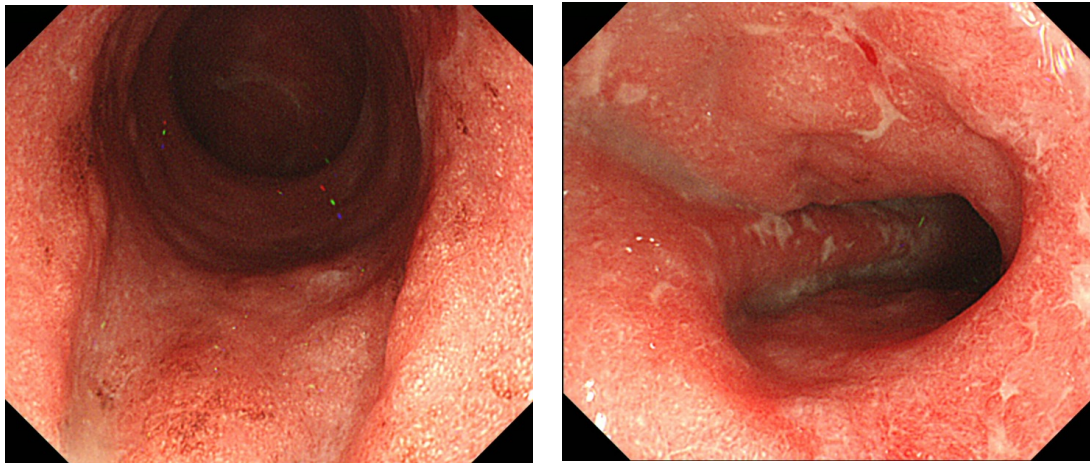


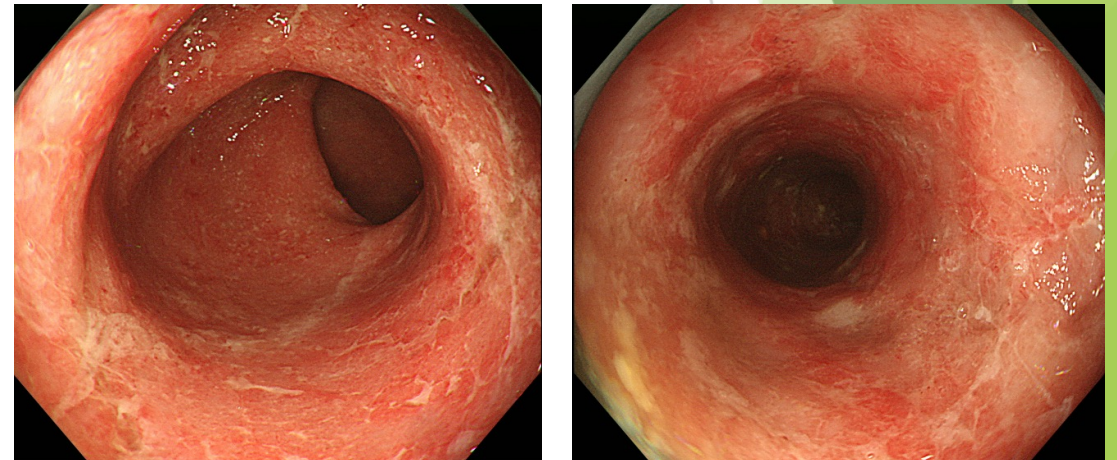
①78歳(発症時) 男性

- 2019/Jun 発症 左側大腸炎型 中等症 ⇒ 5ASAで寛解



2019 Jun

2020 Jun

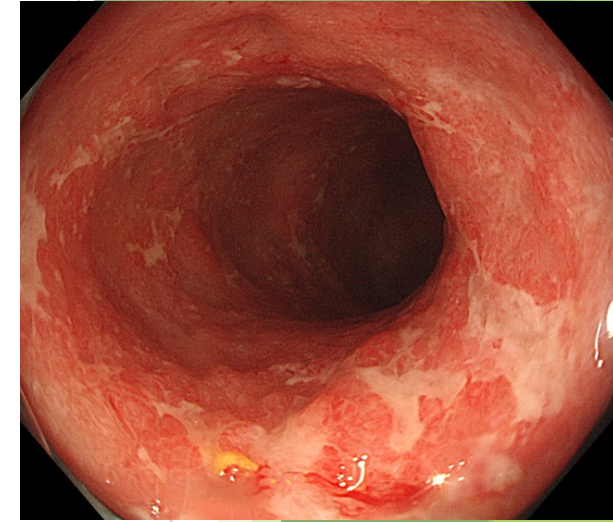
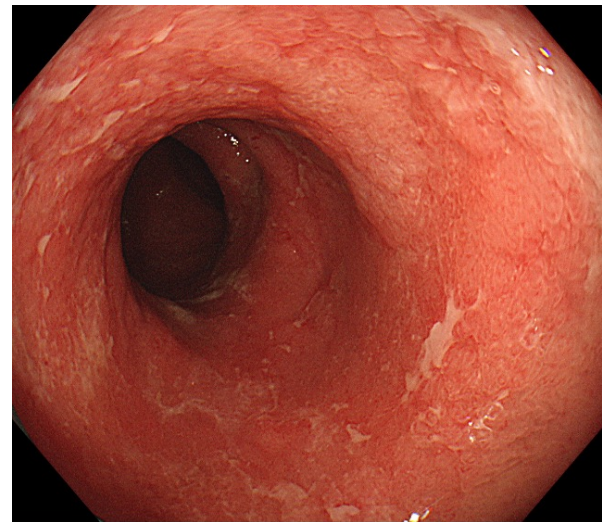
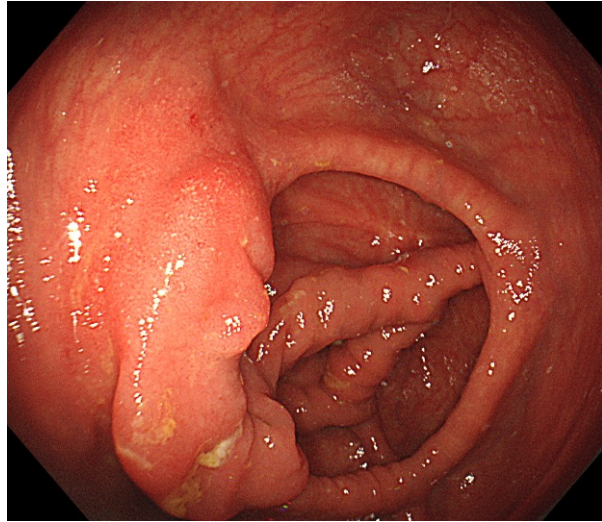


- 2020/Jun 再燃 ⇒ 5ASA+5ASA注腸
- 2021/May 再燃 ⇒ 5ASA+ブデソニド注腸フォーム



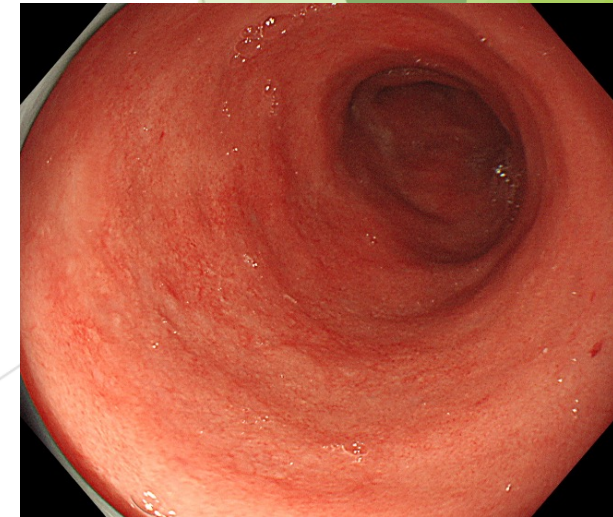
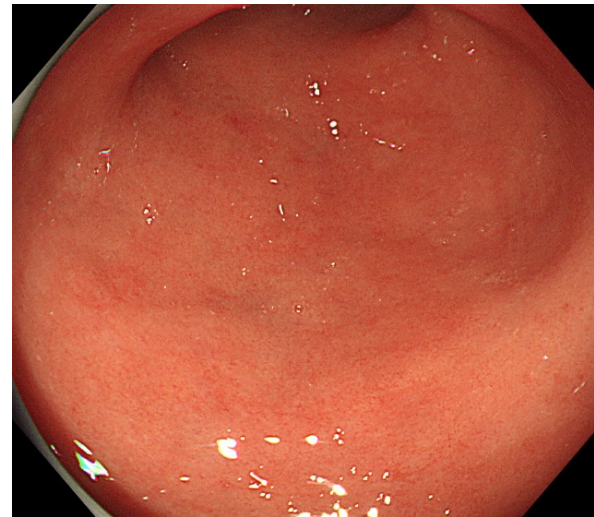
81歳

2022 Jul



- 2022/Jul 再燃（罹患範囲拡大）
⇒ カロテグラストメチルで改善

2022 Oct



- AZAも追加し5ASA+AZAで寛解維持



②17歳(発症時) 男性

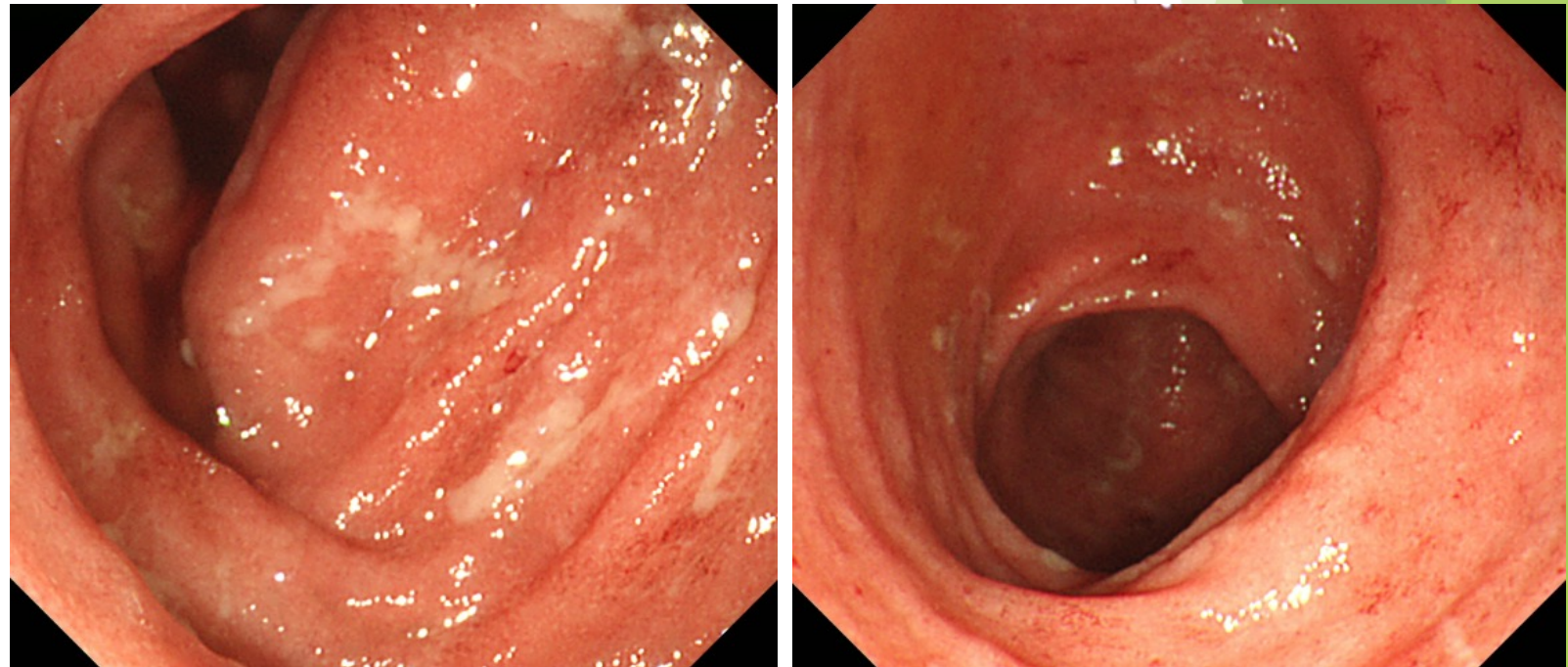
2014/Mar 発症 全大腸炎型 中等症

⇒経口PSL60mg + 5ASA-max

⇒AZA50mgをadd-on

⇒寛解導入・維持成功

2014 Mar

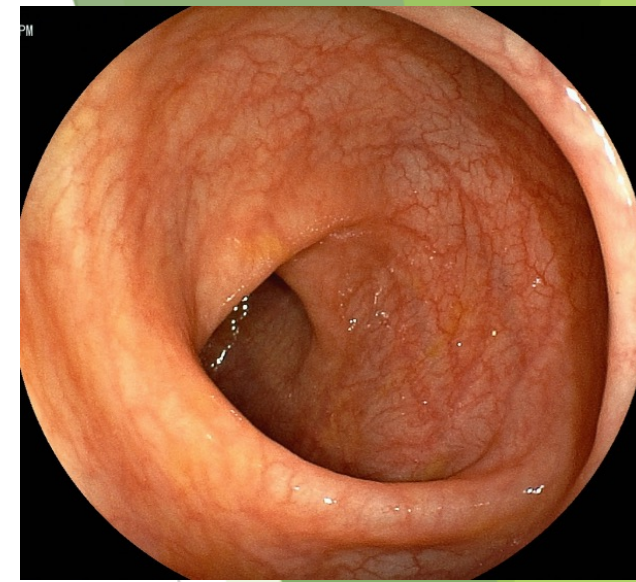


⇒2015/Sep (1.5年後) AZA off

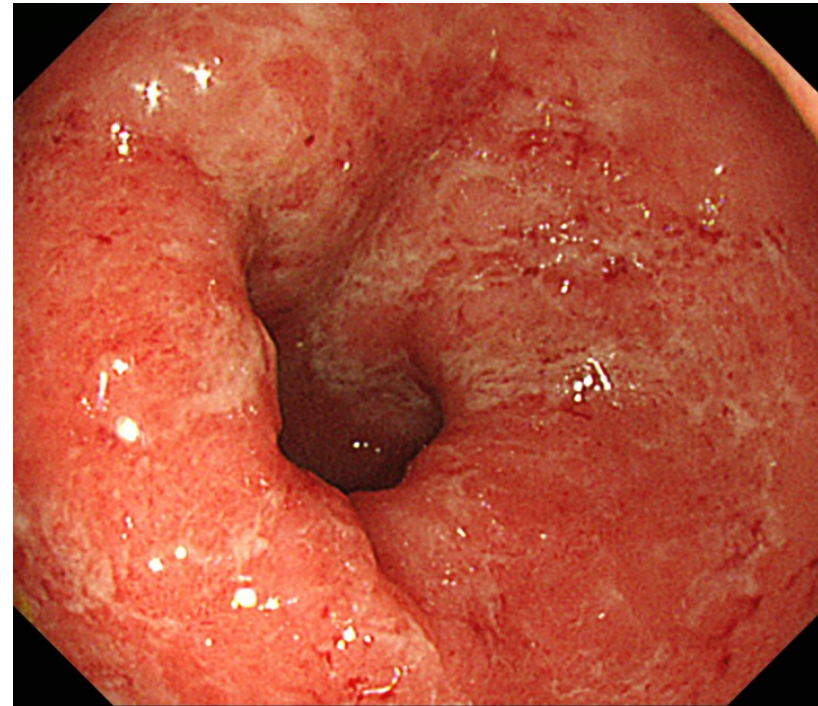
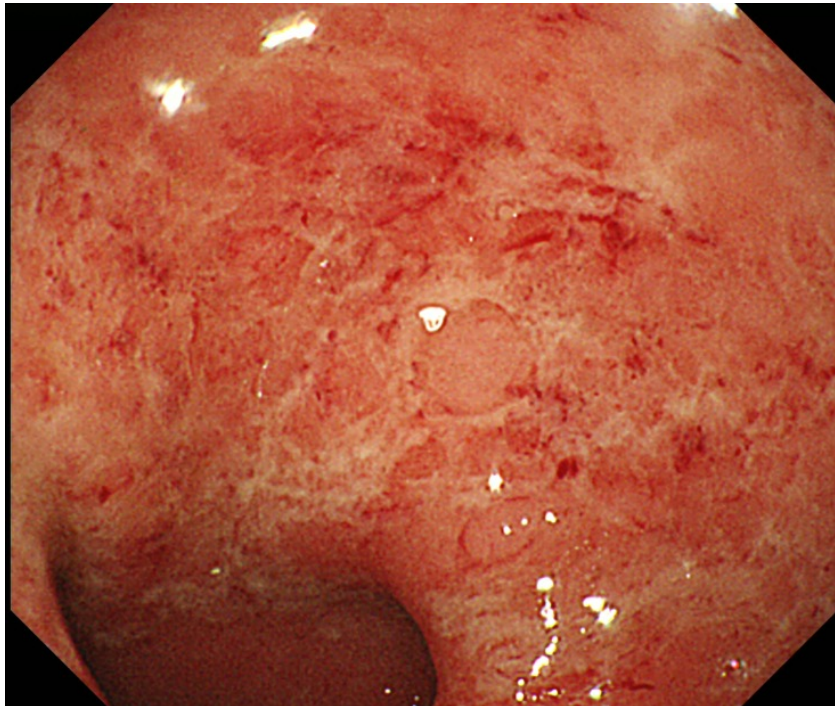
⇒2016/Jul (8ヶ月後) 再燃⇒PSL + AZA

⇒2016/Aug (2ヶ月後) PSL off

⇒2016/Oct (2ヶ月後)再燃 (ステロイド依存)



2015 May



2016 Oct



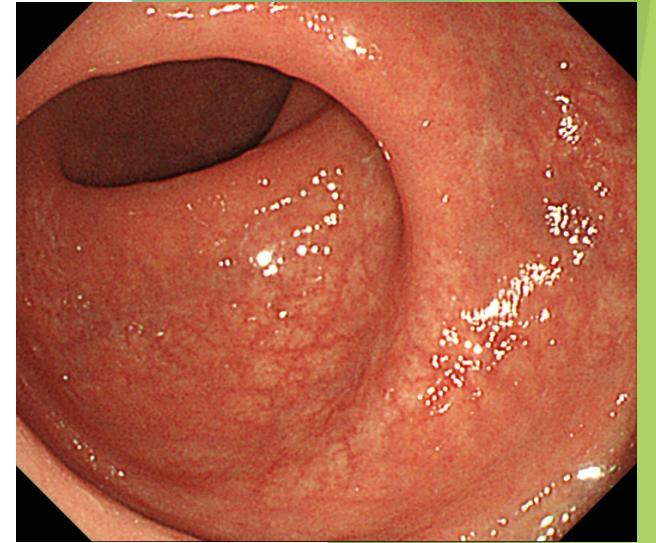
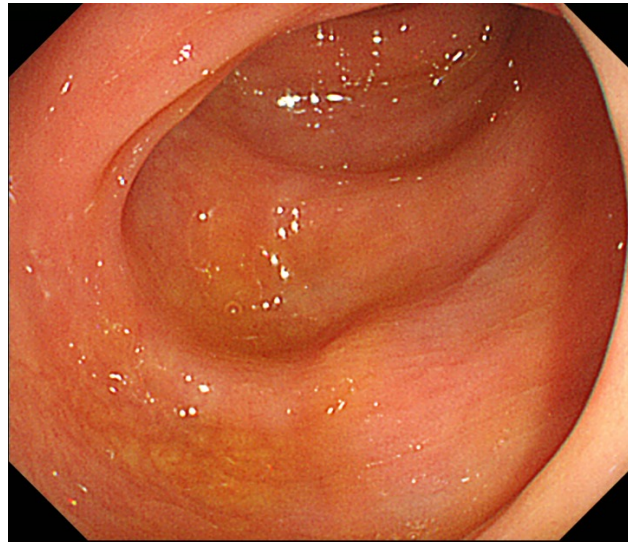
2016/Oct

⇒ AZA + インフリキシマブ導入

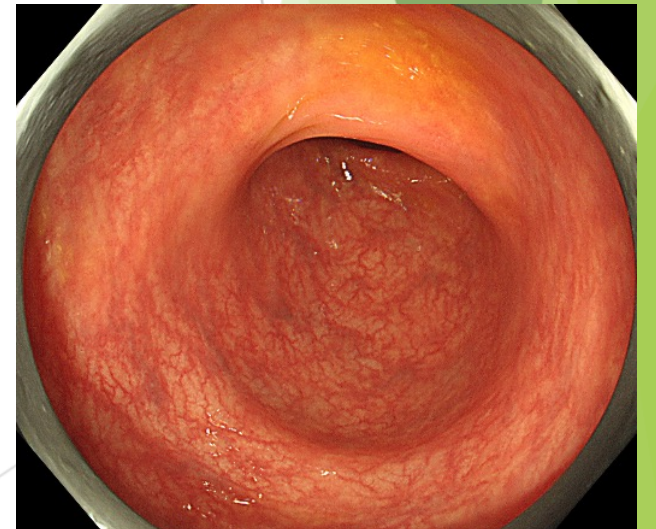
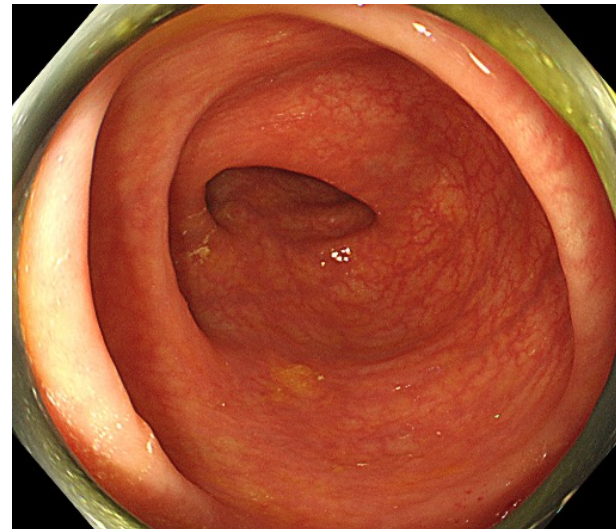
⇒ 寛解導入・維持成功

⇒ 2018/Oct (2年後) AZA off

⇒ 以降4年間以上再燃なし



2017 Sep



2022 Jul



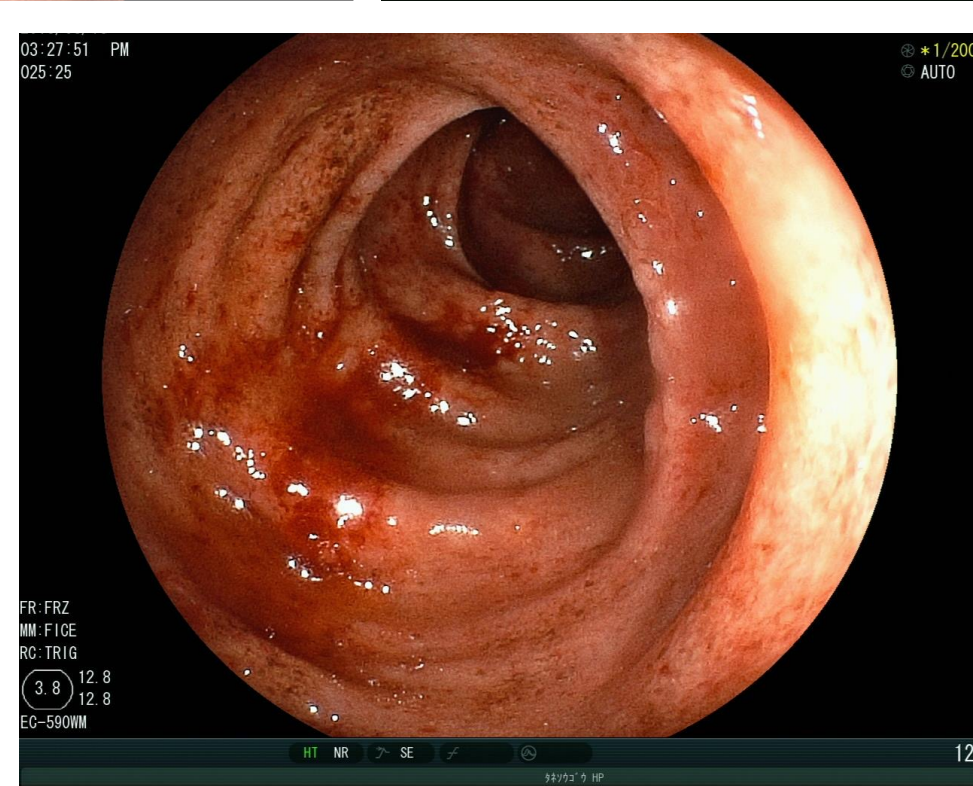
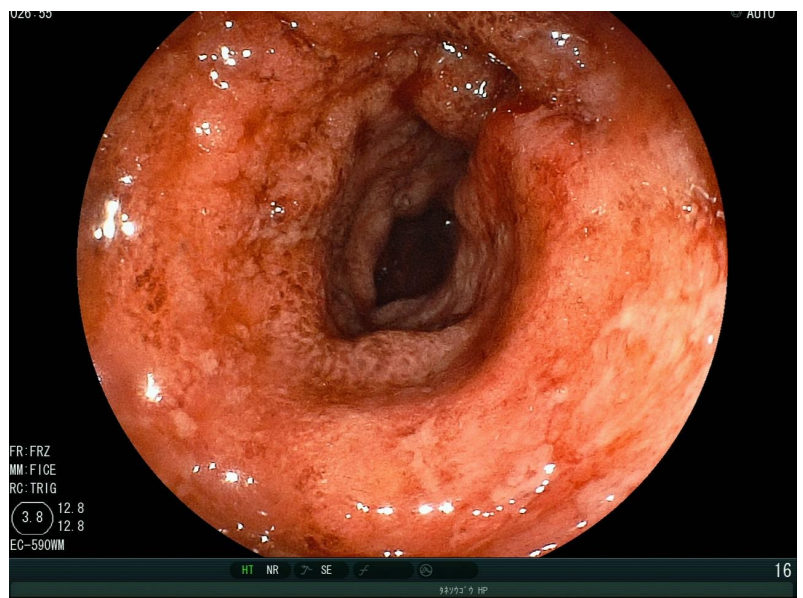
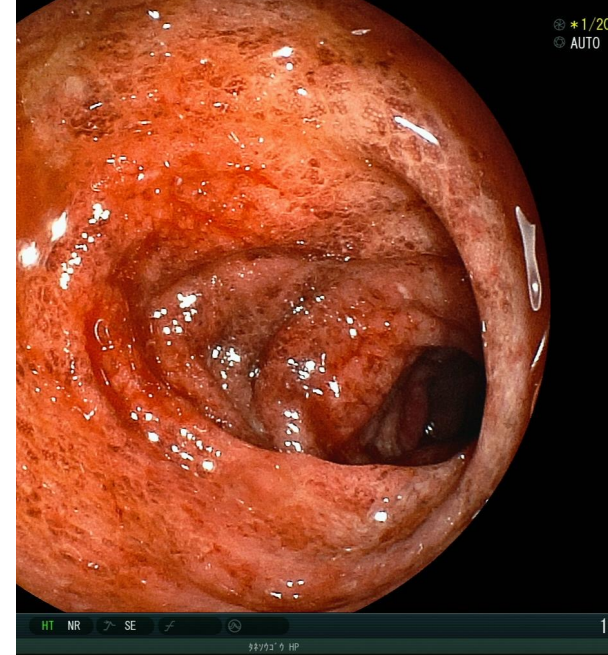
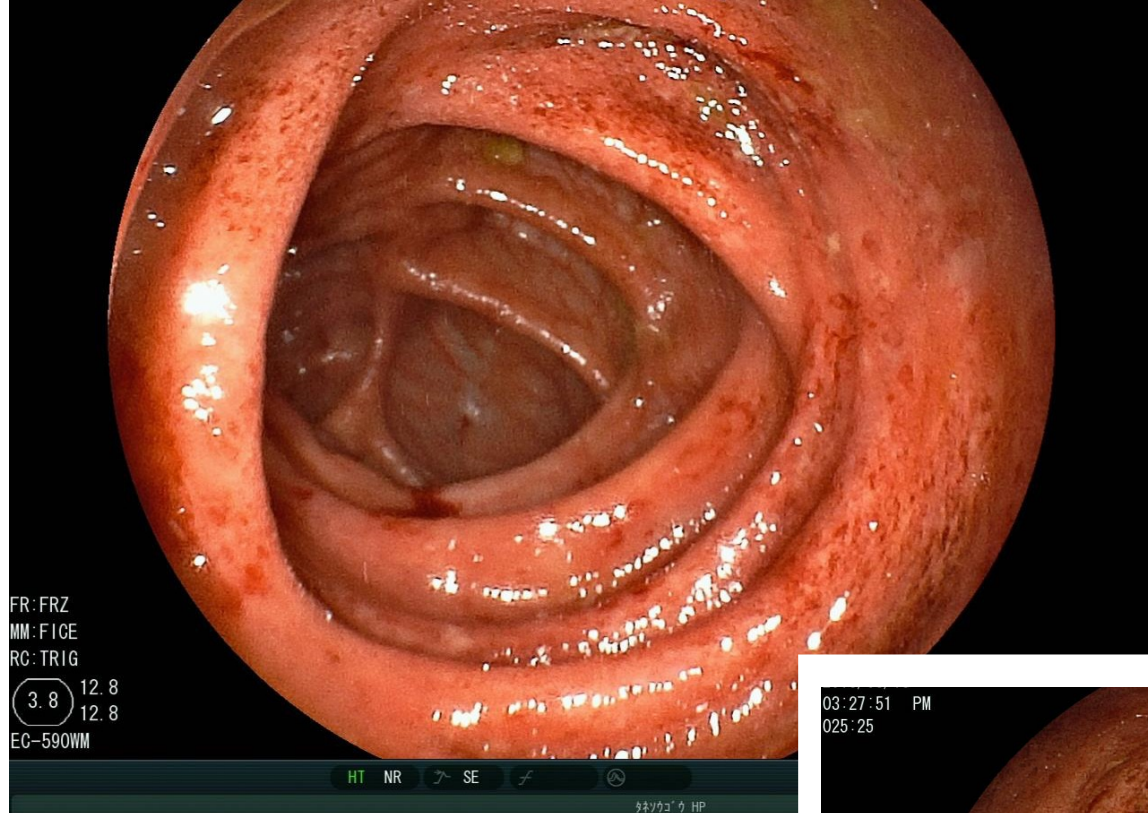
③42歳(発症時) 男性

2015.3 直腸炎型で発症 (5ASA 1500→坐剤)

- 2015.8 全大腸炎型に増悪
(5ASA 4000 + PSL30 → + AZA)
- 2017.2頃から軽度増悪と寛解を繰り返す
(5ASAの変更 + AZA ± ステロイド注腸)
- 2017.9 増悪：血便, 下痢10行



GLM投与前



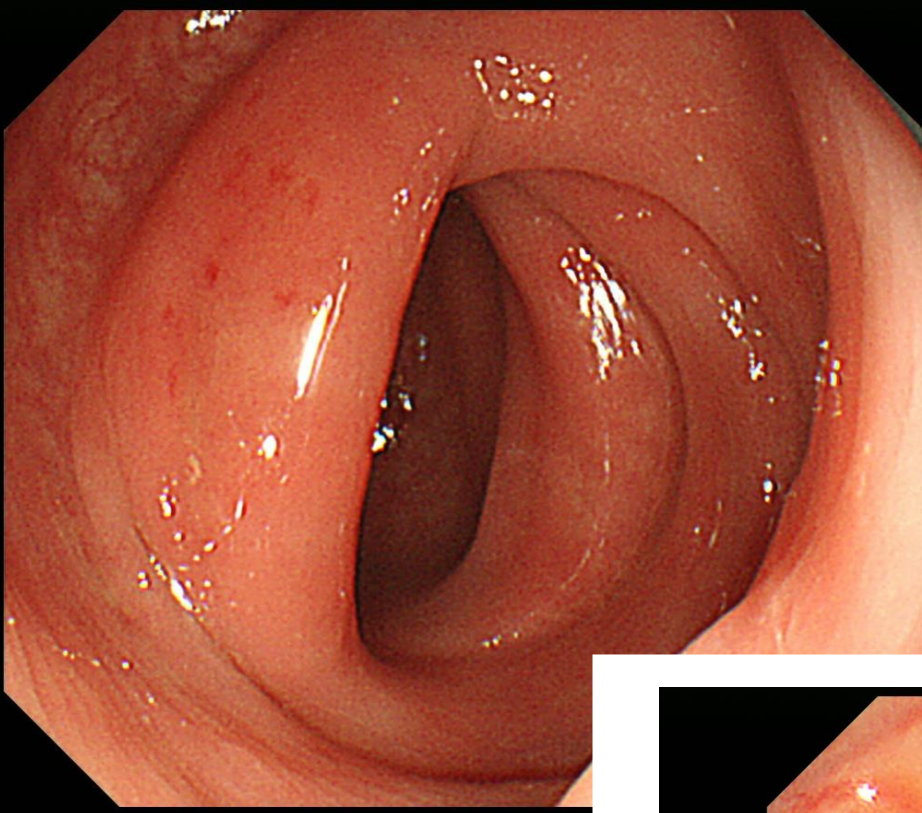
42歳(発症時) 男性

2015.3 直腸炎型で発症 (5ASA 1500→坐剤)

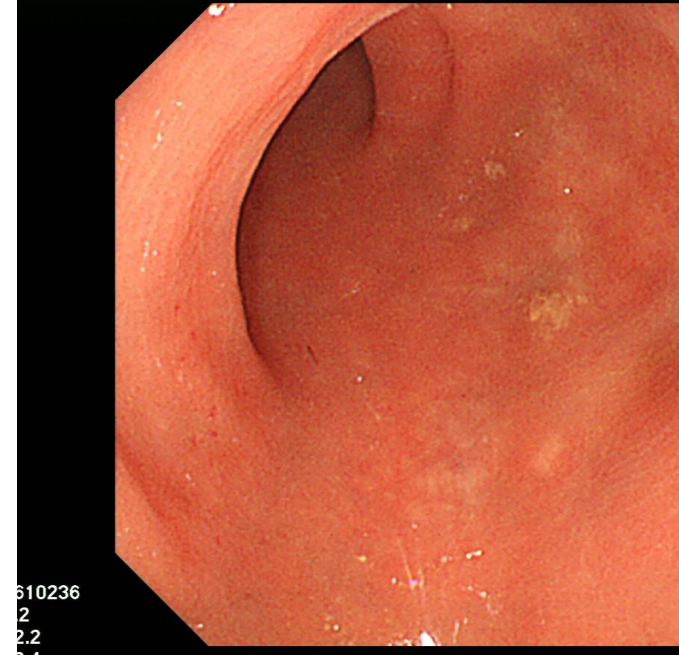
- 2015.8 全大腸炎型に増悪
(5ASA 4000 + PSL30 → + AZA)
- 2017.2頃から軽度増悪と寛解を繰り返す
(5ASAの変更 + AZA ± ステロイド注腸)
- 2017.9 増悪：血便, 下痢10行
- **ゴリムマブ**開始



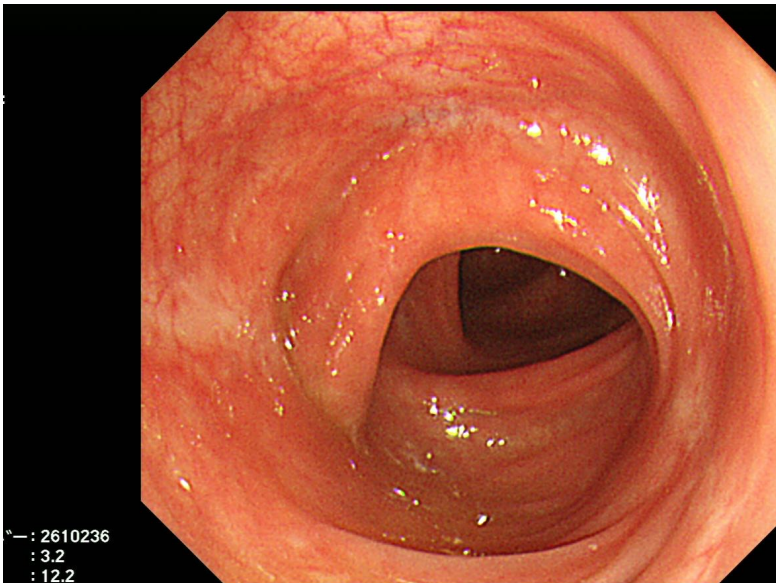
GLM投与後



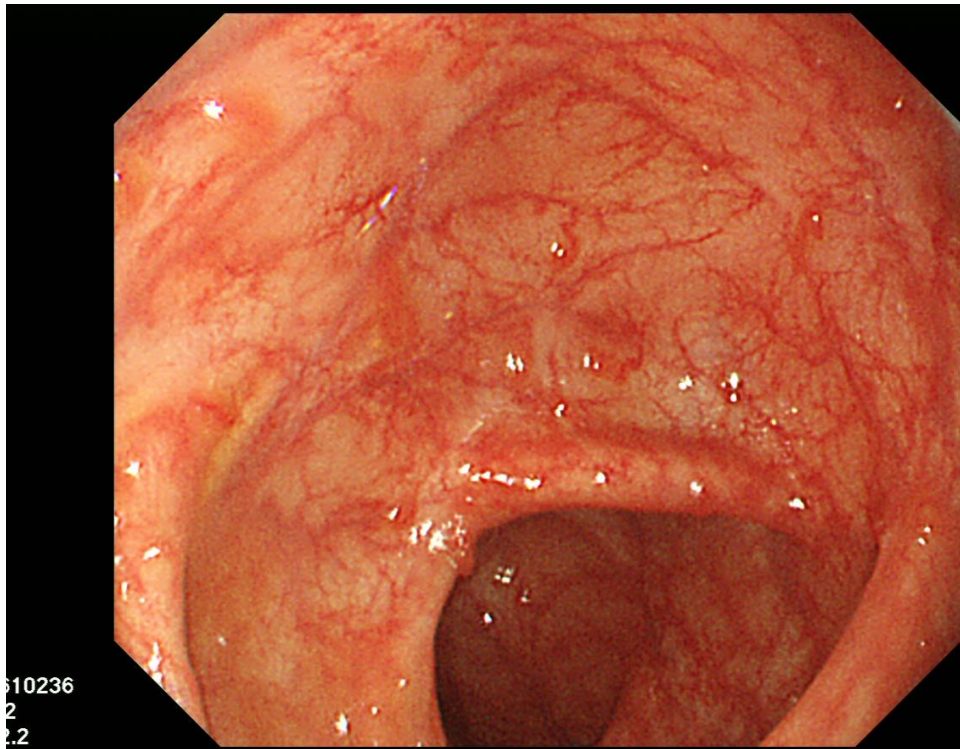
2610236
3.2
12.2
10.1



2610236
3.2
12.2
10.1



2610236
3.2
12.2
10.1



2610236
3.2
12.2
10.1

④ 47歳 男性 5ASA不耐（薬剤性肺炎）

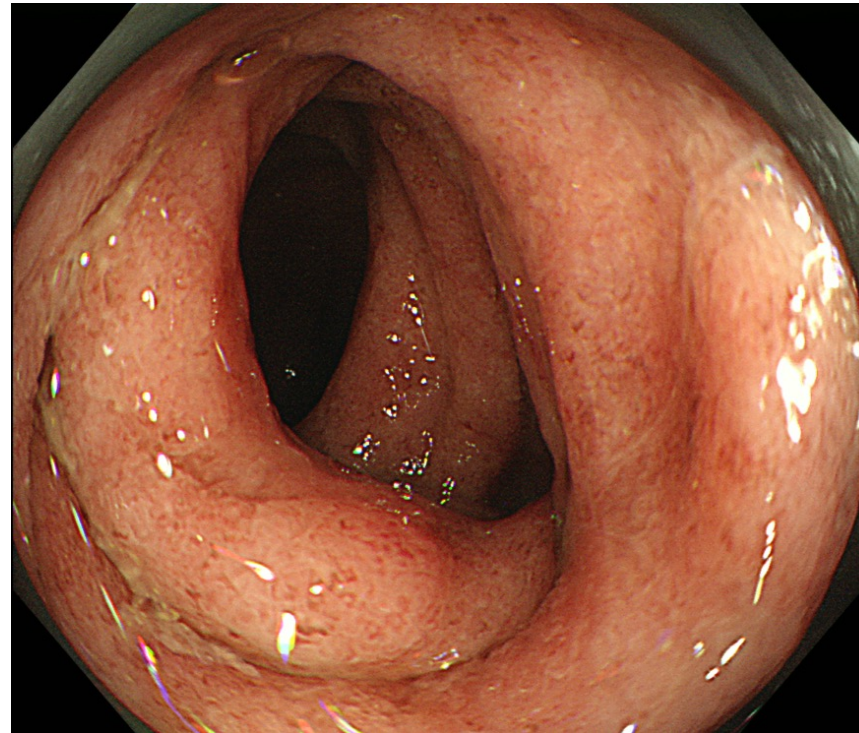
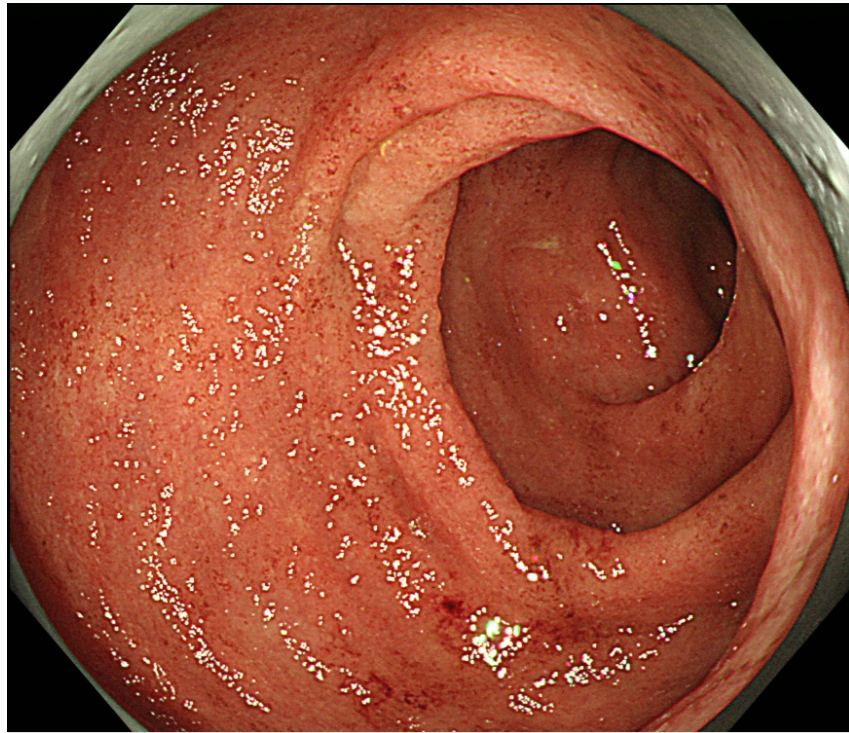
- もともと他院で左側大腸炎型中等症UCとして診療
- 5ASA+PSL+AZA内服中に急性膵炎で当院へ来院
- 以降当院で診療

- 薬剤性膵炎⇒AZAが被疑薬として中断
- 薬剤性肺炎⇒5ASA使用不可、IFXも被疑薬として中断

- 様々な選択肢を説明
- 最終的にSDM(shared decision making)で**ベドリズマブ**単剤で治療



ベドリズムマブ投与前

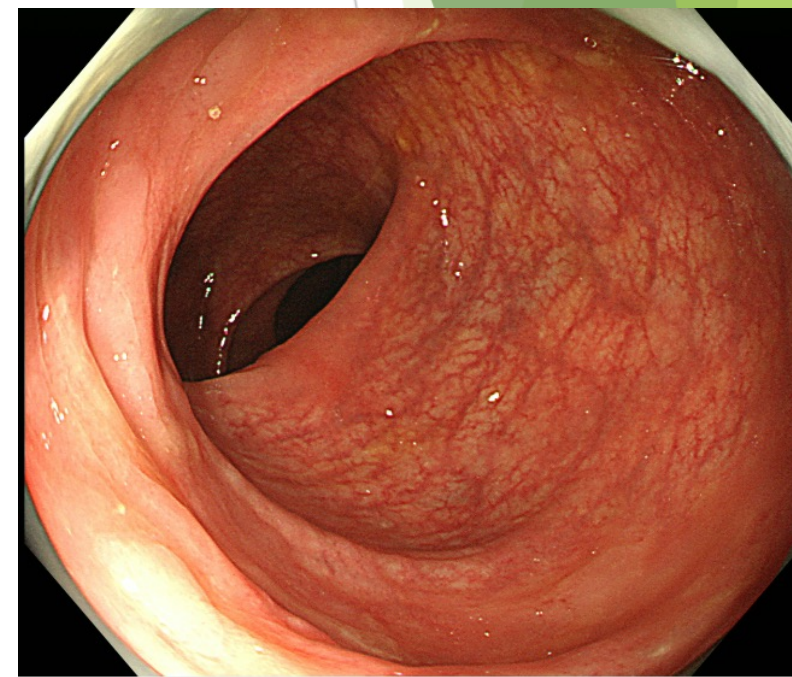
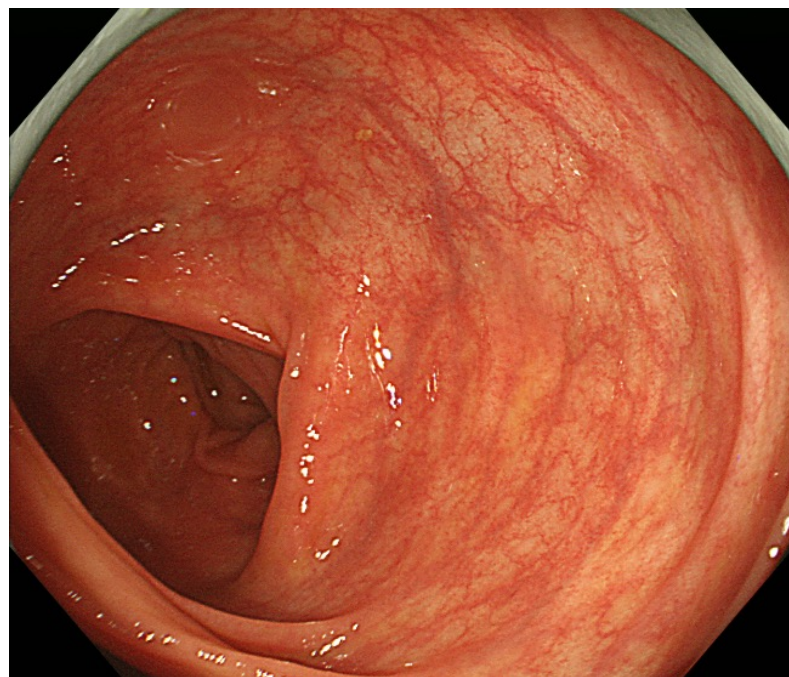
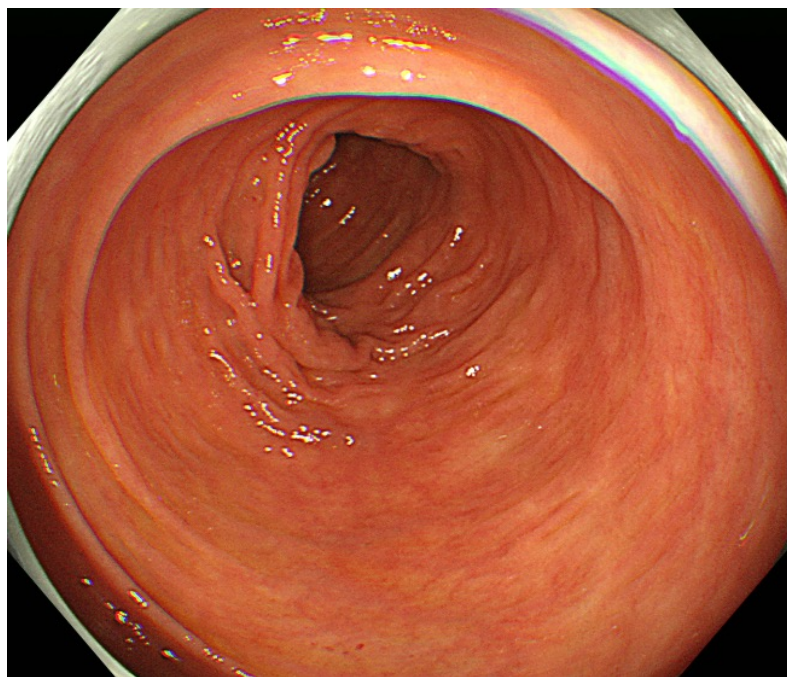


2019 Sep



ベドリズムマブ投与後 寛解維持

※本患者は内服薬は一切なし。ベドリズムマブ点滴のみ。



2021 Dec



⑤ 26歳(発症時) 男性

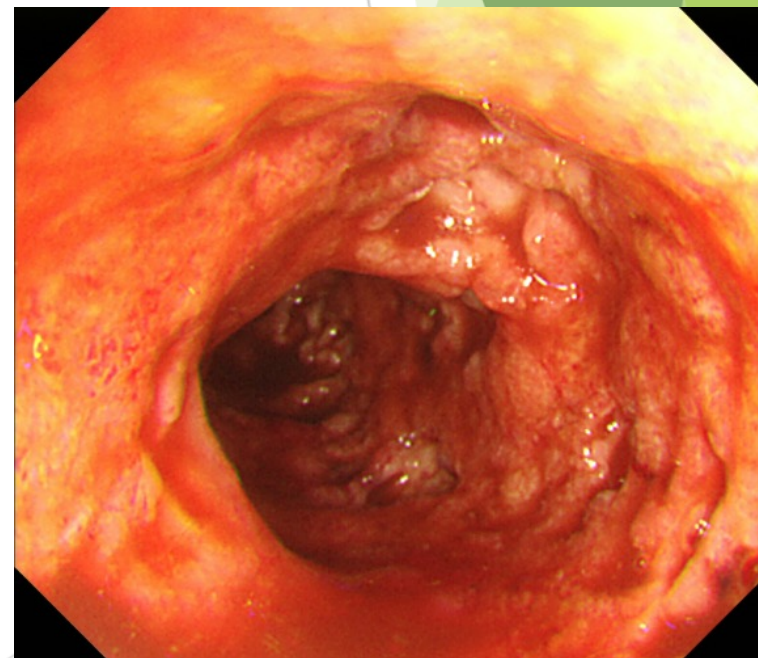
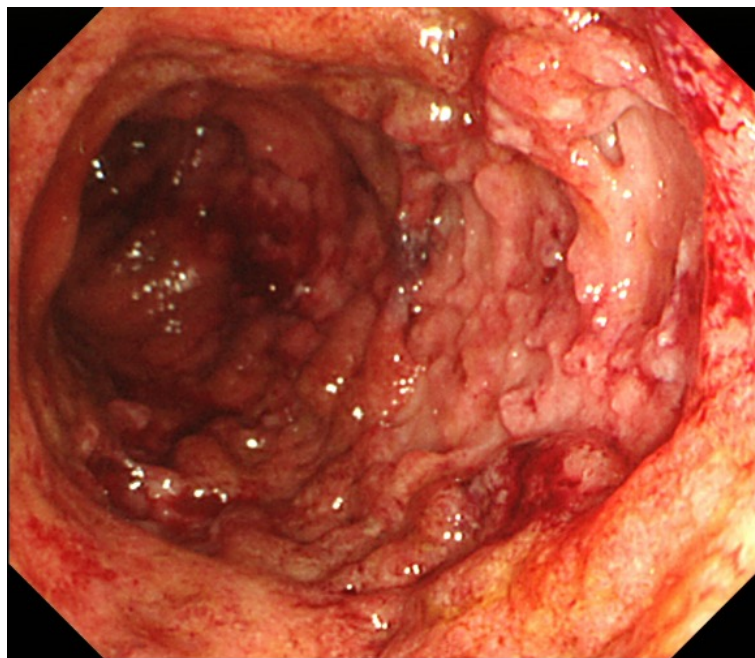
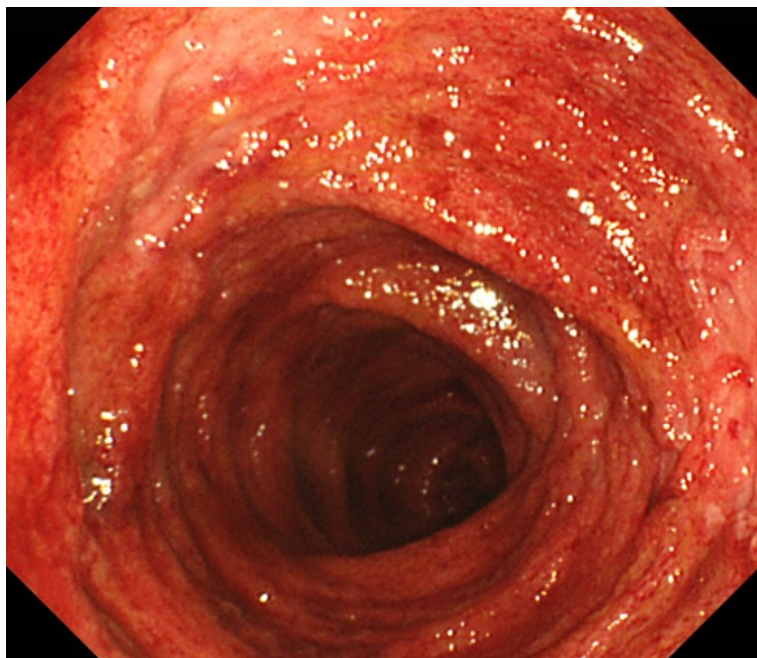
2009年発症 直腸炎型 . . . 他院で診療

以下当院へ

2013/Dec 全大腸炎型で再燃・重症化 CMV-PCR陰性

⇒PSL120mg静注×1週間で改善乏しく

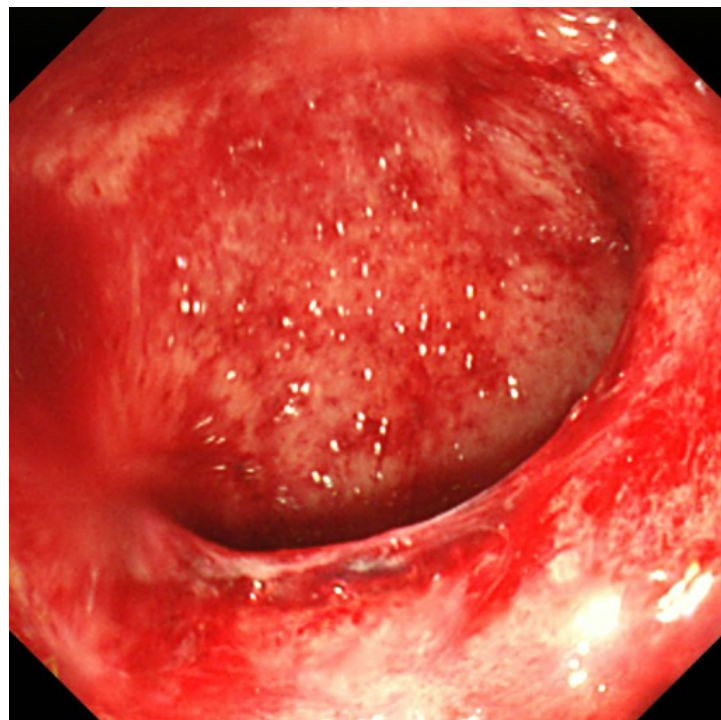
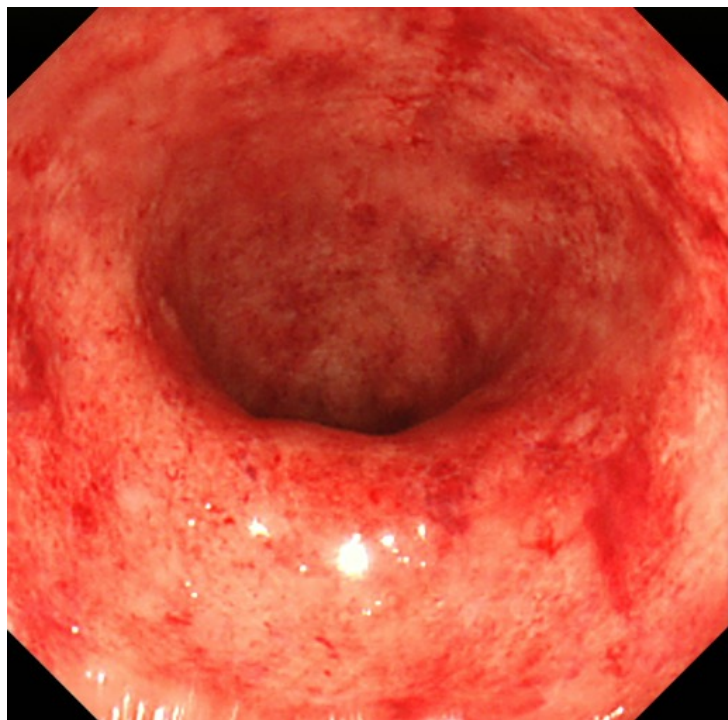
⇒**インフリキシマブ**(2013/Dec-2014/Apr)にて寛解導入成功



2013 Dec

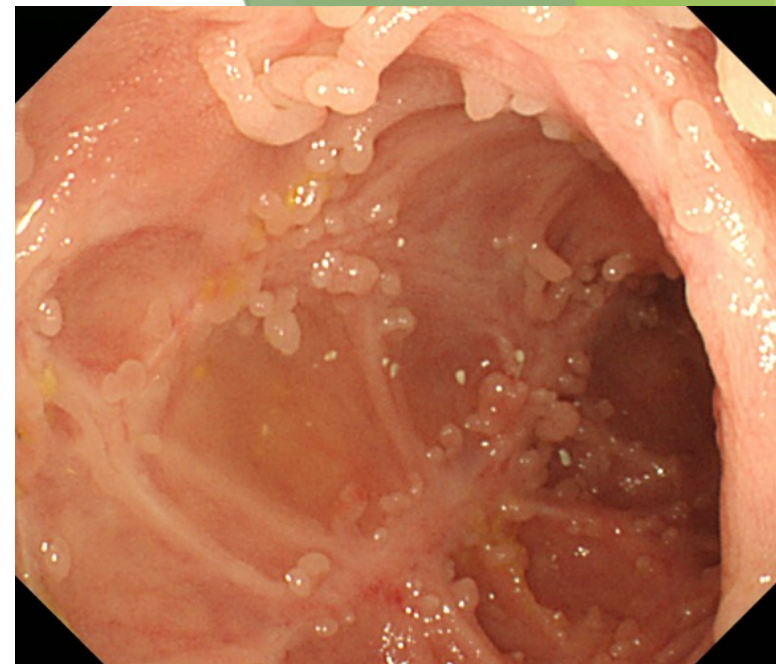


⇒TB既往あり感染の懸念からIFXは4回投与時点で終了
⇒2014/Aprより5ASA+AZAで維持

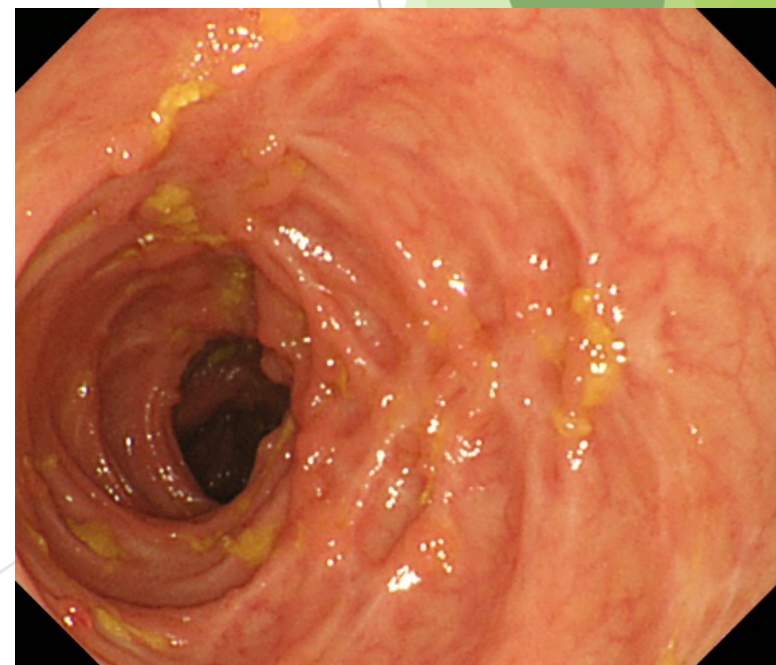


2015/May再燃

⇒インフリキシマブ再投与(AZA併用)⇒寛解

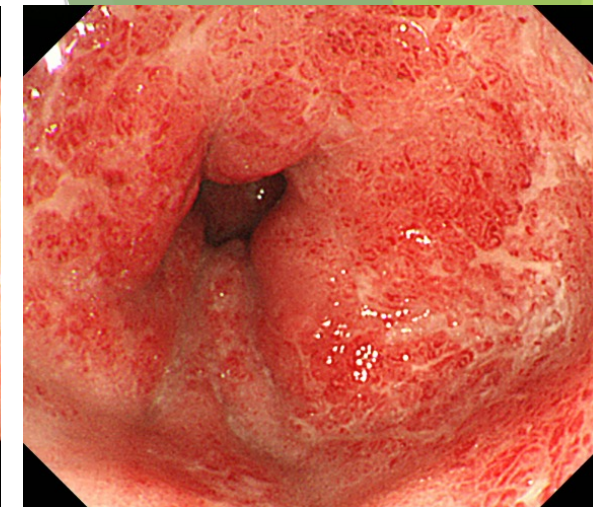
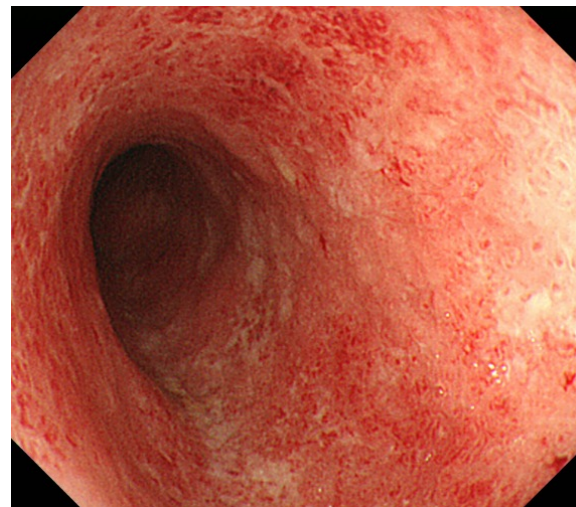


2014 Feb



IFX投与中は最後の2-3週間に悪くなる
⇒interval後半にステロイド/5ASA注腸併用

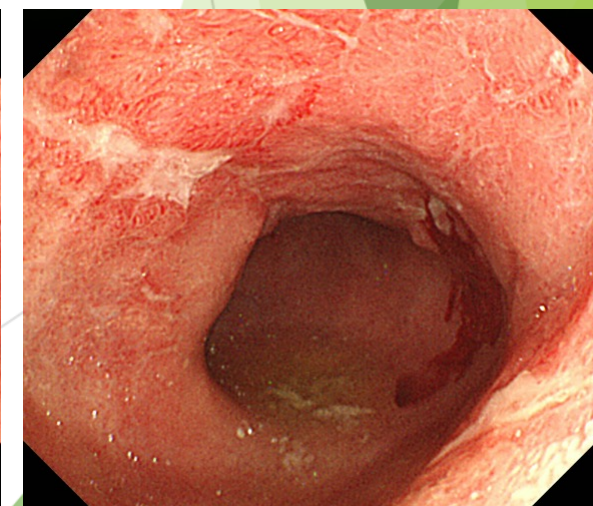
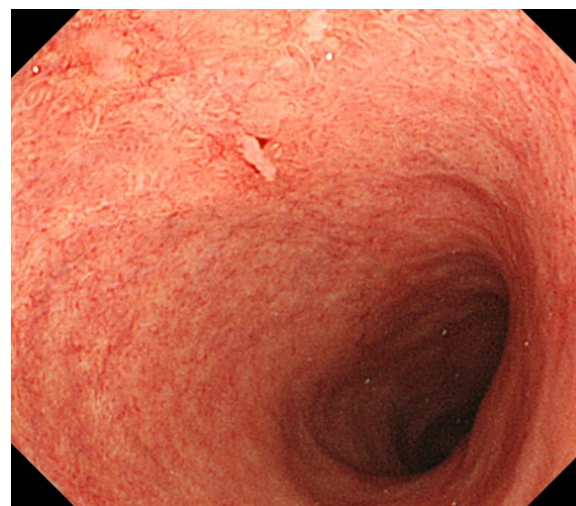
2017/Aug 明らかに効果減弱(二次無効)
2017/Sep **ゴリムマブ**開始⇒一旦改善
2018/Oct 再燃するもレクタブル併用で改善
→同様のエピソードを繰り返す



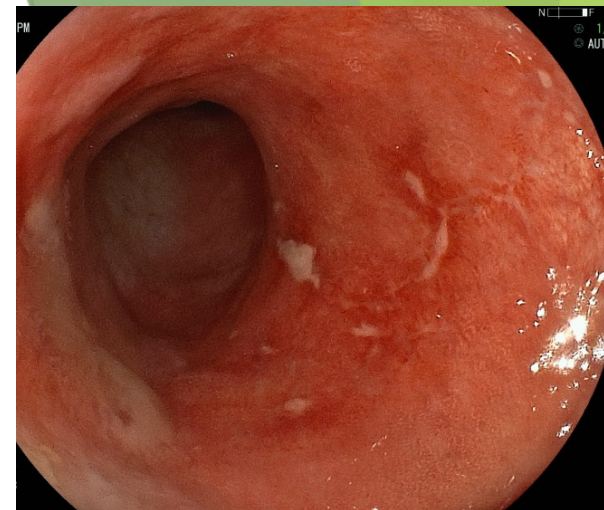
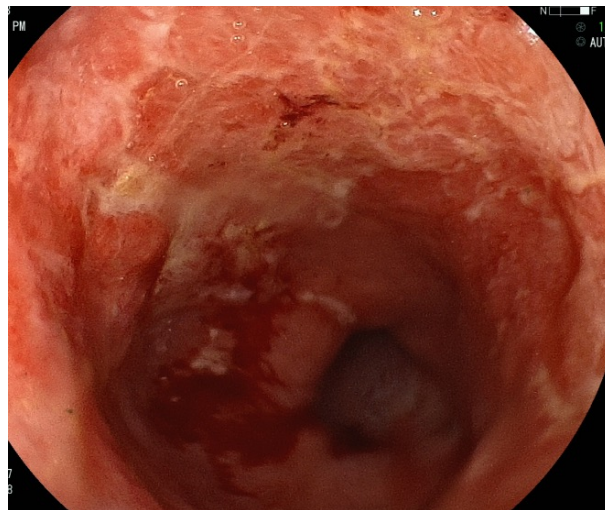
2015 Nov, last 2w of IFX-8w-interval

2017 GLM導入

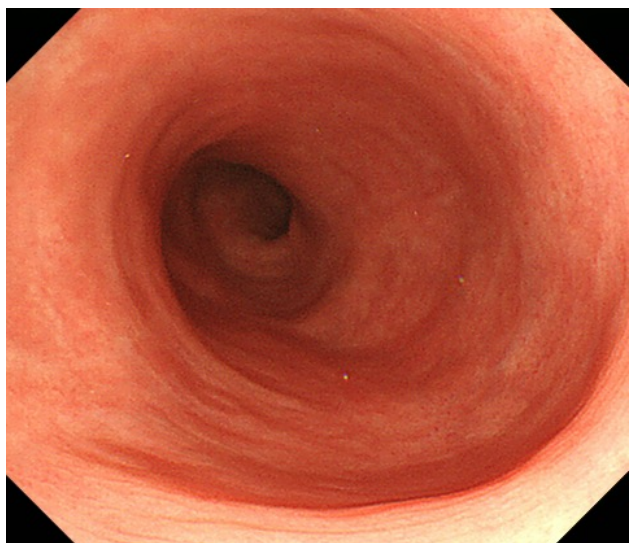
2019 Feb



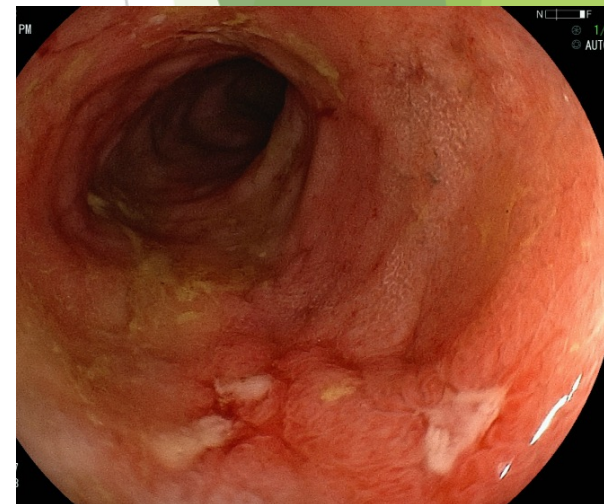
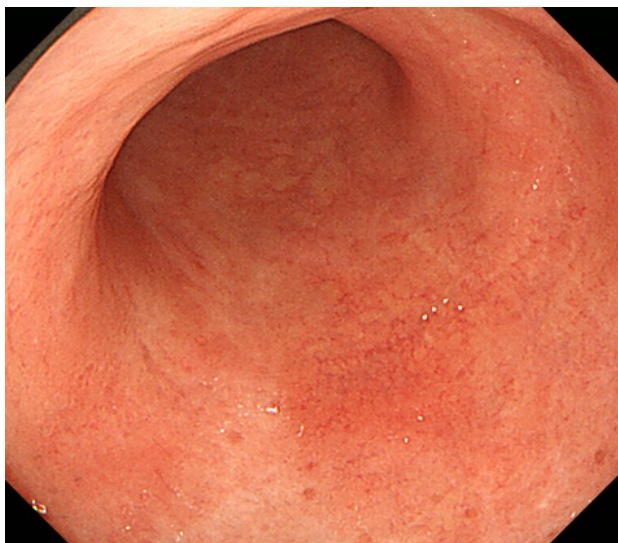
2020/Mar 明らかな増悪め経口PSL⇒ベドリズムマブ開始
(JAK-iかVEDかをSDMで決定)



2020 Mar



2021 Mar



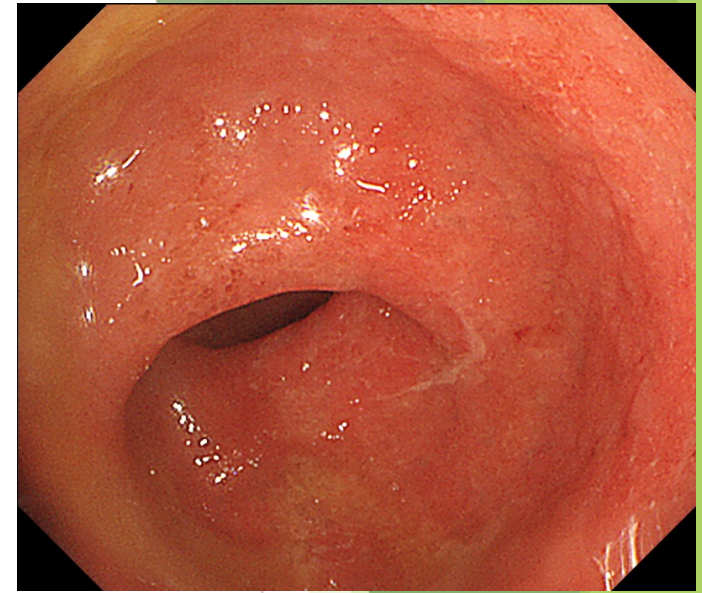
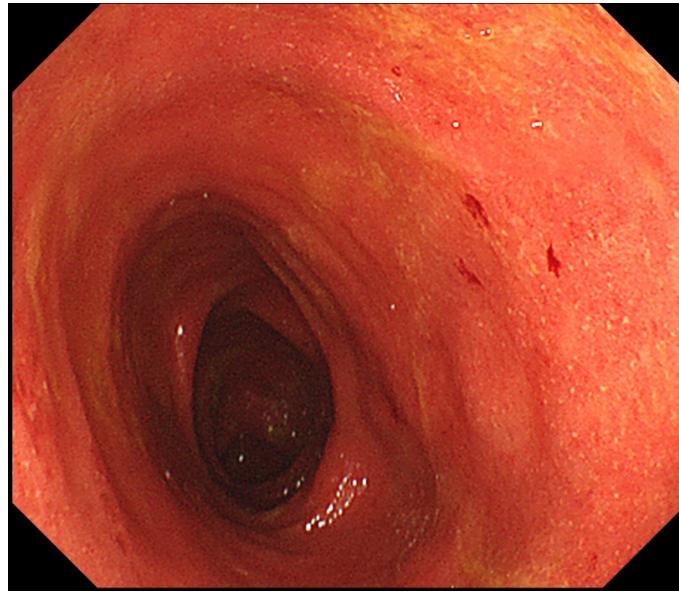
2022/Oct AZA off
2023/Jan 5ASA off

以降現在まで無症状・再燃なし



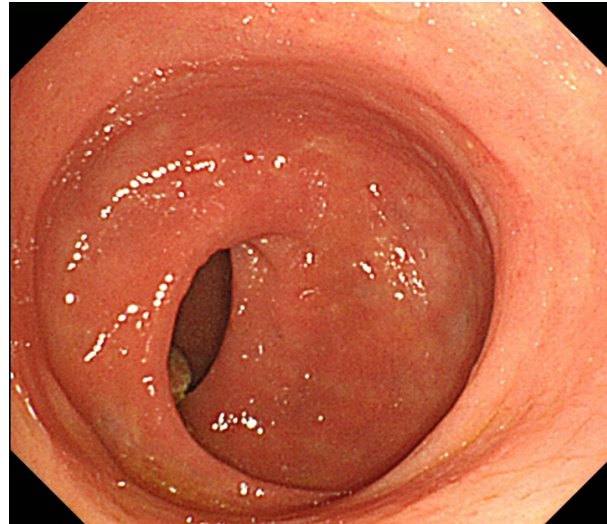
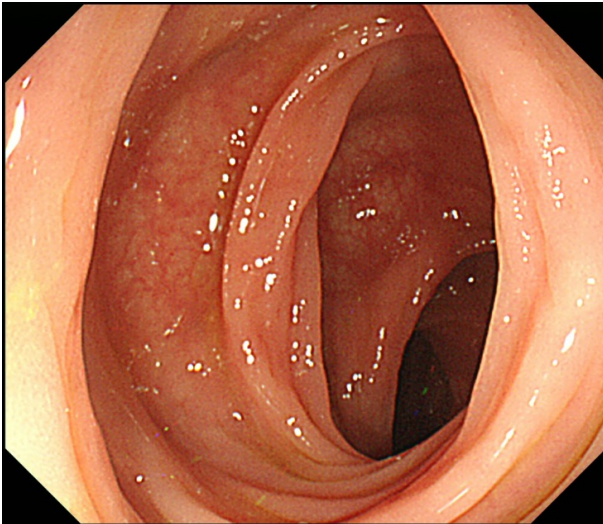
⑥ 45歳(発症時) 男性

2018/Aug 発症 全大腸炎型 中等症
⇒5ASAで寛解



2018 Aug

2019 Apr



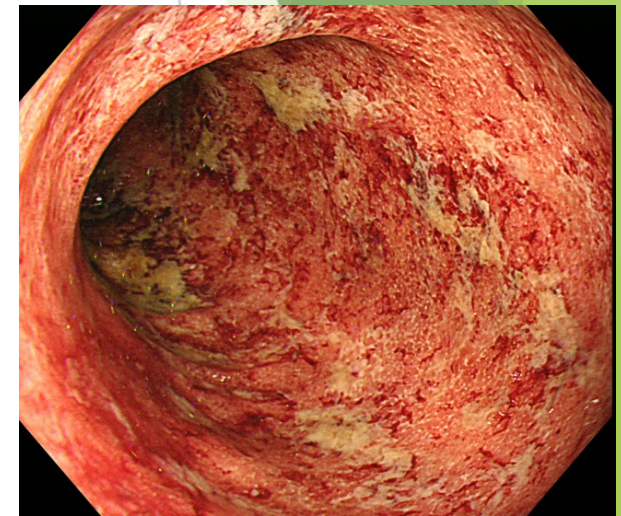
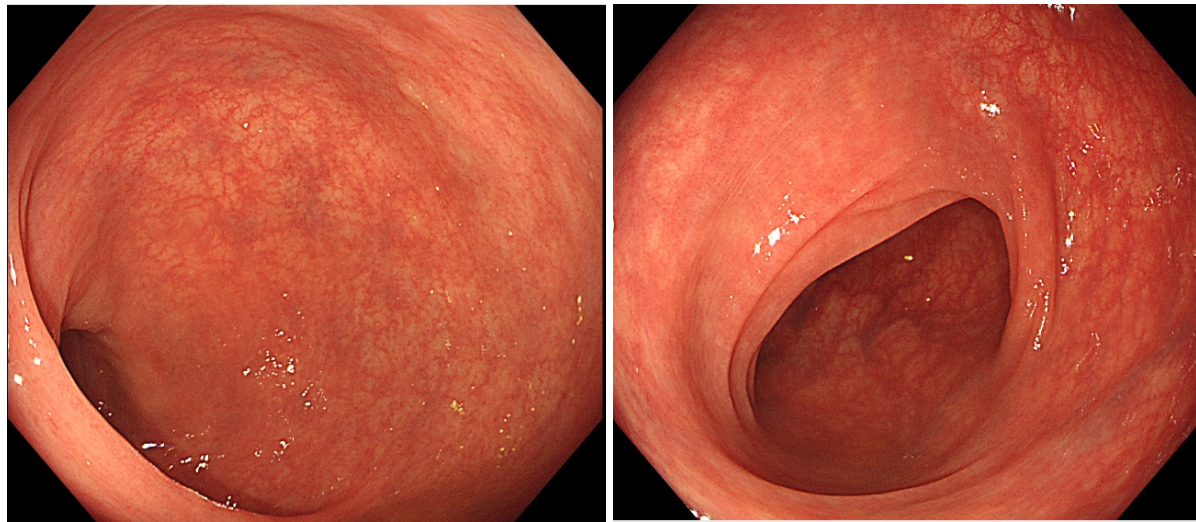
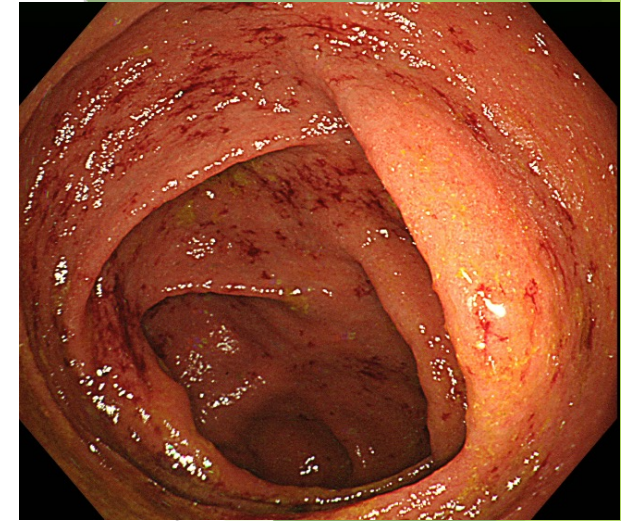
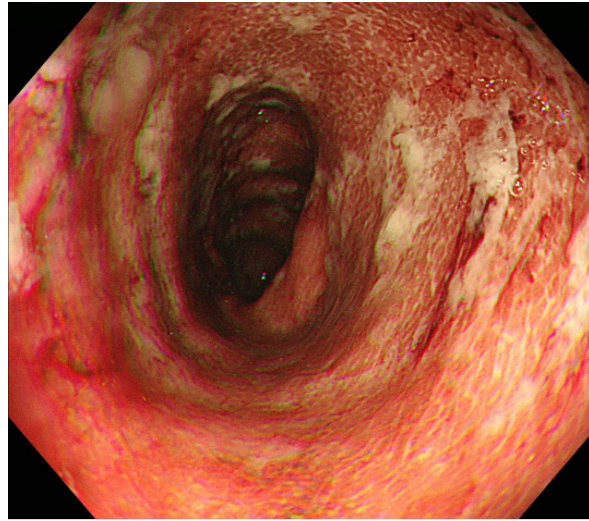
49歳

- ⇒2022/Apr(4年後) 再燃
- ⇒PSL40mgで一旦改善傾向
- ⇒3週後 PSL30mgへ減量 + AZA導入も増悪

※仕事が忙しく内服希望, ステロイド抵抗性に近い依存性

- ⇒2022/Jun **フィルゴチニブ**200mg

2022 Apr



- ⇒2022/Sep寛解導入とステロイドフリー達成し現在まで寛解を維持