症例報告

疼痛の解釈が重要な意味を持った PHN の1例

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要旨:症例は68歳,男性,主訴は左胸部痛.1992年2月,左第7肋間に帯状疱疹を発症、帯状疱疹は軽快したが疼痛は改善せず,複数の医療機関を受診後,疼痛管理目的にて某大麻酔科受診.頭痛,腹痛,四肢痛,不眠等の不定愁訴も強いため当科受診となった。患者は,几帳面,生真面目な性格であり定年まで電話帳の販売をしていた。また,インテリジェンスも高くフランス語,へブライ語,中国語などの外国語を話すことができた。治療に対しても,一見生真面目,かつ,積極的でもあるが,半面,痛みに対してとらわれも強く,医療不信を認められた。一方,尿中17 KS-S は著しい低値を示した。非麻薬性鎮痛薬,抗鬱薬,漢方方剤(ツムラ桂枝加朮附湯,柴苓湯,紅参末)を投与したところ症状は一旦はよくなったが充分な改善を認めなかった。このような患者に対しては,慢性疼痛に対して,内服薬,神経ブロック等によりコントロールすることを目指しながら,その痛みの背景にある身体的(微細脳梗塞,起立性低血圧など),心理的,社会的因子を加味し,全人的アプローチが有効かつ必要と考えられた. (痛みと漢方7:57-60,1997)

索引用語:帯状疱疹後神経痛,慢性疼痛,起立性低血圧,微細脳梗塞,17 KS-S,ドクターショッピング,全人的アプローチ

A case of PHN in relation to a bio-physio-problem

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Abstract: The case was a 68-year-old man. His chief complaint was a left-side chest pain. Four years ago, he suffered from herpes zoster on the seventh intercostal area of the left side. His herpes zoster subsided soon but his pain persisted. He visited a number of outpatient clinics: departments of internal medicine, dermatology and anesthesiology (doctor shopping). His pain was not controlled at any of the clinics. He had also orthostatic hypotension and lacunae cerebral infarction which worsened his pain. His pain area spread to other areas: the other side of the chest, the abdomen, the arms and the legs, etc. He was nervous and he was obsessed with his own symptoms and pain. His urine 17 KS-S showed a low level, which meant his physical and psychological condition was not good in according to Nishikaze.

We used current occidental medicine, a psychological approach and Kampo medicine. Occasionally our therapy was effective, but usually it was not effective. His past experiences made him distrust medicine. So we did our best to understand his biopsycho-socio-existential interpersonal communication concerning his pain. Consequently, we concluded that his pain came from lack of communication with other people. It was therapeutically important, therefore, to make him recognize the meanings of his own pain.

(Pain and Kampo Medicine 7: 57–60, 1997)

Key words: post herpetic neuralgia, chronic pain, orthostatic hypotension, lacunae cerebral infarction, 17 KS-S, doctor shopping, bio-psycho-social-existential approach