症例報告

胸郭出口症候群による手腕の疼痛および 冷感に当帰芍薬散が有効であった 1 症例

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要旨:胸郭出口症候群は腕神経叢と鎖骨下動静脈からなる神経血管束が,胸郭出口部において圧迫,牽引されることで神経過敏が生じ,頸肩腕痛などを生じる症候群である.今回,我々は胸郭手口症候群に伴う手腕の疼痛や冷感に対し,当帰芍薬散が有効であった症例を経験したので報告する.患者は81歳女性.20年前より冬期に左手腕の冷感を自覚していた.1年前より冷感に加え疼痛,しびれも出現したため当科を受診した.Morley,Adson,Wright,Roosの各テストは陽性.和漢診療学的所見より,水毒,瘀血の存在が示唆された.当帰芍薬散の内服を開始したところ,7日後には冷感の軽減を自覚した.その後,約1年間内服を継続し,皮膚温度は両手とも上昇し疼痛および冷感は軽減した.当帰芍薬散により,全身的な水毒の改善に加え,圧迫や牽引により生じた腕神経叢周囲の浮腫が軽減したこと,上肢の血流が改善したことが症状改善につながったと考えられる.

索引用語:胸郭出口症候群, 当帰芍薬散, 冷え

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A case of thoracic outlet syndrome successfully treated with Kampo medicine, Tokishakuyakusan

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Abstract: Thoracic outlet syndrome (TOS) is characterized by the symptoms of pain and paresthesia in hand, neck, shoulder, and arms. The conservative treatment is the common practice for the most patients with TOS. A case of a patient with TOS successfully treated with Tokishakuyakusan is reported. An 81 years old female patient complained of pain, chill, and numbness in left arm and hand. Morley-, Adson-, Wright-, and Roos-tests were positive. Although plain cervical radiography revealed mild narrowing of intervertebral foramens, either Jackson- or Spurling-test was negative. Thermographic examination demonstrated that skin temperature of left hand was about 26 to 27°C, which was apparently lower than that of right hand. Suidoku (disorder of the body's fluid metabolism) and Oketsu (the syndrome caused by blood stagnation) synptoms were suggested by the Kampo diagnosis. By the treatment of Tokishakuyakusan for about one year, pain and chill of left arm and hand were gradually relieved and skin temperature of left hand increased to about 30 to 31°C. Suidoku symptoms were also improved. These results suggest that Tokishakuyakusan could be one of the medicine for the conservative treatment of TOS.

Key words: thoracic outlet syndrome, Tokishakuyakusan, chill

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