研究課題名

透析患者におけるCTで測定した骨格筋指数と栄養障害との関係について

研究責任者の氏名

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研究の概要

目的: 先の研究で、透析患者においては、CTで測定した骨格筋指数が生体インピーダンス法で推定された骨格筋量と良好に相関することを報告しました。透析患者は、一般的に低栄養の状態にあり、栄養障害により骨格筋量は低下することが予想されます。そこで、先の研究で用いたデータをもとに、CTで測定した骨格筋指数と栄養障害との関連を明らかにすることを目

的とします。

対象と方法: 2019年1月から2020年6月の間に、当院外来にて維持透析患者さんの中で癌のスクリーニング検査の一環として腹部単純CTを施行した患者さん連続100例を対象とします。第3腰椎のCTスライスで、骨格筋指数を測定します。栄養障害の指標としては、血清アルブミン値と体格指数(BMI)から計算される、geriatric nutritional risk index (GNRI)を用います。まず、両者の相関関係を明らかにします。次に、単変量解析にて、骨格筋指数と関連のある背景因子を明らかにします。さらに、多変量解析にて、骨格筋指数とGNRIとの間に独立した関連があるか否か調べます。既報より、GNRI 91.2未満を栄養障害があると定義した時の骨格筋指数のオッズ比を求めます。

研究に関する記録は、研究終了後 5 年間保存した後に消去します。なお、研究の成果に関しては、学会発表や論文投稿する予定です。住所、氏名などの個人情報が公開されることは一切ありません。

利用する情報の項目

身長、体重、年齢、性別、身長と体重(ドライウエイト)、既往歴、血液検査データ、CT 所見など

利用するものの範囲

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The use of CT Hounsfield unit values to identify the undiagnosed spinal osteoporosis in patients with lumbar degenerative diseases

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Abstract

Purposes: Our purpose was to use computed tomography (CT) Hounsfield unit (HU) values to identify the undiagnosed spinal osteoporosis in patients with lumbar degenerative diseases.

Methods: A total of 334 patients with lumbar degenerative diseases were retrospectively reviewed and divided into two groups according to the degree of lumbar degenerative changes in preoperative lumbar CT images. Patients who had at least three vertebrae with severe degeneration at L1-L4 were placed in the degenerative group, and others were placed in the control group. HU value of trabecular bone in middle axial CT image of vertebral body, T-score and bone mineral density (BMD) at L1-L4 and hips were measured. CT HU thresholds for osteoporosis were obtained from control group and then applied to identify undiagnosed spinal osteoporosis.

Results: There were 182 patients in the degenerative group and 152 patients in the control group. CT HU value had a positive correlation with T-score and BMD of lumbar spine in both groups (P < 0.001), while the correlation coefficients at L1-L4 were higher in the control group (> 0.7) than in the degenerative group (< 0.7). T-score and BMD of lumbar spine were higher in the degenerative group (P < 0.05), while CT HU value, T-score and BMD of hips had no significant difference between two groups. According to the linear regression equations of vertebral T-score and CT HU value in the control group, the thresholds matching T-score of - 2.5 were 110, 100, 85 and 80HU for L1, L2, L3 and L4, respectively. Defining CT osteoporosis as L1 \leq 110HU or L2 \leq 100HU or L3 \leq 85HU or L4 \leq 80HU was 88.5% (69/78) specific and 60.8% (45/74) sensitive for distinguishing DXA osteoporosis of lumbar spine in the control group. The rate of undiagnosed spinal osteoporosis was higher in the degenerative group than in the control group according to CT HU thresholds (38.7% vs. 11.5%, P < 0.05).

Conclusions: Degenerative changes in the lumbar spine can increase BMD and T-score provided

by lumbar DXA, leading to an underestimation of vertebral osteoporosis. Thresholds for osteoporosis based on CT HU values can be used as a complementary method to identify undiagnosed spinal osteoporosis in patients with lumbar degenerative diseases. These slides can be retrieved under Electronic Supplementary Material.

Keywords: CT Hounsfield unit value; Dual-energy X-ray absorptiometry; Lumbar degenerative disease; Osteoporosis.

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