

薬剤性肝障害患者における原因薬剤同定における 白血球遊走試験の臨床的応用と新しい診断基準

薄井健介*、小田義貞*、久保田理恵*、根岸健一*、宇野勝次、
恒松 聡**、熊谷直樹**、小宮山貴子*

Hepato-Gastroenterology, **54**, 1752-1757 (2007)

Clinical application of the leukocyte migration test and new diagnostic criteria for identifying causative agents in patients with drug-induced liver injury

Kensuke Usui*, Yoshisada Oda*, Rie Kubota*, Kenichi Negishi*, Katsuji Uno,
Satoshi Tsunematsu**, Naoki Kumagai** and Takako Komiyama*

ABSTRACT Background/Aims: We examined the usefulness of the leukocyte migration test (LMT) in the identification of agents causing drug-induced liver injury (DILI). Methodology: In 14 patients who were tentatively diagnosed as having DILI in Kitasato Institute Hospital, pharmacists collected and evaluated drug information and patients' medication histories to identify causative agents. Simultaneously, LMT and drug lymphocyte stimulation test (DLST) were performed. Furthermore, scoring was performed according to the diagnostic criteria established by the International Consensus Meeting (ICM) and the Digestive Disease Week-Japan 2004 (DDW-J). Results: LMT-positive agents showed a higher ICM score compared to DLST-positive agents. The rate of LMT-positive agents was examined with respect to ICM assessment, and 0%, 25%, 33%, and 100% of agents regarded as unrelated/unlikely, possible, probable, and highly probable showed positive reactions in LMT, respectively; the rate of LMT-positive agents increase with the degree of the agent's involvement. When the results of LMT were applied to the DDW-J criteria, there was a correlation with the ICM criteria in comparison to scoring based on the results of DLST. Conclusions: LMT may be useful for identifying agents causing DILI. Furthermore, the collection and evaluation of drug and patient information and in vitro testing in the identification of causative agents may support more reliable diagnosis.

抄録 背景/目的：私達は薬剤性肝障害（DILI）の原因薬剤の同定における白血球遊走試験（LMT）の有用性を検討した。方法：北里研究所病院でDILIと疑われた患者14例に対して、薬剤師は原因薬剤を同定するために薬剤情報と患者薬歴を収集・検討すると同時に、LMTと薬剤リンパ球刺激試験（DLST）を施行した。さらに、ICMとDDW-J-2004で提唱されている診断基準に従ってスコアリングした。結果：LMT陽性

薬剤はDLST陽性薬剤に比べ高いICMスコアを示した。LMTの陽性率は、ICM評価で「たぶん可能性なし」が0%、「たぶん可能性あり」が25%、「おそらく関連性あり」が33%、「関連性あり」が100%で、薬剤の関与の度合いに伴って上昇した。DDW-J評価でもLMTはDLSTに比べ高い相関性を認めた。結語：LMTはDILIの原因薬剤同定に有効であると考えられる。さらに、薬剤と患者情報の収集・検討と原因薬剤の同定試験はより有益な診断を提供すると考えられる。

* Center for Clinical Pharmacy and Clinical Sciences, School of Pharmacy, Kitasato University

北里大学薬学部臨床薬学研究センター

** Research Center for Liver Diseases Kitasato Institute Hospital

北里研究所病院肝疾患研究センター