

2. 急性胆管炎診断基準、重症度判定基準

Diagnosis and severity grading of acute cholangitis (0330_Record)

【3-4 クリニカルクエスションの設定】 CQ2

スコープで取り上げた重要臨床課題(Key Clinical Issue)				
急性胆管炎は、代表的な腹部救急疾患の一つであり、適切な治療を行わないと敗血症となりlife-threateningとなる危険がある。このため、迅速に的確に診断する必要があるが、特異的な血清マーカーや画像診断の所見はなく、長らく共通の診断基準というものがなく各医療施設の独自の基準で診断されていた。2007年に世界で初めての診断基準がTG07診断基準として作成されたが、感度が低いなどの限界が報告され2013年にはTG13診断基準として改訂された。実地臨床において、このTG13診断基準を用いて急性胆管炎を診断することが有用であるか評価、検証する。				
CQの構成要素				
P (Patients, Problem, Population)				
性別	指定なし			
年齢	指定なし			
疾患・病態	急性胆管炎			
地理的要件	なし			
その他				
I (Interventions) / C (Comparisons, Controls) のリスト				
TG13診断基準の使用、TG07診断基準、長らく慣用的に診断基準として位置づけられてきたCharcot3徴				
O (Outcomes) のリスト				
	Outcomeの内容	益か害か	重要度	採用可否
O1	診断能	益	10点	○
O2			点	
O3			点	
O4			点	
O5			点	
O6			点	
O7			点	
O8			点	
O9			点	
O10			点	
作成したCQ				
How are TG13 diagnostic criteria for acute cholangitis appraised?				

【5-1 推奨文章案】CQ2

1. CQ

How are TG13 diagnostic criteria for acute cholangitis appraised?

2. 推奨草案

TG13診断基準は、軽症例や画像所見を得にくい症例の診断に限界があるが、現在提唱されている唯一の診断基準であり、より多くの急性胆管炎と考えられる患者を急性胆管炎と診断することが可能である。

3. 作成グループにおける、推奨に関連する価値観や好み(検討した各アウトカム別に、一連の価値観を想定する)

迅速に診断して胆道ドレナージや抗菌薬の投与などの的確な治療を行わないと、life-threateningとなる危険性のある本症の診断基準には、良好な感度であることが最も求められる。急性胆管炎の診断基準は慣用的に用いられてきたCharcot3徴、世界で初めて作成されたTG07診断基準以外はなく、TG13診断基準はこれらよりも良好な診断率を有することから、実地臨床において有用と考えられる。

4. CQに対するエビデンスの総括(重大なアウトカム全般に関する全体的なエビデンスの強さ)

A(強) B(中) C(弱) D(非常に弱い)

5. 推奨の強さを決定するための評価項目(下記の項目について総合して判定する)

推奨の強さの決定に影響する要因	判定	説明
アウトカム全般に関する全体的なエビデンスが強い ・全体的なエビデンスが強いほど推奨度は「強い」とされる可能性が高くなる。 ・逆に全体的なエビデンスが弱いほど、推奨度は「弱い」とされる可能性が高くなる。	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	Gold standardがない疾患であるため、診断基準の診断能の検証が難しい。特異度の検証がされていない
益と害のバランスが確実(コストは含まず) ・望ましい効果と望ましくない効果の差が大きければ大きいほど、推奨度が強くなる可能性が高い。 ・正味の益が小さければ小さいほど、有害事象が大きければ大きいほど、益の確実性が減じられ、推奨度が「弱い」とされる可能性が高くなる。	<input checked="" type="checkbox"/> はい <input type="checkbox"/> いいえ	TG13診断基準を用いることの患者への害は存在しない。

推奨の強さに考慮すべき要因

患者の価値観や好み、負担の確実さ(あるいは相違)
正味の利益がコストや資源に十分に見合ったものかどうかなど

臨床徴候、迅速に施行が可能で結果が得られるルーチンの血液検査、画像診断によって診断が可能であり、患者への侵襲も小さく、コストも高くない。

明らかに判定当てはまる場合「はい」とし、それ以外は、どちらとも言えないを含め「いいえ」とする

【3-4 クリニカルクエスションの設定】 CQ3

スコープで取り上げた重要臨床課題(Key Clinical Issue)				
急性胆管炎が疑われる場合体外式超音波を施行すべきか？				
CQの構成要素				
P (Patients, Problem, Population)				
性別	指定なし			
年齢	指定なし			
疾患・病態	急性胆管炎			
地理的要件	指定なし			
その他	指定なし			
I (Interventions) / C (Comparisons, Controls) のリスト				
O (Outcomes) のリスト				
	Outcomeの内容	益か害か	重要度	採用可否
O1	経済性		点	
O2	安全性		点	
O3	診断能		点	
O4	簡便性		点	
O5			点	
O6			点	
O7			点	
O8			点	
O9			点	
O10			点	
作成したCQ				

【5-1 推奨文章案】 CQ3

1. CQ

急性胆管炎の診断におけるUSの位置づけは？

2. 推奨草案

胆管炎そのものをUSで診断することは容易でないが、その間接所見である胆管拡張や原因となる結石、腫瘍の描出に有用であり、さらにその低侵襲性、普及度、簡便性、経済性から急性胆管炎の形態学的診断において第一選択的検査法として位置付けられる。

3. 作成グループにおける、推奨に関連する価値観や好み(検討した各アウトカム別に、一連の価値観を想定する)

USの普及度、簡便性、経済性、低侵襲性について検討した論文は見当たらないが、国際的に衆目の一致するところであり、改めて証明する必要はないものと思われる。診断能にはかなりのばらつきがみられるが、施行することによる損失が非常に少ないことを重視した。

4. CQに対するエビデンスの総括(重大なアウトカム全般に関する全体的なエビデンスの強さ)

A(強) B(中) C(弱) D(非常に弱い)

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益と害のバランスが確実(コストは含まず) ・望ましい効果と望ましくない効果の差が大きければ大きいほど、推奨度が強くなる可能性が高い。 ・正味の益が小さければ小さいほど、有害事象が大きければ大きいほど、益の確実性が減じられ、推奨度が「弱い」とされる可能性が高くなる。	<input checked="" type="checkbox"/> はい <input type="checkbox"/> いいえ	

推奨の強さに考慮すべき要因

患者の価値観や好み、負担の確実さ(あるいは相違)
 正味の利益がコストや資源に十分に見合ったものかどうかなど

明らかに判定当てはまる場合「はい」とし、それ以外は、どちらとも言えないを含め「いいえ」とする

Title	Identifiers	Properties
Bacteremia with Raoultella planticola in the setting of acute pancreatitis complicated with acute cholangitis.	PMID:28229615	create date:2017/02/24 first author:Merino Rodr7rguez E
Comparative performance of non-contrast MRI with HASTE vs. contrast-enhanced MRI/3D-MRCP for possible choledocholithiasis in hospitalized patients.	PMID:28154911	create date:2017/02/06 first author:Kang SK
Recent advances in the diagnosis and treatment of primary biliary cholangitis.	PMID:27957241 PMCID:PMC5124714	create date:2016/12/14 first author:Huang YQ
Percutaneous Cholecystostomy: Evidence-Based Current Clinical Practice.	PMID:27904248 PMCID:PMC5088094	create date:2016/12/03 first author:Gulaya K
Optimal Timing of Endoscopic Retrograde Cholangiopancreatography in Acute Cholangitis.	PMID:27875357	create date:2016/11/23 first author:Hou LA
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Factors and Outcomes Associated with MRCP Use prior to ERCP in Patients at High Risk for Choledocholithiasis.	PMID:27446845 PMCID:PMC4904705	create date:2016/07/23 first author:Anand G
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Use of Magnetic Resonance in Pancreaticobiliary Emergencies.	PMID:27150328	
Radiological management of multiple hepatic artery pseudoaneurysms associated with cholangitic abscesses.	PMID:27081232 PMCID:PMC4813083	
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Eosinophilic cholangiopathy: the diagnostic dilemma of a recurrent biliary stricture. Should surgery be offered for all?	PMID:24390967 PMCID:PMC3902657	create date:2014/01/07 first author:Seow-En I
Total rupture of hydatid cyst of liver in to common bile duct: a case report.	PMID:25932083 PMCID:PMC4407934	create date:2014/01/01 first author:Robleh H
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Assessment of acute cholangitis by MR imaging.	PMID:22088387	create date:2011/11/18 first author:Eun HW
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Obstructive jaundice caused by a portal cavernoma.	PMID:21191741	create date:2010/12/31 first author:Takamatsu M
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[Unusual presentation of autoimmune pancreatitis type 1].	PMID:20721841	create date:2010/08/20 first author:Linhardt T
Title	Identifiers	Properties
An unusual cause of acute cholangitis.	PMID:20683971	create date:2010/08/05 first author:Rahmani R
Xanthrogranulomatous cholecystitis complicated with primary sclerosing cholangitis: report of a case.	PMID:20676864	create date:2010/08/03 first author:Mori A
Paravaterian diverticula presenting as acute cholangitis in two very elderly patients.	PMID:20593062	create date:2010/07/02 first author:Vitturi N
Pancreatic duct changes are not associated with early signs of chronic pancreatitis at magnetic resonance imaging (MRI) in patients with primary sclerosing cholangitis.	PMID:20384530	create date:2010/04/14 first author:Saïd K
Optimal timing of elective laparoscopic cholecystectomy after acute cholangitis and subsequent clearance of choledocholithiasis.	PMID:20381787	create date:2010/04/13 first author:Li VK
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243 Diagnostic accuracy of MRCP as compared to ultrasound/CT in patients with obstructive jaundice Singh

【3-4 クリニカルクエスションの設定】 CQ7

スコープで取り上げた重要臨床課題(Key Clinical Issue)				
急性胆管炎は、胆管閉塞に伴う急激な胆管内圧の上昇によって感染胆汁が胆管から体循環に流入して全身の炎症反応をきたす。この状態が持続すれば敗血症となり、胆道減圧術(胆管ドレナージ)が必要となる。2007年に世界で初めての重症度判定基準が作成されたが、中等症が迅速に診断時に判定できないなどの実地臨床で用いるには限界があり、TG13急性胆管炎重症度判定基準に改訂された。TG13急性胆管炎重症度判定基準は、予後予測因子であるとともに、胆管ドレナージが必要な胆管炎を同定して適切なタイミングで行うための指標となることを目的に作成されている。実地臨床において、TG13重症度判定基準が有用性であるかを評価、検証する。				
CQの構成要素				
P (Patients, Problem, Population)				
性別	指定なし			
年齢	指定なし			
疾患・病態	急性胆管炎			
地理的要件	なし			
その他				
I (Interventions) / C (Comparisons, Controls) のリスト				
TG13重症度判定診断基準の使用				
O (Outcomes) のリスト				
	Outcomeの内容	益か害か	重要度	採用可否
O1	治療方針の決定に有用	益	10点	○
O2	予後予測に有用	益	8点	○
O3			点	
O4			点	
O5			点	
O6			点	
O7			点	
O8			点	
O9			点	
O10			点	
作成したCQ				
How are TG13 Severity Assessment Criteria for acute cholangitis appraised?				

【5-1 推奨文章案】CQ7

1. CQ
How are TG13 Severity Assessment Criteria for acute cholangitis appraised?

2. 推奨草案
TG13急性胆管炎重症度判定基準は、早期に胆管ドレナージを施行することによって予後の改善が期待できる患者を同定することが可能であり、治療方針の決定に有用な指標として用いることが可能である。一方、予後の予測因子に関しては、成因の違いによる影響を考慮する必要があり、今後の検討課題が残されている。

3. 作成グループにおける、推奨に関連する価値観や好み(検討した各アウトカム別に、一連の価値観を想定する)
TG13急性胆管炎重症度判定基準には、予後の予測とともに治療方針の決定、特に早期の胆管ドレナージが必要な患者を抽出するという意義がある。急性胆管炎患者の予後の改善には、後者の意義がより重要と考えられる。

4. CQに対するエビデンスの総括(重大なアウトカム全般に関する全体的なエビデンスの強さ)
 A(強) B(中) C(弱) D(非常に弱い)

5. 推奨の強さを決定するための評価項目(下記の項目について総合して判定する)

推奨の強さの決定に影響する要因	判定	説明
アウトカム全般に関する全体的なエビデンスが強い ・全体的なエビデンスが強いほど推奨度は「強い」とされる可能性が高くなる。 ・逆に全体的なエビデンスが弱いほど、推奨度は「弱い」とされる可能性が高くなる。	<input type="checkbox"/> はい <input checked="" type="checkbox"/> いいえ	TG13重症度判定基準を検証した研究は多施設の大規模な症例集積研究があるが、、retrospectiveな症例集積研究のみで数少なく、予後予測に関しては見解が一致していない。
益と害のバランスが確実(コストは含まず) ・望ましい効果と望ましくない効果の差が大きければ大きいほど、推奨度が強くなる可能性が高い。 ・正味の益が小さければ小さいほど、有害事象が大きければ、益の確実性が減じられ、推奨度が「弱い」とされる可能性が高くなる。	<input checked="" type="checkbox"/> はい <input type="checkbox"/> いいえ	TG13重症度判定基準を用いることの患者への害は存在しない。

推奨の強さに考慮すべき要因
患者の価値観や好み、負担の確実さ(あるいは相違)
正味の利益がコストや資源に十分に見合ったものかどうかなど
臨床徴候と迅速に施行が可能で結果が得られるルーチンの血液検査によって診断が可能であり、患者への侵襲も小さく、コストも高くない。

明らかに判定当てはまる場合「はい」とし、それ以外は、どちらとも言えないを含め「いいえ」とする