

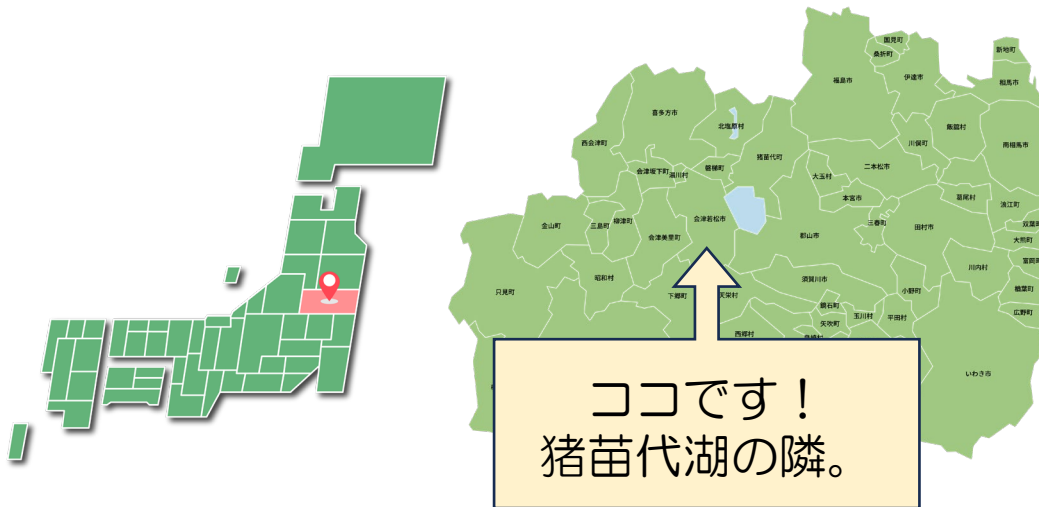
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前略、会津若松より

Presented by Daisuke Tsurumaru
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福島県会津若松市、ご存知ですか？



会津若松市のシンボル
「鶴ヶ城」



観光スポットも色々ありそうです！ 気になりますね！

|| アクセスランキング

会津若松観光ナビ <https://www.aizukanko.com/>



さざえ堂(国指定重要文化財)



アカベコランド



会津武家屋敷



鶴ヶ城天守閣(国指定史跡・若松…



元祖煮込みソースカツ丼 なか…

今回紹介するのは、福島県立医科大学 会津医療センター。



<https://www.fmu.ac.jp/amc/>

- 診療科 26
- 病床数 226（結核・感染症棟を含め）
- 消化器内科医・外科医 医師 15名
- 放射線技師 14名

大腸CTにも力を入れています！

大腸CT検査数：年間約140～180例

CT機器

- Canon Aquilion ONE / INSIGHT Edition
- GE Revolution Maxima

ワークステーション

- AZE バイチャルプレイス 雷神
- FUJIFILM SYNAPSE VINCENT
- ZAIOR REFORAS

会津医療センターといえは？ 学術でも日本を牽引する存在です！

Diagnostic Performance and Patient Acceptance of Reduced-Laxative CT Colonography for the Detection of Polypoid and Non-Polypoid Neoplasms: A Multicenter Prospective Trial¹

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Takaaki Yasuda, RT
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Shoichi Horita, MD
Michio Asano, MD
Noritaka Oda, MD, PhD
Kenichiro Majima, MD
Yasutaka Kawamura, MD, PhD
Michiaki Hirayama, MD, PhD
Naoki Watanabe, RT
Hidenori Kanazawa, MD, PhD
Alan Kowaral Lefor, MD, MPH, PhD
Hideharu Sugimoto, MD, PhD

Purpose: To evaluate the diagnostic accuracy and patient acceptance of reduced-laxative computed tomographic (CT) colonography without computer-aided detection (CAD) for the detection of colorectal polypoid and non-polypoid neoplasms in a population with a positive recent fecal immunochemical test (FIT).

Materials and Methods: Institutional review board approval and written informed consent were obtained. This multicenter prospective trial enrolled patients who had positive FIT results. Reduced-laxative CT colonography and colonoscopy were performed on the same day. Patients received 380 mL polyethylene glycol solution, 20 mL iodinated oral contrast agent, and two doses of 20 mg mosapride the day before CT colonography. The main outcome measures were the accuracy of CT colonography for the detection of neoplasms 6 mm or larger in per-patient and per-lesion analyses and a survey of patient perceptions regarding the preparation and examination. The Clopper-Pearson method was used for assessing the 95% confidence intervals of per-patient and per-lesion accuracy. Survey scores were analyzed by using the Wilcoxon and χ^2 tests.

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INVITED REVIEW



The potential of CT colonography for colorectal cancer screening in Japan

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Abstract

Colorectal cancer remains a leading cause of mortality worldwide, and early detection is essential for improving outcomes. CT colonography (CTC) has emerged as a promising alternative to optical colonoscopy for colorectal cancer screening. This article explores the potential of CTC in Japan, focusing on quality control, patient acceptability, complications, and its role in screening programs. CTC has demonstrated high sensitivity and specificity for detecting colorectal polyps, with its diagnostic performance comparable to colonoscopy for lesions ≥ 10 mm. Techniques such as fecal tagging and dual-position imaging significantly enhance diagnostic accuracy. However, the variability in diagnostic outcomes underscores the need for rigorous interpretation training and quality control. The American College of Radiology recommends training with at least 50 cases verified by colonoscopy. Despite its advantages, the adoption of CTC in Japan remains limited due to low awareness among medical professionals, a shortage of trained radiologists, and the absence of specific guidelines endorsing its use. Patient acceptability for CTC is high due to its non-invasive nature, shorter examination time, and reduced bowel preparation requirements compared to colonoscopy. Nonetheless, complications such as bowel perforation, albeit rare, necessitate careful risk assessment. While CTC has been recognized in the U.S. and Europe for screening and diagnostic follow-up, its integration into Japan's colorectal cancer screening guidelines is crucial to expand its utilization. To maximize the benefits of CTC, efforts must focus on standardizing methodologies, establishing quality indicators, and generating robust evidence on mortality reduction and cost-effectiveness.

Keywords CT colonography · Mass screening · Colorectal neoplasms · Quality control

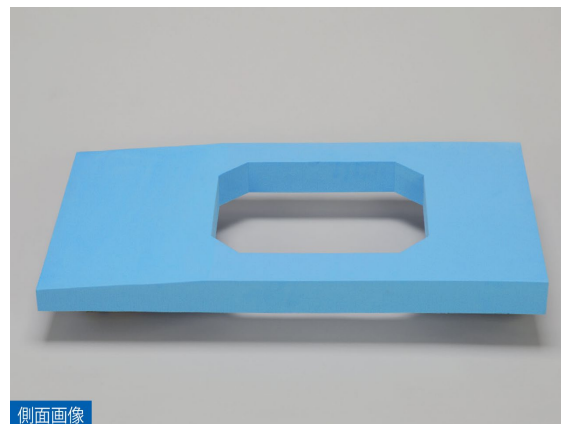
<https://pubs.rsna.org/doi/full/10.1148/radiol.2016160320>

<https://link.springer.com/article/10.1007/s11604-025-01798-2>

言わずと知れた
歌野先生♪

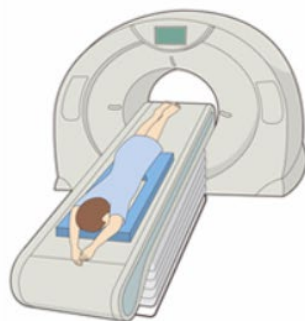
大腸CTのコロンマットはこちらで開発されました！ (伏見製薬所との共同開発です)

 伏見製薬所 FUSHIMI Pharmaceutical Co. Ltd.



●使用方法

- ・ 傾斜のある面を上にして、コロンマットを検査台に置きます。（貼付け等の作業は不要です。）
- ・ マットの空洞部に腹部、肩、背部を入れるようにして臥位になります。
- ・ 複数の体位で撮影を行う場合、マットの空洞部を利用して体位変換を行います。体位変換の際にマットの着脱は不要です。



腹臥位



背臥位



左側臥位



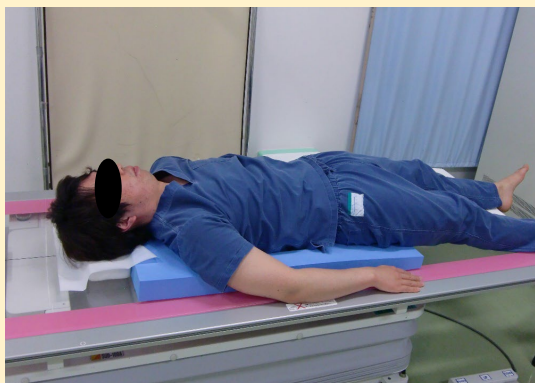
右側臥位

コロンマットの特徴

- ✓ コロンマット上で検査一連が可能
- ✓ 体位変換・体位維持の介助が軽減
- ✓ 腰痛や肩関節痛などの方にも優しくサポート
- ✓ 腹臥位時の腸管拡張不良を防ぐ（これが大事！）

良いところ取り
ですね♪

大腸CTだけでなく、通常のCT撮影時にも適応可能です！



頭部、胸部、椎体関連正面撮影 etc.



頭部、胸椎・腰椎、胆膵管撮影 etc.



腰痛や後弯症などで仰臥位になれない方、長時間の検査にも最適♪

次回は、こちらで行われたバルーンの実験・検証をお届けします♪