

顎矯正手術後に醜形恐怖が顕在化した顎変形症の2例

渡邊素子¹⁾・梅崎陽二郎¹⁾・鈴木スピカ¹⁾
佐久間朋美^{2,3)}・酒向絵美^{2,4)}・吉川達也²⁾
片桐綾乃²⁾・竹之下美穂²⁾・豊福明¹⁾

Two cases of jaw deformities with Body Dysmorphic Disorders

Motoko Watanabe¹⁾, Yojiro Umezaki¹⁾, Spica Suzuki¹⁾
Tomomi Sakuma^{2,3)}, Emi Sako^{2,4)}, Tatsuya Yoshikawa²⁾
Ayano Katagiri²⁾, Miho Takenoshita²⁾, Akira Toyofuku¹⁾

Abstract: Introduction: In the DMS-IV-TR, dysmorphophobia is categorized into Body Dysmorphic Disorders (BDD) which is defined as "a preoccupation with some imagined defect in physical appearance or a gross exaggeration of a slight physical anomaly". Among the patients who had orthognathic surgery, some show psychiatric problems after surgery even though they did not have any apparent symptoms before. In this paper, two cases of jaw deformities in which BDD appeared after the orthognathic surgery are discussed.

Case1: A working women in her 30s complained "My face is deforming". In the year of X-6, she had prosthesis treatment, and since then, she has been saying, "My jaw slides forward to the right". In the year of X-1, 10 days after orthognathic surgery, she has repeatedly complained that her face kept deforming. In addition to her high SDS score (51 points), her delusional complaints and difficulties in communication have been shown. She denied our recommendation to see a psychiatrist. Until now, she has visited other clinics to inquire about having another surgery on her jaw.

Case2: A housewife in her 30s complained "My nose turned up after the orthognathic surgery. I also feel like doing nothing." Although she had no previous psychiatric history, due to her strong persistence in the shape of her nose and recent strong suspected trends towards suicide, a psychiatrist was referred. However, she refused to take medication and decided to stop psychiatric treatment. She still strongly hopes for plastic surgery on her nose.

Discussion: Once BDD appears after orthognathic surgery, either psychiatric or dental treatments become less effective. Even though orthognathic surgeries can be applied from a dental perspective, it is inevitable to carefully consider them with the possibility of later appearance of BDD. If the patients do not have any apparent psychiatric symptoms before surgery, the following 3 points will support to recognize BDD potential; ①Too many prosthesis treatments for their age, ②Unclear psychiatric history, ③Lack of support from other family members.

key words: Body Dysmorphic Disorders (BDD), orthognathic surgery, screening of psychiatric disorders

キーワード: 醜形恐怖(BDD), 顎矯正手術, 精神科的疾患のスクリーニング

¹⁾ 東京医科歯科大学大学院医歯学総合研究科歯科心身医学分野 (主任: 豊福 明 教授)

²⁾ 東京医科歯科大学歯学部附属病院歯科心身医療外来 (主任: 豊福 明 教授)

³⁾ 東京医科歯科大学大学院医歯学総合研究科顎顔面外科学分野 (主任: 原田 清 教授)

⁴⁾ 東京医科歯科大学大学院医歯学総合研究科咬合機能矯正学分野 (主任: 小野卓史 教授)

¹⁾ Division of Psychosomatic Dentistry, Graduate School, Tokyo Medical and Dental University, Tokyo, Japan (Chief: Prof. Akira Toyofuku)

²⁾ Psychosomatic Dentistry Clinic, University Hospital of Dentistry, Tokyo Medical and Dental University, Tokyo, Japan (Chief: Prof. Akira Toyofuku)

³⁾ Division of Maxillofacial Surgery, Graduate School, Tokyo Medical and Dental University, Tokyo, Japan (Chief: Prof. Kiyoshi Harada)

⁴⁾ Orthodontic Science, Division of Oral Health Sciences, Graduate School, Tokyo Medical and Dental University, Tokyo, Japan (Chief: Prof. Takashi Ono)

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ミルナシプランにより症状が消退したインプラント治療後の 口腔異常感症の1症例

吉田光希^{1, 2)}・越前谷澄典³⁾・前崎有美⁴⁾・佐藤英樹^{1, 2)}・中條貴俊¹⁾
高井理衣¹⁾・宇津宮雅史²⁾・佐藤 惇^{1, 2)}・松岡紘史^{5, 6)}・西村学子¹⁾
森谷 満^{7, 8)}・永易裕樹⁹⁾・千葉逸朗⁵⁾・安彦善裕^{1, 2)}

Milnacipran helped relieve abnormal sensation in the mouth induced by dental implants: A case report

Koki Yoshida^{1, 2)}, Suminori Echizenya³⁾, Yumi Maezaki⁴⁾, Hideki Satoh^{1, 2)}
Takatoshi Chujo¹⁾, Rie Takai¹⁾, Masafumi Utsunomiya²⁾, Jun Sato^{1, 2)}
Hirofumi Matsuoka^{5, 6)}, Michiko Nishimura¹⁾, Mitsuru Moriya^{7, 8)}
Hiroki Nagayasu⁹⁾, Ituo Chiba⁵⁾, Yoshihiro Abiko¹⁾

Abstract: [Introduction] Dental psychosomatic disorders due to dental implant treatment have been reported. Although the numbers of those patients are increasing, the treatment for the patients has not been confirmed as of yet. We report on a case of which milnacipran affects the treatment of a patient suffering from dental psychosomatic disorders after dental implant treatment.

[Case] A 62-year old man had complained of idiopathic pain and dysesthesia in the upper left molar region where implants were inserted since 10 weeks prior. We prescribed milnacipran under the clinical diagnosis of dental psychosomatic disorders. The patient became free of pain and dysesthesia at the 90 days after he was prescribed milnacipran. The implants superstructures were set and the symptom did not recur so far.

[Discussion] This report indicates that milnacipran may be an option for therapeutic medication to abnormal sensations in the mouth.

key words: milnacipran, dental implant, abnormal sensation in the mouth

キーワード: ミルナシプラン, 歯科インプラント, 口腔異常感症

¹⁾ 北海道医療大学歯学部 生体機能・病態学系臨床口腔病理学分野

²⁾ 北海道医療大学病院 口腔内科相談外来

³⁾ 医療法人社団 スマイルオフィスデンタルクリニック
(主任: 越前谷澄典 院長)

⁴⁾ 北海道医療大学病院

⁵⁾ 北海道医療大学歯学部 口腔構造・機能発育学系保健衛生学分野

⁶⁾ 北海道医療大学病院 医療心理室

⁷⁾ 北海道医療大学 個性差医療科学センター 内科学系

⁸⁾ 北海道医療大学病院 心療内科

⁹⁾ 北海道医療大学歯学部 生体機能・病態学系顎顔面口腔外科学分野

iversity of Hokkaido Hospital

³⁾ Smile Office Dental Clinic (Chief: Suminori Echizenya)

⁴⁾ Health Sciences University of Hokkaido Hospital

⁵⁾ Department of Oral Growth & Development, Division of Disease Control & Molecular Epidemiology, School of Dentistry, Health Sciences University of Hokkaido

⁶⁾ Division of Medical Psychology, Health Sciences University of Hokkaido Hospital

⁷⁾ Division of Internal Medicine, Institute of Personalized Medical Science, Health Sciences University of Hokkaido

⁸⁾ Division of Psychosomatic Medicine, Health Sciences University of Hokkaido Hospital

⁹⁾ Department of Human Biology and Pathophysiology, Division of Oral and Maxillofacial Surgery, Health Sciences of University of Hokkaido

¹⁾ Division of Oral Medicine and Pathology, School of Dentistry, Health Sciences University of Hokkaido

²⁾ Oral Medicine Consultation Clinic, Health Sciences Uni-

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矯正歯科患者の身体醜形障害の症状推移についての検討

松岡 紘史^{1,2)}・山崎 敦永³⁾・永易 裕樹⁴⁾・齊藤 正人⁵⁾
溝口 到³⁾・坂野 雄二⁶⁾・千葉 逸朗¹⁾・安彦 善裕⁷⁾

The change of body dysmorphic disorder symptoms among orthodontic patients

Hirofumi Matsuoka^{1,2)}, Atsue Yamazaki³⁾, Hiroki Nagayasu⁴⁾, Masato Saitoh⁵⁾
Itaru Mizoguchi³⁾, Yuji Sakano⁶⁾, Itsuo Chiba¹⁾, Yoshihiro Abiko⁷⁾

Abstract: The purpose of study was to explore the change of body dysmorphic disorder (BDD) symptoms among orthodontic patients. Ninety-eight orthodontic patients were assessed by a questionnaire based on DSM-IV-TR criteria for BDD. They were required to complete the questionnaire on the condition that they had visited a clinic for the first time (first visit) and that they answered the questionnaire (present). Based on treatment period, patients were divided into two groups, long-term and short-term treatment groups. There were no differences in BDD symptoms of first and present conditions between the two groups. While present symptoms in the short-term treatment group did not differ significantly from symptoms at the first visit, patients in the long-term treatment group experienced significant improvement on preoccupation with perceived defects and distress due to preoccupation. Patients who fulfilled the criteria for BDD in both groups did not experience significant changes in BDD symptoms.

key words : body dysmorphic disorder, orthodontic dentistry, treatment period

キーワード : 身体醜形障害, 矯正歯科, 治療期間

緒 言

自らの外見上の欠陥に強いとらわれを抱くにも関わらず、客観的にはそのような欠陥が認められない疾患に身体醜形障害がある¹⁾。身体醜形障害は、外見上の

欠陥を改善するための治療を求め、形成外科や皮膚科などを多く受診することが報告されている^{2,3)}。地域住民を対象とした調査では0.7%~2.4%に身体醜形障害が認められることが報告されている^{4~8)}ことから、外見上の欠陥の改善につながる矯正歯科では身体醜形

¹⁾ 北海道医療大学歯学部口腔構造・機能発育学系保健衛生学分野

²⁾ 北海道医療大学病院医療心理室

³⁾ 北海道医療大学歯学部口腔構造・機能発育学系歯科矯正学分野

⁴⁾ 北海道医療大学歯学部生体機能・病態学系顎顔面口腔外科学分野

⁵⁾ 北海道医療大学歯学部口腔構造・機能発育学系小児歯科学分野

⁶⁾ 北海道医療大学心理科学部

⁷⁾ 北海道医療大学歯学部生体機能・病態学系臨床口腔病理学分野

⁸⁾ Division of Disease Control & Molecular Epidemiology, Department of Oral Growth & Development, School of Dentistry, Health Sciences University of Hokkaido

²⁾ Division of Medical Psychology, Health Sciences University of Hokkaido Hospital

³⁾ Division of Orthodontics & Dentofacial Orthopedics, Department of Oral Growth & Development, School of Dentistry, Health Sciences University of Hokkaido

⁴⁾ Division of Oral & Maxillofacial Surgery, Department of Human Biology & Pathophysiology, School of Dentistry, Health Sciences University of Hokkaido

⁵⁾ Division of Pediatric Dentistry, School of Dentistry, Health Sciences University of Hokkaido

⁶⁾ School of Psychological Science, Health Sciences University of Hokkaido

⁷⁾ Division of Oral Medicine & Pathology, School of Dentistry, Health Sciences University of Hokkaido

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ミルナシプランにより症状が消退した非定型歯痛の4症例

吉田光希^{1,2)}・鎌田研祐³⁾・佐伯 倫⁴⁾・佐藤英樹^{1,2)}・中條貴俊¹⁾
高井理衣¹⁾・宇津宮雅史²⁾・佐藤 惇^{1,2)}・松岡紘史^{5,6)}・西村学子¹⁾
森谷 満^{7,8)}・永易裕樹⁹⁾・千葉逸朗⁵⁾・安彦善裕^{1,2)}

Milnacipran relieved atypical odontalgia: report of four cases

Koki Yoshida^{1,2)}, Kensuke Kamada³⁾, Rin Saeki⁴⁾, Hideki Satoh^{1,2)}
Takatoshi Chujo¹⁾, Rie Takai¹⁾, Masafumi Utsunomiya²⁾, Jun Sato^{1,2)}
Hirofumi Matsuoka^{5,6)}, Michiko Nishimura¹⁾, Mitsuru Moriya^{7,8)}
Hiroki Nagayasu⁹⁾, Ituo Chiba⁵⁾, Yoshihiro Abiko¹⁾

Abstract: [Introduction] Patients with atypical odontalgia (AO) often complain of medically unexplained toothaches. It is still difficult for a dentist to diagnose and manage AO. We report on four cases of AO treated effectively with milnacipran.

[Case1] A 35-year old woman had complained of pain in the lower left molar since she received laser treatment for dentinal hyperesthesia. In addition, she had complained of pain in the lower right molar shortly afterward. The patient became free of pain one year after she was prescribed milnacipran.

[Case2] A 61-year old woman had complained of pain in the gingiva of the upper and lower right molar areas. The patient became free of pain one year and two months after she was prescribed milnacipran and ethyl loflazepate.

[Case3] A 63-year old woman had complained of pain in some teeth and uncomfortable occlusion after she had prosthodontic rehabilitation. The patient became free of pain four months after she was prescribed milnacipran.

[Case4] A 70-year old woman had complained of pain in the gingiva, tongue and upper and lower bilateral second molar after she had metal ceramic restoration treatment. The patient became free of pain of the gingiva and tongue after two weeks, and of the teeth three months after she was prescribed milnacipran and ethyl loflazepate.

[Discussion] Milnacipran can be an effective medication for AO.

key words: atypical odontalgia, milnacipran, medication

キーワード: 非定型歯痛, ミルナシプラン, 薬物療法

¹⁾ 北海道医療大学歯学部 生体機能・病態学系臨床口腔病理学分野

²⁾ 北海道医療大学病院 口腔内科相談外来

³⁾ 鎌田歯科医院 (主任: 鎌田友次 院長)

⁴⁾ パークシティ歯科診療所 (主任: 星加修一 院長)

⁵⁾ 北海道医療大学歯学部 口腔構造・機能発育学系保健衛生学分野

⁶⁾ 北海道医療大学病院 医療心理学

⁷⁾ 北海道医療大学 個体差医療科学センター 内科学系

⁸⁾ 北海道医療大学病院 心療内科

⁹⁾ 北海道医療大学歯学部 生体機能・病態学系顎顔面口腔外科学分野

¹⁾ Division of Oral Medicine and Pathology, School of Dentistry, Health Sciences University of Hokkaido

²⁾ Oral Medicine Consultation Clinic, Health Sciences University of Hokkaido Hospital

³⁾ Kamada Dental Clinic (Chief: Tomoji Kamada)

⁴⁾ Parkcity Dental Clinic (Chief: Syuichi Hoshika)

⁵⁾ Department of Oral Growth & Development, Division of Disease Control & Molecular Epidemiology, School of Dentistry, Health Sciences University of Hokkaido

⁶⁾ Division of Medical Psychology, Health Sciences University of Hokkaido Hospital

⁷⁾ Division of Internal Medicine, Institute of Personalized Medical Science, Health Sciences University of Hokkaido

⁸⁾ Division of Psychosomatic Medicine, Health Sciences University of Hokkaido Hospital

⁹⁾ Department of Human Biology and Pathophysiology Division of Oral and Maxillofacial Surgery, Health Sciences of University of Hokkaido

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アリピプラゾールが奏功した 口腔乾燥症(口腔セネストパチー)の2例

片桐綾乃^{1,3)}・梅崎陽二郎¹⁾・渡邊素子¹⁾・吉川達也¹⁾
竹之下美穂¹⁾・佐藤佑介²⁾・安彦善裕⁴⁾・豊福明¹⁾

Two cases of xerostomia-like oral cenestopathy effectively treated with Aripiprazole

Ayano Katagiri^{1,3)}, Yojiro Umezaki¹⁾, Motoko Watanabe¹⁾, Tatsuya Yoshikawa¹⁾
Miho Takenoshita¹⁾, Yusuke Sato²⁾, Yoshihiro Abiko⁴⁾, Akira Toyofuku¹⁾

Abstract: In clinical dentistry, it is common to see patients with complaints of oral dryness without significant hyposalivation. Some cases could be considered as oral cenestopathy (oral somatic delusion). We report on two cases of xerostomia-like oral cenestopathy effectively treated with partial dopamine agonist, Aripiprazole.

[Case 1] A female patient in her seventies was prescribed antidepressants and antianxiety agents from a psychiatrist under the diagnosis of 'Neurosis'. The drug had little effect, however, additional amounts Aripiprazole 3mg per day improved her oral dryness.

[Case 2] A female patient in her sixties had a follow-up under the diagnosis of 'Atypical Sjögren's Syndrome'. Her oral dryness was exacerbated after dental treatment with no remarkable change of medical conditions. Under the diagnosis of xerostomia-like oral cenestopathy, Aripiprazole 1.5mg was prescribed. Her oral dryness gradually improved.

The pathophysiology of xerostomia is not fully understood. Low doses of Aripiprazole may be effective in xerostomia-like oral cenestopathy, and become a key for clarification of these conditions.

key words: dry mouth(xerostomia), oral psychosomatic disorders, Aripiprazole
キーワード: 口腔乾燥症, 歯科心身症, アリピプラゾール

緒 言

近年, 我が国ではドライマウス (dry mouth) の認知度が高まった¹⁾. それにつれ, 口腔乾燥感 (oral dryness) を訴えて歯科を受診する患者が増加してい

る²⁾. その原因となる唾液腺疾患や内科的疾患などがスムーズに特定できればよいが, 問題は唾液分泌量が十分であるにもかかわらず, 頑固な口腔内の乾燥感や粘稠感に悩む患者にしばしば遭遇することである³⁾.

¹⁾ 東京医科歯科大学大学院医歯学総合研究科 歯科心身医学分野 (主任: 豊福 明 教授)

²⁾ 同 高齢者歯科学分野 (主任: 水口俊介 教授)

³⁾ Department of Diagnostic and Biological Sciences, University of Minnesota School of Dentistry (Chief: Prof. David A Bereiter)

⁴⁾ 北海道医療大学歯学部生体機能・病態学系 臨床口腔病理学分野 (主任: 安彦善裕 教授)

¹⁾ Division of Psychosomatic Dentistry, Graduate School, Tokyo Medical and Dental University (Chief: Prof. Akira Toyofuku)

²⁾ Complete Denture Prosthodontics, Graduate School, Tokyo Medical and Dental University (Chief: Prof. Shunsuke Minakuchi)

³⁾ Department of Diagnostic and Biological Sciences, University of Minnesota School of Dentistry (Chief: Prof. David A Bereiter)

⁴⁾ Division of Oral Medicine and Pathology, School of Dentistry, Health Sciences University of Hokkaido (Chief: Prof. Yoshihiro Abiko)

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症状の改善に伴い局所脳血流量の変化が見られた phantom bite syndrome の 1 例

梅崎陽二郎¹⁾・渡邊素子¹⁾・竹之下美穂¹⁾・吉川達也²⁾・佐久間朋美²⁾
酒向絵美²⁾・片桐綾乃¹⁾・佐藤佑介³⁾・豊福明¹⁾

A case of phantom bite syndrome ameliorated with the attenuation of the asymmetrical pattern of regional cerebral blood flow

Yojiro Umezaki¹⁾, Motoko Watanabe¹⁾, Miho Takenoshita¹⁾
Tatsuya Yoshikawa²⁾, Tomomi Sakuma²⁾, Emi Sako²⁾
Ayano Katagiri¹⁾, Yusuke Sato³⁾, Akira Toyofuku¹⁾

Abstract: 'Phantom bite syndrome' (PBS) is a persistent complaint of uncomfortable bite sensation with no obvious occlusal discrepancy. Though patients with PBS often travel from dentist to dentist seeking 'bite correction', no ordinary dental treatment provides relief or satisfaction. To date, the relationship between PBS and central nervous system is pointed out by many authors. However there is no report about functional brain imaging of PBS. Herein, we report on a case of PBS including the findings of single photon emission computed tomography (SPECT).

A high school teacher in his fifties came to our clinic. He complained about the poor condition of his removable partial dentures after dental treatment. Though many shaving marks were left on his dentures, there were no suspicions of depression nor schizophrenia from his behavior. Under the diagnosis of PBS, amitriptyline and aripiprazole were prescribed. Two months later, the complaints about the dentures became less.

In the light of the functional brain imaging, an asymmetrical pattern of regional cerebral blood flow (rCBF) among the right and left hemisphere was observed in pre-treatment (the hyperperfusion in the right temporal lobe, the right parietal lobe, the left pre-central gyrus and the post-central gyrus) and attenuated along with the improvement of PBS. It is suggested that these asymmetrical patterns of rCBF are related to the pathophysiology of PBS.

key words: Phantom bite syndrome, SPECT, asymmetrical pattern of rCBF

キーワード: 咬合異常感, SPECT, 局所脳血流量の左右非対称性

はじめに

Phantom bite syndrome¹⁻³⁾とは、1976年に Marbach が提唱した、慢性的な咬合の違和感や不快感を訴える難治性の疾患である。本症は通常の咬合調整等

の歯科治療では改善せず、「咬合の修正」を求めて多数の歯科医療機関を転々とする。その過程で、頭痛や肩、腰の痛み、姿勢の異常等の全身の不定愁訴を伴う症例も多く経験される。

本症について、従来はパラノイアやパーソナリティ

¹⁾ 東京医科歯科大学大学院医歯学総合研究科歯科心身医学分野 (主任: 豊福 明 教授)

²⁾ 東京医科歯科大学歯学部附属病院歯科心身医療外来 (主任: 豊福 明 教授)

³⁾ 東京医科歯科大学大学院医歯学総合研究科高齢者歯科学分野 (主任: 水口俊介 教授)

¹⁾ Psychosomatic Dentistry, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University

(Chief: Prof. Akira Toyofuku)

²⁾ Psychosomatic Dentistry Clinic, Dental Hospital, Tokyo Medical and Dental University (Chief: Prof. Akira Toyofuku)

³⁾ Gerodontology, Graduate School, Tokyo Medical and Dental University, Tokyo Medical and Dental University (Chief: Prof. Shunsuke Minakuchi)

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