

# 学 位 論 文 の 要 約

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<p>主論文の題名</p> <p>The increase in the rate of maternal deaths related to cardiovascular disease in Japan from 1991-1992 to 2010-2012</p> <p>(日本における心血管疾患合併妊娠に関連した妊産婦死亡の増加)</p> <p>Hiroaki Tanaka (MD), Shinji Katsuragi (MD, PhD), Kazuhiro Osato (MD), Junichi Hasegawa (MD, PhD), Masahiko Nakata (MD, PhD), Takeshi Murakoshi (MD, PhD), Jun Yoshimatsu (MD, PhD), Akihiko Sekizawa (MD, PhD), Naohiro Kanayama (MD, PhD), Isamu Ishiwata (MD, PhD), Tomoaki Ikeda (MD, PhD)</p> <p>Journal of Cardiology Accepted : 10 January 2016 2017;69(1):74-78</p> <p>主論文の要約</p> <p><b>Background</b></p> <p>Cardiovascular diseases (CVD), both genetic and acquired, increase the risk of maternal death (MD) unless proper genetic/clinical counseling is provided and a multidisciplinary approach is adopted during pregnancy. In recent decades, there has been a significant increase in the number of women with CVD of child-bearing age and in the incidence of pregnancy among relatively older women. However, the impact of this phenomenon on MD has not been carefully investigated.</p> <p><b>Methods</b></p> <p>This retrospective study compares the incidence and etiology of maternal deaths related to cardiovascular disease (MD-CVD) in Japan in 2010-2012 to that seen in 1991-1992.</p>			

## Results

Seven cases of MD-CVD were reported in 1991-1992, compared to 15 in 2010-2012. In 2010-2012, the causes included aortic dissection ( $n = 5$ ), peripartum cardiomyopathy ( $n = 3$ ), sudden adult/arrhythmic death syndrome ( $n = 2$ ), acute cardiomyopathy ( $n = 2$ ), pulmonary hypertension ( $n = 2$ ), and myocardial infarction ( $n = 1$ ), and four of these causes were not encountered in 1991-1992. The incidence of MD over the total number of pregnancies decreased from 9.4 per 100,000 cases in 1990-1992 to 4.6 per 100,000 cases in 2010-2012 ( $p < 0.05$ ). However, the incidence of MD-CVD over the number of cases of MD increased from 2.9% in 1991-1992 to 9.7% in 2010-2012 ( $p < 0.05$ ).

## Discussion

The present study suggests that the Japanese guidelines on the indication and management of pregnancy and delivery in women with heart disease [8] should be expanded to include the major CVDs. Three important new findings were extracted from the present study. First, whereas aortic dissection represents the most common cause of MD-CVD, pregnant women should also be monitored for peripartum cardiomyopathy, sudden arrhythmic death syndrome, and hypertension. Second, the peak periods for MD-CVD are the 3rd trimester and the first postpartum month. Finally, whereas the overall incidence of MD is decreasing in Japan, a higher proportion of the remaining cases are ascribed to MD-CVD.

## Conclusions

The present study demonstrates that the rate of MD-CVD among the cases of MD has increased 3-fold in Japan over the past 20 years. Thus, it is of critical importance to better understand the etiologies and early signs of MD-CVD and to devise an effective management program for pregnancies complicated by CVD.