



東京大学 医科学研究所 附属病院

アレルギー免疫科



臨床で得た疑問を、自分の力で解決しよう



医科学研究所の歴史

大日本私立衛生会附属伝染病研究所（1892年）

東京帝国大学附置伝染病研究所（1916年）

東京大学医科学研究所（1967年）



初代所長 北里柴三郎



医科学研究所の歴史



北里 柴三郎 (1853-1931)

ペスト菌や破傷風の治療法を発見



野口 英世 (1876-1928)

黄熱病の研究



志賀 潔 (1870-1957)

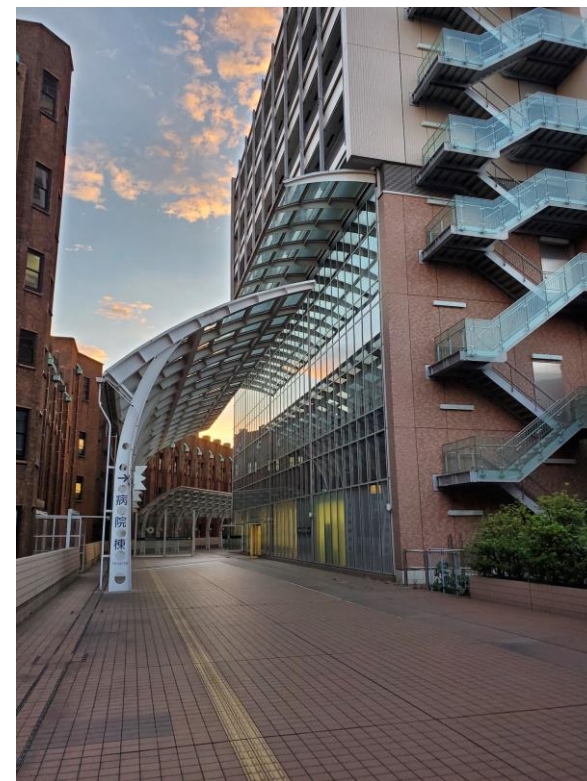
赤痢菌を発見

医科研病院の役割

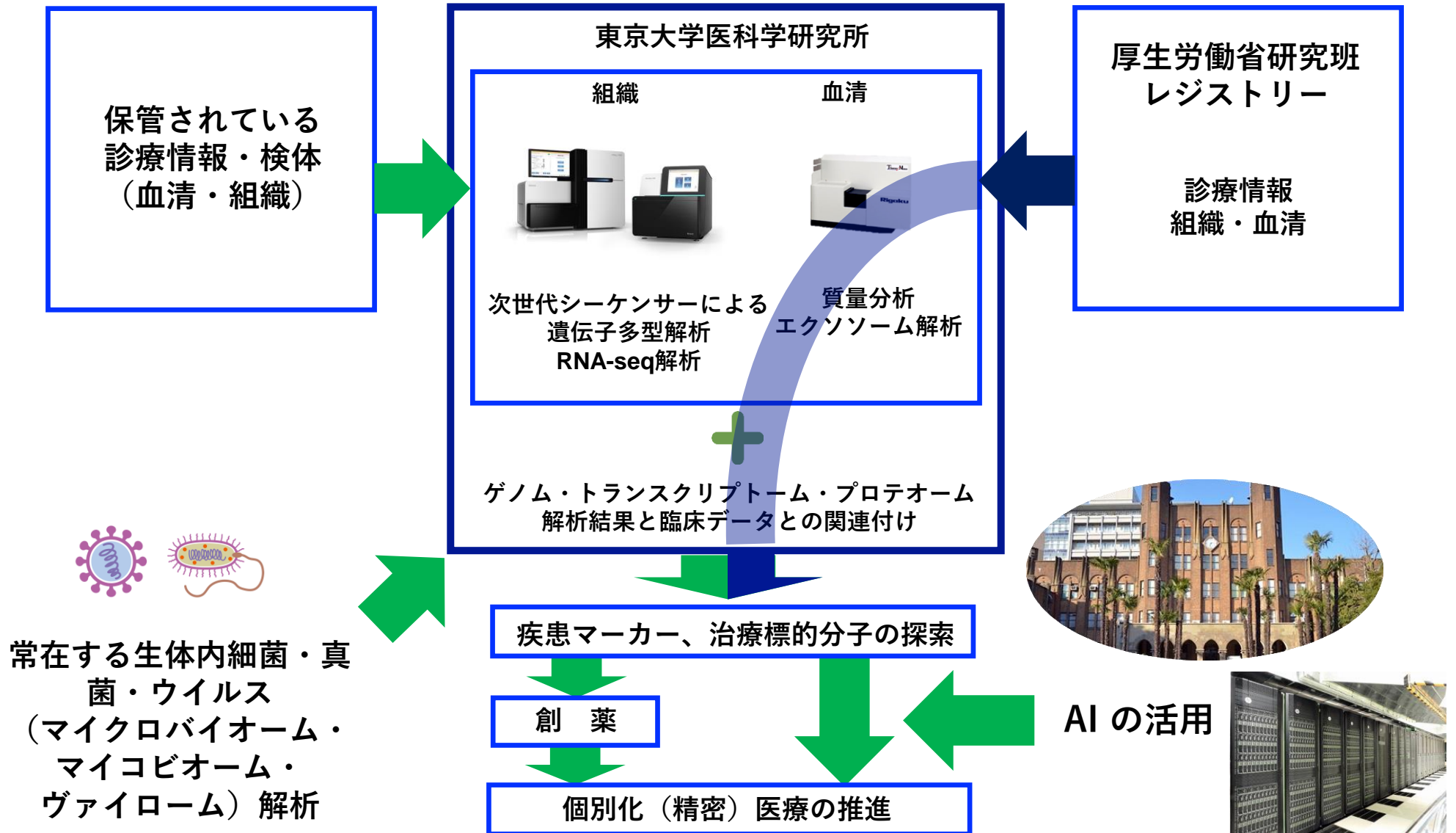
Physician Scientists を目指して

研究所との緊密な連携のもと様々な研究を行っています。

研究所で行われる研究を実際の臨床の場に生かす **Translational Research** を行う部門があり、医師主導試験を行う体制が整っています。研修を行う中でこうした研究所の雰囲気に触れ、当院で研究を続けている先生が何人もおられます。**基礎研究・臨床研究に関心のある方が経験を積む**には最適な施設の一つです。



自己免疫疾患の治療開発





東京大学医学研究所附属病院

IMSUT Hospital, The Institute of Medical Science, The University of Tokyo

病床数 122床

内科、外科、放射線科、麻酔科、脳腫瘍外科、
泌尿器科

血液腫瘍内科

感染免疫内科

アレルギー免疫科

腫瘍・総合内科

先端緩和医療科

ゲノム診療科



連携

東京都立多摩総合医療センター

日本リウマチ学会認定教育施設

日本アレルギー学会認定教育施設



附属病院
ホームページ

アレルギー免疫科

(リウマチ・膠原病内科)

外来 年間 約3000名
入院 約 100名

日本内科学会

指導医

総合内科専門医

日本リウマチ学会

指導医

専門医

日本アレルギー学会

指導医

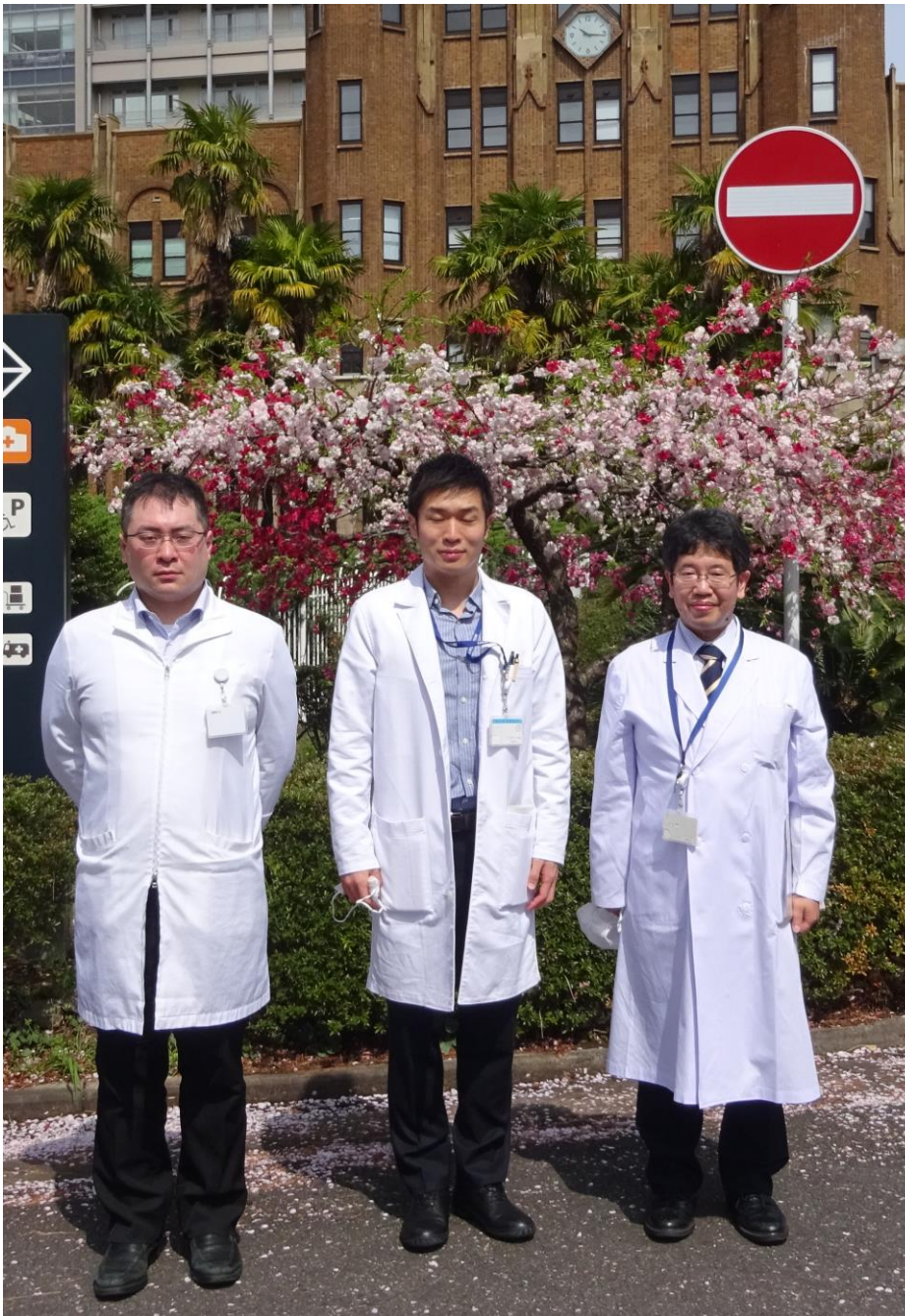
専門医（内科）

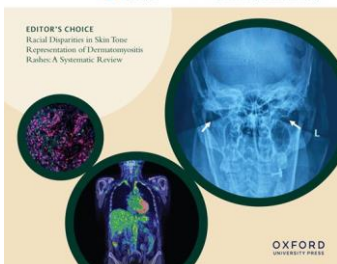
日本臨床免疫学会

免疫療法認定医



アレルギー免疫科
ホームページ





Clinical vignette

Rapidly expanding cutaneous *Mycobacterium chelonae* infection in eosinophilic granulomatosis with polyangiitis

A 70-year-old Japanese man had been treated for eosinophilic granulomatosis with polyangiitis for 20 years. However, the patient was diagnosed with relapse based on the development of visual impairment and right drop foot. High doses of glucocorticoids induced remission, and the prednisolone dose was tapered to 16 mg/day. However, multiple erythema nodosum lesions were observed on the right thigh. The lesions were brownish in colour, with no accompanying warmth or tenderness. The rash rapidly spread to the left leg (Fig. 1). Initially, a flare-up of vasculitis was suspected despite the absence of other clinical signs. Although a smear of the puncture fluid of the lesions showed acid-fast bacillus, room temperature culture did not detect any acid-fast bacillus. After performing Ogawa *Mycobacterium* culture and using the mycobacteria growth indicator tube method, the acid-fast bacillus was identified as *Mycobacterium chelonae* by the DNA-DNA hybridization method. The patient was diagnosed with disseminated cutaneous *M. chelonae* infection and treated with clarithromycin, minocycline and moxifloxacin, with gradual improvement of the rash.

M. chelonae occurs as a cutaneous infection with nodule formation on the extremities in immunosuppressed patients [1]. Rheumatologists should be aware of this complication because it might need to be differentiated from cutaneous vasculitis [2].

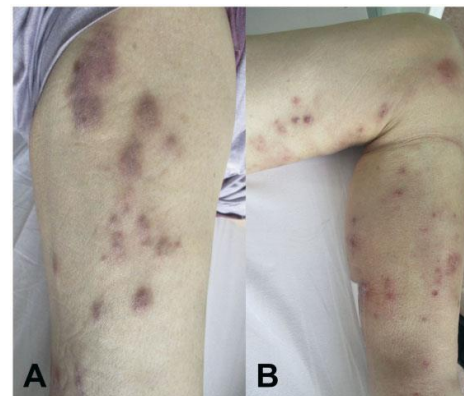
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Disclosure statement: The authors have declared no conflicts of interest.

Data availability statement

Data are available upon reasonable request by any qualified researchers who engage in rigorous, independent scientific research, and will be provided following review and approval of a research proposal and Statistical Analysis Plan (SAP) and execution of a Data Sharing Agreement (DSA). All data relevant to the study are included in the article.

Fig. 1 Cutaneous *Mycobacterium chelonae* infection



Multiple brownish nodules were present on the right thigh (A) and the left thigh and left lower leg (B).

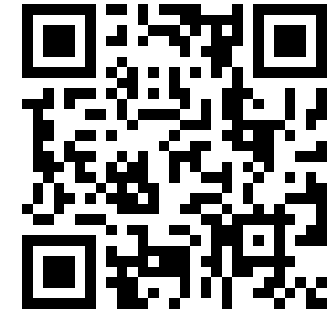
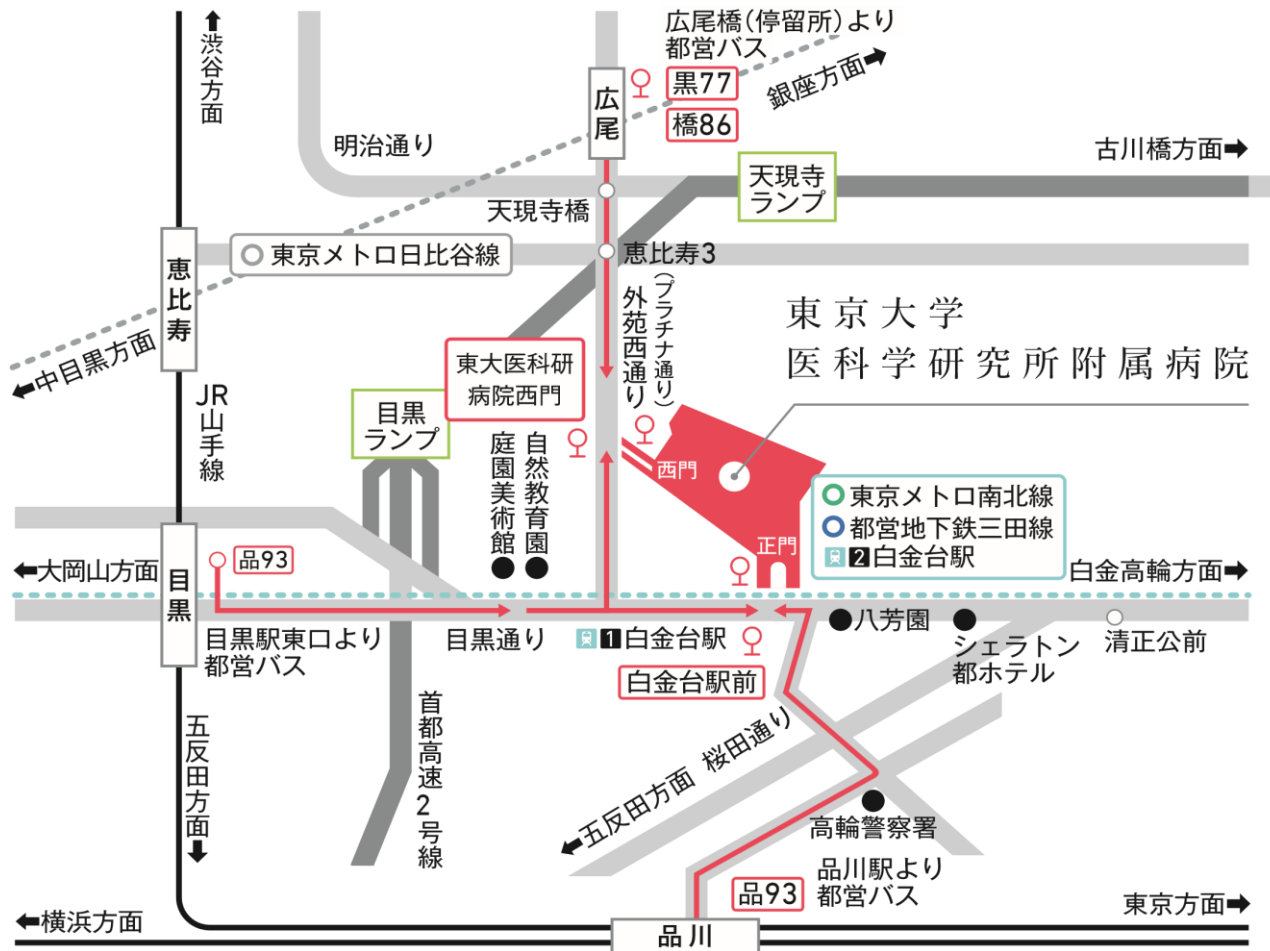
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References

- 1 Yu E, Forg P, Crum-Cianflone NF. Case series and review of the literature of *Mycobacterium chelonae* infections of the lower extremities. *J Foot Ankle Surg* 2020; 59:1084–91.
- 2 Ichihara A, Jinnin M, Fukushima S *et al.* Case of disseminated cutaneous *Mycobacterium chelonae* infection mimicking cutaneous vasculitis. *J Dermatol* 2014;41: 414–7.



附属病院
臨床研修ホームページ

新しいことにチャレンジしたい若い先生方と
一緒に働けることを楽しみにしています！