

**One Case of a Patient with Umbilical Metastasis of Recurrental Cancer (Sister Mary Joseph's Nodule, SMJN) Who has Survived for a Long Time under Immunomodulatory Supplement Therapy**

Tomonori KAWAI  
Shinkurashiki icho komon geka

# One Case of a Patient with Umbilical Metastasis of Recurrental Cancer (Sister Mary Joseph's Nodule, SMJN) Who has Survived for a Long Time under Immunomodulatory Supplement Therapy

Tomonori KAWAI  
Shinkurashiki icho komon geka \*

## Summary

A 64-year-old female patient with umbilical metastasis of recurrent colorectal cancer (SMJN) was subjected to complementary medicine using the rice bran arabinoxylan derivative<sup>1-2)</sup>, a food component of BRM activity in addition to chemotherapy in order to maintain the QOL and prolong life. Although the umbilical metastasis is tending to grow, the patient is in a good nutritional condition and has survived for more than two years from diagnosis. SMJN is a distant metastasis, and even if it is the first occurrence, radical treatment may not be possible in most cases. This case suggests that the maintenance of the QOL and physiological function may lead to a prolongation of life even in patients with terminal cancer with extremely poor prognosis like this. And this case presents the benefit of supplementary therapy using functional foods.

**Key words:** colorectal cancer, immunotherapy, rice bran arabinoxylan derivative

## Introduction

Umbilical metastasis of malignant tumors in visceral organs is called Sister Mary Joseph's Nodule (SMJN). This is named after Sister Mary Joseph, a nurse working in an operating room, who noticed that gastric-cancer patients with umbilical metastasis had a poor prognosis<sup>3)</sup>. The primary lesion is in the stomach, pancreas, ovary, or large intestine, but the metastasis route is

controversial. Our search showed that there are 11 reports on SMJN originated from colorectal cancer (Table 1). We will report the case of a patient with SMJN from the ascending colon who has survived for a long time under chemotherapy and supplement therapy with the immunomodulatory functional food, rice bran arabinoxylan derivative (BioBran).

---

One Case of a Patient with Umbilical Metastasis of Recurrental Cancer (Sister Mary Joseph's Nodule, SMJN) Who has Survived for a Long Time under Immunomodulatory Supplement Therapy

Tomonori KAWAI (Shinkurashiki icho komon geka) et al. *Clinical Pharmacology and Therapy*, Vol. 14 (3): PP. 281-288, 2004

\* 1719, Tamashima, Kurashiki-shi, Okavama 713-8102

Table 1 Cases of umbilical metastasis of colorectal cancer

No.		Age	Sex	Description and size of tumor	Treatment and others	Primary lesion	Complications	Type of cancer cells	Survival
1	Tameaki Matsubara <sup>5)</sup> 1972	62	Female	2 × 1.5 cm Uneven, elastic hard, reddish brown	New patient	Sigmoid colon	Intestinal obstruction 2 weeks after examination	adenocarcinoma	
2	Shojiro Moriyasu <sup>6)</sup> 1975	56	Female		New patient	Cecum		cystic papillary adenocarcinoma	
3	Ninako Nakayama <sup>7)</sup> 1976	58	Female	Soybean sized, red, hard tumor	Numerous metastatic foci in the greater omentum and small intestine Confirmatory operation	Cecum		adenocarcinoma	
4	Keiko Oka <sup>8)</sup> 1981	58	Male	5 × 4 cm Red and cartilage-hard	New patient 5FU (250 ng/day) and Picibanil (0.1 KE/day) Removal of a tumor on the abdominal wall skin	Ascending colon	Liver metastasis	adenocarcinoma	Died after 11 months
5	Yoshinori Mori <sup>9)</sup> 1980	45	Female	0.9 × 1.1 cm Milk-white to light yellow Hard, like a plate of a few centimeters around the navel	First patient Krestin (3 g/day)	Ileocecal junction	Liver metastasis, pulmonary edema	adenocarcinoma papillotubulare	Died of hepatic coma pneumonia after 10 months
6	Yuichiro Koizumi <sup>10)</sup> 1985	56	Female	Hemorrhagic umbilical tumor (the size of index finger's nail)	New patient Removal of the primary lesion	Sigmoid colon		adenocarcinoma	
7	Kazuo Sasaki <sup>11)</sup> 1987	64	Male	Fingernail sized, elastic hard, hemisphere, red node	New patient Confirmatory operation	Transverse colon		adenocarcinoma (Moderately differentiated)	Died of pneumonia and renal failure after 2 weeks
8	Masashi Kanazawa <sup>12)</sup> 1992	23	Female	Red/renal-enlarged nodular mass	Old patient 5FU (3500 mg/W) Umbilical resection	Transverse colon	Ovarian and peritoneal metastases	signetring cell + mucinous carcinoma	7 months
9	Yoshifumi Kajimoto <sup>13)</sup> 1993	67	Female		New patient Tumor removal	Transverse colon	Intestinal obstruction	adenocarcinoma (Moderately differentiated)	3 months
10	Junichi Mizushima et al. <sup>14)</sup> 1995	62	Female	3 × 1.4 cm Bone-like hard, subcutaneous tumor	New patient Tegafur 600 mg/day	Sigmoid colon	Metastatic liver tumor	adenocarcinoma (Moderately differentiated)	2 months
11	Eiji Meguro et al. <sup>15)</sup> 1998	66	Male	3 × 3 cm	New patient Umbilical tumor removal	Sigmoid colon	Peritoneal metastasis Cachexia	adenocarcinoma	20 days
12	Tomonori Kawai This patient	64	Female	3 × 3.7 cm Bone-like hard, reddish-brown tumor	Old patient Immunotherapy, 5FU, Leucovorin, and Topotecin	Ascending colon	Peritoneal metastasis	adenocarcinoma (Well differentiated)	Surviving for 2 years or more, alive

## 1. Case presentation

Patient: Female aged 64

Main complaint: Umbilical tumor

Family history: (-)

Medical history: She was diagnosed as having colorectal cancer in April 2000, and underwent a resection of the ascending colon.

Effusion appeared in January 2001, and an umbilical lump was found.

She received a diagnosis of recurrent cancer, peritoneal dissemination, and umbilical metastasis, and was told that operation was impossible and that her remaining life was several months.

She visited our hospital for immunotherapy on January 29, 2002.

Present disease: A 3.0 × 3.9 cm elliptical pink tumor of tooth-like hardness was felt in the navel region, which formed a 7.0 × 5.0 cm unclearly defined mass of the same hardness deep in the abdominal cavity (Figure 1).

### Test results at admission

WBC: 5900/mm<sup>3</sup>

RBC: 4,650,000/mm<sup>3</sup>

Platelet: 22.7/mm<sup>3</sup>

CEA: 6.1 ng/ml

NK cell activity: 41% (normal 18-40)

AST/ALT: 17/14

Abdominal CT (Figure 2)

Pathological tissue (Figure 3)

The peripheral blood and immunity were normal, but the tumor marker CEA was at a high level of 6.1 ng/ml.



Figure 1



Figure 2

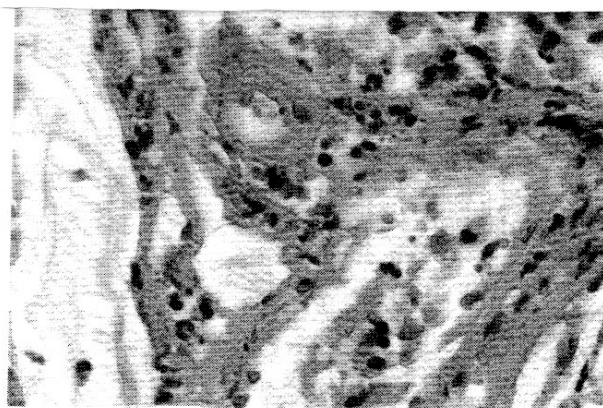


Figure 3

## 2. Treatment and clinical course

Table 2 shows the content of treatment and clinical course.

The upper section shows changes over time in CEA, WBC count, RBC count, and NK activity. The middle section shows the content of treatment, and the lower indicates the tumor size.

### 1) January 2002

She rejected administration of anticancer drugs for fear of adverse reactions, and thus

immunotherapy only was prescribed. BioBran was taken at 3.0 g/day. The CEA was 6.5 ng/ml and the NK cell activity was 41%. The size of the umbilical tumor was 3.0 × 3.9 cm, and the intraperitoneal mass was 7.0 × 5.0 cm (Figure 2).

She had a good appetite and defecation/flatus once a day, being in good condition. She walked into the consulting room.

2) February 9, 2002

The NK activity increased to 54% at 1 month of BioBran ingestion.

The CEA decreased slightly to 6.1 ng/ml. She said, "The umbilical tumor is unchanged, but the intraperitoneal mass is a little reduced."

3) March 15, 2002

The CEA further decreased to 5.6 ng/ml, and the abdominal tumor was unchanged. BioBran was given for 6 months.

4) July 2002

The NK activity increased to 55%, but the CEA also increased to 12.6 ng/ml.

The umbilical/intraperitoneal mass slightly increased to 5.0 × 6.0/10.0 × 12.0 cm. She had a good appetite and defecation/flatus.

5) December 2002

The umbilical/intraperitoneal mass was 5.0 × 6.0/10.0 × 12.0 cm. The CEA increased to 24 ng/ml. She had a good appetite and defecation/flatus, but said, "My stomach is heavy." Her walking condition was good.

6) April 2003

There was no major change from early 2003, but the CEA gradually increased to 46.8 ng/ml.

A left inguinal lymph node metastasis was noted. A metastasis of 1.2 × 1.2 cm occurred on the left skin and was removed. The

umbilical/intraperitoneal tumor increased to 7.0 × 8.0/29.0 × 24.0 cm, and the dose of BioBran was increased to 6 g/day. The umbilical tumor discharged a large volume of effusion and she said, "It is a big problem to keep changing the gauze." However, she traveled sometimes with her daughter.

7) May 2003

The CEA decreased to 38.6 ng/ml. General condition was good. No large change. BioBran was ingested for a total of 1 year and 5 months.

8) July 2003

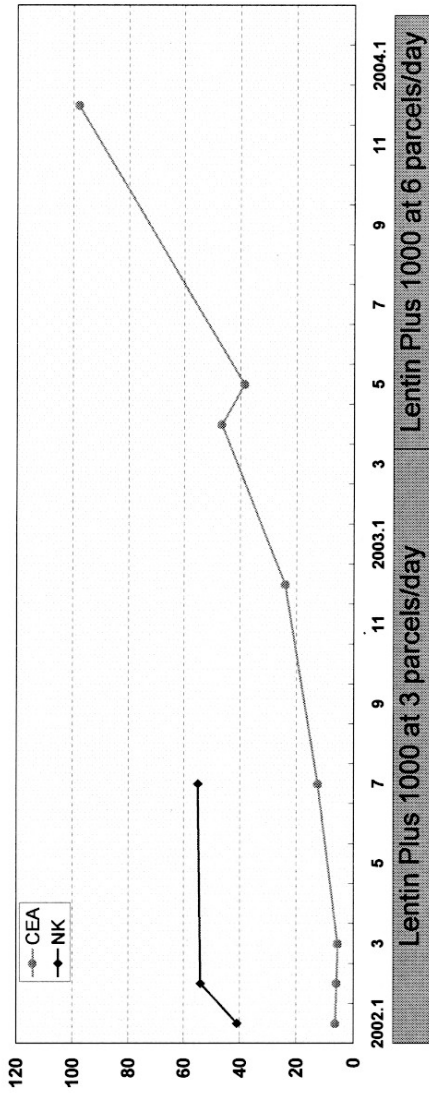
Since the umbilical/intraperitoneal tumor increased to 9.0 × 11.0/30.0 × 25.0 cm, chemotherapy was performed after obtaining her consent. She said, "It is hard to walk, because my stomach is heavy." The weight of the mass was estimated from the size to be about 3 kg. She had a good appetite and defecation/flatus.

5-Fu 500 mg, Isovorin 250 mg, and 10A + Topotecin 40 mg were administered once a week, but there were no adverse reactions such as nausea, vomiting, diarrhea, and anorexia.

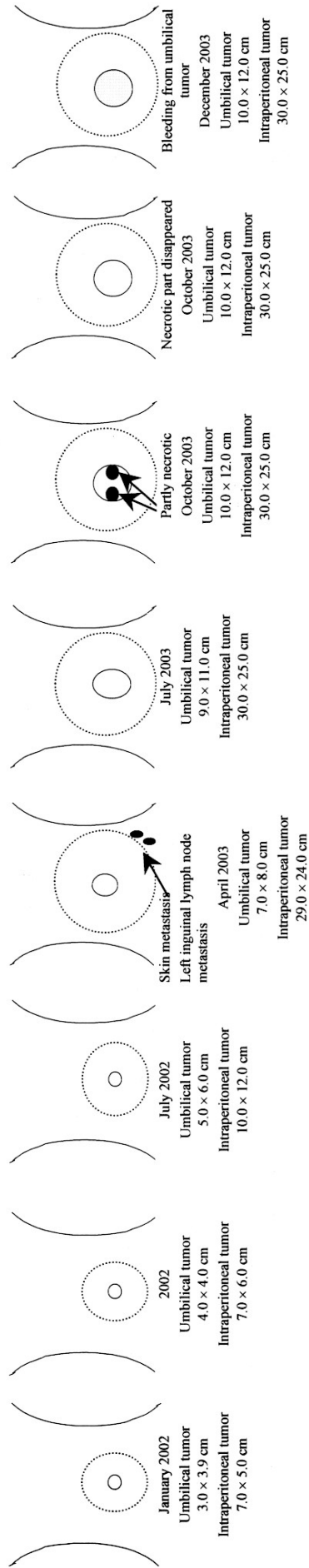
9) October 2003

The tumor partly became necrotic along the blood vessels after the start of chemotherapy, but the necrotic part disappeared and the tumor began to increase again 4 days after the completion of chemotherapy.

Table 2 Therapy Details and their Progressions



5FU 500 mg/week  
 Isovornin 10 A/week  
 Topotecin 40 mg/week



10) December 2003

The CEA increased to 98 ng/ml. She was bleeding from the tumor. In spite of astringent with Oxytzel, Spongel, and Tacho Comb, bleeding recurred. However, anemia was not clear, and the RBC count was 3,000,000/mm<sup>3</sup>. At her request, the chemotherapy was withdrawn and immunotherapy alone was given. The WBC count increased to 16900/mm<sup>3</sup>, which is possibly because of inflammation due to cancer. The chemotherapy caused no myelosuppression. The appetite slightly decreased, but no nausea or vomiting occurred. She weakened and walked with the help of a stick. This was because the enlarged abdomen from the tumor hindered her from walking.

11) February 2004

The appetite decreased and she ate only half of a meal. She weakened further and often lay down in bed. She said, "When I walk, I always lean back because of my heavy stomach." She walked along the wall to the lavatory. Malaise was mild. She was still alive on February 17.

### Discussion

SMJN originates from primary cancer in the stomach, ovary, pancreas, or other areas, and the mean remaining life is said to be 9.8 months. To the author's knowledge, from 1970 to now, there have been 12 cases of SMJN from colorectal cancer, including this patient (Table 1). Their survival times are

from 2 weeks to 11 months, with an average of 4.9 months, which is shorter than those for other SMJN. Our patient has survived for 2 years and 2 months since detection, and there have been no other cases like this. In comparison of survival time and the tumor size at detection, a patient with a tumor of 0.9 cm survived for 10 months (Case 5), and those with a tumor of 3 cm lived for only 2-3 months (Cases 10 and 11). However, a patient with a large tumor of 4 cm survived for 11 months (Case 4).

Although Cases 10 and 11 had the same size tumor (3.0 × 3.7 cm) and survived for only 2-3 months, our patient has survived for 2 years or more. Based on these, the tumor size is not related to prognosis.

The possible reasons for the long survival in this case are as follows:

- 1) As shown in Table 2, the patient was treated based on immunotherapy, which did not impair the immunity determined as the NK activity.
- 2) Chemotherapy was added, but no myelosuppression occurred.
- 3) BioBran for immunotherapy prevented decreases in physical strength and appetite. The patient also said, "When I take it, I feel better."
- 4) Although the abdominal tumor gradually grew, the intraperitoneal mass was not so large, which prevented organ compression and complications such as intestinal obstruction due to direct



invasion of the large and small intestines, and ascites due to peritoneal metastasis. She also had no liver, lung, brain, or bone metastasis, which occurs through hematogenous dissemination.

5) BioBran produced no adverse reactions.

These may have protected the patient's QOL and prolonged her life. From now on, she will be followed up using only the immunotherapy.

## Bibliography

- 1) Ghoneum, M.: Enhancement of Human Natural Killer Cell Activity by Modified Arabinoxylan from Rice Bran (MGN-3), *INT. IMMUNOTHERAPY X IV* 2: 89-99, 1998
- 2) Jacoby, H., Wnorowski, G., Sakata, K., and H. Maeda: The Effect of MGN-3 on Cisplatin and Adriamycin Induced Toxicity in the Rat, *Journal of Nutraceuticals, Functional & Medical Foods* In press, 2000
- 3) Powell, F.C., Cooper, A.J., Massa, M.C., et al.: Sister Mary Joseph's nodule; A clinical and histologic study. *J.Am.*
- 4) Hisamoto, K., Nishioka, K., Ota, T., et al.: Cases of Umbilical Metastasis of Pancreatic Carcinoma (Study of Reports on Umbilical Metastasis in Japan for the Past 22 Years), *Clinical Dermatology*, 41: 1097-1102, 1987
- 5) Matsubara, T.: One Case of Umbilical Metastatic Cancer, *The Japanese Journal of Dermatology*, 82: 336, 1972
- 6) Two Cases of Metastatic Cancer, *Nishinippon Journal of Dermatology*, 37: 152, 1975
- 7) Nakayama, N. et al.: Umbilical Metastatic Cancer, 86: 180, 1976
- 8) Oka, K., Miyazaki, K., Kouya, M., et al.: Transepithelial Elimination Found in a Case of Skin Cancer Metastatic, *The Japanese Journal of Dermatology*, 91: 1-6, 1981
- 9) Mori, Y.: One Case of Umbilical Metastatic Cancer, *Rinsho Derma (Tokyo)*, 22: 1141-1146, 1980
- 10) Koizumi, Y.: One Case of Umbilical Adenocarcinoma Metastatic, *The Japanese Journal of Dermatology*, 95: 1027, 1985
- 11) Sasaki, K.: One Case of Umbilical Metastasis of Transverse Colon Cancer, *Acta Dermatologica*, 82: 660, 1987

- 12) Kanazawa, M., Nomizu, T., Kanno, H., et al.: One Case of a Patient with Juvenile Cancer of Transverse Colon (Sister Mary Joseph's Nodule, SMJN), *Japan Journal of Cancer Clinics*, 38: 179-186, 1992
- 13) Kajimoto, Y., Fukuda, T., Satomi, T., et al.: One Case of Colorectal Cancer Found in Umbilical Metastasis (Sister Mary Joseph's Nodule), *Proceedings of Kochi Municipal Hospital*, 17: 49-52, 1993
- 14) Mizushima, J., Nogita, T., Kawashima, M., et al.: One Case of Sister Mary Joseph's Nodule, *Rinsho Derma (Tokyo)*, 37: 1731-1733, 1995
- 15) Meguro, E. et al.: One Case of Umbilical Metastasis (Sister Mary Joseph's Nodule) that Preceded the Diagnosis of Sigmoid Colon Cancer, *J. Iwate Med. Ass.*, 50 (3): 341-346, 1998

This paper is a translation of an article in *Clinical Pharmacology and Therapy*, Vol. 14/No. 3/May 2004.

# 臍腫瘍を来たした再発性大腸癌 (Sister Mary Joseph's Nodule, SMJN) に 免疫療法を施行し長期に生存している1例

新倉敷胃腸肛門外科\*

河合 知則

## 要 約

臍腫瘍のある再発性大腸癌 (SMJN) の64歳の女性に対して化学療法に加えてBRM作用を有する食品機能成分米ぬかアラビノキシラン誘導体<sup>1,2)</sup>を用いた補完療法を行い、QOLの維持と延命を図った。臍腫瘍は増大傾向にあるものの栄養状態は良好であり、診断以来2年を超えて現在もなお生存している。SMJNは初発であっても遠隔転移であり、根治治療が不能なケースが殆どである。本症例の如く極めて予後の悪い大腸末期癌の治療においてQOLの維持と生体機能の温存は延命につながることを示唆しており、食品機能を利用した補完療法が評価できる例であると考え。

キーワード: 大腸癌, Sister Mary Joseph's Nodule (SMJN), 免疫療法, 米ぬかアラビノキシラン誘導体

## はじめに

内臓悪性腫瘍の臍転移はSister Mary Joseph's Nodule (SMJN) と呼ばれている。これは手術室で働いていた看護婦のSister Mary Josephが臍腫

瘍を有する胃癌患者の予後が悪いことに気がついたことに由来している<sup>3)</sup>。原発巣は胃癌、膵癌、卵巣癌、大腸癌にみられているが転移経路についても諸説があり定説がない。大腸癌原発のSMJNに関する報告は我々が調査した限りでは過去11例である(表1)。新たに上行結腸を原

---

One Case of a Patient with Umbilical Metastasis of Recurrental Cancer (Sister Mary Joseph's Nodule, SMJN) Who has Survived for a Long Time under Immunomodulatory Supplement Therapy

Tomonori KAWAI (Shinkurashiki icho komon geka) et al.

\* 〒713-8102 岡山県倉敷市玉島1719

表1 大腸の臍転移例

No.	年齢	性別	形状及び 腫瘤サイズ	治療・他	原発巣	合併症	細胞	転帰	
1	松原為明 <sup>5)</sup> 1972	62	女	2×1.5cm 凹凸不平, 弾性硬, 赤褐色	初診	S状結腸 癌	検査2週間 後, 腸閉塞	adenocarcinoma	
2	森安昌治郎 <sup>6)</sup> 1975	56	女		初診	盲腸		cystic papillary adenocarcinoma	
3	中山担子 <sup>7)</sup> 1976	58	女	大豆大, 紅色, 硬い腫瘤	大網と小腸に無数の転 移巣, 試験開腹	盲腸		adenocarcinoma	
4	岡恵子 <sup>8)</sup> 1981	58	男	5×4cm 赤色, 軟骨硬	初診 5FU (250ng/day), ピシパニール (0.1KE/day) 腹壁皮膚腫瘤切除	上行結腸	肝転移	adenocarcinoma	11カ月死亡
5	森喜紀 <sup>9)</sup> 1980	45	女	0.9×1.1cm 乳白色ないし淡黄 色 臍中心に数cmの板 状硬	初診 クレスチン (3g/day)	回盲部	肝転移, 肺水腫	adenocarcinoma papillotubulare	10カ月死亡 肝性昏腫肺 炎
6	小泉雄一郎 <sup>10)</sup> 1985	56	女	出血性臍腫瘤 (示指爪甲大)	初診 原発巣摘出	S状結腸		adenocarcinoma	
7	佐々木和夫 <sup>11)</sup> 1987	64	男	爪甲大弾性硬, 半球状赤色結節	初診 試験開腹	横行結腸		adenocarcinoma (中等分化型)	2週間肺炎, 腎不全
8	金沢匡司 <sup>12)</sup> 1992	23	女	発赤・腎窩性に腫 大結節性腫瘤	再診 5FU (3500mg/W) 臍 切除	横行結腸	卵巣転移, 腹膜転移	signetring cell + mucinous carcinoma	7カ月
9	梶本宜史 <sup>13)</sup> 1993	67	女		初診 腫瘤摘出術	横行結腸	腸閉塞	adenocarcinoma (中分化型)	3カ月
10	水嶋淳一等 <sup>14)</sup> 1995	62	女	3×1.4cm 骨様硬, 皮下腫瘤	初診 tegafur 600mg/day	S状結腸	転移性肝腫 瘍	adenocarcinoma (中分化型)	2カ月
11	目黒英二等 <sup>15)</sup> 1998	66	男	3×3cm	初診 臍部腫瘤摘出	S状結腸	腹膜播種, 悪液質	adenocarcinoma	20日
12	河合知則 自験例	64	女	3×3.7cm 骨様硬, 赤褐色, 腫 瘍	再診 免疫療法, 5FUロイコ ポリン, トボラシ	上行結腸	腹膜播種	adenocarcinoma (高分化型)	2年～ 生存中

発とするSMJNを発見し、化学療法と免疫強化食品米ぬかアラビノキシラン誘導体（バイオプラン）を用いた補完療法により長期生存例を経験したので報告する。

### 1. 自験例の提示

患者：64歳 女性

主訴：臍部腫瘍

家族歴：(-)

既往歴：平成12年4月、大腸癌と診断されて上

行結腸切除術施行。

平成13年1月、浸出液出現、臍のしこりに気付く。

この時点で再発、腹膜播種、臍転移と診断され、再手術不能、余命数ヶ月との診断を受く。

平成14年1月29日、免疫療法による治療目的で当院外来を受診する。

現症：臍に3.0×3.9cmの楕円形の淡紅色の歯様硬の腫瘍触れ、深部（腫瘍腹腔内）



図 1

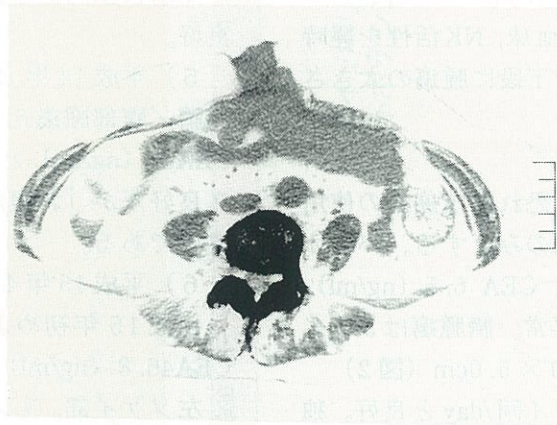


図 2

に連続して7.0×5.0cmの境界明瞭な  
同じ硬さの腫瘍を一塊として触れる  
(図1)。

#### 入院時検査成績

WBC : 5900/mm<sup>3</sup>

RBC : 465 万/mm<sup>3</sup>

血小板 : 22.7/mm<sup>3</sup>

CEA : 6.1ng/ml

NK細胞活性 : 41% (正常 18 ~ 40)

AST/ALT : 17/14

腹部CT (図2)

病理組織 (図3)

末梢血液像および免疫能は正常であったが腫瘍マーカーCEAが6.1ng/mlと高値を示した。

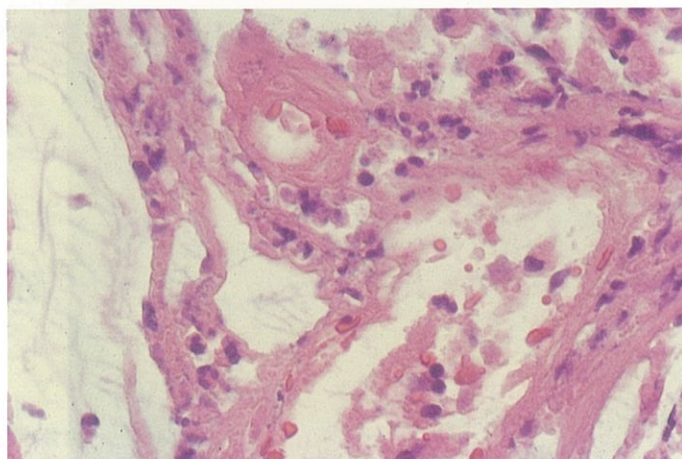


図3

## 2. 治療および経過

治療内容と経過を表2に示す。

上段にCEA, 白血球, 赤血球, NK活性を経時的に示し, 中段に治療を, 下段に腫瘍の大きさを図示した。

### 1) 平成14年1月

本人は抗癌剤の副作用を恐れて抗癌剤の使用も拒否するため, 免疫療法のみとする。バイオブラン 3.0g/day服用する。CEA 6.5 (ng/ml), NK細胞活性 41 (%)と平常。臍腫瘍は3.0×3.9cm 腹腔内の腫瘍は7.0×5.0cm (図2)

食欲あり, 排便・排ガス 1回/dayと良好。徒歩で入室。

### 2) 平成14年2月9日

バイオブラン服用1カ月後NK活性は54%と上昇する。

CEAは6.1 (ng/ml)とやや低下。「臍腫瘍は不変であるが腹腔腫瘍はやや小さくなった」と本人が言う。

### 3) 平成14年3月15日

更にCEA5.6 (ng/ml)と低下。腹部腫瘍は不変。バイオブラン服用6カ月。

### 4) 平成14年7月

NK活性55 (%)と上昇しているもCEA12.6 (ng/ml)と上昇。

臍/腹部腫瘍5.0×6.0/10.0×12.0cmとやや増大傾向あり。食欲旺盛, 排便・排ガスは良好。

### 5) 平成14年12月

臍/腹部腫瘍5.0×6.0/10.0×12.0cm。CEA24 (ng/ml)と上昇。食欲旺盛, 排便・排ガス良好だが「お腹が重い」という。歩行状態は良好である。

### 6) 平成15年4月

平成15年初めより著変なく過ごしているがCEA46.8 (ng/ml)と次第に上昇。

左ソケイ部, リンパ節転移あり。左皮膚1.2×1.2cmの転移あり, 同部切除する。臍/腹部腫瘍7.0×8.0/29.0×24.0cmと増大するため免疫療法を強化する。バイオブラン6g/day増量とする。臍腫瘍より浸出液多量にあり, 「ガーゼ交換するのが大変」と言う。しかし, 時々娘を伴って旅行している。

### 7) 平成15年5月

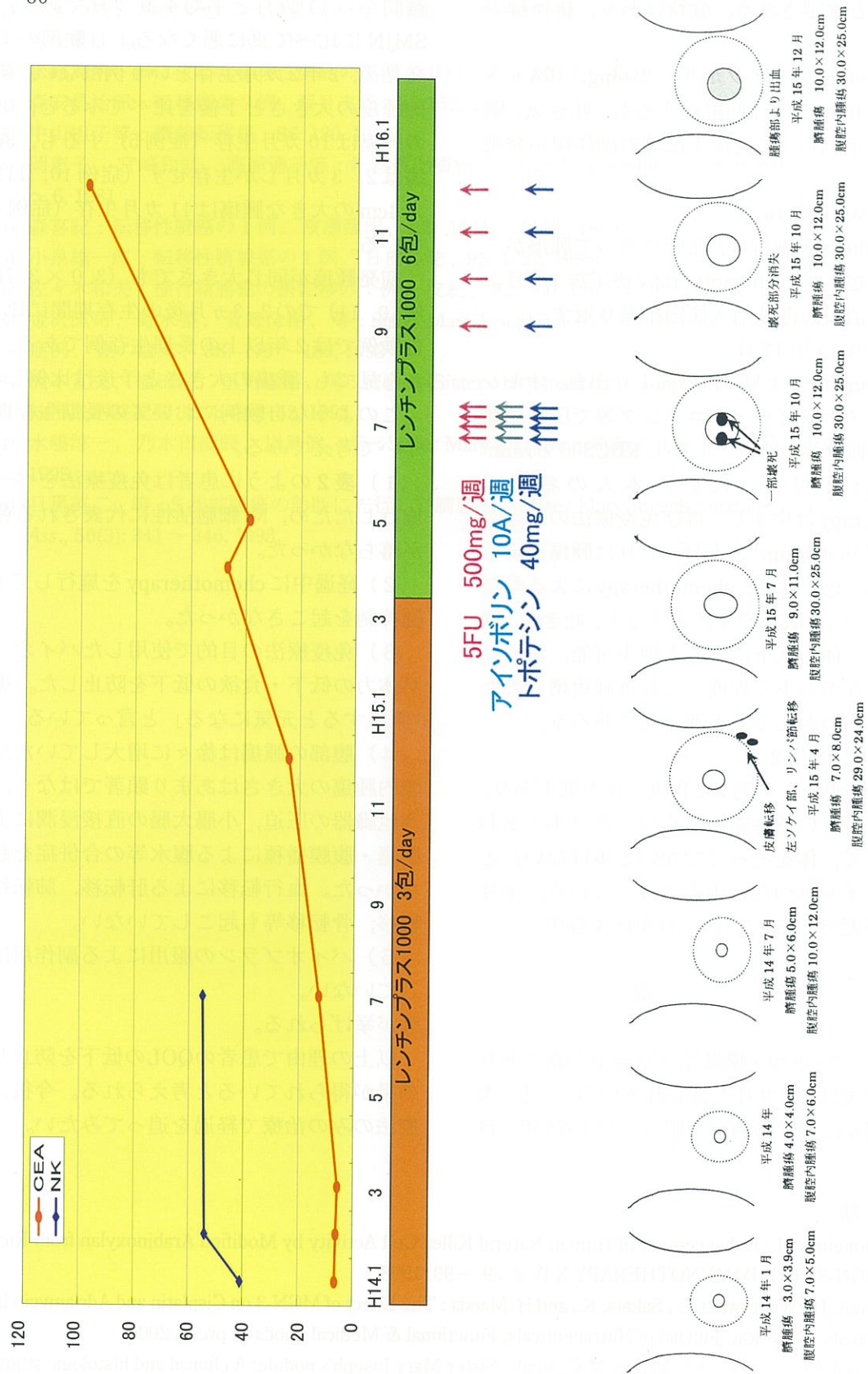
CEA38.6 (ng/ml)と低下する。全身状態良好。異変なし。バイオブラン服用1年5カ月。

### 8) 平成15年7月

臍部/腹部腫瘍9.0×11.0/30.0×25.0cmと増大する為, 本人の許可を得てchemotherapyを施行する。本人も「歩くのが辛い, 腹部が重

60

表2 治療内容と経過



いため」と言っている。腫瘍のサイズから重量は約3kgと推定される。食欲はあり、排便排ガス良好。

5-Fu 500mg, アイソボリン 250mg, 10A+トポテシン 40mg/週1回継続するも、吐き気、嘔吐(-), 下痢(-), 食欲不振等の副作用が発現しない。

9) 平成15年10月

chemotherapy施行後、血管にそって腫瘍が一部壊死を起こすもchemotherapy終了後4日目より壊死部消失し再び増大傾向を繰り返す。

10) 平成15年12月

CEA98ng/mlと上昇。腫瘍部より出血。オキシツェル・スポンゼル・タココンプ等で圧迫止血するも出血を繰り返す。しかしRBC300万/mm<sup>3</sup>と貧血は著明ではない。本人の希望でchemotherapyは中止し、再び免疫療法のみとする。WBC16900/mm<sup>3</sup>と上昇、これは腫瘍による炎症の為と思われる。chemotherapyによる骨髄抑制はない。食欲はやや低下するも、吐き気・嘔吐は無し。体力低下はあるも独歩可能。歩行は杖をつきながら歩く程度。これは腫瘍増大のため、腹部がつかえて歩き難い為であろう。

11) 平成16年2月

食欲やや低下、茶碗1/2程度。体力低下あり、ベッドで寝ている時間が多くなった。「歩くとお腹が重くて、体をそってでないと歩けない」と言う。トイレはつたい歩きで行っている。全身倦怠感軽度である。2月17日現在生存中。

## 考 察

SMJNは胃・卵巣・膵臓等の原発巣の癌であり全体の予後は9.8カ月と言われている。一方、大腸癌SMJNは著者の調べた限りでは1970年、自

験例を含めて12例である(表1)。その予後は2週間から11カ月と平均4.9カ月であり、他のSMJNに比べて更に悪くなる。自験例のように発見後、2年2カ月生存という例はない。初発膵部腫瘍の大きさと予後を比べてみると、0.9cmの腫瘍は10カ月生存(症例5)するも、3cm腫瘍は2, 3カ月しか生存せず(症例10, 11)、一方4cmの大きな腫瘍は11カ月生存(症例4)している。

初発腫瘍が同じ大きさでも(3.0×3.7cm症例10, 11)での2, 3ヵ月後の生存期間に比べて、自験例では2年以上の長期生存例である。これから見ても、腫瘍の大きさと予後は比例しない。

このような自験例においての長期生存期間について考えてみる。

1) 表2のように患者は免疫療法をベースに施行したため、NK細胞活性に代表される免疫力が落ちなかった。

2) 経過中にchemotherapyを施行しても、骨髄抑制を起こさなかった。

3) 免疫療法の目的で使用したバイオブランが体力の低下・食欲の低下を防止した。患者も「服用すると元気になる」と言っている。

4) 腹部の腫瘍は徐々に増大していたが、腹腔内腫瘍の大きさはあまり顕著ではなく、この為他臓器の圧迫、小腸大腸の直接浸潤による腸閉塞・腹膜播種による腹水等の合併症を起こさなかった。血行転移による肝転移、肺転移、脳転移、骨転移等も起こしていない。

5) バイオブランの服用による副作用は起こしていない。  
等が挙げられる。

以上の理由で患者のQOLの低下を防止し延命効果が得られていると考えられる。今後、免疫療法のための治療で経過を追ってみたい。

## 文 献

- 1) Ghoneum, M.: Enhancement of Human Natural Killer Cell Activity by Modified Arabinoxylan from Rice Bran (MGN-3), INT. IMMUNOTHERAPY X IV 2: 89 ~ 99, 1998.
- 2) Jacoby, H., Wnorowski, G., Sakata, K., and H. Maeda : The Effect of MGN-3 on Cisplatin and Adriamycin Induced Toxicity in the Rat, Journal of Nutraceuticals, Functional & Medical Foods In press, 2000
- 3) Powell, F.C., Cooper, A.J., Massa, M.C., et al. : Sister Mary Joseph's nodule; A clinical and histologic study. *J.Am. Clinical Pharmacology and Therapy*



*Acad. Dermatol.*, 10: 610 ~ 615, 1984

- 4) 久本和夫, 西岡和恵, 太田貴久, 等: 膵癌の膵転移例 (過去22年間の膵転移本邦報告例の検討). 臨床皮膚, 41: 1097 ~ 1102, 1987
- 5) 松原為明: 膵に生じた転移性膵癌の1例. 日皮会誌, 82: 336, 1972
- 6) 森安昌治郎: 転移癌の2例. 西日皮膚, 37:152, 1975
- 7) 中山担子等: 膵部転移癌. 86: 180, 1976
- 8) 岡恵子, 宮崎和弘, 高屋通子等: 転移性皮膚癌にみられた transepithelial elimination. 日皮会誌, 91: 1 ~ 6, 1981
- 9) 森喜紀: 転移性膵癌の1例. 皮膚臨床, 22: 1141 ~ 1146, 1980
- 10) 小泉雄一郎: 転移性膵腺癌の1例. 日皮会誌, 95: 1027, 1985.
- 11) 佐々木和夫: 横行結腸癌の膵転移の1例. 皮紀, 82: 660, 1987.
- 12) 金沢匡司, 野水整, 菅野浩樹, 等: Sister Mary Joseph's nodule (SMJN) を呈した若年者横行結腸癌の1症例. 癌の臨床, 38: 179 ~ 186, 1992
- 13) 梶本宜史, 福田保, 里美建裕, 等: 膵腫瘤 (Sister Mary Joseph's nodule) で発見された大腸癌の1例. 高知市民病院紀要, 17: 49 ~ 52, 1993
- 14) 水嶋淳一, 乃木田俊辰, 川島眞, 等: Sister Mary Joseph's nodule の1例. 皮膚臨床, 37: 1731 ~ 1733, 1995
- 15) 目黒英二, 等: S状結腸癌の診断に先行した膵腫瘤 (Sister Mary Joseph's nodule) の1例. *J. Iwate Med. Ass.*, 50(3): 341 ~ 346, 1998

**One Case of a Patient with Umbilical Metastasis  
of Recurrental Cancer  
(Sister Mary Joseph's Nodule, SMJN)  
Who has Survived for a Long Time  
under Immunomodulatory Supplement Therapy**

Tomonori KAWAI  
Shinkurashiki icho komon geka

Summary

A 64-year-old female patient with umbilical metastasis of recurrent colorectal cancer (SMJN) was subjected to complementary medicine using the rice bran arabinoxylan derivative, a food component of BRM activity in addition to chemotherapy in order to maintain the QOL and prolong life. Although the umbilical metastasis is growing tendency, the patient is in a good nutritional condition and has survived for more than two years from diagnosis. SMJN is a distant metastasis, and even if it is the first occurrence, radical treatment may not be possible in most cases. This case suggests that the maintenance of the QOL and physiological function may lead to a prolongation of life even in patients with terminal cancer with extremely poor prognosis like this. And this case presents the benefit of supplementary therapy using functional foods.

**Key words** : colorectal cancer, immunotherapy, rice bran arabinoxylan derivative