



II. 病因・病態

1. 疫学データと遺伝子

ALSの発病率は10万人当たり0.4~1.9で、有病率は10万人当たり2~7とされている。

男女比は約2:1でやや男性に多い。地域差としては、グアム島や紀伊半島に集積地帯が知られており、地下水の鉍物濃度や植物種子の摂取などが可能性として挙げられているが、確実な根拠とはされていない。発病率は年齢とともに増大して50~60歳代でピークに達し、以降ふたたび低下する。ALSの5~10%は常染色体優性遺伝性であり、この遺伝性ALSの20%について、Cu/Zn superoxide dismutase (SOD) 遺伝子変異が報告されており (FALS1), まれな FALS2 の原因遺伝子として guanine-nucleotide exchange factor である alsin が知られている。ALS 全体の 90~95% を占める孤発性についても、第2項に挙げるような遺伝因子が幾つか報告されているが、いずれもきわめてまれであり多くのばあいの原因はまだ特定されていない。

2. 遺伝性および孤発性 ALS の遺伝子変異

Familial ALS

タイプ	遺伝形式	遺伝子座	原因遺伝子
FALS1	AD	21q22.1-q22.2	SOD1
FALS2	AR	2q33	alsin
FALS3	AD	9q34	n. k
FALS4	AD	9q21-q22	n. k
FALS5	AR	15q12-q21	n. k
FALS6	XR	X centromere	n. k

Sporadic ALS

deletion & insertion of KSP repeat region of NF-H gene
(SALS の0.4%)

SMN (survival motor neuron)

NAIP (neuronal apoptosis inhibitory protein)

apolipoprotein Eε4

EAAT2 (excitatory amino acid transporter 2)

cytochrome oxidase C subunit 1

AP endonuclease

3. 病態

1) 臨床疫学的データ

臨床疫学的エビデンスとしては、小児期のポリオ罹患者に

おける ALS 発症者の報告や、痴呆合併例の報告、常染色体劣性遺伝性若年型 ALS 家系報告、治療薬リゾール投与後の血圧上昇例の報告、栄養状態の維持が予後に影響する報告、ワシントン州西部での疫学調査、FALS における進行性筋萎縮症バリエーションの報告などがある。しかしいずれの報告も、エビデンスレベルとしては IIa から IIIb のレベルである。

2) 電気生理学的・画像的データ

電気生理学的・画像的エビデンスとしては、ALS 患者筋肉の MR spectroscopy や、大脳皮質脊髄路の電気生理学評価データ、fasciculation の起源に関する報告、痴呆合併例における前頭葉脳血流低下報告、GABA (A) マーカーによる PET scan をもちいた運動システム以外の評価データ、経頭蓋的磁気刺激による診断率向上の報告、上位運動ニューロン障害の評価に関する報告、事象関連電位をもちいた selective attention の低下、大脳皮質誘発性運動単位電位での temporal dispersion の報告などがある。しかしいずれの報告も、エビデンスレベルとしては IIa から IIIb のレベルである。唯一レベル Ib の報告として、ALS に対する多施設治療トライアルとして電気生理学的エンドポイント研究の報告がある。

3) 病理学的データ

病理学的エビデンスとしては、FALS 患者 neurofilament の蓄積や、Bunina 小体に関する報告、EAAT1, 2 の免疫化学染色、MAP2 染色、b-amyloid 染色、GAP43 染色、iNOS と nitrotyrosine 染色、glycation 染色、astrocyte における S-100 b 蛋白染色性上昇、運動ニューロンにおける Bax 亢進と DNA 変性亢進など様々な抗体をもちいた報告がある。しかしいずれの報告も、エビデンスレベルとしては IIa から IIIb のレベルである。

4) 生化学的データ

生化学的エビデンスとしては、ALS 脊髄における amadori 生成物の検出や、脊髄における neurofilament のリン酸化状態を測定した報告などがあるが、いずれの報告も、エビデンスレベルとしては IIa から IIIa のレベルである。

5) 免疫学的データ

免疫学的エビデンスは少なく、唯一 HAM/TSP 患者で ALS 類似の症状を呈したとする報告があるのみであり、これもエビデンスレベルとしては IIIb のレベルである。

6) 遺伝子レベルのデータ

遺伝子レベルのエビデンスは、1993 年以來すでに報告されている SOD1 変異は、FALS の約 20% を占め 5 つの exon

に60以上の変異が報告されている。また患者筋肉においてミトコンドリアDNA異常が報告されている。2001年10月に新しく常染色体劣性遺伝性ALSにguanine-nucleotide exchange factor 遺伝子の1—2bp欠損が報告されたが、チュニジアと、サウジアラビア、クウェートなどのアラブ諸国にみられる珍しい家系である。臨床症状も25歳以前に発病し緩徐進行性の若年型であり、PLSかALSタイプとなっている。

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