

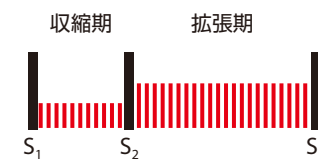
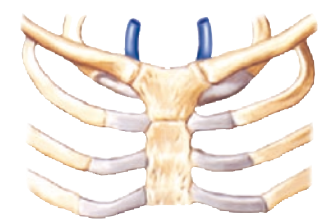
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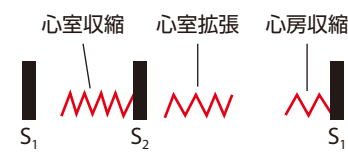
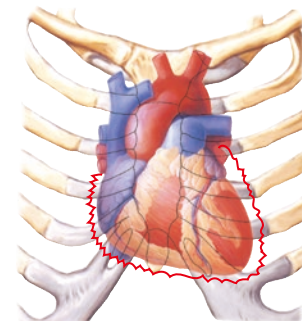
表 16-13 収縮期と拡張期の両方で聴取される心血管系雑音

心血管系雑音のなかには、収縮期および拡張期の両方で聴取されるものがある。弁膜に由来しない3つの代表的疾患をあげる。(1)静脈雑音 **venous hum** は頸静脈血の乱流により生じる良性的雑音で、小児でよく聴取される。(2)心膜摩擦音 **pericardial friction rub** は心膜の炎症により生じる。(3)動脈管開存症 **patent ductus arteriosus** は生後より大動脈から肺動脈への左右シャントが持続する先天異常である。動脈管開存症などで聴取される連続性雑音は、収縮期にはじまり S_2 を越えて拡張期の終わりにないし途中まで続く。また、血液透析患者で多くみられる動静脈瘻により、連続性雑音が聴取される。

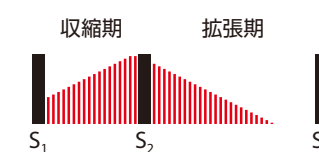
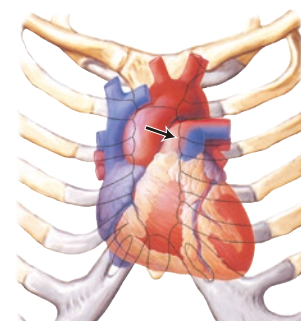
静脈雑音



心膜摩擦音^[56, 125]



動脈管開存症



タイミング	静脈雑音	心膜摩擦音	動脈管開存症
	途切れることのない連続性雑音。拡張期で最も強い	臍側心膜および壁側心膜の炎症を起こす心外膜炎により、1つ、2つ、もしくは3つの成分(心室収縮、心室拡張、拡張期の心房収縮)からなる粗い耳障りな心音が聴取される。心膜摩擦音は心嚢液の有無にかかわらず聴取される	収縮期および拡張期の両方で聴取され、しばしば拡張後期で雑音が途切れる連続性雑音。収縮後期で最大となり、 S_2 は不明瞭で、拡張期で徐々に減弱する
部位	鎖骨の内側 1/3 の上方、特に右側、頭部を聴取する側とは反対方向に向けたときによく聴取される。座位で聴取しやすく、臥位で消失する	座位あるいは前傾姿勢で努力呼吸後に呼吸を止めさせたときに胸骨左縁第3肋間で最もよく聴取する(逆に胸膜摩擦音は吸気時のみ聴取する)。自然に音が出現・消失し、聴診のために患者にさまざまな体位をとってもらふ必要があるかもしれない。心筋梗塞や尿毒症、結合組織病でも聴取しうる	左第2肋間
放散	左あるいは右第1, 2肋間	ごく小さな範囲	左鎖骨
強さ	弱~中等度。静脈雑音は内頸静脈圧により消失する	表層音で聴診器との距離により強さはさまざま	通常強く、ときに振戦を伴うことがある
性質	ブンブンなるような、ゴウゴウとどろくような音	キーキーとした、引っ掻くような、きしむような音	粗い、機械様
音調	低音調(ベル部でよく聴取できる)	高音調(膜部でよく聴取できる)	中音調