

- 20) 森 尚哉, 西野暢彦, 鎮目研吾 他: 組織プラスミノゲンアクチベーター (AK-124) の点滴静注時の線溶パラメーターの変動 - 特にプラスミノゲンアクチベーターインヒビターの変化を中心にして -. 薬理と治療, 16: Suppl. 6, 319-326, 1988.
- 21) 唐澤弘七郎, 鈴木 紳, 河合忠一 他: 急性心筋梗塞に対する AK-124 (組織プラスミノゲンアクチベーター) の静脈内投与法の臨床評価 - ウロキナーゼを対照とした多施設二重盲検比較試験 -. 薬理と治療, 19:321-350, 1991.
- 22) 武田定典 : 実験的にも膜下出血後の攣縮血管の機能的ならびに形態学的研究. 愛媛医学, 7:156-169, 1989.
- 23) Clower, B.R., Smith, R.R., Haining, J.L. et al.: Constrictive endarteropathy following experimental subarachnoid hemorrhage. Stroke, 12:501-508, 1981.
- 24) Peerless, S. J., Kassel, N.F., Komatsu, K. et al.: Cerebral vasospasm : Acute proliferative vasculopathy ? II. Morphology, in Wilkins RH (ed): Cerebral arterial spasm. Baltimore/London, Williams and Wilkins, 1980, pp88-99.
- 25) Ecker, A. and Riemenschneider, P.A.: Arteriographic demonstration of spasm of the intracranial arteries with special reference to saccular arterial aneurysms. J. Neurosurg., 8:660-667, 1951.
- 26) Mizukami, M., Takemae, T., Tazawa, T. et al.: Value of computed tomography in the prediction of cerebral vasospasm after aneurysm rupture. Neurosurgery, 7, 583-586:1980.
- 27) 水上公宏, 宇佐美 卓, 田沢俊明 他: クモ膜下血腫除去による脳血管攣縮の予防 - 64 例の prospective study -. Neurol. Med. Chir., (Tokyo) 21:1069-1077, 1981.
- 28) Ohta, H., Ito, Z., Yasui, N. et al.: Extensive evacuation of subarachnoid clot for prevention of vasospasm - Effective or not ? Acta Neurochirurgica, 63, 111-116, 1982.

- 29) Yoshida, Y., Ueki, S., Takahashi, A., et al.: Intrathecal irrigation with urokinase in ruptured cerebral aneurysm cases. *Neurol. Med. Chir.*, (Tokyo) 25:989-997, 1985.
- 30) 井出 渉, 佐々木雄彦, 松崎隆幸 他: 重傷破裂脳動脈瘤症例に対するウロキナーゼ脳室・脳槽灌流療法の有用性. *脳卒中の外科*, 17:340-344, 1989.
- 31) 竹中信夫, 峯 徹, 塩原隆造 他: Full Packed SAH に対する Urokinase 加人工髄液による脳槽灌流法の臨床経験. *脳卒中の外科*, 17:333-339, 1989.
- 32) Findlay, J.M., Weir, B.K.A., Steinke, D. et al.: Effect of intrathecal thrombolytic therapy on subarachnoid clot and chronic vasospasm in a primate model of SAH. *J. Neurosurg.*, 69:723-735, 1988.
- 33) Findlay, J.M., Weir, B.K.A., Gordon, P. et al.: Safety and efficacy of intrathecal thrombolytic therapy in a primate model of cerebral vasospasm. *Neurosurgery*, 24:491-498, 1989.
- 34) Findlay, J.M., Weir, B.K.A., Kanamaru, K. et al.: The effect of timing of intrathecal fibrinolytic therapy on cerebral vasospasm in a primate model of subarachnoid hemorrhage. *Neurosurgery*, 26:201-206, 1990.
- 35) Seifert, V., Eisert, W.G., Stolke, D. et al.: Efficacy of single intracisternal bolus injection of recombinant tissue plasminogen activator to prevent delayed cerebral vasospasm after experimental subarachnoid hemorrhage. *Neurosurgery*, 25:590-598, 1989.
- 36) Saito, I., and Sano, K.: Vasospasm after aneurysm rupture : Incidence, onset, and course. In: *Cerebral arterial spasm* (ed. by Wilkins R.H.) Williams & Wilkins, Baltimore, pp.294-301, 1980.
- 37) Kim, H., Mizukami, M., Kawase, T. et al.: Time Course of vasospasm : Its clinical significance. *Neurol. Med. Chir.*, (Tokyo) 19:95-102, 1979.
- 38) Handa, V., Weir, B.K.A., Nosko, M. et al.: The effect of timing of clot removal on chronic vasospasm in a primate model. *J. Neurosurg.*, 67:558-564, 1987.

- 39) Nosko, M., Weir, B.K.A., Lunt, A. et al.: Effect of clot removal at 24 hours on chronic vasospasm after SAH in the primate model. J. Neurosurg., 66:416-422, 1987.
- 40) 宮本 享、菊池晴彦、筏 義人：Tissue plasminogen activator を用いたクモ膜下血腫に対する Thrombolytic therapy - Biodegradable polymer による Drug delivery system の開発 -. 脳卒中の外科, 19:308-311, 1991.
- 41) 蛭名国彦、岡部慎一、岩渕 隆：脳槽ドレナージにおける t-PA の効用 - 特に t-PA およびその合剤の局所投与における基礎的研究 -. 脳卒中の外科, 19:301-307, 1991.
- 42) Ebina, K., Yoshizumi, T., Kim, B. et al.: Experimental study of human tissue plasminogen activator and other fibrinolytic agents on liquefaction of clots - Important factors for local intracranial administration of tissue plasminogen activator -. Hirosaki Med. J., 44:1-12, 1992.
- 43) 小川泰亮：高分子マイクロカプセル型 DDS. Drug Delivery System, 6: 165-170, 1991.
- 44) Sato, T., Kanke, M., Schroeder, H.G., et al.: Porous biodegradable microspheres for controlled drug delivery. I. Assessment of processing conditions and solvent removal techniques. Pharm. Research, 5:21-30, 1988.
- 45) 山川健太、中込忠好、佐々木富男 他：クモ膜下出血後脳血管攣縮に対する t-PA 脳槽内 1 回投与の効果 - 犬大槽 2 回自家血注入モデルでの検討 -. 脳卒中の外科, 19:312-317, 1991.
- 46) 佐々木富男、高倉公朋、若松武志：t-PA 脳槽注入による脳血管攣縮予防効果に関する実験的検討. スパズムシンボ講演集, 脳血管攣縮, 7:306-310, 1992.
- 47) 尾金一民、鈴木重晴、大熊洋揮 他：実験的くも膜下出血による脳血管外膜透過性の変化, 並びに髄腔内ステロイドホルモン投与の影響. スパズムシンボ講演集, 脳血管攣縮, 8:245-251, 1992.

- 48) 相馬正始, 鈴木重晴, 木村正英 他: 脳血管攣縮初期病変としての血管外膜透過性の亢進 - ステロイド髄腔内投与による対応 -, 第13回東北脳血管障害懇話会講演集, p83-87, 1991.
- 49) Steinke, D.E., Weir, B.k.A., Findlay, J.M. et al.: A trial of the 21-aminosteroid U 74006 F in a primate model of chronic cerebral vasospasm. Neurosurgery, 24:179-186, 1989.
- 50) 鈴木重晴, 相馬正始, 野々垣洋一 他: くも膜下腔血管外膜保護による症候性脳血管攣縮の予防 - ステロイド含有 pH 8.0 ハルトマン溶液による洗浄 -, スパズムシンボ講演集, 脳血管攣縮, 6:306-310, 1991.
- 51) 鈴木重晴, 相馬正始, 尾金一民 他: 破裂脳動脈瘤手術時 steroid 含有 Hartmann 溶液による頭蓋内洗浄並びに術後の経時的・経皮的脳槽内注入 - 症候性脳血管攣縮の予防 -, スパズムシンボ講演集, 脳血管攣縮, 9: 205-212, 1994.

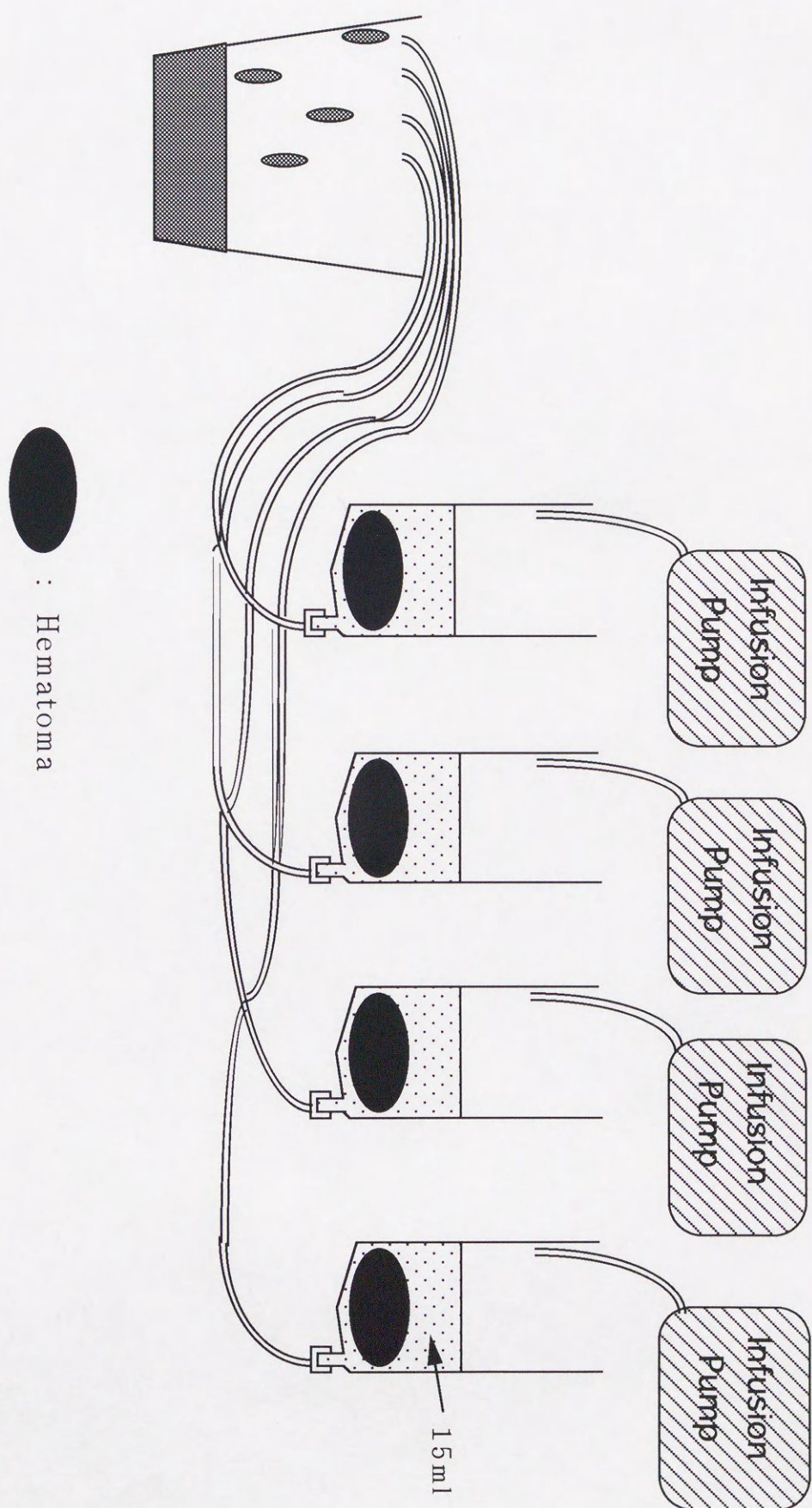


Fig. 1 *in vitro* Subarachnoid hematoma model.

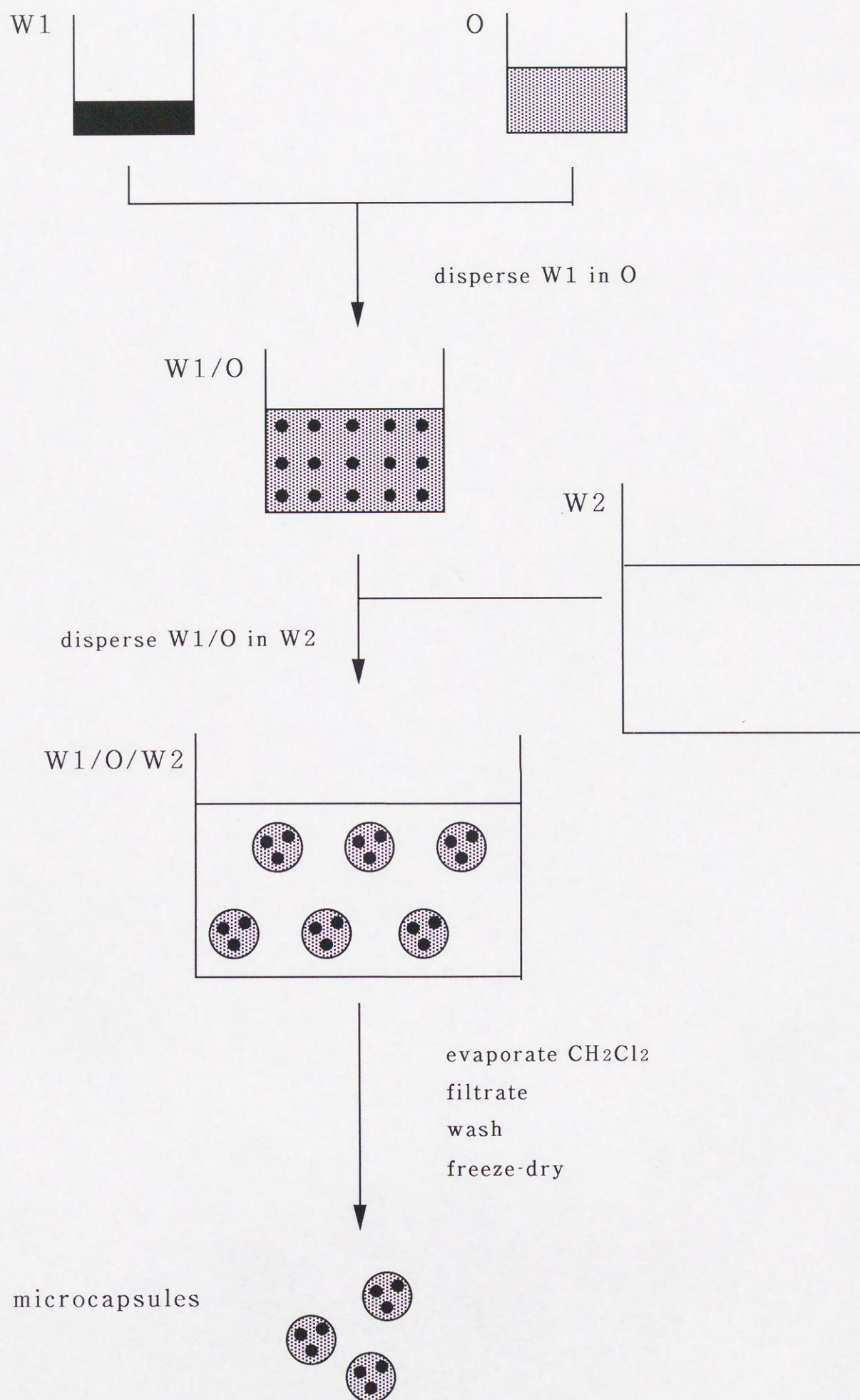


Fig.2 Schematic diagram for microcapsule preparation by water drying method

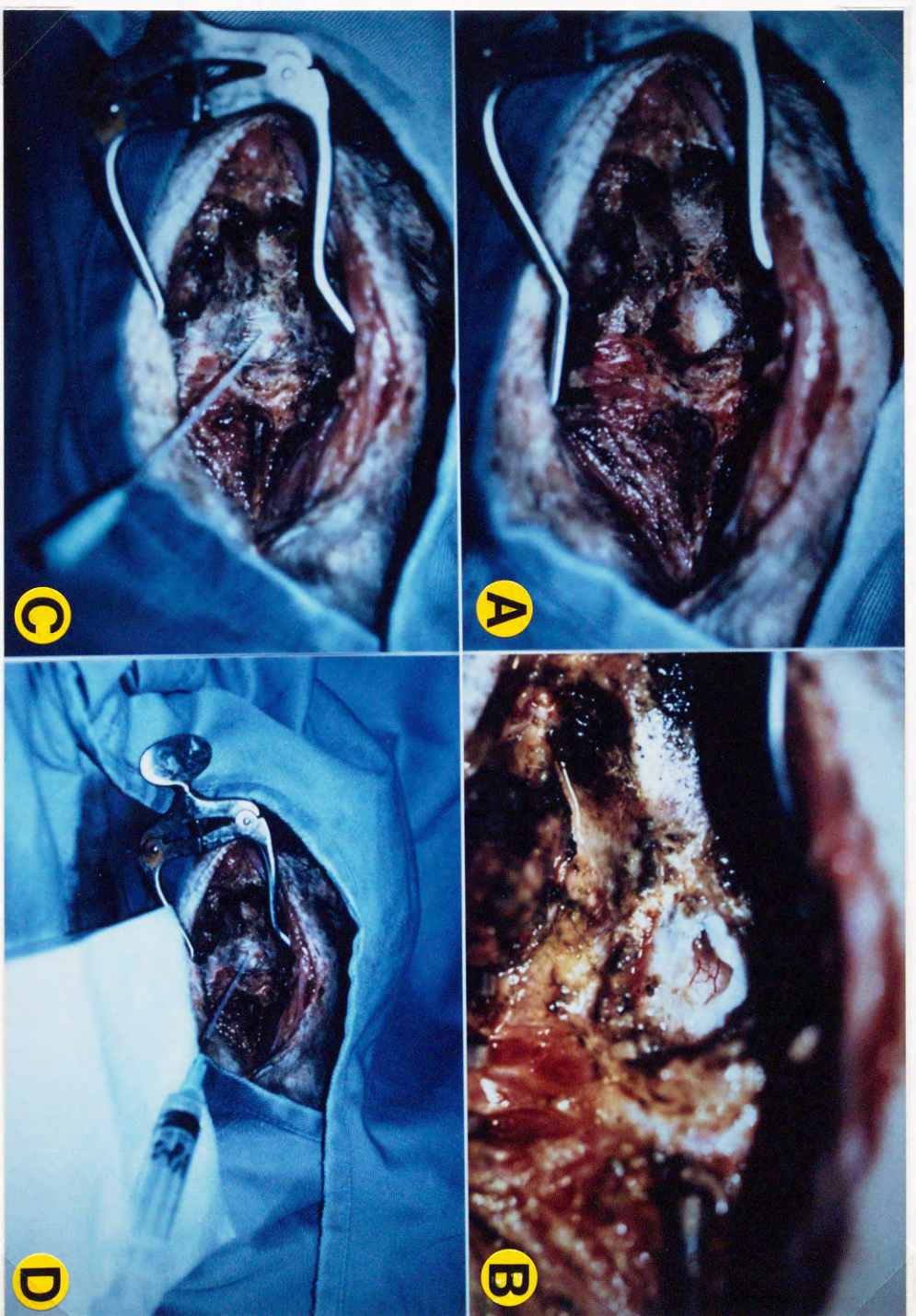


Fig. 3 Experimental procedure for the cisternal administration of t-PA or t-PA MC*
MC* = microcapsule

A : Dura mater between occipital bone and atlas B : Medulla oblongata and cisterna magna
C : Cannulation into cisterna magna D : Cisternal administration of t-PA or t-PA MC*

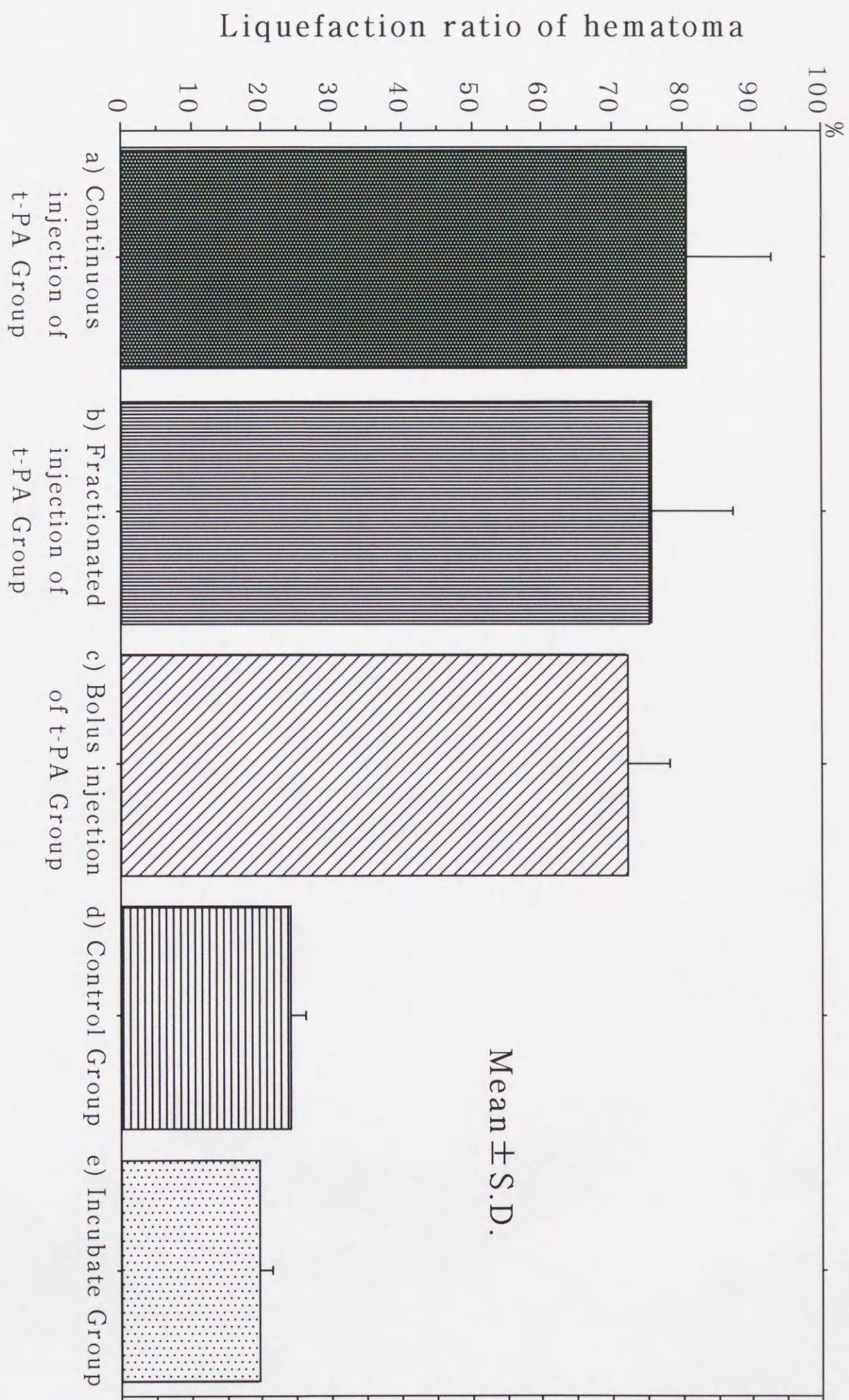


Fig. 4 Liquefaction ratio of canine arterial blood hematoma .

a) Continuous injection of t-PA Group tend to liquefy hematoma mostly in all group.

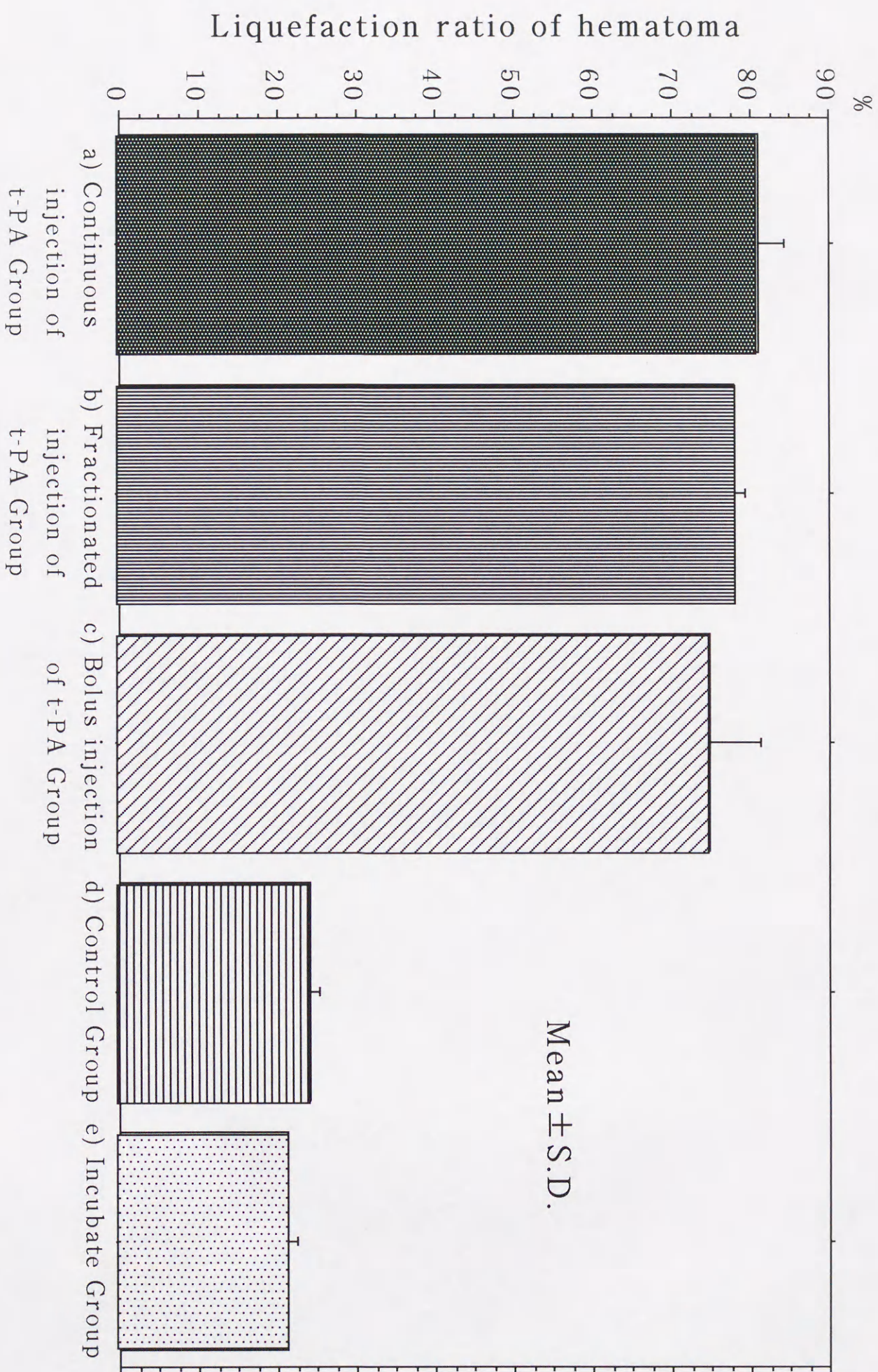


Fig. 5 Liquefaction ratio of human venous blood hematoma.

a) Continuous injection of t-PA Group tend to liquefy hematoma mostly in all group.

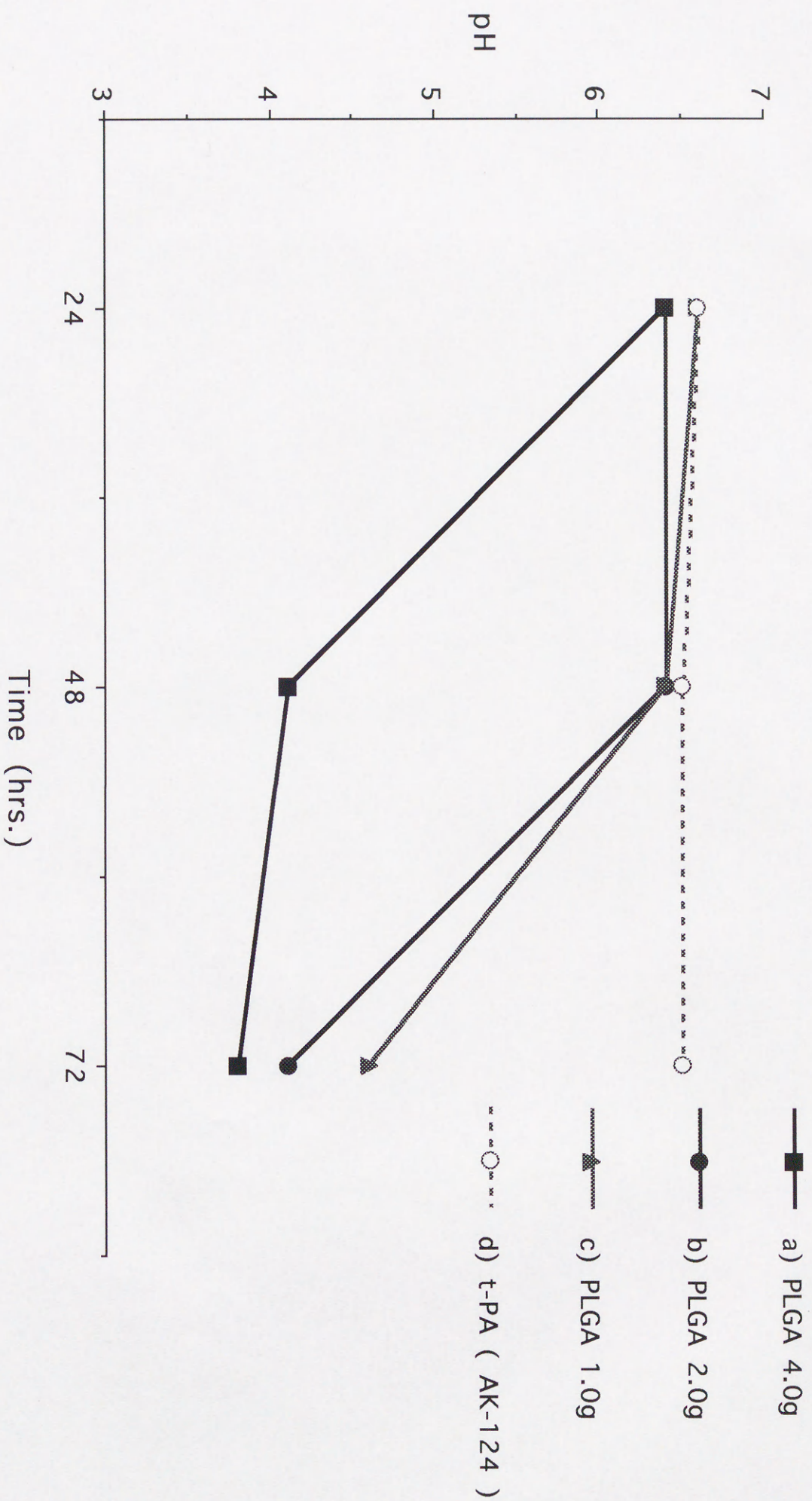


Fig. 6 Serial pH changes of the three kinds of t-PA MC suspension and t-PA (AK-124)solution.

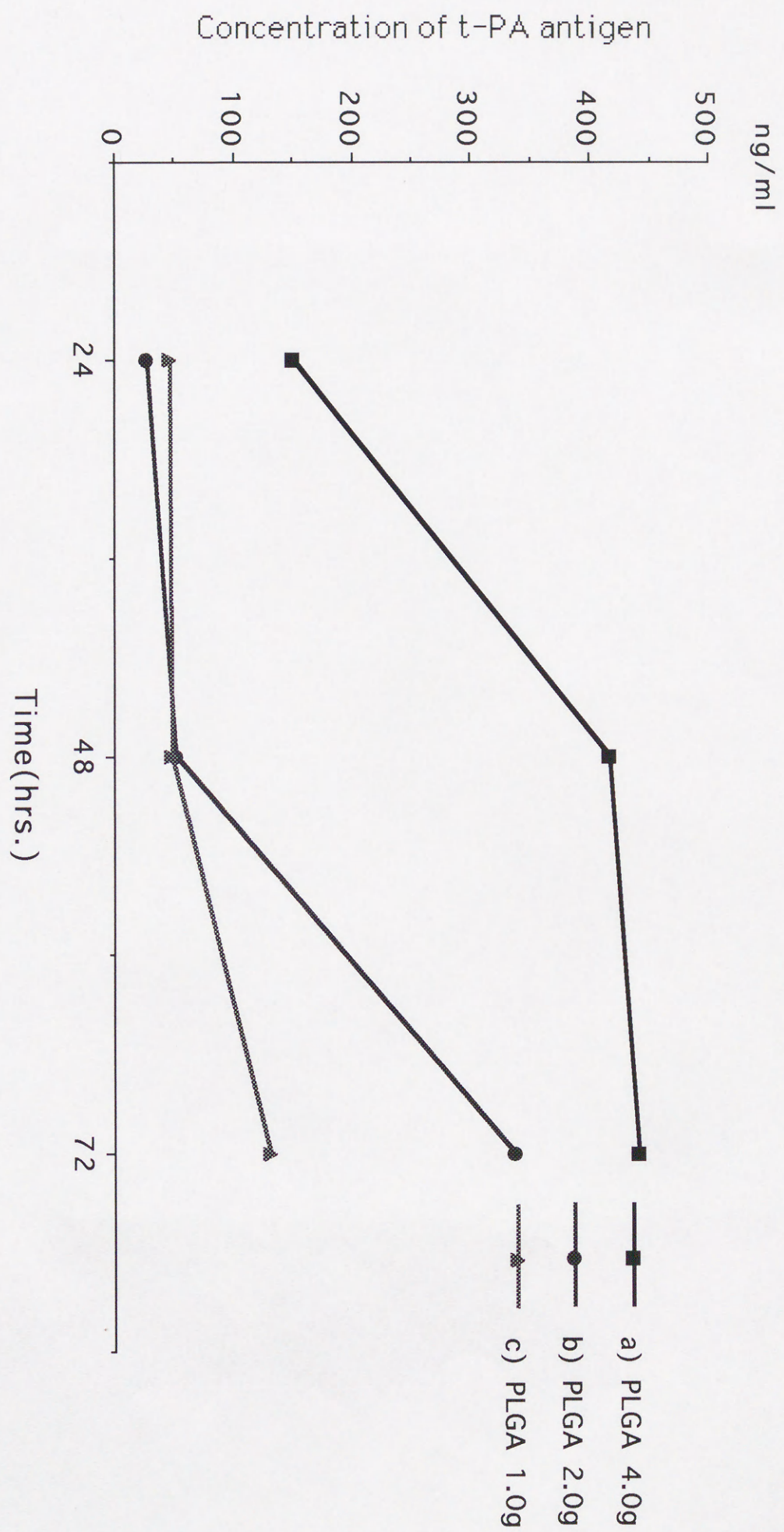


Fig. 7 Serial concentration changes of the three kinds of t-PA MC suspension.

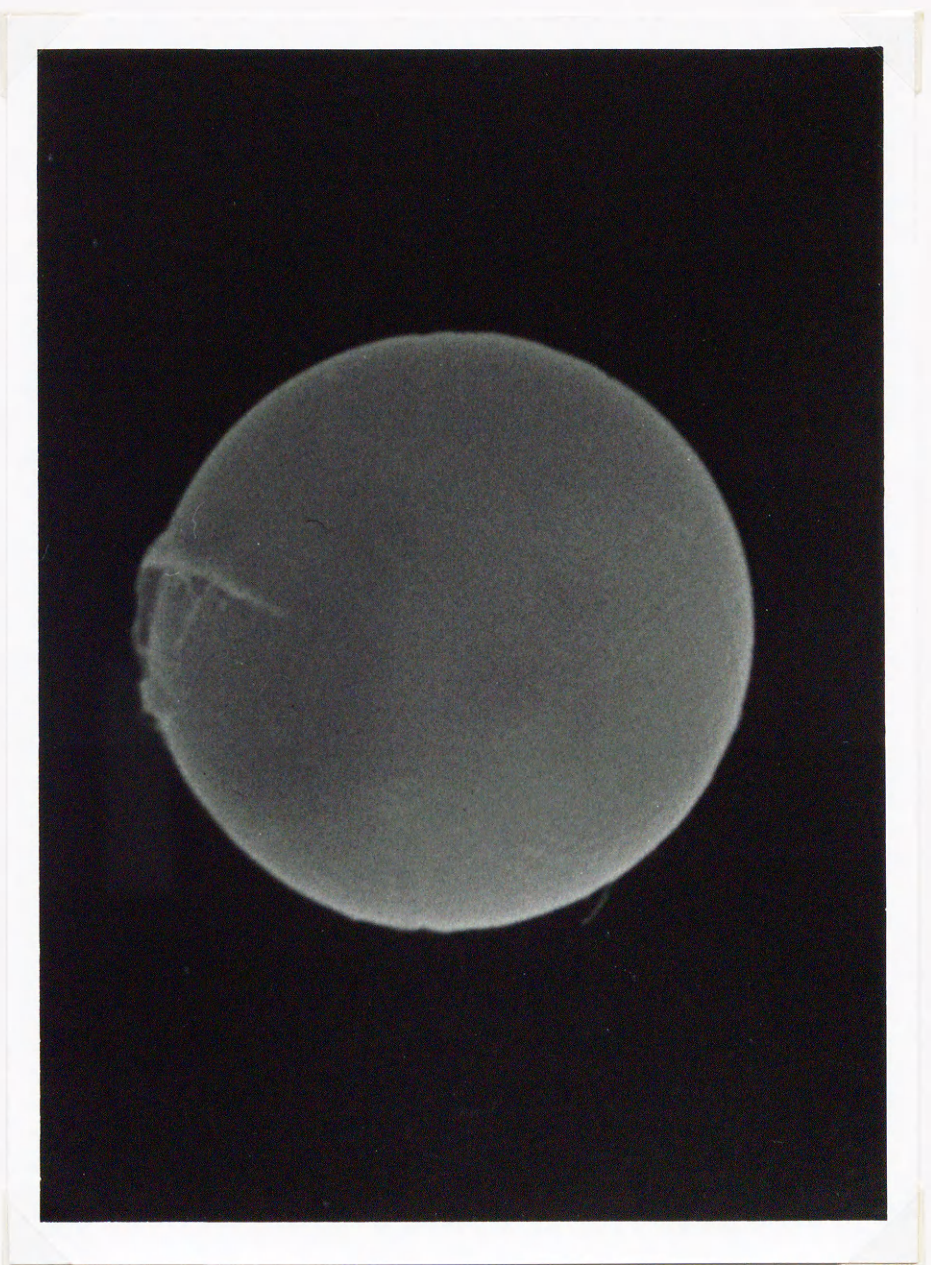


Fig. 8 Scanning electron micrograph of t-PA MC*
t-PA MC* = t-PA microcapsules prepared by water drying method



Fig. 9 Photograph of t-PA MC* prepared by water drying method
t-PA MC* = tissue plasminogen activator microcapsules

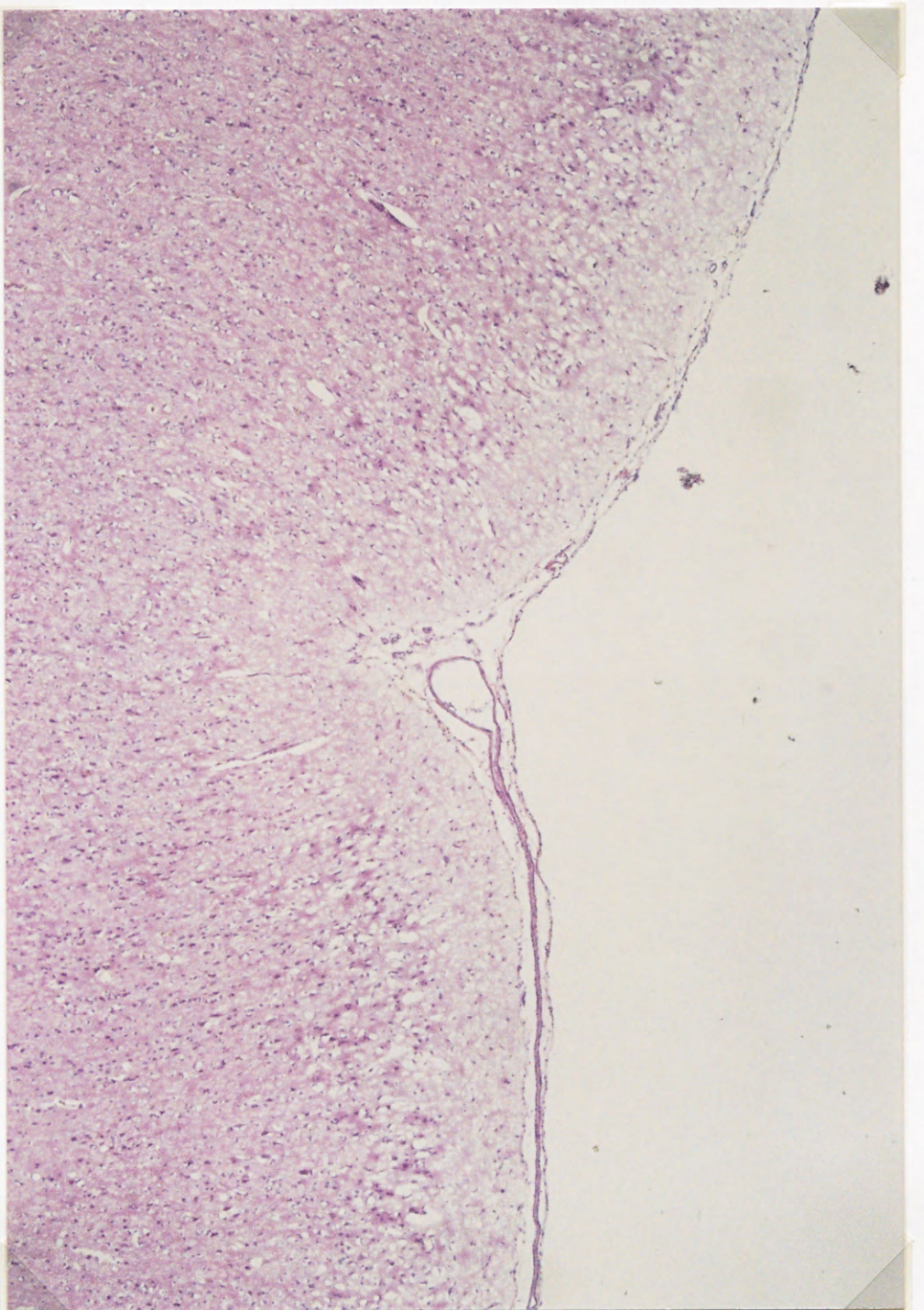


Fig. 10 Light micrograph of cerebral cortex

Abnormal findings indicating neurotoxicity of the cisternal administration of t-PA MC* could be observed neither in arachnoid membrane nor in cerebral tissue.

MC* = microcapsules, H&E, $\times 40$.

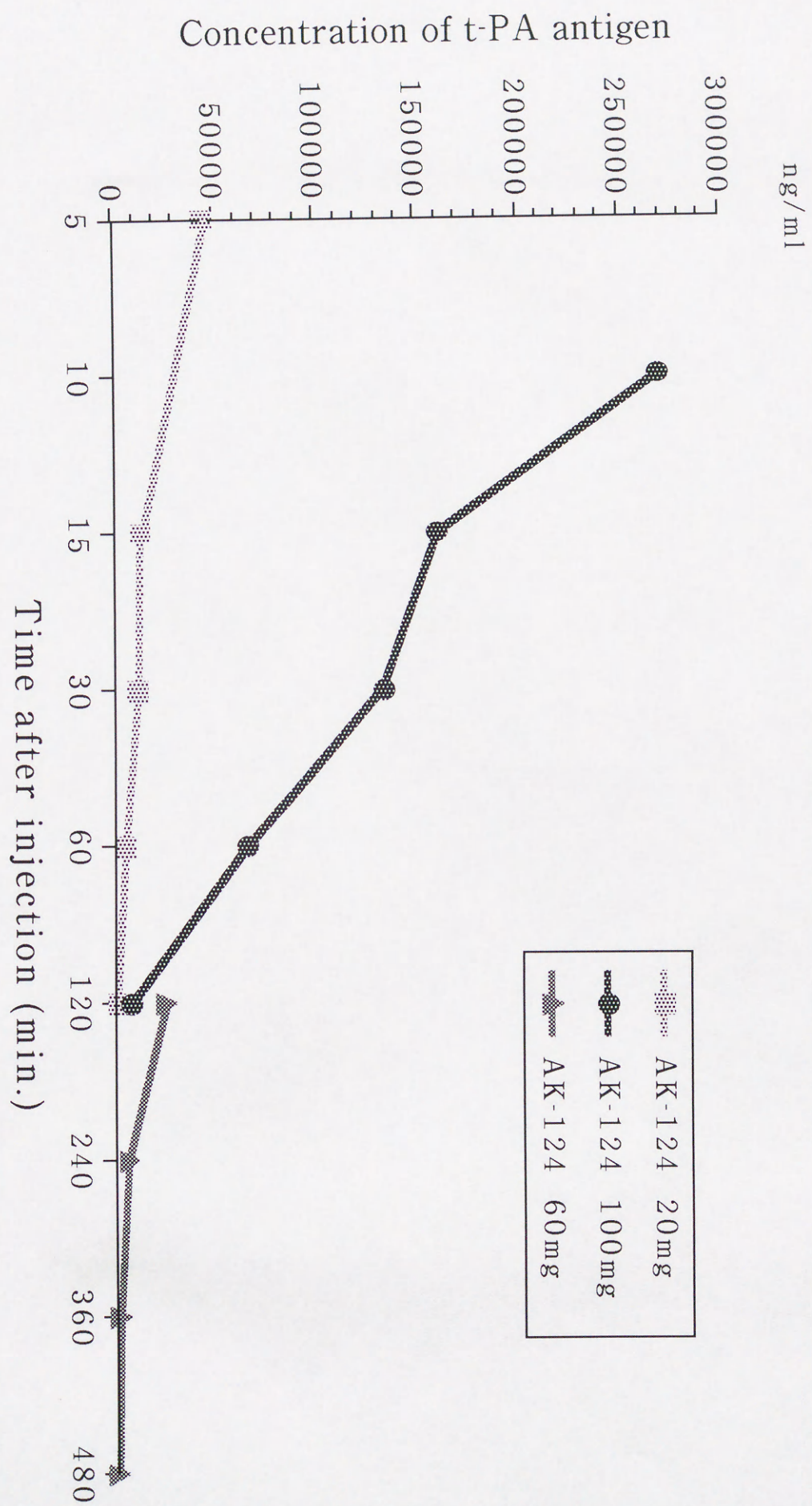


Fig.11 Serial concentration changes of the cisternal tissue plasminogen activator (t-PA) after the cisternal injection of 20mg, 100mg and 60mg dose of t-PA (AK-124) in canines.

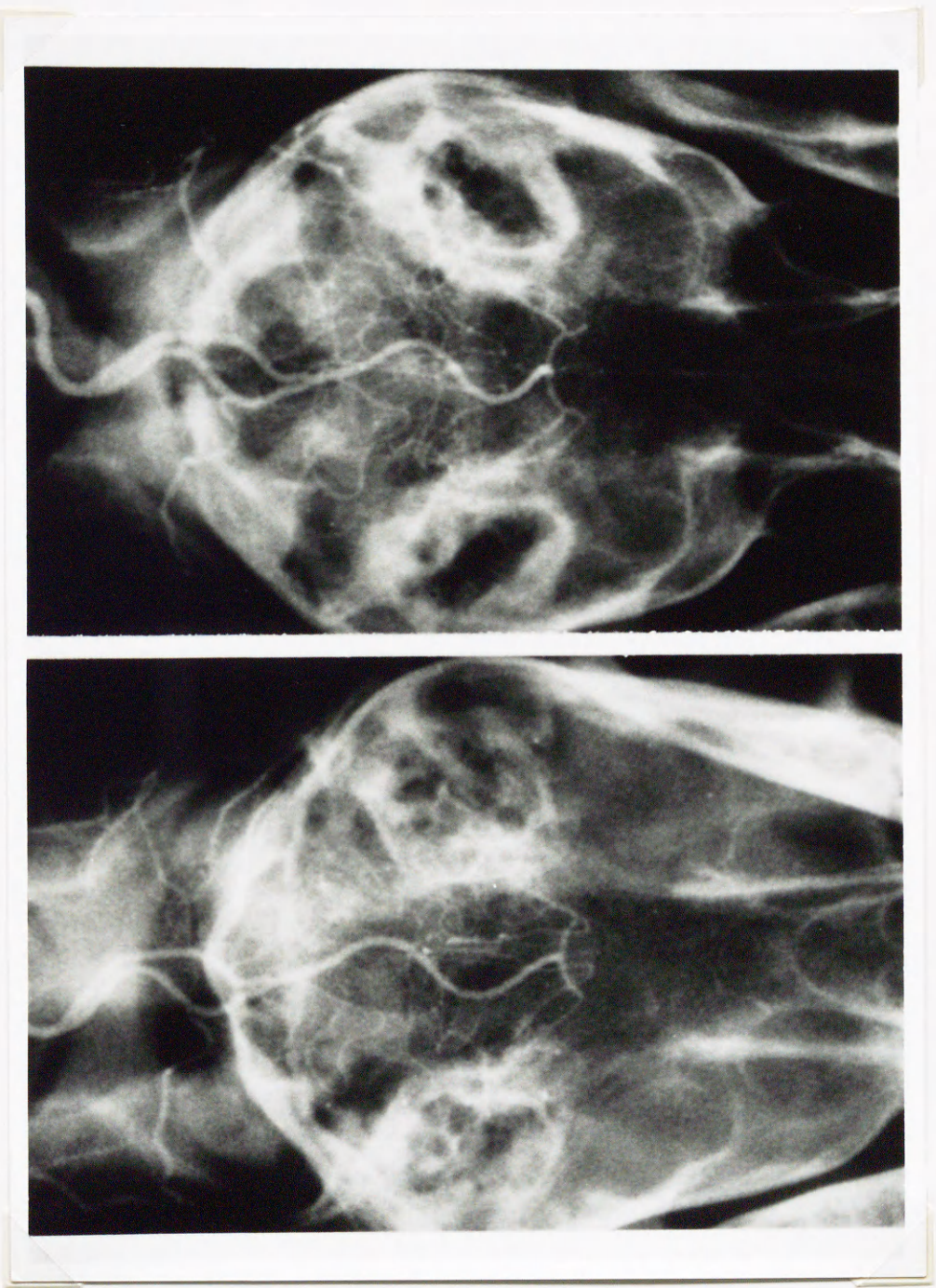


Fig. 12 Vertebral angiograms in a) t-PA Group

Left : on Day 0, Right : on Day 7

Percent reduction of intraluminal diameter of this basilar artery was 10.0%.

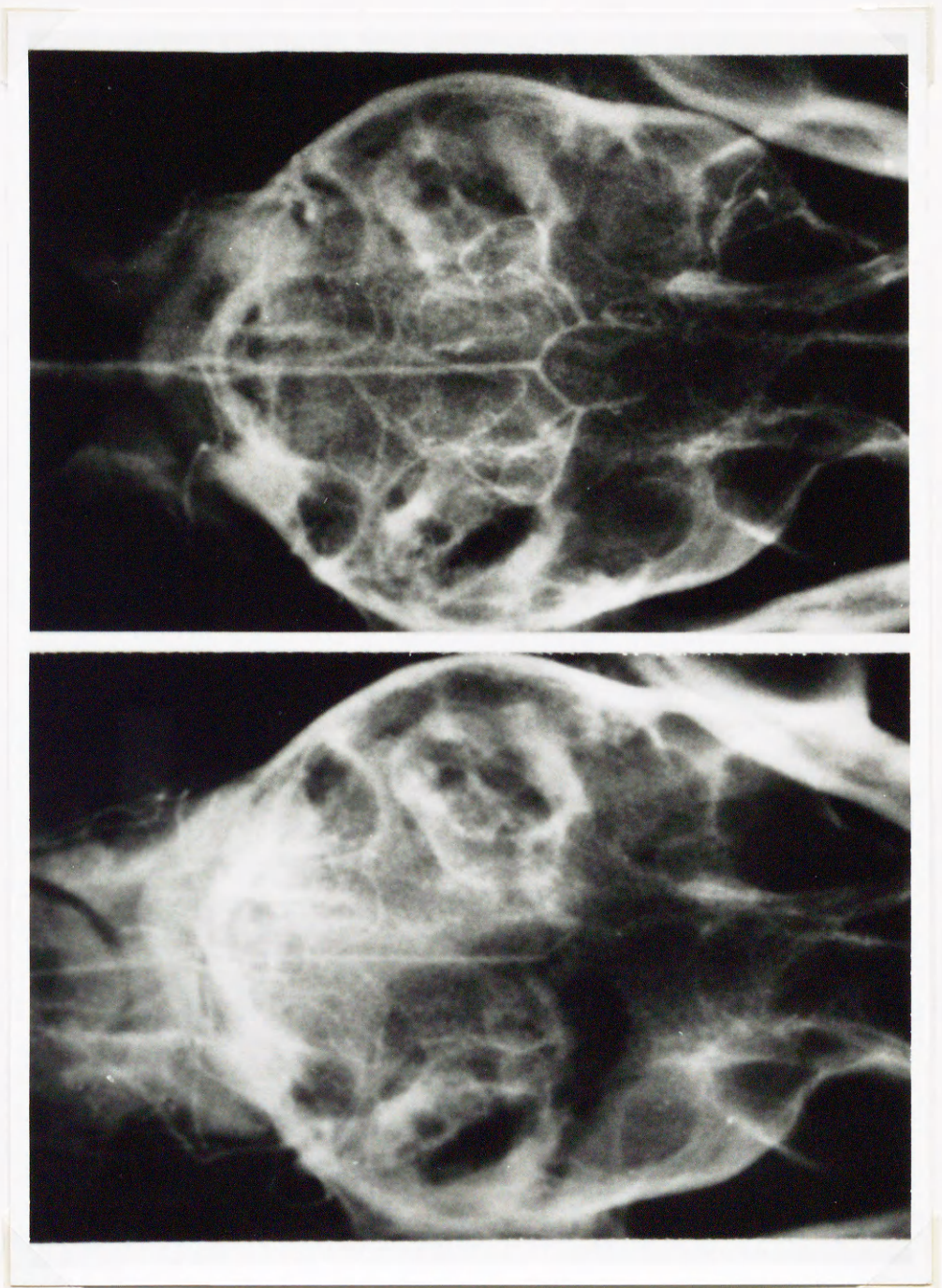


Fig. 13 Vertebral angiograms in b) t-PA MC Group

Left : on Day 0, Right : on Day 7

Percent reduction of intraluminal diameter of this basilar artery was 18.9%.

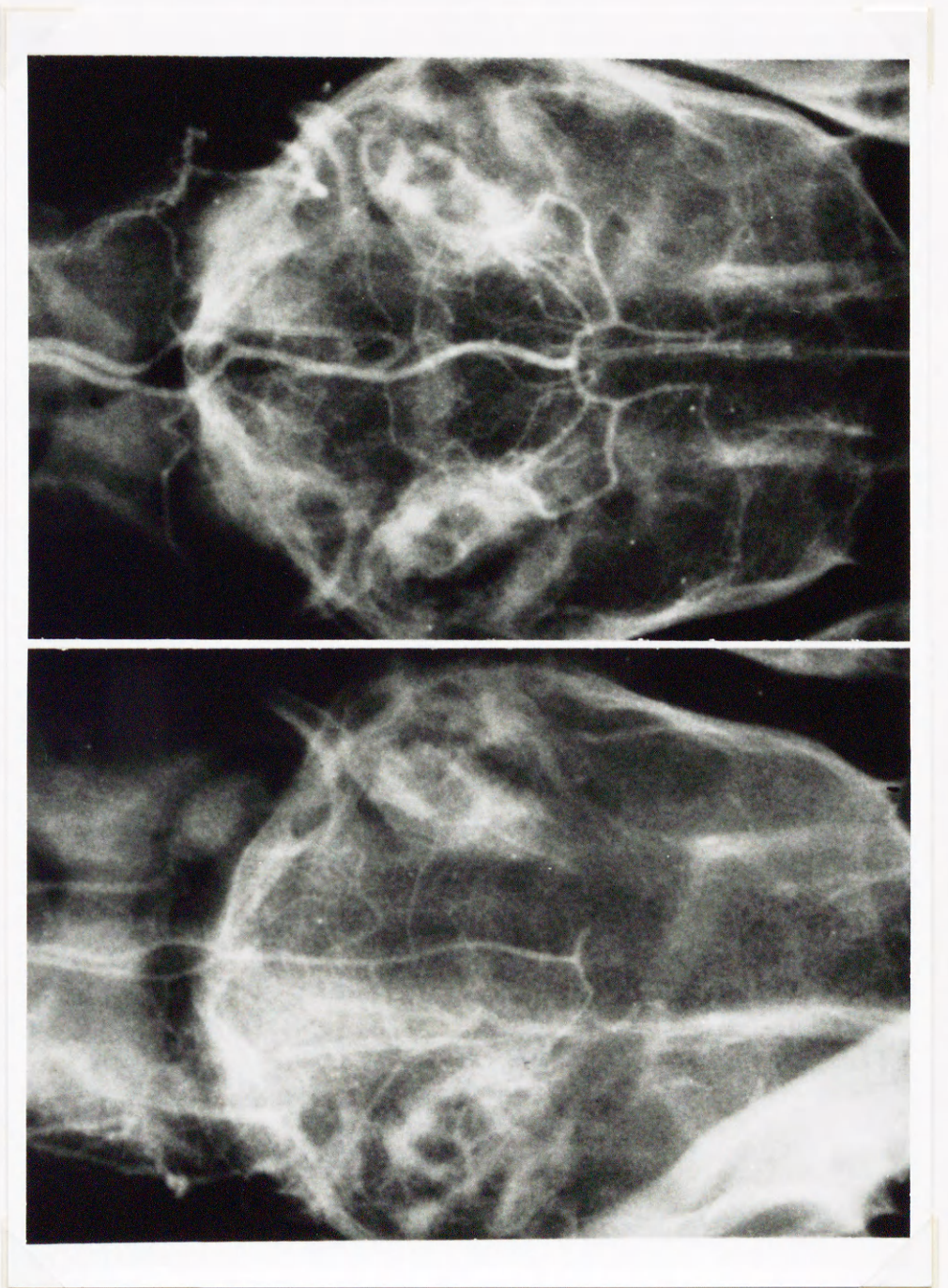


Fig. 14 Vertebral angiograms in c) PLGA MC Group

Left : on Day 0, Right : on Day 7

Percent reduction of intraluminal diameter of this basilar artery was 44.7%.

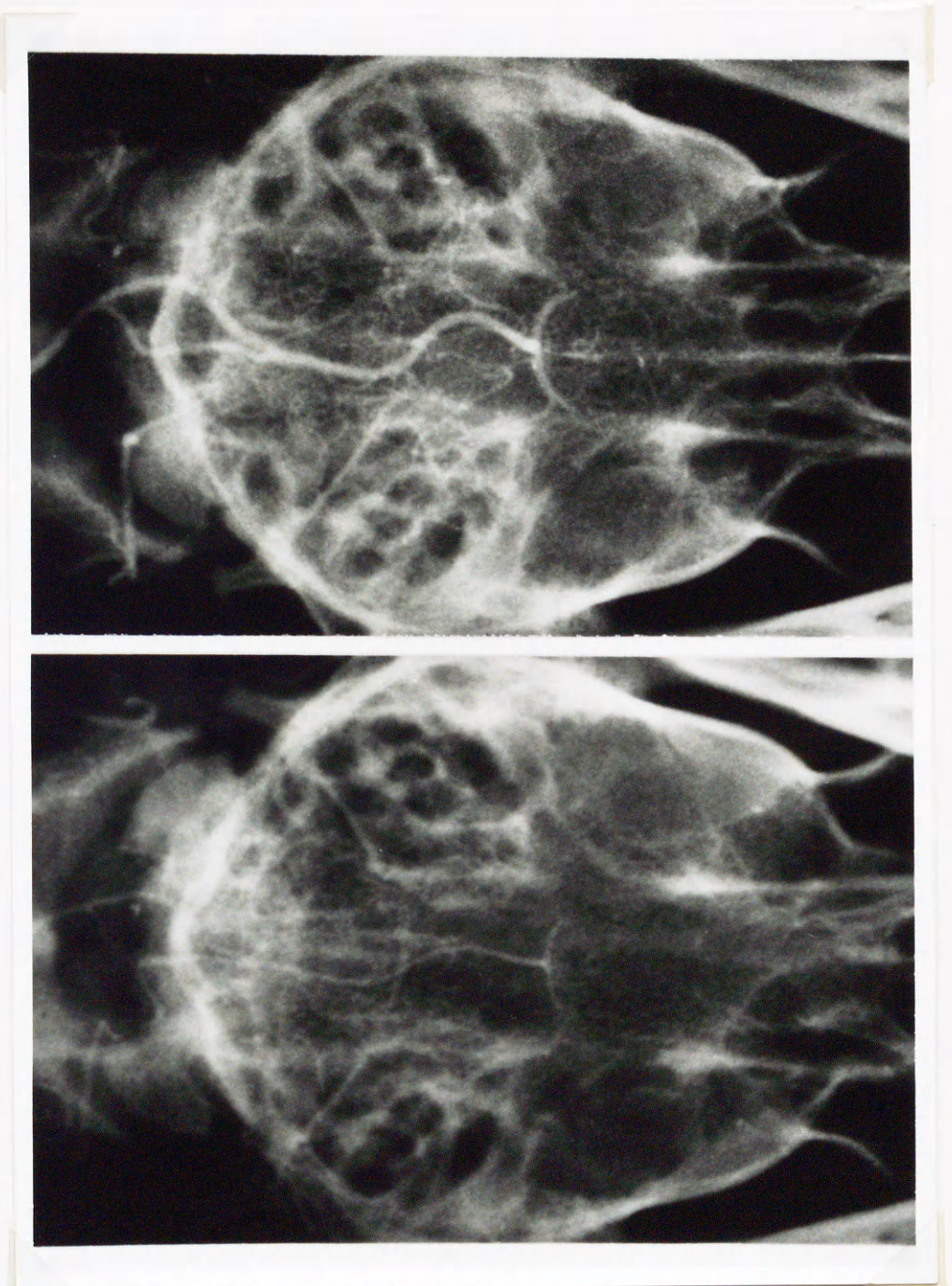


Fig. 15 Vertebral angiograms in d) control Group

Left : on Day 0, Right : on Day 7

Percent reduction of intraluminal diameter of this basilar artery was 44.2%.

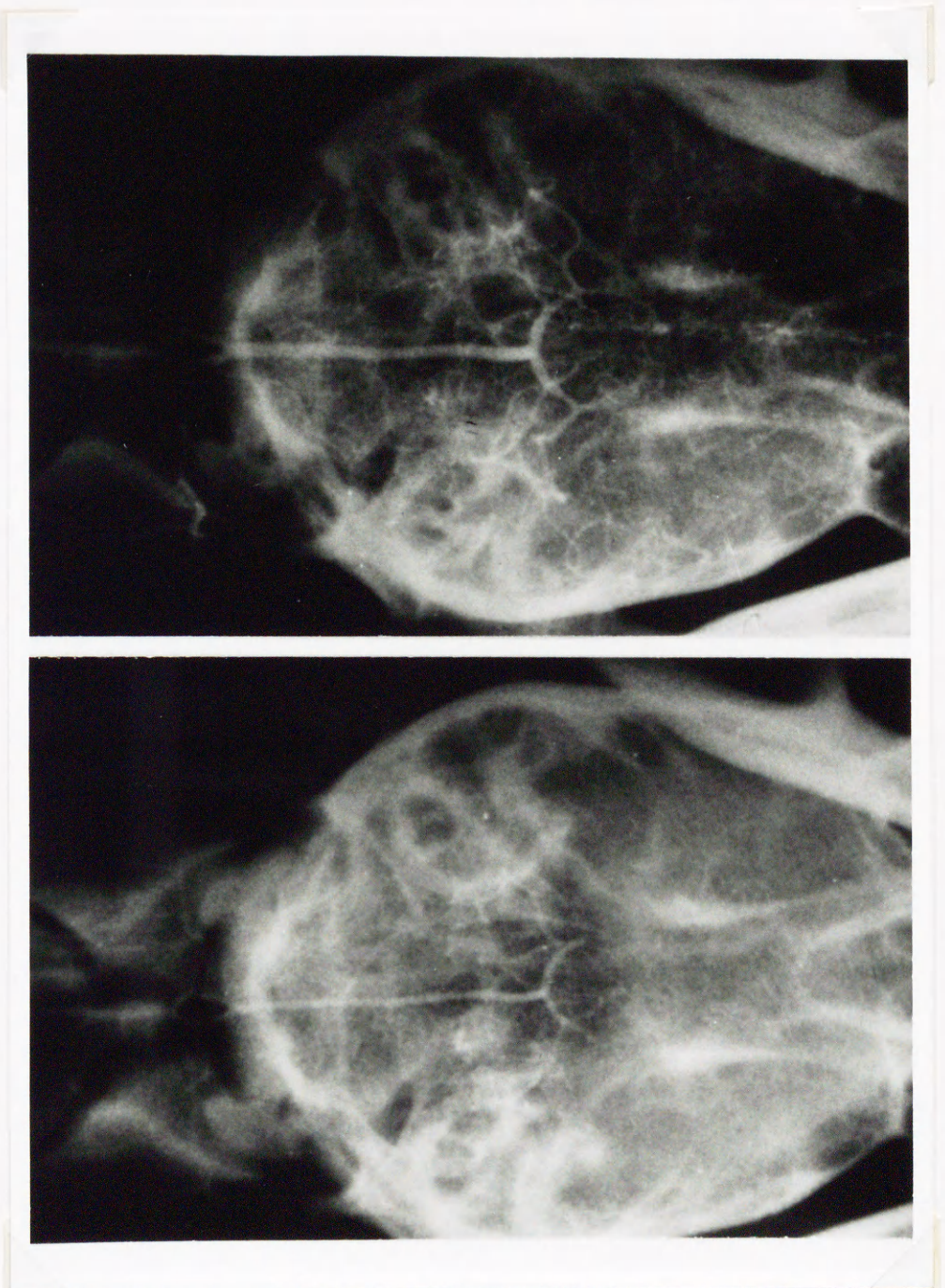


Fig. 16 Vertebral angiograms in e) S.A.H. Group

Left : on Day 0, Right : on Day 7

Percent reduction of intraluminal diameter of this basilar artery was 42.1 %.

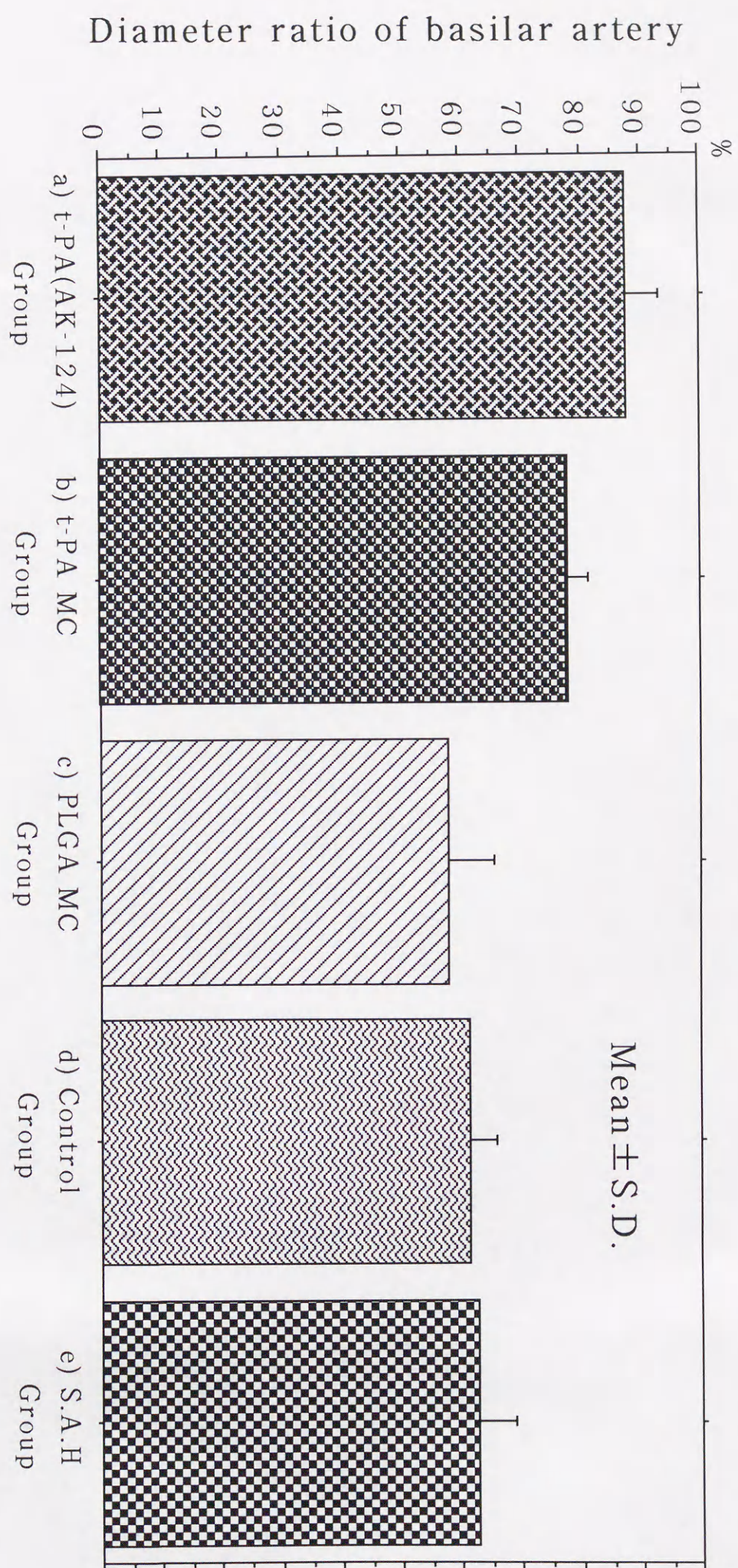


Fig. 17 Diameter ratio of basilar artery

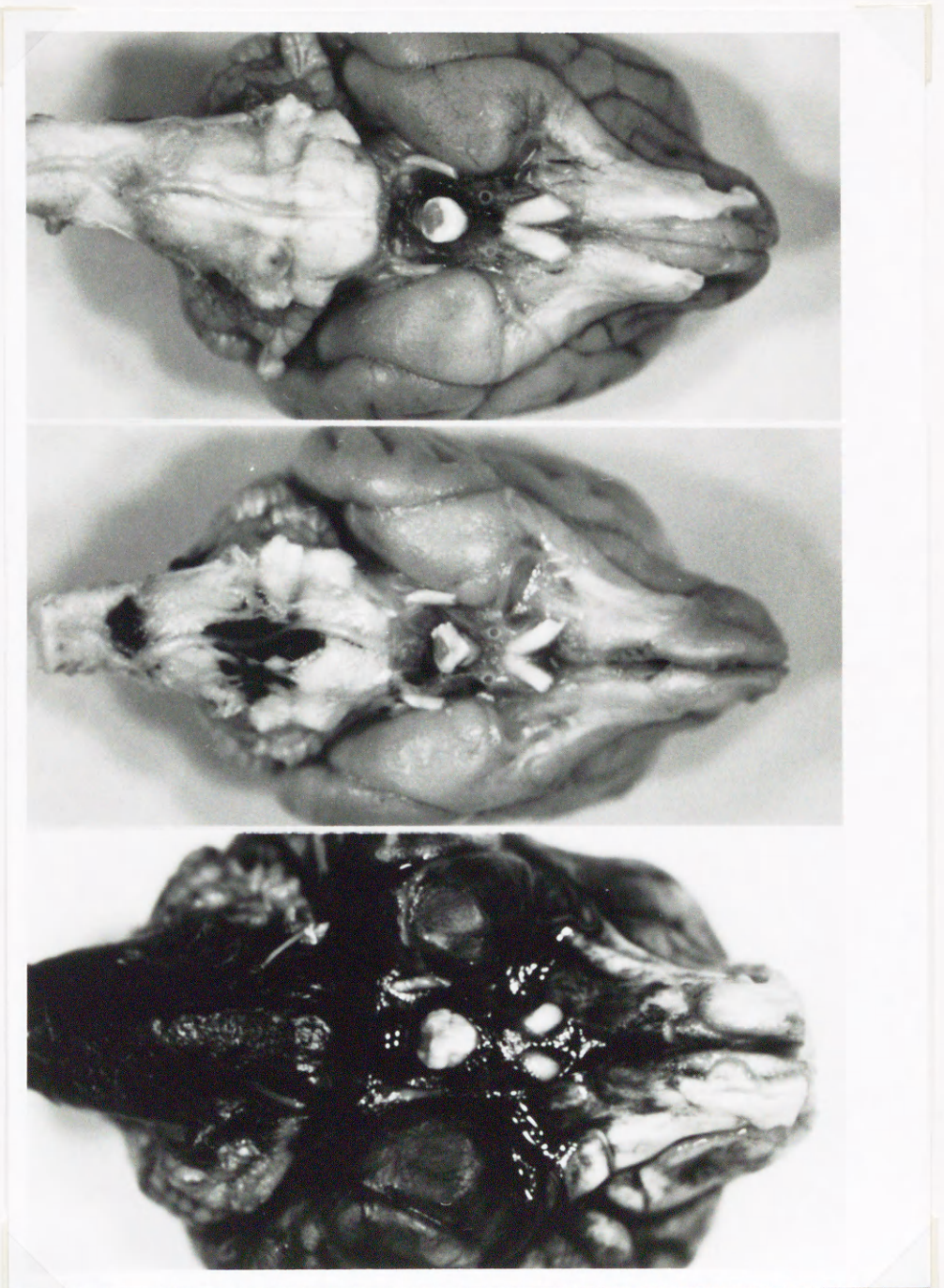


Fig.18 Perfused canine brains taken on DAY 7 in 3 groups
Left : a) t-PA Group, Center : b) t-PA MC Group, Right : c) SAH Group
In SAH Group residual subarachnoid clot was observed,
whereas in other Group less clot was visible.

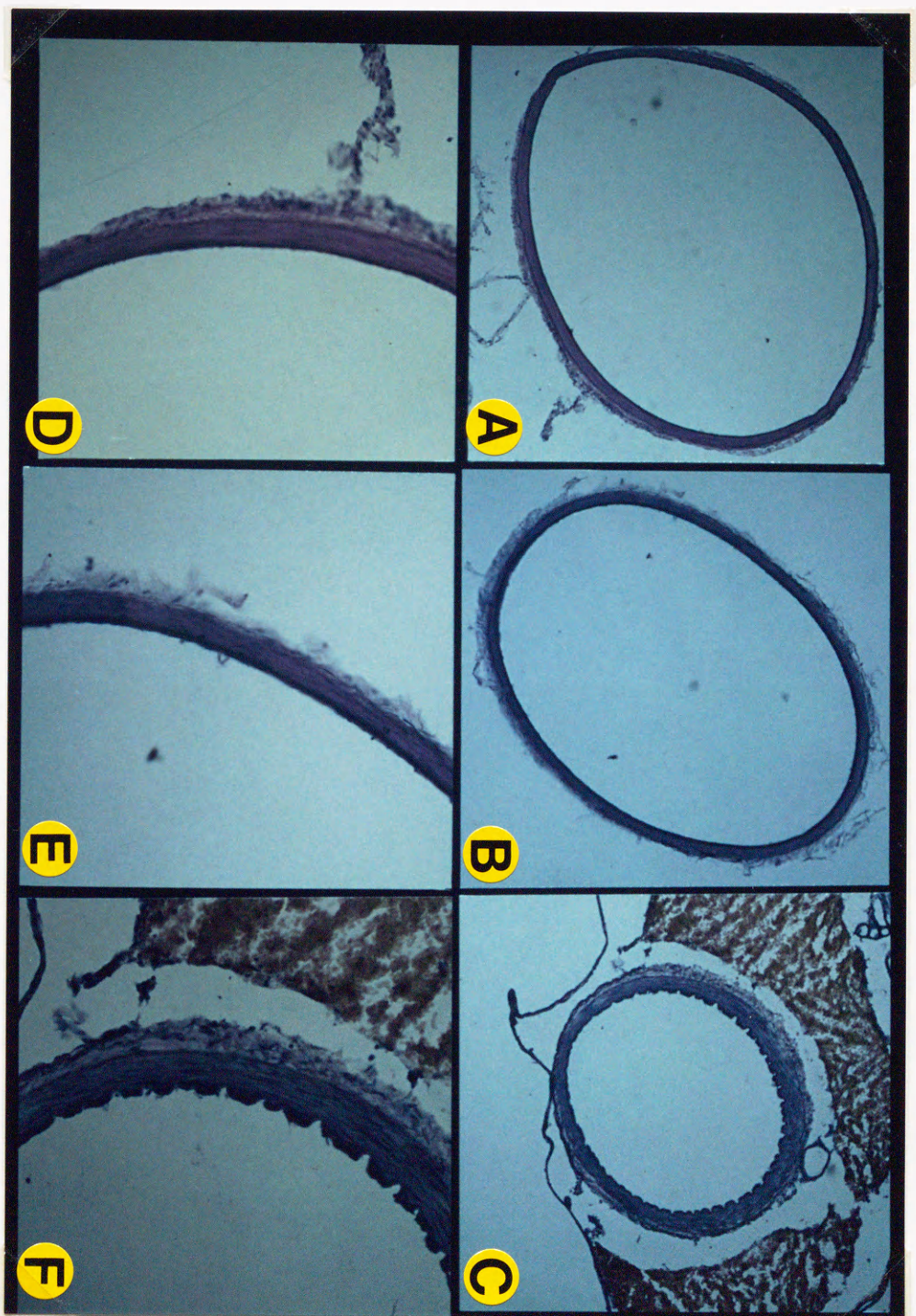


Fig. 19 Light micrographs of the canine basilar artery in 3 groups

A,D : a) t-PA Group, B,E : b) t-PA MC Group, C,F : c) SAH Group

Intimal corrugation and thickened smooth muscle layer are observed only in SAH group, but not in other Groups. (H&E, upper : $\times 40$, lower : $\times 100$.)

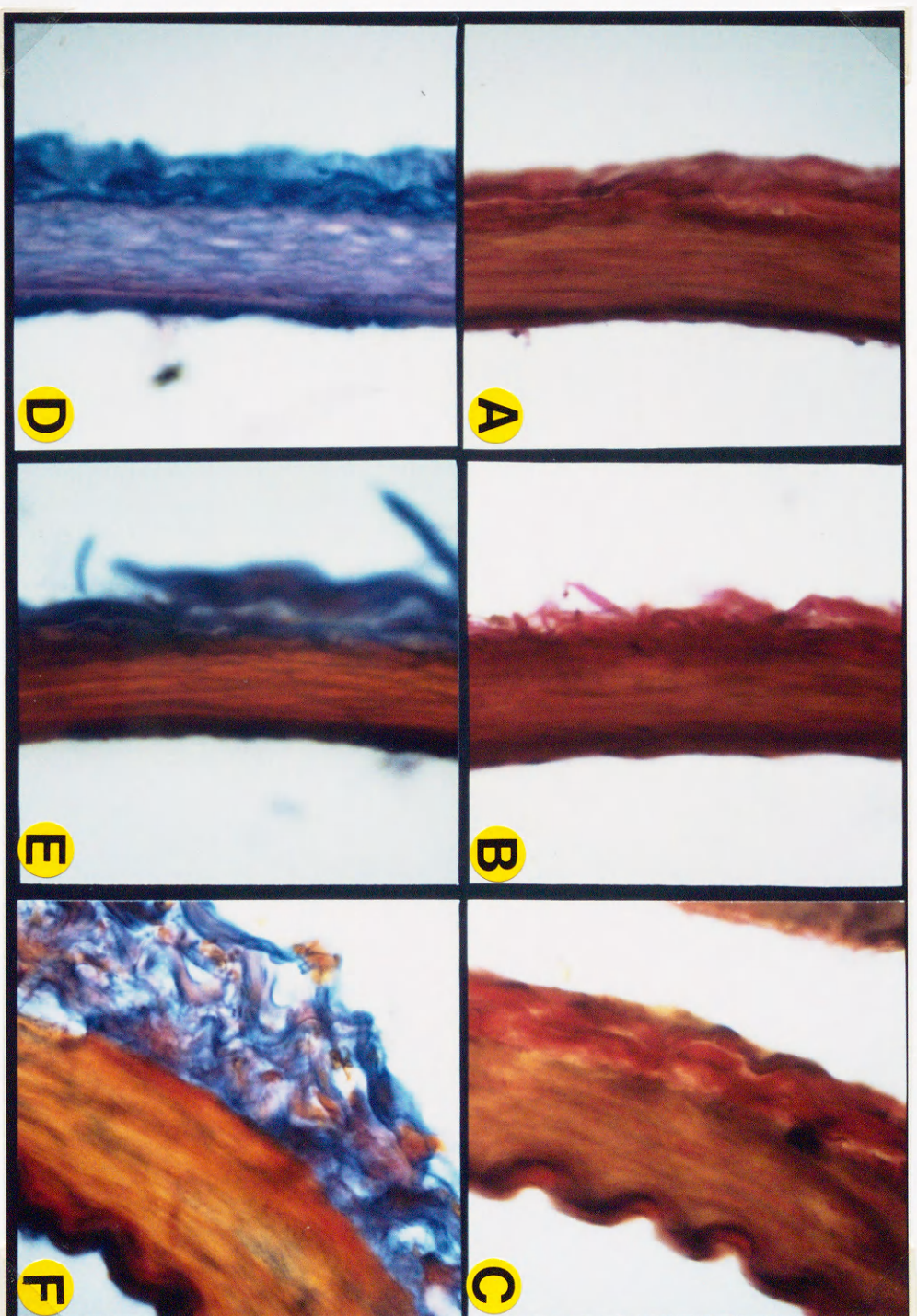
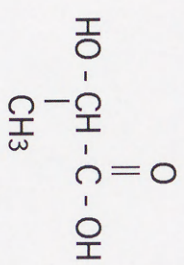
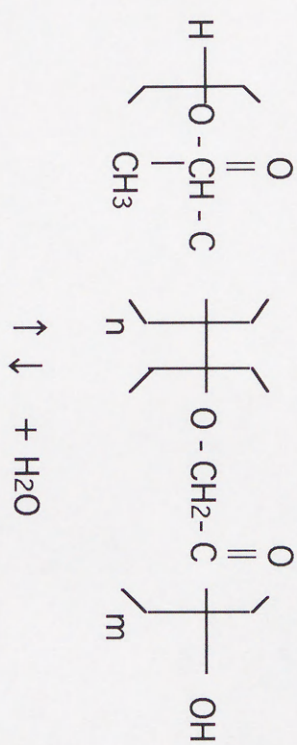


Fig. 20 Light micrographs of the canine basilar artery in 3 groups

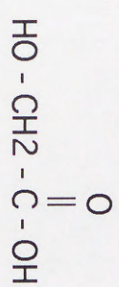
A,D : a) tPA Group, B,E : b) tPA MC Group, C,F : c) S.A.H. Group.

Intimal corrugation and the thickened smooth muscle layer and adventitia are observed only in SAH group, but not in other Groups. (upper : Elastica van Gieson, lower : Azan. $\times 400$)

copoly (lactic/glycolic acid)



lactic acid



glycolic acid

Fig. 21 Hydrolysis of copoly (lactic/glycolic acid)

Table 1 Summary of liquefaction ratio of hematoma
from canine arterial blood

	Mean \pm S.D. (%)	Liquefaction ratio 1	Liquefaction ratio 2	Liquefaction ratio 3	Liquefaction ratio 4	Liquefaction ratio 5	Liquefaction ratio 6
a) Continuous injection of t-PA Group	80.6 \pm 12.4	97.4	66.3	93.9	72.8	78.9	74.3
b) Fractionated injection of t-PA Group	75.5 \pm 11.9	87.1	54.8	87.1	73.1	76.5	74.2
c) Bolus injection of t-PA Group	71.9 \pm 6.5	74.0	69.7	83.9	66.1	70.1	67.3
d) Control Group	24.1 \pm 2.1	26.1	22.6	24.6	26.7	21.3	23.3
e) Incubate Group	19.3 \pm 2.1	21.9	19.9	17.4	21.5	16.8	18.3

Table 2 Summary of liquefaction ratio of hematoma
from human venous blood

	Mean \pm S.D. (%)	Liquefaction ratio 1	Liquefaction ratio 2	Liquefaction ratio 3	Liquefaction ratio 4	Liquefaction ratio 5
a) Continuous injection of t-PA Group	81.0 \pm 3.1	79.0	79.9	86.5	79.2	80.6
b) Fractionated injection of t-PA Group	77.9 \pm 1.3	76.2	78.6	79.6	77.1	77.9
c) Bolus injection of t-PA Group	74.8 \pm 6.3	75.3	64.0	79.9	77.8	77.2
d) Control Group	24.0 \pm 1.2	22.9	25.4	23.1	25.2	23.4
e) Incubate Group	21.2 \pm 1.1	22.9	21.8	20.4	20.6	20.5

Table 3

Experimental summary of 26 dogs in Two-hemorrhage Canine Model

<u>Dog No.</u>	<u>Groups</u>	<u>B.W. (kg)</u>	<u>Diameter of basilar artery on DAY 0 angiography (mm)</u>	<u>Diameter of basilar artery on DAY 7 angiography (mm)</u>	<u>Diameterratio(%)</u>
1	a	7.5	1.10	1.03	93.6
2	a	6.6	1.00	0.90	90.0
3	a	6.2	1.00	0.87	87.0
4	a	7.7	1.23	1.10	89.4
5	a	7.4	1.27	1.00	78.7
6	b	6.0	1.07	0.87	81.3
7	b	5.5	0.90	0.70	77.8
8	b	5.4	0.90	0.73	81.1
9	b	8.0	1.37	1.03	75.2
10	b	6.3	1.13	0.83	73.5
11	c	7.2	1.03	0.50	48.5
12	c	7.0	1.03	0.57	55.3
13	c	6.3	1.13	0.63	55.8
14	c	5.2	0.93	0.63	67.7
15	c	7.4	1.23	0.77	62.6
16	d	7.7	1.30	0.80	61.5
17	d	8.0	1.37	0.93	67.9
18	d	6.0	1.03	0.63	61.2
19	d	7.0	1.27	0.77	60.6
20	d	7.1	1.20	0.67	55.8
21	e	7.7	1.33	0.77	57.9
22	e	6.0	0.93	0.60	64.5
23	e	7.4	1.20	0.80	66.7
24	e	7.0	1.20	0.87	72.5
25	e	6.7	1.17	0.67	57.3
26	e	7.6	1.33	0.77	57.9

Table 4 Diameter ratio of basilar artery

	Mean (%)	Standard Deviation	Number	Minimum	Maximum
a) t-PA (AK-124) Group	87.7	5.6	5	78.7	93.6
b) t-PA MC* Group	77.8	3.5	5	73.5	81.3
c) PLGA MC* Group	58.0	7.4	5	48.5	67.7
d) Control Group	61.4	4.3	5	55.8	67.9
e) S.A.H. Group	62.8	6.2	6	57.3	72.5

MC* = microcapsule

