

正誤表

『子宮内膜症取扱い規約 第2部 診療編』第3版第1刷（2021年8月5日発行）、第2刷（2024年2月10日発行）に誤りがございました。下記のとおり訂正し、お詫び申し上げます。

2025年3月25日

金原出版株式会社

記

| 頁                        | 訂正箇所  | 誤  | 正                        |                          |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|--------------------------|---|--|--------------------------|--------------------------|--------------------------|---|---|--------|---|--|--------------------------|--------------------------|---------|---|-----|--------------------------|--------------------------|--------|---|--|--------------------------|--------------------------|------|---|----|--------------------------|--------------------------|-----------|--------------------------|---|--------------------------|---|--------------------------|--|--|--|--|--|---------|----|----|----|----|----|----|------|-------|---|---------|-----|---|--------|---|-----|---|-------|---|-----|---|------|------|---|--------------|-------|---|--------|---|-------|---|--|--|--|--|-----|----|---|--------------|-------|---|----|---|-------|---|--|--|--|--|--------|--------------------------|--|---------|--------------------------|--|--------------------------|---|--------------------------|---|--------------------------|--------|--|---------|--|--------|--|----|-----|----|---|---|----|---|--|--------------------------|--------------------------|--------|---|-----|--------------------------|--------------------------|---------|---|--|--------------------------|--------------------------|--------|---|----|--------------------------|--------------------------|------|---|--|--------------------------|--------------------------|-----------|--------------------------|---|--------------------------|---|--------------------------|--|--|--|--|--|---------|----|----|----|----|----|----|------|-------|---|---------|-----|---|--------|---|-----|---|-------|---|-----|---|------|------|---|--------------|-------|---|--------|---|-------|---|--|--|--|--|-----|----|---|--------------|-------|---|----|---|-------|---|--|--|--|--|--------|--------------------------|--|---------|--------------------------|--|--------------------------|---|--------------------------|---|--------------------------|--------|--|---------|--|--------|
| 24                       | 図7<br>Endometriosis<br>fertility index<br>(EFI) | <table border="1"> <tr> <td>状態</td> <td>スコア</td> <td>卵管</td> <td>右</td> <td>左</td> </tr> <tr> <td>低度機能不全</td> <td>4</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>中等度機能不全</td> <td>3</td> <td>卵管采</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>高度機能不全</td> <td>2</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>機能なし</td> <td>1</td> <td>卵巢</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table><br><table border="1"> <tr> <td>3つのうちの最低点</td> <td><input type="checkbox"/></td> <td>+</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>最低機能スコア</td> </tr> </table><br><table border="1"> <tr> <td>因子</td> <td>分類</td> <td>点数</td> <td>因子</td> <td>分類</td> 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| 状態                       | スコア   | 卵管   | 右                        | 左                        |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 低度機能不全                   | 4   |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 中等度機能不全                  | 3   | 卵管采  | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 高度機能不全                   | 2   |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 機能なし                     | 1   | 卵巢   | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 3つのうちの最低点                | <input type="checkbox"/>                        | +  | <input type="checkbox"/> | =                        | <input type="checkbox"/> |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          |   |  |                          |                          | 最低機能スコア                  |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 因子                       | 分類  | 点数   | 因子                       | 分類                       | 点数                       |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 患者年齢                     | 35歳以下   | 2  | 最低機能スコア                  | 7~8                      | 3                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          | 36~39歳  | 1  |                          | 4~6                      | 2                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          | 40歳以上   | 0  |                          | 0~3                      | 0                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 不妊期間                     | 3年以下  | 2  | r-ASRM 病巣スコア             | 16点未満                    | 1                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          | 3年より長い  | 0  |                          | 16点以上                    | 0                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          |   |  |                          |                          |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 妊娠歴                      | あり  | 1  | r-ASRM 合計スコア             | 71点未満                    | 1                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          | なし  | 0  |                          | 71点以上                    | 0                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          |   |  |                          |                          |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 既往歴スコア                   | <input type="checkbox"/>                        |  | 術中所見スコア                  | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| <input type="checkbox"/> | +   | <input type="checkbox"/>   | =                        | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 既往歴スコア                   |   | 術中所見スコア  |                          | EFIスコア                   |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 状態                       | スコア   | 卵管   | 右                        | 左                        |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 正常                       | 4   |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 低度機能不全                   | 3   | 卵管采  | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 中等度機能不全                  | 2   |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 高度機能不全                   | 1   | 卵巢   | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 機能なし                     | 0   |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 3つのうちの最低点                | <input type="checkbox"/>                        | +  | <input type="checkbox"/> | =                        | <input type="checkbox"/> |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          |   |  |                          |                          | 最低機能スコア                  |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 因子                       | 分類  | 点数   | 因子                       | 分類                       | 点数                       |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 患者年齢                     | 35歳以下   | 2  | 最低機能スコア                  | 7~8                      | 3                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          | 36~39歳  | 1  |                          | 4~6                      | 2                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          | 40歳以上   | 0  |                          | 0~3                      | 0                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 不妊期間                     | 3年以下  | 2  | r-ASRM 病巣スコア             | 16点未満                    | 1                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          | 3年より長い  | 0  |                          | 16点以上                    | 0                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          |   |  |                          |                          |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 妊娠歴                      | あり  | 1  | r-ASRM 合計スコア             | 71点未満                    | 1                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          | なし  | 0  |                          | 71点以上                    | 0                        |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
|                          |   |  |                          |                          |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 既往歴スコア                   | <input type="checkbox"/>                        |  | 術中所見スコア                  | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| <input type="checkbox"/> | +   | <input type="checkbox"/>   | =                        | <input type="checkbox"/> |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |
| 既往歴スコア                   |   | 術中所見スコア  |                          | EFIスコア                   |                          |   |   |        |   |  |                          |                          |         |   |     |                          |                          |        |   |  |                          |                          |      |   |    |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |  |    |     |    |   |   |    |   |  |                          |                          |        |   |     |                          |                          |         |   |  |                          |                          |        |   |    |                          |                          |      |   |  |                          |                          |           |                          |   |                          |   |                          |  |  |  |  |  |         |    |    |    |    |    |    |      |       |   |         |     |   |        |   |     |   |       |   |     |   |      |      |   |              |       |   |        |   |       |   |  |  |  |  |     |    |   |              |       |   |    |   |       |   |  |  |  |  |        |                          |  |         |                          |  |                          |   |                          |   |                          |        |  |         |  |        |

以上

正誤表

『子宮内膜症取扱い規約 第2部 診療編』第3版第1刷（2021年8月5日発行）に誤りがございました。下記のとおり訂正し、お詫び申し上げます。

2023年11月28日

金原出版株式会社

記

| 頁            | 24  |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|--------------|---|---------------|----|----|---------|--------------------------|--|--|-----|---|--|-----|---|--|-----|---|--------------|--|--|--|-------|---------------|--|-------|---------------|--------------|--|--|--|-------|---|--|-------|---|---------|--------------------------|--|
| 訂正箇所         | 図7 Endometriosis fertility index (EFI) 内の r-ASRM 病巣スコア (16点未満)  |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
| 誤            | <table border="1"> <thead> <tr> <th>因子</th> <th>分類</th> <th>点数</th> </tr> </thead> <tbody> <tr> <td>最低機能スコア</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>7~8</td> <td>3</td> </tr> <tr> <td></td> <td>4~6</td> <td>2</td> </tr> <tr> <td></td> <td>0~3</td> <td>0</td> </tr> <tr> <td>r-ASRM 病巣スコア</td> <td></td> <td></td> </tr> <tr> <td></td> <td>16点未満</td> <td><math>\frac{2}{0}</math></td> </tr> <tr> <td></td> <td>16点以上</td> <td><math>\frac{0}{0}</math></td> </tr> <tr> <td>r-ASRM 合計スコア</td> <td></td> <td></td> </tr> <tr> <td></td> <td>71点未満</td> <td>1</td> </tr> <tr> <td></td> <td>71点以上</td> <td>0</td> </tr> <tr> <td>術中所見スコア</td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> | 因子            | 分類 | 点数 | 最低機能スコア | <input type="checkbox"/> |  |  | 7~8 | 3 |  | 4~6 | 2 |  | 0~3 | 0 | r-ASRM 病巣スコア |  |  |  | 16点未満 | $\frac{2}{0}$ |  | 16点以上 | $\frac{0}{0}$ | r-ASRM 合計スコア |  |  |  | 71点未満 | 1 |  | 71点以上 | 0 | 術中所見スコア | <input type="checkbox"/> |  |
| 因子           | 分類  | 点数            |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
| 最低機能スコア      | <input type="checkbox"/>  |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 7~8   | 3             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 4~6   | 2             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 0~3   | 0             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
| r-ASRM 病巣スコア |   |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 16点未満   | $\frac{2}{0}$ |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 16点以上   | $\frac{0}{0}$ |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
| r-ASRM 合計スコア |   |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 71点未満   | 1             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 71点以上   | 0             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
| 術中所見スコア      | <input type="checkbox"/>  |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
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| 因子           | 分類  | 点数            |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
| 最低機能スコア      | <input type="checkbox"/>  |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 7~8   | 3             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 4~6   | 2             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 0~3   | 0             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
| r-ASRM 病巣スコア |   |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 16点未満   | <b>1</b>      |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 16点以上   | 0             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
| r-ASRM 合計スコア |   |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 71点未満   | 1             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
|              | 71点以上   | 0             |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |
| 術中所見スコア      | <input type="checkbox"/>  |               |    |    |         |                          |  |  |     |   |  |     |   |  |     |   |              |  |  |  |       |               |  |       |               |              |  |  |  |       |   |  |       |   |         |                          |  |

以上