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腹腔镜在进展期胃癌中的应用

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摘要 **目的** 探讨腹腔镜在进展期胃癌患者术前探查及胃癌根治术中的临床应用价值。**方法** 回顾性分析 2008 年 7 月~2009 年 9 月收治的 30 例进展期胃癌患者的临床资料,包括术前腹腔镜分期、手术方式、手术时间、术中出血、术后胃肠功能恢复时间、术后下床活动时间、开始进流质饮食时间、术后病理和随访等。**结果** 在 30 例术前临床分期均未发现腹膜转移的患者中,腹腔镜探查发现有腹膜转移者 9 例,4 例广泛转移未行手术治疗,5 例经腹腔镜探查后发现肿瘤腹膜局限性转移,行姑息性手术,余均行根治性手术。26 例腹腔镜辅助胃癌切除手术患者均在腹腔镜下成功完成手术,无中转开腹。其中腹腔镜辅助全胃切除术 6 例,近端胃切除术 4 例,远端胃切除术 16 例。手术平均时间:全胃切除 380(350~410)min,近端胃切除 276(240~350)min,远端胃切除 265(250~310)min。术中平均出血量:全胃切除 490(400~600)ml,近端胃切除 120(50~170)ml,远端胃切除 130(70~200)ml。术中均未输血。术后患者胃肠蠕动恢复时间平均 3.2(2~4)天,下床活动时间为 3.3(3~4)天,开始进流质时间 3.9(3~5)天。所有标本病理组织学检查切缘均为阴性,平均清除淋巴结 20.8 枚。无术后相关并发症,近期随访未见复发和转移。**结论** 术前腹腔镜检查能对进展期胃癌进行准确的诊断和分期,有助于治疗方案的制定及估计治疗结果与预后,避免不必要的剖腹探查。腹腔镜辅助进展期胃癌根治术是安全、可行、微创、有效的方法,且近期效果良好。

关键词 腹腔镜 进展期胃癌

The Application of Laparoscopic in Patients with Advanced Gastric Cancer. Liu Hongbin, Han Xiaopeng, Zhu Wankun, Su Lin, Li Kun. Lanzhou General Hospital of Lanzhou Military Command, Gansu 730050, China

Abstract Objective To evaluate the application of laparoscopic in preoperative exploration and radical resection of gastric cancer in patients with advanced gastric cancer. **Methods** The clinical data of 30 patients with advanced gastric cancer from July 2008 to September 2009 were reviewed and analyzed with preoperative laparoscopic staging, the surgical procedure, operative time, blood loss, postoperative recovery of gastrointestinal function time, postoperative ambulation, time to eat liquid diet, pathological and follow-up and so on. **Results** Laparoscopy found 9 cases of peritoneal metastases which were considered no metastasis according to preoperative clinic staging, and unfeasible operations were avoided in 4 patients because of numerous metastases to the distant peritoneum, palliative operations were performed in 5 patients because partial peritoneal metastases were discovered in laparoscopic staging, and 21 patients underwent radical surgery. Twenty-six cases were successfully performed by laparoscopy and one case was converted to open surgery. Laparoscopic assisted total gastrectomy was performed in 6 cases, proximal gastrectomy in 4 cases, distal gastrectomy in 16 cases. The average operative time for total gastrectomy, proximal gastrectomy and distal gastrectomy was 380(350~410)min, 276(240~350)min and 265(250~310)min respectively. The average blood loss in total gastrectomy, proximal gastrectomy and distal gastrectomy was 490(400~600)ml,

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120(50 ~ 170)ml and 130(70 ~ 200)ml respectively. No blood transfusion was used in patients during the operation. The average time of gastrointestinal function recovery was 3.2(2 ~ 4) days. The average time for postoperative ambulation was 3.3(3 ~ 4). The average time to start liquid diet was 3.9(3 ~ 5) days. Histopathological examination of all specimens margins was negative, and the mean total number of lymph nodes dissected was 20.8. There was no postoperative complication. The short-term outcomes were satisfactory. There was no recurrence and metastasis. **Conclusion** Laparoscopy was a safe and useful technique in the staging of gastric cancer, which offered a better therapeutic scheme and helped to estimate treatment results and prognosis to avoid unnecessary laparoscopy. Laparoscopic radical gastrectomy is a safe, feasible, minimally invasive and effective technique with good short-term outcomes for patients with advanced gastric cancer.

Key words Laparoscopic; Advanced gastric cancer

随着腹腔镜技术的不断完善和成熟,因其创伤小、恢复快等微创优势,腹腔镜技术在胃肠道肿瘤的应用已得到广泛的普及和推广。本研究以进展期胃癌患者为研究对象,先行腹腔镜检查,进行肿瘤再分期,根据探查结果决定是否行手术治疗。探讨腹腔镜在进展期胃癌患者术前探查及胃癌根治术中的临床应用价值。

资料与方法

1. 一般资料:2008 年 7 月 ~ 2009 年 9 月笔者科室收治的进展期胃癌患者 30 例,其中男性 22 例,女性 8 例,年龄 48 ~ 76 岁,平均 56.8 岁。肿瘤位于贲门 3 例,胃底 2 例,胃体 7 例,胃窦 18 例。所有病例术前均常规行胃镜检查及病理活检明确诊断为胃癌,并且通过体格检查和影像学检查排除远处转移者。

2. 手术方法:术前准备同常规开腹手术,均采用气管插管全身麻醉,取仰卧位两腿分开,常规消毒铺巾,于脐下缘做一 10mm 小切口,放置直径 10mm 套管作为观察孔,并充气维持腹腔压力在 13mmHg。左侧腋前线肋缘下 1cm 置直径 5mm 套管作为主操作孔。左锁骨中线平脐处置直径 5mm 套管作为辅助孔。在右侧相对应位置,右上置直径 5mm 套管,右下置直径 12mm 套管,术者位于患者左侧,助手位于右侧,扶镜者站在患者两腿之间。首先进行腹腔镜下的腹腔探查。按无瘤原则操作程序,探查盆腔、腹腔、结肠、小肠及系膜,再探查肝脏、脾脏、切开胃结肠韧带探查小网膜腔、胰腺,最后探查胃。检查局部病变情况及淋巴结转移情况,对可疑病灶,活检送快速冷冻切片病理检查,最后决定是否行手术治疗。如果无腹膜或肝脏等远处转移,原发灶可切除,则行根治性手术;如果原发灶可切除,并发局限性腹膜转移,则行姑息性手术,术后化疗;如果广泛腹膜转移,则无论原发灶是否可以切除,均结束手术,术后化疗。

结 果

在 30 例术前临床分期均未发现腹膜转移的患者中,腹腔镜探查发现有腹膜转移者 9 例,腹腔镜对腹膜转移的评估显著优于临床分期。30 例患者中行腹腔镜辅助胃癌根治术 21 例,腹腔镜辅助姑息性手术 5 例,腹腔镜探查术 4 例。26 例腹腔镜辅助胃癌切除

手术患者均在腹腔镜下成功完成手术,无中转开腹。其中腹腔镜辅助远端胃切除术 16 例,近端胃切除术 4 例,全胃切除术 6 例。手术平均时间:全胃切除 380(350 ~ 410)min,近端胃切除 276(240 ~ 350)min,远端胃切除 265(250 ~ 310)min。术中平均出血量:全胃切除 490(400 ~ 600)ml,近端胃切除 120(50 ~ 170)ml,远端胃切除 130(70 ~ 200)ml。术中均未输血。术后患者胃肠蠕动恢复时间平均 3.2(2 ~ 4)天,下床活动时间为 3.3(3 ~ 4)天,开始进流质时间 3.9(3 ~ 5)天。所有标本病理组织学检查切缘均为阴性,平均清除淋巴结 20.8 枚。无术后相关并发症,近期随访未见复发和转移。

讨 论

胃癌是目前最常见的恶性肿瘤之一,占我国恶性肿瘤发病率和病死率首位^[1]。外科手术仍是胃癌治疗的最主要手段。胃癌术前分期是实施胃癌外科综合治疗方案的需要,在胃癌术前评估的基础上,不同分期可选择相应的治疗方案。在我国,目前绝大多数胃癌患者发现时多已为进展期,已失去手术根治的机会。Viste 等^[2]报道约 25% 的胃癌患者施行了不必要的开腹探查术,其中 13% ~ 23% 发生了术后并发症。因此,提高胃癌术前分期的准确性,对于制定恰当的治疗方案,避免不必要的开腹探查术,具有重要意义。

目前的影像学检测手段尚不能令人满意,大多数转移病例是在手术时才被发现,腹腔镜检查则有助于术前诊断腹腔内转移程度。对于胃癌转移情况的术前评价,腹腔镜检查优于超声和 CT,三者对腹膜转移的敏感分别为 69%、23% 和 8%^[3]。De Graaf 等^[4]对 511 例食管胃癌患者进行了术前的腹腔镜分期,发现有 20.2% 的病例治疗方案发生了变化,腹腔镜分期使 84 例患者避免了单纯剖腹探查手术。本组患者,4 例(13.3%)患者经腹腔镜探查后发现肿瘤腹膜广泛转移,无法手术根治而未行手术治疗,术后给予放、化

疗治疗;5例(16.7%)经腹腔镜探查后发现肿瘤腹膜局限性转移,行姑息性手术;9例(30%)患者治疗方案发生改变。近年来,随着化疗、放疗和肠内营养的进展,许多不能治愈的晚期胃癌病人,可通过非手术切除而获得姑息性治疗,这基于更精确的检查方法来避免非治疗性的剖腹探查。腹腔镜作为常规检查手段的一种补充,对进展期胃癌的分期优于常规术前分期,尤其对于腹膜转移的诊断,优于其他术前临床检查。有助于手术决策的制定及评估治疗结果与预后,避免不必要的剖腹探查。

我国90%的病例确诊时已是进展期胃癌,根治性手术是患者获得治愈的唯一途径。腹腔镜手术治疗进展期胃癌仍存在争议,但随着腹腔镜操作技术的熟练,手术适应证得到进一步的扩展,进展期胃癌正逐步成为适应证之一^[5]。1997年Goh等^[6]将腹腔镜胃癌D2根治术用于治疗进展期胃癌取得了良好的近期疗效。国内外相关研究显示,胃癌腹腔镜下胃切除及D2淋巴结清扫术是安全可行的。汤黎明等^[7]报道了32例胃癌患者行腹腔镜下胃癌D2根治术,证明腹腔镜下胃癌D2根治术应用于治疗进展期胃癌安全、可行、有效、创伤小且近期效果良好。Pugliese等^[8]报道48例腹腔镜胃癌D2根治术,其中19例为进展期胃窦癌,下床活动时间、开始进食时间以及平均住院时间均优于开腹手术组,清扫的淋巴结数量与开腹组相当。Tanimura等^[9]在对160例进展期胃癌实施腹腔镜根治术后认为腹腔镜手术更有利于胃癌区域淋巴结的清扫,不仅淋巴结清扫数目和短期生存率与传统手术无明显差异,而且手术时间、住院时间、术中出血均优于开腹手术组。所有患者均未出现腹腔镜手术相关的并发症。患者随访2~24个月,无trocar种植转移并发症。

腹腔镜进展期胃癌远期疗效是临床关注的热点,一些回顾性研究及小病例的前瞻性研究随访结果显示,腹腔镜胃癌根治术能达到与开腹手术相当的远期疗效^[10~12]。目前,世界各国开展腹腔镜胃癌根治术治疗进展期胃癌的病例数仍然不多,因此,要积累更多的例数并进行远期随访,来准确评估其远期疗效,尤其是随机对照的前瞻性研究很有必要。

总之,术前腹腔镜探查是一种安全、简单、相对

经济的方法,腹腔镜用于胃癌患者的术前诊断及临床分期,提高了进展期胃癌术前临床分期的准确率,可选择合适的患者直接施行腹腔镜手术,对已失去根治机会的进展期恶性肿瘤患者,将大大减轻其创伤和痛苦,缩短住院时间,提高生活质量。腹腔镜胃癌根治术微创优点明显,近期效果好,是胃癌外科治疗的发展趋势。本研究随访时间短,病例数少,术后远期疗效尚需进一步研究。

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