

晚期卵巢恶性肿瘤 2 次剖腹探查 (21 例分析报告)

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提 要 报告本院 1984~1994 年对经手术及计划化疗后,临床上无肿瘤复发证据的 21 例晚期卵巢恶性肿瘤患者进行 2 次剖腹探查术,评估疗效。结果阳性者 8 例(38.10%),其中肉眼可见癌 3 例,镜下癌 5 例,术后辅加化疗 4 疗程,平均生存期 26.38 个月,最长已达 113 个月,最短 4 个月。阴性 13 例(61.90%),其中 3 例(23%)分别于手术后 2~17 个月复发,均作再次减瘤术并辅加腹腔及全身化疗,效果不佳,终因肿瘤未能控制而死亡。其余 10 例,除 1 例死于心脏病外,至今皆无瘤生存,平均已存活 63 个月,最长者达 120 个月。2 次剖腹探查结果与第 1 次手术时残留肿瘤大小明显相关,与肿瘤组织学分类,患者精神状态,经济状况也有一定关系。

主题词 卵巢肿瘤/外科学;再手术;化学疗法,辅助

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卵巢恶性肿瘤的处理仍以手术为主,化疗为辅。对晚期病人术后化疗尤起主导作用,联合化疗能明显地提高晚期患者的疗效,但长期药物化疗可产生急性中毒和潜在的后遗症,为了避免因过早中止化疗而影响疗效,并为减少因长期化疗而给病人带来毒性损害,作者采用 2 次剖腹探查术来评定疗效^[1~3,5,6]。

1 临床资料和方法

1.1 病例与组织学分类

1.1.1 病例和临床分期 取自 1984~1994 年经本院手术及计划化疗后,临床上无肿瘤复发晚期卵巢恶性肿瘤 21 例患者,进行 2 次剖腹探查术。年龄范围 17~61 岁,平均 39.5 岁。Ⅲ期 18 例(85.71%),Ⅳ期 3 例(14.29%)。

1.1.2 组织学分类 浆液性囊腺癌 7 例(33.33%),粘液性囊腺癌 4 例(19.04%),内膜样癌 2 例(9.52%),未成熟畸胎瘤 5 例(23.80%),内胚窦瘤 1 例(4.76%),颗粒细胞癌 2 例(9.52%)。

1.2 术前、术中检查情况与化疗方案

1.2.1 术前、术中检查情况 需做全身及盆腔检查,临床未发现肿瘤存在,作血象、肝肾功能,心电

图、甲胎蛋白,癌胚抗原,部分患者做盆腹部 CT 检查。术者需详细复习第 1 次手术记录,了解可能残存肿瘤的部位。

术时选择持续硬膜外麻,进入腹腔后用 50~100ml 生理盐水冲洗盆腹腔,吸出少许液体做细胞学检查,然后全面探查盆腹腔,肉眼见可疑肿瘤应尽可能切除干净,无肿瘤存在,取多部位组织标本送病理检查。若肉眼可见肿瘤或仅活检阳性和/或腹腔冲洗液细胞学检查阳性,为 2 次剖腹探查“阳性”。反之,则为 2 次剖腹探查“阴性”。术后分别化疗 2~4 个疗程,以后追踪复查。

1.2.2 化疗方案 FAC 方案(5-氟脲嘧啶、更生霉素、环磷酰胺)6 例;PAC 方案(顺铂或卡铂、阿霉素或表阿霉素、环磷酰胺)13 例;VCA 方案(长春新碱、更生霉素,环磷酰胺)2 例。

2 结 果

2.1 2 次剖腹探查的阳性结果

21 例中,阳性 8 例(38.10%),其中肉眼可见癌 3 例,镜下癌 5 例。组织学分类,浆液性囊腺癌 4 例,未成熟畸胎瘤 3 例,颗粒细胞癌 1 例,平均生存 26.38 个月,最长者 113 个月,短者 4 个月。

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2.2 2 次剖腹探查阴性结果

21 例中,阴性 13 例(61.90%),其中 3 例分别于术后 2、4、17 个月复发,这 3 例在第 1 次手术时皆伴有大量血性腹水,细胞学检查均为阳性。10 例阴性者除 1 例死于心脏病外,其余 9 例最长者已生存 120 个月,短者已 22 个月,平均已生存 63 个月,且生活自理。

2.3 2 次剖腹探查术与前次手术残留肿瘤有关

13 例前次手术无残留肿瘤者仅 3 例为 2 次剖腹探查阳性。2 例有残留肿瘤 > 2cm 者皆为阳性,因此,可以认为 2 次剖腹探查术与前次手术残留肿瘤大小有关^[2~8]。

3 讨论

3.1 2 次剖腹探查术与存活率和复发率

本研究发现 2 次剖腹探查阴性病人 5 年存活率明显高于阳性者,但阴性病人仍存在一定复发危险性^[1~5,7]。文献报道 2 次剖腹探查术有 25%~50% 复发率,而本组其复发率仅为 23%。

3.2 2 次剖腹探查术与未成熟畸胎瘤

5 例中,2 例阴性者无瘤生存分别达 86、20 个月。阳性者 3 例,术后辅加化疗,已分别生存 113、43 和 16 个月。手术和化疗的发展,扭转了对这类高度恶性肿瘤的治疗被动局面。

3.3 2 次剖腹探查术与化疗疗程的探索

Stephen 等^[1,2]提出,晚期卵巢上皮癌 2 次剖腹探查阴性者在前 3 年有复发危险,需延长化疗,降低复发。我院对 2 次剖腹探查阳性者常规 4 个疗程化疗,阴性者 2 个疗程化疗,疗程长短以多少为宜仍在探索中。

通过实践,作者认为 2 次剖腹探查术虽有不足之处,但能直接探查盆腹腔,确定患者对化疗的反应

性,而且对残留肿瘤及时切除,继续化疗,有利提高疗效,不失为一种较好的治疗手段。

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(下转第 86 页)

CLINICAL OBSERVATIONS AND ANALYSIS ON PRIMARY MOLAR'S PERIAPICAL INFECTION INVOLVING CRYPT OF SUCCEDANEOUS TOOTH

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The clinical and radiographic records of 57 primary molars with periapical inflammation involving the succedaneous tooth germs were retrospectively reviewed. Among the molars studied, 63.6% were with history of receiving various pulp therapies, 59.6% with complaints of repeated occurrence of pain and swelling, and 63.2% with advanced pathological root resorption. The diagnosis and treatment of the molars were discussed. It is emphasized that conserving a primary tooth with severe periapical infection blindly may induce defects or loss of the succedaneous tooth.

Subject headings tooth, deciduous; periapical diseases/therapy; tooth germ/injuries

(上接第 83 页)

ANALYSIS OF 21 CASES OF SECOND-LOOK LAPAROTOMY IN ADVANCED MALIGNANT OVARIAN TUMOR

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Between 1984 and 1994, second-look laparotomy of advanced malignant ovarian tumor in 21 patients who were clinically free of recurrent disease after primary surgery and chemotherapy scheme were done to evaluate the curative effect. 8 patients (38.10%) were found to be positive. All of these patients received adjunctive chemotherapy for 4 courses of treatment after the second-look laparotomy. The survival time was 4~113 months, medium 26.38 months. The other patients (61.90%) were found to be negative in the operation, of them, 3 patients (23.00%) had recurrent tumor 2, 4, 17 months after second-look laparotomy, respectively. These patients undergone again cytoreduction and transabdominal and general adjunctive chemotherapy. Finally, they died of uncontrol of the tumor growing. The other 10 cases (apart from one patient died of heart disease) survived without recurrent tumor, one survived 120 months, average 63 months. The report demonstrates an obvious relationship between the result of second-look laparotomy and the size of residual tumor left after primary surgery, and the relationship among the results and histological classification of the tumor, mental and economic states of the patients.

Subject headings ovarian neoplasms/surgery; reoperation; Chemotherapy, adjuvant