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• 研究快报 •

肾癌伴肉瘤样分化治疗及预后观察并文献复习

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[摘要] **目的** 收集、随访并分析 16 例肾癌伴肉瘤样分化患者临床资料并行文献复习, 探讨肾癌伴肉瘤样分化患者临床治疗方法及预后。 **方法** 2005 年至 2009 年我院泌尿外科行肾癌手术的患者共 547 例, 其中伴肉瘤样分化的肾癌 16 例 (2.9%)。男性 7 例, 女性 9 例; 年龄 52 ± 10 (36~70) 岁; 临床表现为肉眼血尿者 5 例, 腰痛 5 例, 乏力、消瘦 2 例, 咳嗽、咯血 1 例, 体检发现肾脏占位者 3 例; 肿瘤均为单发, 其中左侧 7 例、右侧 9 例; 肿瘤最大径 7.8 ± 4.1 (2~15) cm。术前充分检查以明确肿瘤分期。术前检查提示腹膜后淋巴结肿大 2 例, 右肺门淋巴结肿大 1 例, 肝转移 1 例, 肾静脉和(或)下腔静脉癌栓 2 例, 骨转移 3 例, 侵犯同侧肾上腺 1 例, 侵犯输尿管上段 1 例。16 例患者均行手术治疗, 病理标本常规行 H-E 染色及免疫组化检查。术后 5 例患者行 INF- α 治疗并进行随访。 **结果** 所有患者行肾癌根治术, 病理结果显示肾透明细胞癌伴肉瘤样分化 9 例, 肾嫌色细胞癌伴肉瘤样分化 3 例, 未分类肾细胞癌伴肉瘤样分化 4 例。术后分期与术前分期相同。4 例 pT1N0M0 患者随访至今无复发或转移, pT2~T4 患者已全部死亡, 其无进展生存期为 5.6 ± 4.5 (2~16) 个月, 总生存期为 8.3 ± 5.6 (3~20) 个月。 **结论** 肾癌伴肉瘤样分化患者术前分期对患者预后影响较大, 早期患者行手术治疗是最有效的治疗方法, 建议早期患者术后定期复查以监视肿瘤复发、转移等情况, 对于晚期患者靶向治疗可能有效。

[关键词] 肾肿瘤; 肾细胞癌; 肉瘤样分化; 治疗**[中图分类号]** R 737.11**[文献标志码]** A**[文章编号]** 0258-879X(2011)09-1016-03

Renal cell carcinoma complicated with sarcomatoid differentiation: treatment, prognosis and literature review

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[Abstract] **Objective** To retrospectively analyze the clinical data of 16 patients with renal cell carcinoma complicated with sarcomatoid differentiation, so as to discuss the treatment and prognosis of the condition. **Methods** A total of 547 patients with renal cell carcinoma were admitted in our department during 2005-2009, and 16 (2.9%) of them also had sarcomatoid differentiation, including 7 males and 9 females, aged (52 ± 10) years old, ranging 36-70 years old. Gross hematuria was found in 5 patients, backache in 5, fatigue and weight loss in 2, cough and hemoptysis in 1; and 3 patients were accidentally found with renal occupation during physical examination. All tumors were solitary, with 7 in the left and 9 in right. The maximum tumor diameter was (7.8 ± 4.1) cm, ranging 2-15 cm. Full examination was done to confirm the tumor stage preoperatively. Preoperative examination showed that 2 patients had retroperitoneal lymph node enlargement, 1 had right pulmonary hila lymphatic metastasis, 1 had liver metastasis, 2 had renal vein and (or) the inferior vena cava tumor thrombi, 3 had bone metastases, 1 had invasion of ipsilateral adrenal gland, and 1 had invasion of the upper ureter. All the 16 patients underwent surgical treatment, and their specimens were subjected to H-E staining and immunohistochemical examination. Five patients were treated with INF- α after operation and were followed up. **Results** All patients received radical nephrectomy. Pathological examination showed that 9 patients had clear cell renal cell carcinoma with sarcomatoid differentiation, 3 had chromophobe renal cell carcinoma with sarcomatoid differentiation, and the other 4 had unclassified renal cell carcinoma with sarcomatoid differentiation. No recurrence or metastasis was seen in the 4 pT1N0M0 patients. All the pT2-T4 patients died, with the progression-free survival time being (5.6 ± 4.5) months, ranging 2-16 months; the overall survival time was (8.3 ± 5.6) months, ranging 3-20 months. **Conclusion** Preoperation staging of patients with renal cell carcinoma complicated with

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sarcomatoid differentiation has a great impact on patient survival. Operation is the most effective treatment for patients with early stage, and routine follow-up examination is recommended postoperatively. Targeted therapy may be an effective way for patients of advanced stage.

[Key words] kidney neoplasms; renal cell carcinoma; sarcomatoid differentiation; therapy

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肾癌(renal cell carcinoma, RCC)约占成人恶性肿瘤的 2%~3%, 其发病率位居泌尿系统肿瘤第二位, 但其病死率位居首位^[1]。2004 年 WHO 肾脏肿瘤病理分类标准将肾癌分为肾透明细胞癌、肾嫌色细胞癌、肾乳头状腺癌、多房性囊性肾细胞癌、Xp11.2 易位性肾癌、神经母细胞瘤伴发癌、黏液性管状及梭形细胞癌及未分类肾细胞癌等类型, 而具有肉瘤样分化的肾癌在各亚型中约占 1%~8%^[2-3], 这部分肾癌肿瘤侵袭性及转移性很高, 发现时大多已局部进展或远处转移, 其中位生存期不超过 1 年^[3-8]。本研究收集、随访并分析 16 例肾癌伴肉瘤样分化患者临床资料, 现报告如下。

1 资料和方法

2005 年至 2009 年我院泌尿外科接收肾癌患者共 547 例, 其中具有肉瘤样分化的肾癌 16 例, 占同期收治肾癌患者的 2.9%。男性 7 例, 女性 9 例; 年龄 52±10(36~70)岁; 临床表现为肉眼血尿者 5 例, 腰部酸痛者 5 例, 乏力、消瘦者 2 例, 咳嗽、咯血者 1 例, 体检发现肾脏占位者 3 例。肿瘤均为单发, 其中左侧 7 例、右侧 9 例; 肿瘤最大径 7.8±4.1(2~15)cm。术前所有患者均行胸片、B 超、上腹部 CT

及 KUB+IVP 检查, 必要时行胸部 CT、骨 ECT 及上腹部 MRI 等检查以明确肿瘤分期。术前检查提示: 腹膜后淋巴结肿大 2 例, 右肺门淋巴结肿大 1 例, 肝转移 1 例, 肾静脉和(或)下腔静脉癌栓 2 例, 骨转移 3 例, 侵犯同侧肾上腺 1 例, 侵犯输尿管上段 1 例。16 例患者均行手术治疗, 病理标本常规行 H-E 染色(图 1)及免疫组化检查。术后 5 例患者行 INF-α 治疗并定期随访。相关临床及随访资料见表 1。

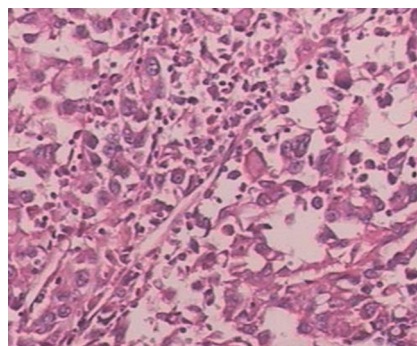


图 1 肾嫌色细胞癌伴部分肉瘤样分化
Fig 1 H-E staining of chromophobe renal cell carcinoma with sarcomatoid differentiation
Original magnification: ×100

表 1 患者临床相关及随访资料

Tab 1 Clinical data and follow-up data of patients

No.	Gender	Age (year)	Clinical manifestation	Tumor diameter d/cm	pTNM	Stage grouping	Follow-up t/month	PFS	Current status
1	F	51	Pain	4.5	T1bN0M1	IV	8	4	Death
2	F	44	Pain	9.0	T2N1M0	III	20	16	Death
3	M	53	Renal occupation	6.5	T1bN0M0	I	67	No	Wned
4	M	65	Cough, hemoptysis	6.0	T1bN0M1	IV	3	2	Death
5	M	43	Renal occupation	2.0	T1aN0M0	I	52	No	Wned
6	F	43	Pain	3.5	T1bN0M1	IV	8	4	Death
7	F	46	Hematuria	5.0	T4N0M0	IV	8	6	Death
8	F	58	Pain	15.0	T2N1M0	III	6	4	Death
9	F	60	Hematuria	7.0	T1bN2M0	IV	10	6	Death
10	M	36	Hematuria	9.0	T3bN0M0	III	4	2	Death
11	M	39	Weakness, weight loss	13.0	T4N0M0	IV	8	6	Death
12	F	45	Pain	12.0	T2N0M1	IV	3	2	Death
13	M	70	Renal occupation	5.0	T1bN0M0	I	36	No	Wned
14	F	62	Weakness, weight loss	15.0	T2N0M0	II	18	14	Death
15	F	52	Hematuria	4.5	T1bN0M0	I	20	No	Wned
16	M	61	Hematuria	7.0	T3bN0M0	III	3	2	Death

F: Female; M: Male; PFS: Progression-free survival; Wned: With no evidence of disease. The clinical data were collected until June 30, 2011

2 结果

所有患者中局限性肾癌患者 5 例,局部进展期肾癌 4 例,转移性肾癌 7 例,皆行肾癌根治手术,1 例下腔静脉癌栓患者术前行下腔静脉临时滤器置入术,根治术中成功取出癌栓及下腔静脉滤器。术前术后均无致命性并发症发生且后期死亡患者皆因癌症复发或转移致死。术后 5 例患者行皮下注射 INF- α 治疗。术后病理诊断为肾透明细胞癌伴部分肉瘤样分化 9 例,肾嫌色细胞癌伴部分肉瘤样分化 3 例,未分类肾细胞癌伴部分肉瘤样分化 4 例。4 例 pT1N0M0 患者随访至今无复发及转移, pT2~T4 患者已全部死亡,其无进展生存期为 5.6 \pm 4.5(2~16)个月,总生存期为 8.3 \pm 5.6(3~20)个月。

3 讨论

本研究中约 81%(13/16)肾癌伴肉瘤样分化患者是因血尿,腰痛,乏力,消瘦等临床症状而被发现,只有 3 例患者为体检发现,且术前影像学检查和术中探查发现该类型肾癌肿瘤直径较大[(7.8 \pm 4.1)cm]且大多已发展至局部进展期(4 例)或晚期(7 例),这些数据与既往文献报道基本相符^[3]。肾嫌色细胞癌、透明细胞癌和集合管癌占大部分^[3],但本研究数据显示透明细胞癌伴肉瘤样分化占 56.25%(9/16),与文献报道稍有出入。因本研究病例数较少,未能进行亚型间比较,但以往报道肾癌亚型伴肉瘤样变之间预后差别不大^[3,5]。既往文献报道肾癌伴肉瘤样分化 pT1N0M0 患者平均生存期为 49.7 个月,而 pT2~T4 的患者则为 6.8 个月^[9-10],截至 2011 年 6 月,本研究 4 例 pT1N0M0 期患者随访 43.75(20~67)个月均无复发或远处转移, pT2~T4 患者已全部死亡,其平均无进展生存期为 5.6 \pm 4.5(2~16)个月,总生存期为 8.3 \pm 5.6(3~20)个月,数据基本相符。

总结本组肾癌伴肉瘤样分化患者临床资料及对已有文献复习发现:(1)大部分该类型患者因血尿、腰痛、消瘦等临床表现就诊,且肿瘤直径往往较大,发现时大都处于肿瘤晚期(Ⅲ、Ⅳ患者各占 25%、43.75%);(2)大部分肿瘤 Furhman 分级为Ⅲ、Ⅳ级,其肿瘤侵袭性及转移性很高,预后较普通肾癌差;(3)早期肾癌伴肉瘤样分化患者行肾癌根治手术能获得良好疗效,而局部晚期或远处转移患者手术治疗并不能明显延长其生存期限;(4)肾癌伴肉瘤样分化对化疗、放疗不敏感,近年来有文献报道靶向治

疗药物用于治疗肾癌伴肉瘤样分化患者取得较好的疗效^[11-12],但治疗报道例数相对较少,仍需后续大样本研究证实。

综上所述,肾癌伴肉瘤样分化患者术前分期对患者预后影响较大,早期患者行手术治疗是最有效的治疗方法,建议早期患者术后定期复查以监视肿瘤复发、转移等情况,对于局部进展或晚期肾癌伴肉瘤样分化患者靶向治疗可能有效,需要进一步研究证实。

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