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·专题报道·

意外胆囊癌的诊断与治疗

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[摘要] 目的:总结意外胆囊癌(unsuspected gallbladder cancer)的诊断和治疗经验。方法:回顾性分析我院2000年1月至2007年12月收治的15例意外胆囊癌患者的临床资料,总结临床诊治经验。结果:15例患者术前诊断胆囊结石12例,胆囊息肉2例,胆囊结石合并息肉1例。开腹胆囊切除术5例,行腹腔镜胆囊切除术10例。术后均经病理证实为胆囊癌;Nevin分期:Ⅰ期3例,Ⅱ期7例,Ⅲ期4例,Ⅳ期1例。NevinⅠ期密切观察随访,Ⅱ、Ⅲ期行标准胆囊癌根治术,Ⅳ期行扩大胆囊癌根治术。中位随访时间为5.0年,其中13例存活,2例死亡;5例存活超过5年,5年生存率达84.8%。结论:早期胆囊癌术前很难诊断,术中应常规剖视胆囊,对可疑病变行冰冻切片检查;对NevinⅡ~Ⅳ期的意外胆囊癌应再次开腹行根治性手术。

[关键词] 胆囊肿瘤;意外胆囊癌;诊断;根治性切除;预后
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Diagnosis and treatment of unsuspected gallbladder carcinoma

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[**ABSTRACT**] **Objective**: To summarize our experience on the diagnosis and treatment of unsuspected gallbladder carcinoma (UGC). **Methods**: The clinical data of 15 patients with AGC, who were treated in our hospital from January 2000 to December 2007, were retrospectively analyzed; and the clinical diagnosis and treatment experience was summarized. **Results**: Preoperative diagnosis showed that the 15 cases included gallstone in 12 cases, gallbladder polypi in 2, and gallstone associated with polypi in 1. All cases were incidentally discovered during operation, with 5 during open cholecystectomy and 10 during laparoscopic cholecystectomy. All 15 cases were confirmed of gallbladder carcinoma by pathological examination after operation. The tumor stage included Nevin stage Ⅰ in 3 cases, stage Ⅱ in 7, stage Ⅲ in 4 and stage Ⅳ in 1. The patients with UGC at Nevin stage Ⅰ were closely followed up; those at Nevin stage Ⅱ, Ⅲ underwent radical correction of gallbladder carcinoma; and those at Nevin stage Ⅳ received extended radical resection of gallbladder cancer. The median follow-up time was 5.0 years. Two patients died and 13 survived; 5 patients survived for more than 5 years, with a 5-year survival rate of 84.8%. **Conclusion**: It is difficult to diagnose early gallbladder carcinoma before operation. The surgeons should be alert to the possibility of gallbladder carcinoma before and during the operation. Routine examination of the resected gallbladder tissues and frozen sections are necessary for suspected lesions. Immediate radical resection is an effective measure to improve the prognosis of UGC. Re-exploration and radical resection should be performed on UGC of Nevin stage Ⅱ-Ⅳ.

[**KEY WORDS**] gallbladder neoplasms; accidental gallbladder carcinoma; diagnosis; radical operation; prognosis
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意外胆囊癌(unsuspected gallbladder cancer)是指临床上因良性疾病行胆囊切除术中或术后偶然发现胆囊癌的病例,若得不到及时规范的治疗,预后较差[1-6]。2000年1月至2007年12月我院共收治意外胆囊癌15例,进行了及时规范的处理,现将诊治经验总结如下。

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1 资料和方法

1.1 一般资料 15 例患者,男 5 例,女 10 例,年龄 38～75 岁,平均(58.2±2.3)岁。首次术前临床诊断为胆囊结石 12 例,胆囊息肉 2 例,胆囊结石合并息肉 1 例。5 例行开腹胆囊切除术,10 例行腹腔镜下胆囊切除术(LC)。术后均经病理证实为胆囊癌,其中 Nevin Ⅰ期 3 例,Ⅱ期 7 例,Ⅲ期 4 例,Ⅳ期 1 例。标本中取到胆囊颈部淋巴结 2 例,阳性 1 例。Nevin Ⅰ期患者密切随访观察,Ⅱ、Ⅲ期再次开腹行标准胆囊癌根治术,Ⅳ期行扩大胆囊癌根治术。

1.2 术后随访 术后均获随访,随访时间为 0.5～7.5 年,中位随访时间 5.0 年。死亡 2 例,其中 1 例(Nevin Ⅳ期)于术后 8 个月死于胆囊癌肝转移,另 1 例(Nevin Ⅲ期)于术后 17 个月死于胆囊癌肺部、肝脏多发转移。其余患者均存活至今,其中 1 例存活已超过 6 年 2 个月,目前仍健在。5 例存活超过 5 年,5 例超过 1 年,5 年生存率达 84.8%。

2 讨 论

由于胆囊癌早期无症状和体征,缺少特异性的肿瘤标志物,且大多数胆囊癌患者合并有胆囊结石和炎症,导致胆囊壁增厚、周围炎性浸润、胆囊肿大或萎缩、胆囊内无胆汁、充满结石等病理改变,使对早期胆囊癌病变的影像学诊断变得更加困难,以致临床上早期胆囊癌的诊断率很低[1,7]。术前和术中诊断的胆囊癌大多病期较晚,预后很差[3,8]。而术后病理发现的意外胆囊癌中,往往有相当部分为早期胆囊癌,这些患者如能得到恰当的治疗,会取得较好的预后。因此,如何正确处理意外胆囊癌应引起临床医师的重视。

2.1 意外胆囊癌的诊断 由于胆囊癌无特异症状与体征,早期胆囊癌易漏诊。以下 4 点被认为是胆囊癌的危险因素[9]:(1)55 岁以上女性,10 年以上胆囊结石患者;(2)胆囊结石＞3 cm;(3)直径＞1 cm 的单发胆囊息肉;(4)慢性萎缩性胆囊炎。对有胆囊癌高危因素者应及时手术,这样才能早期发现胆囊癌,从整体上提高胆囊癌的预后。B 超简便、无创、可重复、多角度观察,是早期胆囊癌定性诊断的首选方法。对可疑患者还应结合 CT、MRCP 及血清学肿瘤标志物检查进一步明确诊断。此外,术中常规剖检胆囊,注意观察胆囊壁有无硬结、肿大或局限性增厚,胆囊黏膜有无隆起或乳头赘生物,疑癌变者行术中快速送冰冻活检。Miller 等[8]认为应将胆囊的快速病检作为胆囊切除术的常规和制度。本组有 1 例胆囊壁呈局部不规则增厚,2 例胆囊息肉直径均大于 1 cm,术后病理检查均发现为胆囊癌。本研究 15 例患者术前均行 B 超检查,10 例均发现胆囊壁有不规则增厚,但仅有 2 例进一步行上腹部增强 CT 检查。忽视胆囊结石并发胆囊癌的可能性是造成漏诊的主要原因。

2.2 意外胆囊癌的治疗 随着胆囊疾病发病率的增高,开腹胆囊切除术及腹腔镜下胆囊切除术的数量日益增多,术中发现和术后病理证实的意外胆囊癌亦有增加趋势,如何作出合理的选择和决断、妥善处理好该类患者,成为医疗活动中经常需要面对的问题。由于胆囊癌的恶性程度较高,可通过淋巴、血液、神经、胆管多途径转移扩散,并快速侵犯周围脏器,其预后与其病理分期和临床表现(分期)密切相关[8,10],所以意外胆囊癌是否再手术及如何手术,原则上应根据病情合理选择[6]。

目前对意外胆囊癌再次手术基本达成共识,即一旦诊断为意外胆囊癌,结合病理 Nevin 分期等情况,只要无手术禁忌,应尽早再次手术[8,10-11]。Nevin Ⅰ期患者,肿瘤组织仅限于胆囊壁固有层,未侵及浆膜层,行单纯胆囊切除术可获得较高的生存率[1,7]。本组 3 例Ⅰ期者,均未再次手术,密切随访均已生存 3 年以上。Ⅱ、Ⅲ期患者建议行标准胆囊癌根治术(完整切除胆囊＋胆囊床 2 cm 以远的肝脏楔型切除＋十二指肠韧带骨骼化),清扫到第一站淋巴结[4]。Ⅳ期患者应行扩大胆囊癌根治术,具体可根据肿瘤侵犯胆囊周围组织情况分别予以相应手术处理,清扫到第二站淋巴结,如胰头部淋巴结转移者一定要清扫到腹腔动脉及主动脉旁淋巴结。如肝外胆管受侵者,可行肝外胆管切除加空肠-胆管 Roux-en-Y吻合术;横结肠受侵,可加横结肠切除、肠吻合术。

此外,我们认为,对于位于胆囊颈或胆囊管的意外胆囊癌,无论其侵犯至胆囊壁的哪一层,均应再次行肝十二指肠韧带周围淋巴清扫术;对于浸润深度超过肌层,切缘阳性及胆囊三角淋巴结活检阳性的隐匿胆囊癌也应行第二次根治手术[12]。而个别学者持有谨慎意见,如张永杰等[13]认为,对仅完成单纯开腹胆囊切除术、术后病理证实为意外胆囊癌的患者,除原位癌(Tis 期)外均应积极再次手术,唯此才可能最大限度地争取治疗补救的机会,否则日后极易出现肿瘤复发和淋巴结转移。

术前提高对可能存在胆囊癌的警惕性、及时全面地进行相关检查,术中常规剖检胆囊,可疑癌变快速送病检,必要时需多次送检,一旦确诊即扩大手术

范围，这对降低意外胆囊癌的漏诊，改善胆囊癌整体预后有重要意义。

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[本文编辑]　贾泽军

· 更正启事 ·

关于《Tumstatin$_{183-230}$-TRAIL 融合蛋白的克隆表达及其生物学双功能鉴定》一文的更正

本刊 2008 年第 5 期刊登的任娜等的论文《Tumstatin$_{183-230}$-TRAIL 融合蛋白的克隆表达及其生物学双功能鉴定》，文中图 8 (P477)应为实验对照组 Kininogen D5-TRAIL 对 SW1990 细胞凋亡诱导作用的电镜照片，而非 Tumstatin$_{183-230}$-TRAIL 的实验结果，更正后的图如下：

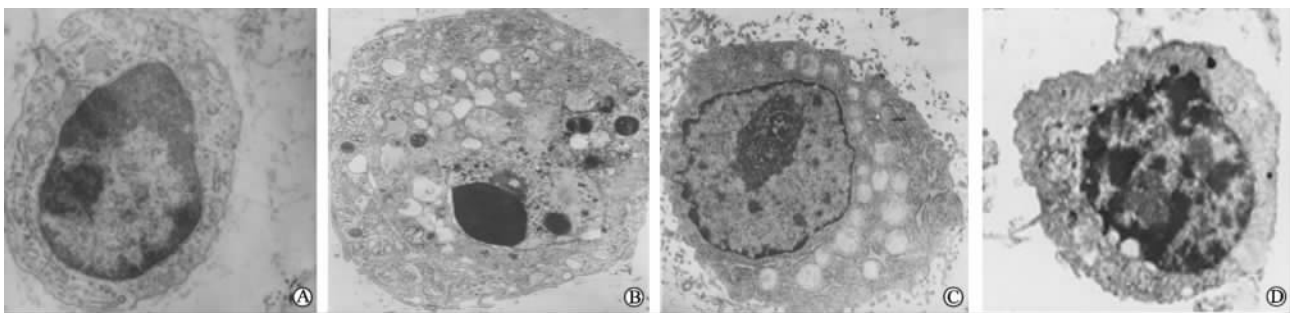

图 8　SW1990 细胞电镜观察结果

Fig 8　Scanning electron microscopic pictures of SW1990 cells

A: Normal SW1990 cell; B: Nuclear rippled; C: Chromatin margination; D: Apoptotic body. Original magnification: ×6 000