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宫颈特殊染色技术对子宫颈癌及宫颈上皮内瘤变初筛的临床研究

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摘要 目的:探讨宫颈特殊染色技术筛查方法对宫颈癌及癌前病变的筛查意义。**方法**:本研究通过对 1963 例就诊我院妇科门诊的患者进行宫颈特殊染色检查(FRD),以组织病理学检查结果为标准,分析 FRD 宫颈特殊染色的临床意义。**结果**:1963 例患者行宫颈特殊染色检查及对初筛阳性患者行阴道镜下活检，根据活检病理结果进行分析,CINI 阳性率 80.77%%,CINII81.25%,CINIII100%%,侵润癌 100%,总阳性率 90.50%。**结论**:利用亚甲蓝显色和醋酸白化反应双重定位及指示,不仅可提高宫颈癌及癌前病变的检出率,而且操作简便,判读容易,结果快速,成本低廉。

关键词:宫颈特殊染色技术;初筛;子宫颈病变;临床研究

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Clinical Study of Special Staining Technique in Preliminary Screening of Uterine Cervix Cancer and Cervical Intraepithelial Neoplasia

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ABSTRACT Objective: To investigate the screening significance of special staining technique for cervical cancer and precancerous lesions. **Methods:** 1963 cases of gynecological outpatients undergoing cervical special staining (FRD) in our hospital were studied, the result of shistopathological examination was employed as the standard, the clinical significance of FRD in cervical special staining was analysed. **Results:** Patients with positive screening result in cervical special staining took further colposcopy biopsy, according to biopsy pathological results, the positive rate of CINI was 80.77%, 81.25% for CINII, 100% for CINIII, and 100% for invasive cancer, the total positive rate was 90.50 %. **Conclusion:** Using dual localization and indication of Methylene blue and acetic acid bleaching reaction can improve the detection rate of cervical cancer and precancerous lesions, and has the advantages of simple operation, easy interpretation , fast results and low cost.

Key words: Special staining technique; Preliminary screening; Cervical lesions; Clinical study

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前言

宫颈癌是妇科最常见的恶性肿瘤,发病率居于女性恶性肿瘤的第二位。宫颈癌在发展中国家较为常见,每年的发病人数呈增高趋势,且发病年龄越来越年轻化。大多数患者在发现疾病时已属于晚期,预后差,病死率高。宫颈癌作为一个可预防,可治愈的疾病,关键在于早期诊断,应用宫颈特殊染色技术对宫颈疾病诊断准确率较高,且判读容易、结果快速、成本低廉可以作为宫颈癌筛查的手段。

1 资料与方法

1.1 一般资料

2012 年 12 月至 2013 年 12 月之间,选取来我院妇科门诊就诊的 1963 例患者,平均年龄 37.5 岁,行宫颈特殊染色检查,宫颈上皮特殊染色检查为深蓝绿色、墨绿色、紫黑色的结果为阳性,行阴道镜检查及阴道镜下多点取活检,送组织病理学检查。本研究通过对宫颈特殊染色检查(FRD),以组织病理学检查结果为标准,分析 FRD 宫颈特殊染色的临床意义。

1.2 方法

宫颈上皮特殊染色检查操作步骤[1]:① 、宫颈、阴道 48 小时内不做任何处理(如消毒、清除分泌物、冲洗、上药等);② 、用大棉签蘸取多功能醋酸白溶液至近饱和(浸泡 <10 秒),涂抹在宫颈上皮组织表面,用力涂抹宫颈五圈,无方向要求,再在宫颈口按压 5 秒即可取出,立即观察棉签颜色变化。③ 、用医用小棉签蘸取多功能醋酸白溶液至近饱和(浸泡 <2 秒)插入宫颈管(2.5 cm-3 cm),沿颈管内壁旋转 5 圈逐步下拉棉签,进行颈管内特殊染色。

2 结果

2.1 特殊染色检查结果判定

棉签无变色：宫颈上皮组织无病变；棉签为淡蓝绿色:炎症、CINⅠ或尖锐湿疣等;棉签为深蓝绿色、墨绿色、紫黑色:分别提示 CINⅡ、CINⅢ、癌等病变。

2.2 FRD 检查及活检病理结果

1963 例患者行宫颈特殊染色检查结果及活检病理结果比

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表 1 1963 例患者行 FRD 检查及活检病理结果比较

Table1 Comparison of FRD examination results and biopsy results in 1963 patients

方法 Method	类别 Category				合计 Totals
	CINI	CINII	CINIII	侵润癌 Invasive cancer	
活检病理检查 Biopsy	26	16	5	3	50
特殊染色检查 Special staining	21	13	5	3	41
阳性率(%)Positive rate (%)	80.77	81.25	100	100	90.50

较见表,CINI 阳性率 80.77%,CINII81.25%, CINIII100%,侵润癌 100%,总阳性率 90.50%,见表 1。

3 讨论

宫颈癌的发病率居所有人类肿瘤中的第七位,居于女性肿瘤中的第二位[2,3]。现阶段主要采用的三阶梯宫颈癌筛查体系,对宫颈癌防治做出很大贡献。最新的宫颈癌前病变快速诊断新技术 -- 宫颈特殊染色技术,是组织化学诊断技术在临床的前沿应用[4-6]。利用亚甲蓝显色和醋酸白化反应双重定位及指示,提高宫颈癌的检出率[7]。具有操作简便,判读容易,结果快速,成本低廉,作为宫颈异常病变快速诊断的手段,能够广泛用于妇科内诊常规检查,克服宫颈病变的临床决策过度依赖于实验室检查,早期临床决策,快速分流病人,筛查出宫颈癌前病变的可疑人群,进一步行阴道镜检查,提高宫颈癌及癌前病变的检出率,减少漏诊[8-10]。多功能醋酸白溶液特殊染色技术,是叶酸受体介导的肿瘤诊断新技术[11,12]。

临床大量研究证明, 叶酸受体在肿瘤细胞表面高度表达,而在正常细胞较少表达或无表达,所以叶酸复合物可以作为肿瘤特异性靶向介导分子,用于诊断和治疗[13-15]。而多功能醋酸白溶液特殊染色技术主要用于宫颈等上皮组织病变的临床检查,使医生获取病变的第一手资料,帮助医生临床决策。多功能醋酸白溶液是一种活细胞染色剂,为淡黄棕色,主要由叶酸复合物、亚甲蓝、乙醇等组成,pH5.0-5.5。用棉签涂抹于上皮组织后,立即通过棉签颜色判别上皮组织是否有病变,并可以结合上皮组织醋白反应区行阴道镜下取活检。当染色剂被涂抹于宫颈组织后,能使细胞膜的通透性增加;当存在癌变细胞时,叶酸及其复合物就会通过癌变细胞表面的叶酸受体进入细胞浆,同时还原型的亚甲蓝也被带入细胞浆内[16-18]。由于大量分子的聚集,导致细胞内的渗透压增高,致使亚甲蓝逸出细胞外,因此在棉签上可以显现出颜色[19,20]。同时,染色剂中的乙酸也可以使病变部位出现醋酸白化反应区。即可在变色区域行阴道镜下活组织检查。本次研究对 1963 例患者行宫颈特殊染色检查结果及活检病理结果比较发现,CINI 阳性率为 80.77%,CINII 为 81.25%,CINIII 为 100%,侵润癌为 100%,总阳性率为 90.50%。

综上所述,利用亚甲蓝显色和醋酸白化反应双重定位及指示,提高宫颈癌及宫颈上皮内瘤变的检出率,具有操作简便、判读容易、结果快速、成本低廉,值得进一步推广。

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