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新辅助化疗联合间隔肿瘤细胞减灭术治疗晚期卵巢癌的临床观察 *

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摘要 目的：观察新辅助化疗与间隔肿瘤细胞减灭术联合治疗晚期卵巢癌的临床疗效。**方法**：选取我院收治的晚期卵巢癌患者 88 例，采取分层随机法分成两组，对照组采取间隔肿瘤细胞减灭术治疗，将全子宫、大网膜、双附件、肿瘤转移灶、阑尾切除，根据手术中的情况，切除腹主动脉旁、盆腔淋巴结及受累的脏器，观察组在对照组基础上采取新辅助化疗，行 2-3 次化疗后进行手术，采取 TP 方案进行新辅助化疗，150 mg/m^2 紫杉醇，行静脉滴注，持续滴注 3 小时，每天 1 次；0.06 卡铂、200 mL 0.9%氯化钠注射液，行静脉滴注，每天 1-3 次；每个疗程间隔 3 周。比较两组的临床治疗总有效率、腹水量、术中出血量、病灶大小、手术时间、住院时间。**结果**：观察组的治疗总有效率(75.00%)显著高于对照组(54.55%)(P＜0.05)，腹水量、术中出血量均明显少于对照组，病灶显著小于对照组(P＜0.05)，手术时间、住院时间均明显短于对照组(P＜0.05)。**结论**：新辅助化疗联合间隔肿瘤细胞减灭术治疗晚期卵巢癌患者的临床效果明显优于单用间隔肿瘤细胞减灭术。

关键词：新辅助化疗；间隔肿瘤细胞减灭术；晚期卵巢癌；临床效果

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Clinical Observation on the Efficacy of Neoadjuvant Chemotherapy Combined with Interval Cytoreductive Surgery in the Treatment of Advanced Ovarian Cancer*

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ABSTRACT Objective: To observe the clinical efficacy of cell neoadjuvant chemotherapy combined with interval cytoreductive surgery in the treatment of advanced ovarian cancer. **Methods:** 88 cases of patients with advanced ovarian cancer in our hospital were selected and randomly divided into two groups. The control group was given interval cytoreductive surgery treatment. The uterus, omentum, salping, tumor metastasis and appendix were removed, according to the situation, the para aortic, pelvic lymph node and tired organs were given resection. While the observation group was given new adjuvant chemotherapy on the basis of control group, with surgery followed by 2-3 times chemotherapy. And TP regimen neoadjuvant chemotherapy was used: 150 mg/m^2 paclitaxel, intravenous infusion, continuous infusion for 3 hours, once a day; 0.06 carboplatinum (CBP), 200 ml sodium chloride injection (0.9%), intravenous drip, 1-3 times a day; each treatment interval of 3 weeks. Then, the total effective rate, ascitic volume, intraoperative bleeding, lesion size, operation time and hospital stay were respectively compared between two groups. **Results:** The total effective rate of observation group (75%) was significantly higher than that of the control group (54.55%)(P<0.05). The ascitic volume and intraoperative bleeding of observation group were obviously lower than those of the control group. The lesion was also less than that of the control group (P<0.05). The operation time and the hospital stay were both shorter than those of the control group (P<0.05). **Conclusion:** The clinical efficacy of advanced ovarian cancer treated by cell neoadjuvant chemotherapy combined with interval cytoreductive surgery was significantly better than that of interval cytoreductive surgery alone.

Key words: Neoadjuvant chemotherapy; Interval cytoreductive surgery; Advanced ovarian cancer; Clinical effect

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前言

卵巢癌是与子宫颈癌、子宫体癌排在前三的女性生殖器官严重疾病，严重影响女性的生活质量和生命健康，是目前全世界范围内导致妇女死亡最主要的生殖器官肿瘤之一[8]。卵巢癌多发生于围绝经期的妇女群体，临床主要表现为腹胀、腹痛、不正常消瘦、月经不稳定等，目前其发病机制尚不完全明确，可能与致癌因子、免疫功能、内分泌、遗传以及饮食、生活习惯等

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有关[9,10]。

目前,临床主要采用化疗治疗卵巢癌,主要治疗药物包括铂类抗肿瘤药物和紫杉醇等[11]。卵巢癌中,上皮性肿瘤占恶性卵巢肿瘤的比例最高。尽管对卵巢癌治疗的研究不断有新进展,但多数晚期卵巢癌患者的预后仍然不佳。卵巢癌早期诊断困难,大部分患者发现时已经处于晚期[1],此时部分患者的病情进展程度和身体条件已无法保证减灭手术的顺利进行,在该情况下进行的减灭手术效果可能大打折扣,甚至可能手术失败,而成功进行手术的患者也有很高的概率在术后短期内出现复发。

针对上述棘手情况,新辅助化疗作为一种过渡治疗手段被临床开发并应用。新辅助化疗的目的在于辅助手术的顺利进行,其可在术前一定程度的削减肿瘤细胞数量[2],提高患者手术耐受,并且使肿瘤细胞增殖能力下降,对手术切除率有提高作用,并且可在一定程度上降低术后并发症的发生。本研究主要探讨了新辅助化疗联合间隔肿瘤细胞减灭术治疗晚期卵巢癌患者的临床效果,现将结果报道如下。

1 资料与方法

1.1 一般资料

选择 2014 年 6 月 -2016 年 7 月我院收治的晚期卵巢癌患者 88 例,采用分层随机法平均分为两组。观察组 44 例,平均年龄(37.1± 3.4)岁,平均体质量(61.9± 5.7)kg;混合性囊腺癌 6 例,浆液性腺癌 20 例,透明细胞癌 5 例,粘液性腺癌 13 例;临床分期:III 期患者 16 例,IV 期患者 28 例;对照组 44 例,平均年龄(36.3± 3.6)岁,平均体质量(58.9± 5.6)kg;混合性囊腺癌 7 例,浆液性腺癌 19 例,透明细胞癌 6 例,粘液性腺癌 12 例;临床分期:III 期患者 15 例,IV 期患者 29 例。观察组和对照组患者一般资料比较差异均无统计学意义(P>0.05),具有可比性。

1.2 治疗方法

1.2.1 对照组 对照组采取间隔肿瘤细胞减灭术治疗,将全子宫、大网膜、双附件、肿瘤转移灶、阑尾切除,根据手术中的情况,给予腹主动脉旁、盆腔淋巴结及受累的手累脏器进行切除。

1.2.2 观察组 观察组在对照组基础上, 采取新辅助化疗,行 2-3 次化疗后, 进行手术, 采取 TP 方案进行新辅助化疗,150 mg/m² 紫杉醇,行静脉滴注,持续滴注 3 小时,每天 1 次;0.06 卡铂、200 mL 0.9%氯化钠注射液,行静脉滴注,每天 1-3 次;每个疗程间隔 3 周。

1.3 观察指标

评定两组患者临床疗效,分为完全缓解:治疗后病灶完全消失,持续观察 4 周,未发现新的病灶;部分缓解:治疗后病灶消失 50%以上,持续观察 4 周,病灶未增大;稳定:治疗后病灶无明显改善,病灶缩小在 50%以内,或者病灶增大 25%以内;进展:治疗后病灶增大 25%以上,持续观察 4 周,出现新的病灶[3]。总有效率 = 完全缓解 + 部分缓解。观察两组患者腹水量、病灶大小、术中出血量、手术时间和住院时间。

1.4 统计学分析

采用统计软件 SPSS 17.0 完成统计学分析, 计数资料用率(%)表示,组间比较采用卡方检验,计量资料以 $\bar{x}\pm s$ 表示,组间比较采用 t 检验,以 P<0.05 表示差异有统计学意义。

2 结果

2.1 两组晚期卵巢癌患者的临床疗效比较

观察组晚期卵巢癌患者的治疗总有效率(75.00%)显著高于对照组(54.55%),差异有统计学意义(P<0.05),详见表 1

表 1 两组患者临床疗效的对比[例(%)]

Table 1 Comparison of the clinical efficacy between the two groups[n(%)]

Groups	n	CR	PR	SD	PD	Total rate
Observation group	44	17(38.64)	16(36.36)	8(18.18)	3(6.82)	75.00
Control group	44	9(20.45)	15(34.09)	19(43.18)	1(2.27)	54.55
P						<0.05

2.2 两组晚期卵巢癌患者的手术效果比较

观察组晚期卵巢癌患者腹水量、术中出血量均明显少于对照组,病灶显著小于对照组,差异均有统计学意义(P<0.05),详见表 2。

表 2 两组患者的手术效果对比[$\bar{x}\pm s$]

Table 2 Comparison of the operative effects between two groups[$\bar{x}\pm s$]

Groups	n	Abdominal dropsy volume(mL)	Focus size(cm)	Blood loss(mL)
Observation group	44	128.2± 26.8	8.4± 1.6	508.2± 36.1
Control group	44	793.2± 31.7	15.5± 2.1	923.2± 29.6
P		<0.05	<0.05	<0.05

2.3 两组晚期卵巢癌患者的手术时间、住院时间比较

观察组晚期卵巢癌患者手术时间、住院时间均明显短于对照组(P<0.05),详见表 3。

3 讨论

卵巢癌是一种较为常见的女性生殖系统恶性肿瘤[4-8]。对妇女身心健康造成严重影响[9-11],手术联合铂类药物化疗是其标准治疗方案。但多数卵巢癌患者在初诊时已属肿瘤晚期,失去了手术切除的机会,生存率较低[1]。目前,卵巢癌的传统治疗方式为肿瘤细胞减灭术,术后结合紫杉醇类与铂类为主的联合药

物化疗综合治疗，但是其手术治疗和放化疗的疗效并不理想，易早期复发，导致卵巢癌的预后仍然较差[2,3]。化疗是目前临床上应用较广的治疗方案，但在化疗过程中会出现脱发、恶心呕吐等不良反应。此外，还有一些化疗药物具有极强的消化毒性，严重影响患者治疗效果和预后[2,3]。因此，寻找一种毒性小、不良反应少的化疗药物已成为医学界的一大重点和难题。

表 3 两组晚期卵巢癌患者的手术时间、住院时间比较[$\bar{x}\pm$ s]

Table 3 Comparison of the operation time and hospitalization between the two groups[$\bar{x}\pm$ s]

Groups	n	Operation time(min)	Hospitalization(d)
Observation group	44	135.2± 11.8	11.6± 2.4
Control group	44	208.2± 15.5	15.1± 1.8
P		＜0.05	＜0.05

新辅助化疗指在术前进行的铂类药物为基础的联合化疗，可在术前对癌细胞起到杀伤作用，主要用于晚期卵巢癌并且无法在初始进行减灭手术的状态较差的患者[13-16]。近年来，新辅助化疗逐渐作为一种过渡治疗被医师和患者所接受[12]，其作用主要是术前消灭部分癌细胞，减少瘤体体积，并且有减轻周围组织和病灶的粘连[18-20]。但对于身体状况较差的卵巢癌晚期患者直接开展减灭手术的成功率令人堪忧，并且术后复发率较高，而新辅助化疗的开展可在术前稳定患者状态，提高手术耐受，一定程度上的降低了手术难度，理论上对患者有利。有研究表明[17]新辅助化疗可有效提高手术的切除率，并可减少手术并发症，并且术前进行的新辅助化疗降低了肿瘤细胞活性，导致其侵袭能力以及增殖能力下降，因此手术刺激和血液流动等导致的肿瘤扩散、种植以及转移也因此而减少，对降低术后复发率具有积极作用[21-25]。本研究结果显示观察组疗效优于对照组，并且术中各指标均更佳，说明了术前开展的新辅助化疗有效的提高了患者的手术耐受，降低了手术难度，使手术可更加顺利的进行。但需要注意的是，新辅助化疗周期以及减灭手术最佳时机目前仍然尚未有定论，一般可选择在进行 3-4 个疗程的化疗后进行手术。本研究并未对新辅助化疗最佳疗程数以及减灭手术时机进行探讨，存在一定的局限性，期待后续研究确定最佳化疗周期以及手术时机，使该治疗方案更好的运用于晚期暖巢癌患者的治疗中[25-27]。

综上所述，晚期卵巢癌患者身体状况通常较差，部分患者耐受能力低下，粘连广泛，导致减灭手术难度大为提升，影响手术成功率和手术效果，为患者生存质量和生存期考虑，在减灭手术前合适的时机进行新辅助化疗是可行的过渡治疗方案，可减少癌细胞数量，减轻病灶和周围组织粘连，降低癌细胞活性，提高患者手术耐受能力，降低手术难度，其治疗晚期卵巢癌患者的临床效果明显优于单用间隔肿瘤细胞减灭术。

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