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# 腹腔镜和开腹手术在卵巢癌二次探查术中的应用效果比较

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**摘要 目的:**比较腹腔镜和开腹手术在卵巢癌二次探查术中的应用效果和安全性。**方法:**选择 2012 年 1 月至 2015 年 10 月于我院就诊的卵巢癌患者 58 例,根据二次探查术的方式分成两组,腹腔镜组(28 例)和开腹手术组(30 例),观察比较两组患者手术时间、术中出血量、肛门首次排气时间、并发症发生率及二次探查的阳性率。对两组患者进行随访,比较两组患者二探术后的复发率及生存时间。**结果:**腹腔镜组肛门首次排气时间明显短于开腹组患者,术中出血量也均明显少于开腹组患者,具有非常显著性差异( $P<0.05$ ),而两组的手术时间、并发症发生率和二探阳性率相近,两组之间比较,差异无统计学意义( $P>0.05$ )。二次探查术阳性和二次探查术阴性的患者中,腹腔镜组和开腹组的中位生存时间比较,差异无显著性( $P>0.05$ )。二次探查术阴性的患者中,腹腔镜组和开腹组患者随访期间的复发率比较,差异也无显著性( $P>0.05$ )。**结论:**腹腔镜二次探查术具有创伤小、并发症少、患者恢复快、患者易于接受等微创优势,且能取得与开腹二次探查术相当的安全性和准确性,可以作为卵巢癌二次探查术的手段之一。

**关键词:**腹腔镜手术;开腹术;卵巢癌;二次探查术

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## Comparison of Laparoscopy and Laparotomy in Second Look Laparotomy of Ovarian Cancer

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**ABSTRACT Objective:** To investigate and compare the application effect and safety of laparoscopy and laparotomy in second look laparotomy of ovarian cancer. **Methods:** 58 patients with ovarian cancer admitted to our hospital from Jan 2012 to Oct 2015 were chosen and divided into laparoscopy group ( $n=28$ ) and laparotomy group ( $n=30$ ) based on different methods of second look laparotomy. The operation time, intraoperative blood loss, first anal exhaust time, complication occurrence rate and positive rate of two groups were observed and compared. The post-operative recurrence rate and survival time of two groups were compared during follow-up. **Results:** The first anal exhaust time of laparoscopy group was obviously shorter than that of laparotomy group, and the intraoperative blood loss clearly less than the latter group, and the differences were statistically significant ( $P<0.05$ ). The operation time, complication occurrence rate and positive rate of two groups were similar and the differences were not statistically significant ( $P>0.05$ ). Among the patients who were positive and negative in second look laparotomy, no statistical difference existed among the two groups in median survival time ( $P>0.05$ ). Among patients who were negative, the recurrence rate of two groups were also similar and the difference was not significant ( $P>0.05$ ). **Conclusion:** Laparoscopic second look laparotomy has advantages of minor trauma, less complication, quick recovery and easy for patients to accept. Moreover, it can achieve comparable safety and accuracy of second look laparotomy. Therefore, it can be used as one of the means of second look laparotomy of ovarian cancer.

**Key words:** Laparoscopic operation; Laparotomy; Ovarian cancer; Second exploration

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### 前言

卵巢癌是女性生殖系统中死亡率最高的恶性肿瘤,其首先治疗方法仍是手术,虽然近年来有了许多新的治疗手段及方案,疗效有所提高,但卵巢癌患者复发率高,致使其 5 年生存率仍无法提高,约在 30%左右<sup>[1-3]</sup>。二次探查术是指经过肿瘤细胞减灭术 +6 个疗程的化疗后,随访无发现肿瘤复发证据,而施行

的再次剖腹探查术,其目的在于进一步评估患者手术加化疗后是否已达完全缓解及腹腔内肿瘤有无复发,为卵巢癌患者下一步治疗方案提供依据<sup>[4,5]</sup>。但目前国内腹腔镜下卵巢癌二次探查术的相关研究不多见。本研究中的 58 例卵巢癌患者分别在腹腔镜和开腹手术下行卵巢癌二次探查术,通过对其可行性及临床应用效果进行分析比较,旨在探讨腹腔镜二次探查术的临床应用价值。

### 1 资料与方法

#### 1.1 一般资料

选择 2012 年 1 月至 2015 年 10 月于我院就诊的卵巢癌患

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者 58 例,均经病理诊断确诊。年龄 17~64 岁,平均年龄  $50.6 \pm 3.4$  岁;临床分期按 FIGO:I 期 14 例,II 期 18 例,III 期 26 例。29 例行全子宫、双附件和大网膜切除,其中 18 例加行盆腔淋巴结清扫术;17 例行全子宫切除加盆腔淋巴结清扫术,12 例行一侧附件和大网膜切除。术后均采用以铂类药物为主的腹腔静脉联合化疗 8-12 个疗程,平均 10.5 个疗程。所有患者二次探查前常规妇科检查、胸片、肝肾、盆腹腔 B 超检查及肿瘤标记物检查未发现肿瘤征象。根据二次探查术的方式分成两组,腹腔镜组(28 例)和开腹手术组(30 例),两组患者的年龄、临床分期、初次手术的彻底性、术后化疗疗程等资料比较,无显著差异( $P > 0.05$ ),具有可比性。

## 1.2 方法

腹腔镜组在硬膜外麻醉下行腹腔镜卵巢癌二次探查术<sup>[9]</sup>,开腹手术组在硬膜外麻醉下行开腹卵巢癌二次探查术。两组均接收常规检查:腹腔内粘连分离、脱落细胞检查以及对盆腹腔内多处进行活检,初次手术中有残存肿瘤的部位需重点检测。二次探查手术表现为阳性的患者,采用二线方案并进行免疫、激素、中药等综合治疗;二次探查手术为阴性的患者,未再接受

化疗,继续门诊随访。

## 1.3 观察指标

观察两组患者的手术时间(min)、术中出血量(mL)、肛门首次排气时间(h)、并发症发生率及二次探查的阳性,并对其进行比较。同时通过门诊和电话追踪方法对两组患者进行术后随访,比较两组患者二次探查术后的复发率及生存时间,随访时间至 2013 年 10 月 1 日,随访时间 10~63 个月,平均 36.3 个月。

## 1.4 统计学处理

数据采用 SPSS11.0 统计分析软件处理,计量、计数数据分别采用 t 检验、 $\chi^2$  检验。以  $P < 0.05$  为差别有统计学意义。

## 2 结果

### 2.1 两组患者各项观察指标比较

相较于开腹组患者,腹腔镜组肛门首次排气时间明显更短,术中出血量也均明显少于开腹组患者,具有非常显著性差异( $P < 0.05$ ),而两组的手术时间、并发症发生率和二次探查阳性率相近,两组之间比较,差异无统计学意义( $P > 0.05$ )。见表 1。

表 1 两组患者术后观察指标比较

Table 1 Comparison of postoperative indexes between two groups

| Groups            | n  | Operation time<br>(min) | Intraoperative blood<br>loss (mL) | First anal exhaust<br>time (h) | Complication<br>rate (%) | Positive rate of second<br>look laparotomy (%) |
|-------------------|----|-------------------------|-----------------------------------|--------------------------------|--------------------------|------------------------------------------------|
| Laparoscopy group | 28 | $59.4 \pm 21.9$         | $29.7 \pm 12.6$                   | $11.6 \pm 4.7$                 | 5(17.9)                  | 8(28.6)                                        |
| Laparotomy group  | 30 | $66.8 \pm 23.6$         | $108.4 \pm 34.58$                 | $25.9 \pm 7.3$                 | 7(23.3)                  | 10(33.3)                                       |
| t/ $\chi^2$       |    | 0.28                    | 6.52                              | 7.92                           | 0.49                     | 0.92                                           |
| P                 |    | $> 0.05$                | $< 0.05$                          | $< 0.05$                       | $> 0.05$                 | $> 0.05$                                       |

### 2.2 两组患者随访情况比较

二次探查术阳性和二次探查术阴性的患者中,腹腔镜组和开腹组的中位生存时间比较,差异无显著性( $P > 0.05$ )。二次探

查术阴性的患者中,腹腔镜组和开腹组患者随访期间的复发率比较,差异也无显著性( $P > 0.05$ )。见表 2。

表 2 两组患者随访生存时间、复发情况比较

Table 2 Comparison of follow-up survival time and recurrence between two groups

| Groups                             | n  | Median survival time (months) | Recurrence rate (%) |
|------------------------------------|----|-------------------------------|---------------------|
| Positive in second look laparotomy |    |                               |                     |
| Laparoscopy group                  | 8  | $47.2 \pm 6.3$                | -                   |
| Laparotomy group                   | 10 | $45.9 \pm 7.4$                | -                   |
| Negative in second look laparotomy |    |                               |                     |
| Laparoscopy group                  | 20 | $50.6 \pm 4.9$                | 2(10.0)             |
| Laparotomy group                   | 20 | $53.6 \pm 10.2$               | 2(10.0)             |

## 3 讨论

二次探查术(二探术)对评价卵巢癌患者初次手术及术后计划化疗疗程治疗后的治疗效果有重要价值,传统的方法是开腹行二探术。近年来随着微创技术得到迅猛发展,腹腔镜在妇科恶性肿瘤领域中的应用越来越多受到关注<sup>[7,8]</sup>,有学者已逐渐

尝试将腹腔镜替代开腹进行二探术,取得了一些成绩,但对腹腔镜技术应用于卵巢癌二探术的优势,特别是其能否改善患者的生存率及生存期仍存在争议<sup>[9,10]</sup>。

本研究对在我院诊治行二探术的卵巢癌患者 58 例进行分析,按二探术手术途径的不同分为腹腔镜组和开腹组。两组患者术后观察指标比较发现,腹腔镜组和开腹组的手术时间相

近,两组之间比较,差异无统计学意义。以往研究多认为相较于开腹手术,应用腹腔镜的手术时间通常有显著延长<sup>[11]</sup>,然而也有研究认为两种手术时间并无差异<sup>[12,13]</sup>。手术时间的长短一般受多种复杂因素影响,例如病例的选择、术者的熟练度、参与人员的配合等。本研究结果支持腹腔镜技术应用于卵巢癌二探术的手术时间与开腹手术时间无差异的观点。本研究中,腹腔镜组肛门首次排气时间明显短于开腹组患者,术中出血量也均明显少于开腹组患者,具有非常显著性差异( $P<0.01$ )。这与既往的对比研究结果相符<sup>[14-16]</sup>,证明了腹腔镜技术应用于卵巢癌二探术具有微创优势,患者创伤小,胃肠功能受影响小,利于患者术后恢复。

二探术的意义在于对卵巢癌患者初次手术和术后化疗疗程的治疗效果、患者预后进行全面的评价,以指导下一步治疗方案的选择。但以往一些研究资料发现,常规开腹二次探查术伴有与手术相关的并发症,且即使探查阴性,仍然可能发生术后复发率,其阳性与阴性均对患者生存率没有影响<sup>[17]</sup>。虽然目前二探术在提高患者的存活率方面作用甚微,但是它对指导卵巢癌的治疗方面的作用是积极的。随着腹腔镜技术的飞速发展,其已广泛被应用于包括卵巢癌治疗的各个方面。应用腹腔镜微创技术进行二次探查术是否安全、可靠,能否代替传统的开腹二次探查术,这已经成为国内外学者们值得研究的课题<sup>[18]</sup>。本研究中两组患者的二探阳性率比较,差异无显著性,且两组均无严重的并发症(如脏器损伤)发生,并发症发生率相近,差异无显著性。证明了腹腔镜下二次探查术能取得与开腹二次探查术相当的准确性和安全性,即不增加手术并发症,且二次探查术阳性与开腹二次探查术基本相同。

本研究中两组患者均随访了 10~63 个月,结果发现二次探查术阳性和二次探查术阴性的患者中,腹腔镜组和开腹组的中位生存时间比较,差异无显著性。而二次探查术阴性的患者中,腹腔镜组和开腹组患者随访期间的复发率比较,差异也无显著性。提示腹腔镜技术应用于卵巢癌二次探查术是可行和可信的,不仅有助于评估卵巢癌术后化疗方案的可行性以及腹腔内肿瘤情况,又可免去病人再次承受开腹的痛苦和创伤,患者易于接受。

综上所述,腹腔镜二次探查术具有创伤小、并发症少、患者恢复快、患者易于接受等微创优势,且能取得与开腹二次探查术相当的安全性和准确性,可以作为卵巢癌二次探查术的手段之一。

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(上接第 297 页)

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