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内镜下黏膜剥除术治疗早期消化道腺瘤性肿瘤的临床疗效分析 *

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摘要 目的:探讨内镜下黏膜剥除术治疗早期消化道腺瘤性肿瘤的临床效果。**方法:**将我院自 2015 年 4 月至 2018 年 4 月收治的消化道腺瘤性肿瘤患者 85 例作为研究对象,按照随机抽签法分为研究组 43 例和对照组 42 例,研究组使用内镜下黏膜剥除术进行治疗,对照组采用常规内镜手术治疗,观察和比较两组患者的临床疗效。**结果:**两组患者脂肪瘤、平滑肌瘤、间质瘤、异位胰腺和增生性息肉瘤的发生率比较差异无统计学意义($P>0.05$)。研究组患者病变最大径、创面长径、手术时间和术后住院时间均明显低于对照组,患者出血、穿孔等并发症发生率为 4.65%,明显低于对照组(19.05%)。术后随访 6 个月,研究组无复发,对照组复发率为 23.81%,组间比较差异具有统计学意义($P<0.05$)。**结论:**早期消化道腺瘤性肿瘤患者行内镜下黏膜剥除术能够提高切除率,缩短手术时间和住院时间,降低患者并发症发生率和复发率。

关键词:消化道腺瘤;肿瘤;内镜;黏膜剥除术;疗效

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Analysis of the Clinical Effect of Endoscopic Submucosal Dissection on the Early Stage of Gastrointestinal Adenoma*

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ABSTRACT Objective: To investigate the clinical effect of endoscopic submucosal dissection on the early stage of gastrointestinal adenoma. **Methods:** 85 cases of patients with adenomatous tumor of digestive tract admitted from April 2015 to April 2018 were selected as the research subjects. According to the random draw method, 43 cases in the study group were treated by endoscopic submucosal dissection, and 42 cases in the control group were treated with conventional endoscopic surgery, the clinical efficacy were compared between the two groups. **Results:** There was no significant difference in the incidence of lipoma, leiomyoma, stromal tumor, ectopic pancreas and hyperplastic polyposis between the two groups ($P>0.05$), and the maximum lesion diameter, wound length, operation time and hospital stay were lower in the study group than those in the control group. The incidence of hair disease in study group was 4.65%, which was obviously lower than that of the control group. After 6 months of follow-up, no recurrence was found in the study group, it was significantly lower than that of the control group (23.81%, $P<0.05$). **Conclusion:** Endoscopic submucosal dissection can improve the resection rate, shorten the time of operation and stay in hospital, reduce the incidence of complications and recurrence rate.

Key words: Alimentary Canal Adenoma; Tumor; Endoscopy; Submucosal Dissection; Curative Effect

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前言

按照人体生理解剖位置,食管和胃属于上消化道,肠道属于下消化道,消化道腺瘤是常见的肿瘤类型,具有较高的死亡率^[1,2],而且患者消化道腺瘤可发生于消化道的任何部位。近些年来,消化内镜技术发展迅速,尤其是超声内镜(EUS)技术的提高使得消化道腺瘤的诊断越来越精确,能够较为准确地检测出

细微的胃肠黏膜下病变^[3]。内镜下黏膜剥除术(ESD)是一种基于内镜黏膜剥除术(EMR)的微创手术,可用于治疗早期消化道肿瘤,与传统外科手术相比具有微创、低复发率、低风险和恢复快等优点^[4,5],手术后既能保留消化道的完整性,又不易引起功能障碍^[6,7]。本研究将我院近三年来收治的消化道腺瘤性肿瘤患者 85 例作为研究对象,部分患者使用内镜下黏膜剥除术进行治疗,旨在对比其与常规手术治疗的疗效差异。

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1 资料与方法

1.1 一般资料

将我院自 2015 年 4 月至 2018 年 4 月收治的 85 例消化道腺瘤性肿瘤患者作为研究对象, 采用随机抽签法分为研究组 43 例和对照组 42 例。研究组中, 男性 20 例, 女性 23 例, 年龄 22~77 岁, 平均年龄 55.62 ± 4.19 岁; 对照组中, 男性 19 例, 女性 23 例, 年龄 24~78 岁, 平均年龄 56.21 ± 3.98 岁。两组患者的一般资料比较差异无统计学意义($P>0.05$)。

1.2 纳入和排除标准

纳入标准: 经 EUS 检查确诊为早期消化道腺瘤的患者, 肿瘤直径不超过 5 cm, 经胃镜或 CT 诊断肿瘤边界清晰, 未发生浸润或转移。

排除标准: 将不能耐受全麻手术, 合并有高血压、糖尿病和冠心病等慢性疾病, 合并有心肝肾功能严重障碍和其他肿瘤疾病患者排除。

1.3 治疗方法

对照组: 本组患者行常规内镜下手术切除肿瘤治疗。研究组: 本组患者行内镜下黏膜剥除术进行治疗, 首先在气管插管

下行全身静脉麻醉; 用氩离子血浆凝固技术(Argon plasma coagulation, APC)于病灶外缘 0.5 cm 范围电凝标记剥离范围, 再用内镜注射针在病灶周围注射 1:10000 肾上腺素生理盐水和美蓝混合液 2~6 点, 0.5~1.0 mL/点, 可促使病灶均匀抬举, 使用 Hook 刀切开病灶周围黏膜从下层剥离, 在该过程中要多次注射使病灶充分抬举, 然后将病灶完整切除, 如果有出血或血管裸露, 则要及时进行电凝止血, 术后进行创面处理, 使用止血钳对较大的出血血管进行电凝, 必要时采用钛夹进行创面闭合。

1.4 观察指标

观察患者的病变类型、手术结果和并发症的发生情况。

1.5 统计学方法

采用 SPSS19.0 进行统计学分析, 计数资料以百分率表示, 组间比较行 χ^2 检验, 计量资料以均数 $\pm$ 标准差($\bar{x} \pm s$)表示, 组间比较行 t 检验, 以 $P<0.05$ 为表示差异具有统计学意义。

2 结果

2.1 两组消化道腺瘤患者病变类型的比较

两组患者脂肪瘤、平滑肌瘤、间质瘤、异位胰腺和增生性息肉瘤的发生率比较差异无统计学意义($P>0.05$), 详见表 1。

表 1 两组患者消化道腺瘤病变类型的比较

Table 1 Comparison of the types digestive tract adenomatosis between two groups of patients

Groups	Case	Lipoma	Leiomyoma	Stromal tumor	Ectopic pancreas	Hyperplastic polypsis
Study group	43	7(16.28)	24(55.81)	8(18.60)	2(4.65)	1(2.33)
Control group	42	5(11.90)	25(59.52)	7(16.67)	3(7.14)	1(2.38)
P		>0.05	>0.05	>0.05	>0.05	>0.05

2.2 两组消化道腺瘤患者手术结果的比较

研究组患者病变最大径、创面长径、手术时间和术后住院

时间均显著低于对照组, 差异具有统计学意义($P<0.05$), 详见表 2。

表 2 两组消化道腺瘤患者手术结果的比较

Table 2 Comparison of the surgical result of patience with digestive tract adenomatosis between two groups

Groups	Case	Maximum diameter of the lesion(cm)	Length of the wound (cm)	Time of operation(min)	Time of hospitalization (d)
Study group	43	1.08 ± 0.61	1.61 ± 0.28	60.29 ± 13.11	6.22 ± 1.46
Control group	42	1.36 ± 0.72	2.28 ± 0.71	98.28 ± 23.21	8.94 ± 1.62
P	-	<0.05	<0.05	<0.05	<0.05

2.3 两组患者并发症发生情况的比较

研究组患者出血、穿孔等并发症发生率为 4.65%, 明显低

于对照组(19.05%), 组间比较差异具有统计学意义($P<0.05$), 详见表 3。

表 3 两组患者并发症发生情况比较[例(%)]

Table 3 Comparison of the incidence of complications between two groups[n(%)]

Groups	Case	Bleeding	Perforation	Luminal stenosis	Infection	Total
Study group	43	1(2.33)	1(2.33)	0(0.00)	0(0.00)	2(4.65)
Control group	42	3(7.14)	2(4.76)	2(4.76)	1(2.38)	8(19.05)
P	-	-	-	-	-	<0.05

2.4 两组患者术后复发情况的比较

术后随访 6 个月, 研究组无复发病例, 复发率明显低于对

照组(23.81%), 组间比较差异具有统计学意义($P<0.05$), 详见表 4。

表 4 两组患者术后复发情况的比较

Table 4 Comparison of the postoperative recurrence rate between two groups

Groups	Case	Colorectal polyps		A recurrent uplift	
		Gastric	Polyps	lesion	Total
Study group	43	0	0	0	0(0.00)
Control group	42	2	3	5	10(23.81)
P	-	-	-	-	<0.05

3 讨论

随着人民生活水平不断提高, 其对健康的要求也相应增加, 每年行消化道检查的人群呈逐年上升的趋势。而随着现代医学和内镜器械以及诊断技术的不断发展, 消化道肿瘤性病变诊断的准确率相应提高, 而且内镜技术从诊断手段逐渐演变为重要的治疗手段, 使用内镜治疗消化道肿瘤性病变取得了可喜的进展^[8-10]。

在过去几十年中, 内镜下黏膜切除术被广泛用于消化道肿瘤治疗中, 可以取得和外科手术相同的治疗效果, 而且具有创伤小、费用低的优点, 可明显提高患者的生活质量^[11,12]。但大量临床经验显示对于病灶范围较大的患者使用内镜下黏膜切除术很难切除整块病灶, 虽然能够通过分次切除可达到治疗效果, 但会对患者造成巨大的伤害, 而且增加了患者的复发率^[13-15]。内镜下黏膜剥离术能够有效的切除较大的病灶, 如患者存在溃疡型或疤痕病变, 使用黏膜下剥离术治疗后复发率更低^[16-18]。

本研究结果显示研究组患者病变最大径、创面长径、手术时间和术后住院时间等指标均明显低于对照组; 患者出血、穿孔等并发症发生率为 4.65%, 明显低于对照组 19.05%, 说明内镜下黏膜剥离术能够有效提高消化道肿瘤性病变患者的切除率, 缩短治疗时间, 减少并发症发生率和复发率。在治疗过程中, 尤其应注意的是使用内镜下黏膜剥离术在切除病变组织前进行黏膜下注射是非常重要的步骤, 通过注射可以使病变部位充分隆起, 并且与黏膜下肌层组织完全分离, 利于手术进行, 还可有效的防止穿孔发生^[19-21]。一般在下消化道进行治疗时可选择 30 W 高频电凝和电切, 对于管壁较厚的消化道如食管和胃管, 可选择电流相对较大的仪器进行手术^[22,23]。此外, 为了保证手术有效进行, 在术前可使用超声内镜对肿瘤直径、浸润、淋巴结转移情况做出准确的判断, 而且由于仪器的特殊性, 则需要技艺高超、操作熟练的内镜医师完成, 这样可进一步缩短患者的手术时间^[24,25]。研究组患者在手术过程中注射肾上腺素生理盐水和美蓝混合液可有效的预防出血, 如黏膜下层发生出血时可进行直接电凝, 如血管较粗可使用钛夹夹闭拉出后电凝, 如在剥离病灶的过程中出现出血可立即使用冰生理盐水冲洗创面, 确认出血点后立即止血。如果在剥离病灶的过程中发生穿孔, 可用热活钳、冰肾盐水和止血夹夹闭穿孔^[26-28]。术后, 患者要遵医嘱禁食, 卧床休息预防并控制由穿孔造成的气腹现象。术后随访 6 个月, 研究组复发率为 0.00%, 明显低于对照组 23.81%, 说明使用内镜下黏膜剥离术治疗可降低患者复发率, 与文献报道一致^[29,30]。

综上所述, 早期消化道腺瘤性肿瘤患者行内镜下黏膜剥

术能够提高切除率, 缩短手术时间和住院时间, 降低患者并发症发生率和复发率。

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