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高频环形电切与冷刀锥切治疗宫颈上皮内瘤变Ⅲ 的疗效对比研究

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摘要 目的:探讨高频环形电切与冷刀锥切治疗宫颈上皮内瘤变Ⅲ的疗效。**方法:**回顾性分析 2011 年 6 月至 2013 年 10 月我院经阴道镜活检确诊为宫颈上皮内瘤变Ⅲ的患者 154 例,按采取的手术方式分为两组,其中 75 例行高频环形电切术治疗(研究组),79 例行冷刀锥切术治疗(对照组),比较两组患者的临床疗效、病理和并发症。**结果:**两组患者术后治疗效果相当,在治愈率、残留率及复发率方面,均无显著性差异($P>0.05$);但研究组手术时间、住院时间、愈合时间、术中出血量、病灶切除深度及治疗费用均显著低于对照组,差异有统计学意义($P<0.05$)。在术后并发症方面,研究组并发症发生率为 8.00%,显著低于对照组的 20.25%,差异有统计学意义($P<0.05$);研究组阴道镜活检与治疗前后病理一致率为 77.33%,对照组为 79.75%,两组患者治疗前后病理比较无显著性差异($P>0.05$)。**结论:**高频环形电切术是诊治宫颈上皮内瘤变Ⅲ患者的有效方法,与冷刀锥切术比较,能够缩短手术时间、住院时间及愈合时间,具有术中出血量少、病灶切除深度小、治疗费用低及并发症少的优点。

关键词: 高频环形电切术;冷刀锥切术;宫颈上皮内瘤变Ⅲ

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Effect Comparison between LEEP and CKC for Treatment of CIN III

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ABSTRACT Objective: To discuss the clinical effect of LEEP and CKC for treatment of CIN III. **Methods:** From June 2011 to October 2013, the clinical data of 154 patients diagnosed as CIN III by multiple punch biopsy under colposcope were retrospectively analyzed, including 75 LEEP (research group) and 79 CKC (control group) according to the operation ways. And the clinical efficacy, pathology and complications of the two groups of patients were compared. **Results:** The two groups had the same values in treatment effect. There were no significant differences in cure rate, residual rate and recurrence rate ($P>0.05$). However, the operation time, hospitalization time, healing time, intraoperative blood loss, the depth of the lesion resection and cost of treatment of research group were significantly lower than that of the control group ($P<0.05$). In the aspect of complications, the incidence of complications of research group was 8.00%, significantly less than 20.25% of the control group ($P<0.05$). The consistent rate of colposcopy biopsy and pathological was 77.33% in research group, and 79.75% in control group. There was no significant difference between the two groups ($P>0.05$). **Conclusion:** LEEP is an effective treating method to CIN III. Compared with CKC, LEEP can shorten the operation time, hospitalization time and the healing time, with less intraoperative blood loss, depth of the lesion resection of small, low treatment cost and less complications.

Key words: Loop electrosurgical excision procedure (LEEP); Cold knife conization (CKC); Cervical intraepithelial neoplasia III (CIN III)

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前言

宫颈癌是临床上较常见的妇科恶性肿瘤之一,近年来,宫颈癌的发病率和致死率已有所下降,这主要得益于我们较早发现和及时治疗宫颈癌或癌前病变^[1]。而宫颈上皮内瘤变是一组与宫颈癌密切相关的癌前病变,因此,早期诊断并治疗宫颈上皮内瘤变对降低宫颈癌的发病率具有很大的帮助^[2]。对于宫颈上皮内瘤变的治疗方法比较多,如冷冻治疗、激光治疗、电凝治疗、

环形电切术治疗、锥切术治疗等,治疗效果均比较显著。高频环形电切术是指采用金属环通以高频电波环形切除宫颈病灶组织的一种手术方法,冷刀锥切是指由外向内呈圆锥形切除宫颈病灶组织的一种治疗方法,两种术式均是目前较有效地治疗方式。但对于宫颈上皮内瘤变Ⅲ级究竟采用哪种治疗方法更合适,目前分歧较大,文献报道不一^[3]。因此,本研究着重探讨高频环形电切与冷刀锥切治疗宫颈上皮内瘤变Ⅲ的疗效,现报道如下。

1 资料与方法

1.1 一般资料

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回顾性分析 2011 年 6 月至 2013 年 10 月经我院诊治的宫颈上皮内瘤变 III 患者 154 例, 纳入标准^[4]: 均经阴道镜活检确诊, 均为已婚生育患者, 并排除有手术禁忌症的患者。按采取的手术方式分为两组, 其中研究组 75 例, 年龄 24-53 岁, 平均年龄 (35.32 ± 14.61) 岁; 对照组 79 例, 年龄 26-55 岁, 平均年龄 (37.48 ± 15.59) 岁。两组患者一般资料比较无显著性差异 ($P > 0.05$), 具有可比性。

1.2 治疗方法

全部患者均于月经干净后 3-7d 行手术治疗, 术前应行白带常规、血常规、凝血功能及心电图等检查, 以排除手术禁忌证, 并应用碘试液拟确定病变的边界。研究组: 采用高频环形电切术治疗, 取膀胱截石位, 常规消毒, 应用碘试液拟确定病变的边界, 行局部麻醉后选择合适的档位、功率及电环切, 以宫颈 6 点按顺时针方向环形切除病灶 (病灶外 0.3-0.5 cm, 深度为 1.5-2.0 cm), 术后于创面处填塞带尾线碘伏棉球 (患者自行取出)。对照组: 采用冷刀锥切术治疗, 在腰硬联合麻醉下选择普通手术刀进行环形切除锥形宫颈管病灶组织 (病灶外 0.5-1.0

cm, 深度为 2.0-2.5 cm)。所切除的病灶组织均作病理检查。术后观察患者手术一般情况、治疗结局、并发症, 并对患者前后病理进行比较。

1.3 疗效评定^[5]

治愈: 术后 6 个月内无宫颈上皮内瘤变存在; 残留: 术后切除标本切缘阳性, 发现宫颈上皮内瘤变; 复发: 手术结束 6 个月后发现宫颈上皮内瘤变。

1.4 统计学方法

采用 SPSS14.0 统计学软件对数据进行分析处理, 计量资料以均数 $\pm$ 标准差 ($\bar{x} \pm s$) 表示, 组间比较采用 t 检验; 计数资料采用卡方检验, 以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者手术一般情况比较

研究组手术时间、住院时间、愈合时间、术中出血量、病灶切除深度及治疗费用均显著低于对照组, 差异有统计学意义 ($P < 0.05$), 见表 1。

表 1 两组患者手术一般情况比较
Table 1 The comparison of general situations between two groups

组别 Group	例数 Number	手术时间 (min) Operation time	住院时间(d) Hospitalization time	愈合时间(d) Healing time	术中出血量 (mL) Intraoperative blood loss	病灶切除深 度(cm) The depth of the lesion resection	费用(元) Cost of treatment
研究组 Research group	75	9.27 $\pm$ 0.53*	0*	29.38 $\pm$ 3.10*	10.52 $\pm$ 2.37*	1.73 $\pm$ 0.49*	1052.49 $\pm$ 36.81*
对照组 Control group	79	26.43 $\pm$ 4.31	5.78 $\pm$ 1.22	42.46 $\pm$ 6.72	38.44 $\pm$ 5.26	2.48 $\pm$ 0.35	5728.16 $\pm$ 132.05
t 值		35.109	-	15.636	42.822	10.880	302.577
P 值		0.000	0.000	0.000	0.000	0.000	0.000

注: 与对照组比较, * $P < 0.05$ 。

Note: Compared with control group, * $P < 0.05$.

2.2 两组患者治疗结局比较

两组患者在治愈率、残留率及复发率比较, 均无显著性差

异 ($P > 0.05$), 见表 2。

表 2 两组患者治疗结局比较[n(%)]
Table 2 The comparison of treatment outcome between two groups[n(%)]

组别 Group	例数 Number	治愈 Cure	残留 Residual	复发 Recurrence
研究组 Research group	75	69(92.00)	5(6.67)	1(1.33)
对照组 Control group	79	75(94.94)	3(3.79)	1(1.27)
X ² 值		0.547	0.643	0.001
P 值		0.460	0.423	0.971

注: 与对照组比较, * $P > 0.05$ 。

Note: Compared with control group, * $P > 0.05$.

2.3 两组患者治疗前后病理比较

研究组阴道镜活检与治疗前后病理一致率为 77.33%, 对照组为 79.75%, 两组患者治疗前后病理比较无显著性差异 ($X^2 = 0.133$, $P = 0.71$), 见表 3。

2.4 两组患者术后并发症比较

研究组并发症发生率为 8.00%, 显著低于对照组的 20.25%, 差异有统计学意义 ($X^2 = 4.718$, $P = 0.030$), 见表 4。

3 讨论

宫颈上皮内瘤变是一组与宫颈癌密切相关的癌前病变, 能

表 3 两组患者治疗前后病理比较[n(%)]

Table 3 The comparison of pathological diagnosis before and after treatment between two groups[n(%)]

组别 Group	例数 Number	浸润癌 Invasive carcinoma	无 CIN 或癌 No CIN or cancer	低于治疗前病理级别 Below the pathological levels before treatment	与治疗前病理一致 Consistent with pathological before treatment
研究组 Research group	75	2(2.67)	4(5.33)	11(14.67)	58(77.33)*
对照组 Control group	79	1(1.27)	3(3.40)	12(15.19)	63(79.75)

注:与对照组比较,*P>0.05。

Note: compared with control group, *P>0.05.

表 4 两组患者术后并发症比较

Table 4 The comparison of postoperative complications between two groups

组别 Group	例数 Number	术后出血 Postoperative bleeding	宫颈粘连 The cervical adhesion	宫颈粘连 The cervical adhesion	盆腔感染 Pelvic infection	并发症发生率(%) The incidence of complications(%)
研究组 Research group	75	2	2	1	1	8.00*
对照组 Control group	79	7	4	5	0	8.00*

注:与对照组比较,*P<0.05。

Note: compared with control group, *P<0.05.

够反映出宫颈癌发生及进展的过程,按细胞异型程度可分为宫颈上皮内瘤变 I 级、II 级和 III 级;而宫颈上皮内瘤变有多向发展的趋势,包括消退、持续不变和癌变^[6,7]。有研究表明,宫颈上皮内瘤变自然发展为癌变的时间约为 10 年,故在及时发现的情况下,宫颈上皮内瘤变是有时间得以治疗且能治愈的疾病^[8]。因此,采取适当的方法治疗宫颈上皮内瘤变并阻止其向癌变发展,对宫颈癌的防治有着非常重要的临床意义^[9]。本研究对 154 例患者进行高频环形电切术或冷刀锥切术治疗,并通过相关临床指标以比较两种手术的治疗效果。

高频环形电切术是指采用金属环通以高频电波环形切除宫颈病灶组织的一种手术方法,与冷刀锥切术比较,能够在门诊实施,具有操作简单、省时、廉价及并发症少的优势^[10,11]。本研究表明,两组患者术后治疗效果相当,治愈率均较高(研究组为 92.00%,对照组为 94.94%),且留存率及复发率均较低,两组比较均无显著性差异。与吉海莲等^[12]报道基本一致,说明两种手术方式治疗宫颈上皮内瘤变的临床效果均较好^[13]。但研究组手术时间、住院时间、愈合时间、术中出血量及治疗费用均显著低于对照组,提示高频环形电切术具有省时的优点,能够降低术中出血量,并减轻患者经济负担^[14]。另外研究组病灶切除深度为(1.73±0.49)cm,显著低于对照组的(2.48±0.35)cm,差异有统计学意义。表明高频环形电切术突出了微创的优势,更易于术者掌握手术切除范围,而不至于出现手术范围过深,从而能够减轻创面感染并利于患者术后恢复^[15,16]。术后出血、宫颈粘连、宫颈管狭窄及盆腔感染是术后较常见的并发症,本研究中研究组并发症发生率为 8.00%(术后出血和宫颈粘连各 2 例,宫颈管狭窄及盆腔感染各 1 例),与对照组 20.25%比较(7 例术后出血,4 例宫颈粘连,5 例宫颈管狭窄),差异有统计学意义。这些并发症的发生可能与病变部位及手术切除范围密切相

关,病变部位离宫颈口距离越近,其血运越丰富;手术切除范围越大、越深,在脱痂期前发生出血的机会越大^[17]。因此,在切除病灶组织时应掌握好切除范围及深度,以减轻创面感染,从而降低并发症的发生^[18]。

本研究对切除的病灶组织作进一步病理检查,结果发现研究组阴道镜活检与治疗前病理一致率为 77.33%,对照组为 79.75%;研究组和对照组中分别有 2 例和 1 例术后诊断为浸润癌。从上述结果表明两种手术治疗效果相当,亦提示阴道镜活检存在一定的局限性,可能与其取材浅表,无法取得宫颈管内病灶组织有关。因此,对于阴道镜活检诊断为宫颈上皮内瘤变 III 的患者,再进一步通过切除的标本组织作病理诊断是具有重要意义的^[19,20]。

综上所述,高频环形电切术是诊治宫颈上皮内瘤变 III 患者的有效方法,与冷刀锥切术比较,能够缩短手术时间、住院时间及愈合时间,具有术中出血量少、病灶切除深度小、治疗费用低及并发症少的优点。

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