骨嗜酸性肉芽肿放射治疗临床分析

唐 曦 潘险峰 徐炎华 胡传杏子 王家桥
(华中科技大学同济医学院附属荆州医院肿瘤科 434020)

摘要 目的:探讨骨嗜酸性肉芽肿的治疗方法。方法:对近5年来我院收治经病理证实的12例骨嗜酸性肉芽肿的治疗进行临床回顾性研究。结果:随访1.5a~6a,其中11例患者行局部肿块刮除和放射治疗30Gy后治愈,1例复发,行再程治疗后治愈,总有效率为100%。结论:骨嗜酸性肉芽肿治疗采用手术局部肿块刮除和放射治疗,可取得良好效果。

关键词:骨嗜酸性肉芽肿;放射治疗

Clinical Analysis of the Radiotherapy of Eosinophilic Granuloma of Bone

TANG Xi, PAN Xian-feng, XU Yan-hua, et al
Department of Oncology, Jingzhou Hospital, Tongji Medical College, Huazhong University of Science and Technology, Jingzhou 434000, *China*

ABSTRACT Objective: To study the treatment of Eosinophilic Granuloma of Bone(EGB). **Methods:** 12 patients with EGB, who were admitted in our hospital from August 1999 to August 2004, were performed curettage of the local tumor(CLT) and radiotherapy of 30 Gy (2Gy, five times a week). Their clinical data were retrospectively analysed. **Results:** All the patients were followed up for 1.5-6 years. Among the 12 patients with EGB, 11 were cured and 1 recurred one year after radiotherapy but cured by retreatment. The total effective rate was 100%. **Conclusion:** It is an effective therapy to treat the patients with EGB by CLT plus postoperative radiotherapy.

Key words: Eosinophilic Granuloma of Bone(EGB); Radiotherapy; Curettage of the local tumor(CLT)

骨嗜酸性肉芽肿(Eosinophilic Granuloma of Bone, EGB)是一种发病率较低的良性疾病,是组织细胞增生症X,又称郎格罕细胞肉芽肿(Langerhas cell granulomatosis, LCG)中最常见的一种,占60%~80%,主要发病部位在骨骼系统。放射治疗是其最主要的治疗手段,可获得满意的疗效。本文拟对我院收治的12例骨嗜酸性肉芽肿患者进行回顾性分析。

1 资料与方法

1.1 一般资料

1999.8~2004.8我院收治经病理证实的12例骨嗜酸性肉芽肿患者,男女比例为3:1(9/3),年龄1岁零3月~56岁,平均年龄15.8岁,其中≤16岁9例,>16岁3例,单发10例,多发2例。发病部位为颈椎4例,胸椎6例,胫骨、髂骨和颅骨各1例,其中多发病灶为相邻颈椎同时受累1例和颅骨多处病灶1例;均因局部肿块就诊,部分患者伴有局部压痛。

1.2 治疗方法

7例术后放疗,5例单纯放疗。手术均在我院行肿块刮除术。放疗方法为6Mv X线或6~12 Mev电子线,设野包括病灶外1.5cm;常规分割,每周5次,每次2Gy,总量均为30Gy。

2 结果

局部疼痛患者放疗后疼痛缓解。所有病例均随访超过1年(1.5~6a),除多发颅骨病变1例(8.3%)放疗后1年原发灶外出现新病灶,行再程手术刮除和放疗后治愈,余11例均无复发。总有效率为100%。

作者简介:唐曦,(1977-),男,硕士。
研究方向:恶性肿瘤的基础和临床研究
(收稿日期:2006-04-06 接受日期:2006-04-24)

3 讨论

嗜酸性肉芽肿(Eosinophilic Granuloma)是一种发病率较低的瘤样病变,与韩-薛-柯病(Hand-Schuller-Christian Disease)和勒-雪病(Letterer-Siwe Disease)一起称为组织细胞增生症X,又称郎格罕细胞肉芽肿(LCG),同属非脂质性网状内皮细胞增生症,病因不明,可能与病毒、细菌和寄生虫感染有关。主要发病部位为骨骼,其次为淋巴结、软组织等,肺和脑均少见[1-2]。

EGB主要见于儿童和青少年,其病理表现是以Langerhans细胞增生和嗜酸性粒细胞浸润(局限性肉芽肿形成)为主要特点。可表现为孤立性或多发性,但以孤立性多见,且以溶骨性破坏为主[3]。虽然有一定的自限性[4],但进展期的骨质破坏及骨外部位的侵犯可引起严重的并发症,如可引起病理性骨折和功能障碍,脊椎病变还可导致截瘫,因此,早期积极治疗是必要的。

EGB治疗方法有手术治疗、药物治疗和放射治疗,尚无统一的标准。覃佳强等[5]报道EGB以手术刮除病灶及植骨为佳。国外有学者报道[4,6]孤立性病灶可以直接活检检查,不需要进行下一步的治疗。杨忠汉等[7]报道孤立性病损可在透视导向下醋酸氢化泼尼松混悬液对瘤区进行介入穿刺注射治疗,共2~4次,6~20月骨破坏修复如常,平均治愈期15个月,随访1年~4年5月(平均3年1月)无复发及并发症。徐酉华等[8]对于多位骨损采用VP、VCP、EA或改良LCH I方案化疗,治愈率和好转率达91.2%;故认为多位骨损均应辅以化疗,方能提高痊愈率。EGB对放射线中度敏感,剂量20~30Gy[9]。对于治疗失败、局部复发或出现新病灶,仍可获得较满意疗效。Bertram等[10]的翡翠分析结果显示如果病情在进展,可选放射治疗;脊椎不稳定,可选择手术治疗。作者建议EGB采用综合治疗,对于孤立病灶,采用手术局部肿块切除后行局部放疗,对于多发病损者视部位不同而不同,如两个椎体相连,可类似为一个部位,采用大野放疗,若为颅骨,是否有必要行全身化疗则值得商榷。但具体的治疗方法尚需扩大样本进行下一步的研究。

(下转第54页)

参 考 文 献

[1] Groenland, E. A. G., Kuylen, A. A. A. and Bloem, J. G.. The dynamic process tracing approach: Towards the development of new methodology for the analysis of complex consumer behaviors [J]. Journal of Economic Psychology, 1996, 17: 809– 825

[2] Wasserman, P. D.. Neural computing: Theory and practice [M]. New York: Nostrand and Reinhold, 1989

[3] Duobeck, G. and Kohonen, T.. Visual explorations in finance using self – organizing maps [M]. Berlin: Springer– Verlag, 1998

[4] Somers, M. J.. Application of two neural network paradigms to the study of voluntary employee turnover [J]. Journal of Applied Psychology, 1999, 84: 177– 185

[5] Hebb, D. O.. The organization of behavior [M]. New York: Wiley, 1949

[6] Rumelhart, D.E. and McClelland, J. L.. Parallel distributed processing [M]. Vol. 1 and 2. Cambridge, MA: MIT Press, 1986

[7] Collins, J.M. and Clark, M. R.. An application of the theory of neural computation to the prediction of workplace behavior: An illustration and assessment network analysis [J]. Personnel Psychology, 1993, 46: 503– 524

[8] Bishop, C., Neural networks for pattern recognition [M]. Oxford: Oxford University Press, 1995

[9] Ripley, B. D.. Pattern recognition and neural networks [M]. Cambridge: Cambridge University Press, 1996

[10] 贝斯特. 认知心理学[M]. 心理学丛书– 心理学导读系列. 北京: 中国轻工业出版社, 2000

[11] Starbuck, W. and Mezias, J.. Opening Pandora's box: Studying the accuracy of managers' perceptions [J]. Journal of Organizational Behavior, 1996, 17: 99– 117

[12] Swingler, K.. Applying neural network: A practical guide [M]. New York: Academic Press, 1996

[13] Rakes, T.. Research in the neural network/expert systems area [J]. Decision Line, 1991, 22: 11– 14

[14] Zahedi, F.. An introduction to neural networks and a comparison with artificial intelligence and expert systems [J]. Interfaces, 1991, 21(2): 25– 38

[15] Broder, A. and Schiffer, S.. Bayesian strategy assessment in multi– attribute decision making [J]. Journal of Behavioral Decision Making, 2003, 16(3): 193– 213

[16] Johnson, R. M.. Adaptive conjoint analysis [C], in Proceedings of the Sawtooth Software Conference on Perceptual Mapping, Conjoint Analysis, and Computer Interviewing. Sun Valley, ID. 1987: 253– 266

[17] Swait, J.. A non– compensatory choice model incorporating attribute cutoffs[J]. Transportation research Part B, 2001, 35: 903– 928

[18] Nisbett, R. E. and Wilson, T. D.. Telling more than we know: Verbal reports on mental processes [J]. Psychological Review, 1977, 7: 231– 259

[19] Brucks, M.. The effects of product class knowledge on information search behavior [J]. Journal of Consumer Research, 1985, 12: 1– 16

[20] Grossberg, S.. How does a brain build a cognitive code [J]? Psychological Review, 1980, 87: 1– 51

[21] Grossberg, S. and Gutowski, W.. Neural dynamics of decision making under risk: Affective balance and cognitive– emotional interactions [J]. Psychological Review, 1987, 94: 300– 318

[22] Leven, S. J. and Levine, D. S.. Multi– attribute decision making in context: A dynamic neural network methodology [J]. Cognitive Science, 1996, 20: 271– 299

[23] Trippi, R. and Turban, E.. The impact of parallel and neural computing on managerial decision making [J]. Journal of Management Information System, 1989, 6: 85– 97

[24] Lawrence, J.. Introduction to neural networks and expert systems [M]. Nevada City, CA: California Scientific Software, 1992

[25] Rochester, J. D.. New business uses for computing [J]. I/S Analyzer, 1990, 28: 1– 16

[26] Dutta, S. and Shekhar, S.. Bond rating: A non– conservative application of neural networks [C]. Proceedings of the IEEE International Conference on Neural Networks, 1988, 2: 443– 450

[27] Somers, M. J. Thinking differently: assessing nonlinearities in the relationship between work attitudes and job performance using a bayesian neural network [J]. Journal of Occupational and Organizational Psychology, 2001. 74: 47– 61

[28] Bettis, R. A. and Prahalad, C. K.. The dominant logic: Retrospective and extension [J]. Strategic Management Journal, 1995, 16: 5– 15

(上接第 48 页)

参 考 文 献

[1] 马立公, 李文方. 肺嗜酸性肉芽肿 1 例报告[J]. 实用放射学杂志, 2001, 17(11): 822

[2] 张卫宁, 成继民, 宫凡, 等. 脑嗜酸性肉芽肿一例[J]. 中华神经外科杂志, 2002, 18(2): 107

[3] Bilge T, Barut S, Yaymaci Y, et al. Solitary eosinophilic granuloma of the lumbar spine in an adule. Case report [J]. Paraplegia, 1995, 33(8): 485– 487

[4] Yanagawa T, Watanabe H, Shinozaki T, et al. The natural history of disappearing bone tumours and tumours like conditions [J]. Clin Radiol, 2001, 56(11): 877– 886

[5] 覃佳强, 易贵祥, 王忠贵, 等. 儿童骨嗜酸性肉芽肿[J]. 临床小儿外科杂志, 2003, 2(4): 266– 268

[6] Ghanem I, Tolo VT, D Ambra P, et al. Langerhans cell histiocytosis of bone in children and adolescents [J]. J Pediatr Orthop, 2003, 23(1): 124– 130

[7] 杨忠汉, 黄纲, 廖威明, 等. 局部注射醋酸氢化泼尼松治疗儿童骨的孤立性嗜酸性肉芽肿(附 9 例报告)[J]. 中国矫形外科杂志, 2001, 8(7): 637– 639

[8] 徐酉华, 苏庸春, 刘筱梅. 郎格罕细胞组织细胞增生症 46 例临床研究[J]. 重庆医学, 2002, 31(11): 1059– 1060

[9] 周明. 放射治疗骨嗜酸性肉芽肿 11 例报告[J]. 癌症, 1996, 15(1): 14

[10] Bertram C, Madert J, Eggers C. Eosinophilic granuloma of the cervical spine [J]. Spine, 2002, 27(13): 1408– 1413