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32 例腹腔镜胆囊切除术意外胆囊癌的临床诊治 *

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摘要 目的:分析腹腔镜胆囊切除术中或术后发现意外胆囊癌的临床特点,探讨其诊治措施。**方法:**回顾性分析 2008 年 1 月~2012 年 12 月在我院行腹腔镜胆囊切除术治疗发现的意外胆囊癌患者共计 32 例的临床资料和随访结果。**结果:**24 例患者经术中快速冷冻病理证实,其中 12 例中转开腹行胆囊癌根治术;8 例患者经术后病理证实,6 例行二次开腹手术。Nevin I 期 4 例,Nevin II 期 20 例,Nevin III 期 5 例,Nevin IV 期 2 例,Nevin V 期 1 例。32 例患者均顺利出院,住院时间 6~24d,平均住院时间(13.8± 8.1)d。32 例中有 30 例获得随访,2 例失访,随访时间 2~49 个月,平均(24.2± 14.6)个月。生存 23 例,死亡 7 例,分别死于术后 2、3、5、12、14、18 和 32 个月。术后有 5 例患者出现并发症,2 例胆囊积液,2 例切口感染和 1 例胆瘘,经对症治疗均好转。**结论:**加强对胆囊癌的警惕与认识,腹腔镜胆囊切除术中或术后发现意外胆囊癌后应根据具体情况,选择最佳手术方式治疗,提高根治切除率,延长患者生存期。

关键词:腹腔镜;胆囊切除术;意外胆囊癌

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Clinical Diagnosis and Treatment of 32 Cases with Unexpected Gallbladder Carcinoma after Laparoscopic Cholecystectomy*

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ABSTRACT Objective: To analyze the clinical characteristics of 32 cases with unexpected gallbladder cancer after laparoscopic cholecystectomy and to further explore more effective diagnosis and treatment methods. **Methods:** A retrospective analysis of 32 cases with unexpected gallbladder cancer after laparoscopic cholecystectomy were conducted from Jan. 2008 to Dec. 2012. **Results:** 24 patients were identified as gallbladder cancer by intraoperative frozen-section examination, and 12 of them were converted to laparotomy; 8 patients were proved by postoperative pathology, 7 of them underwent a secondary laparotomy. Nevin stage: Nevin I in four cases, Nevin II in 20 cases, Nevin III in 5 cases, Nevin IV in 2 cases and Nevin V in 1 cases. 32 patients leaved from hospital, with the hospitalization time 6~24 d, with an average time of (13.8 ± 8.1) d. 30 cases of 32 were followed up for 2 to 49 months, with an average time of (24.2 ± 14.6) months, 2 patients were lost during the process of follow up. 23 patients survived, and 7 died of postoperative for 2, 3, 5, 12, 14, 18 and 32 months, respectively. 5 patients occurred complications after surgery, two cases of gallbladder hydrops, two cases of wound infection and one case of biliary fistula, and all were improved after symptomatic treatment. **Conclusion:** It is necessary to strengthen vigilance and awareness of unexpected gallbladder. According to the specific circumstances, we choose the best surgical approach that can improve the radical resection rate and prolong the survival time.

Key words: Laparoscope; Cholecystectomy; Unexpected gallbladder carcinoma

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前言

胆囊癌是最常见的胆道恶性病变之一,老年人、女性好发,70%的胆囊癌与胆结石有关,而我国发病率呈现逐年上升趋势^[1-3]。临床上,胆囊癌大多无特异性症状及体征,容易造成误诊及漏诊。此外,胆囊癌的恶性程度较高,发生转移较早,临床上胆囊癌发现时往往已是晚期,失去了根治性治疗的机会,预后较差。意外胆囊癌(unexpected gallbladder cancer, UGC)是指首诊为

胆囊良性疾病,而在胆囊切除术中或术后偶然发现并经病理检查证实为胆囊癌的临床病例,又被称为机遇性胆囊癌或亚临床胆囊癌^[4]。近年来,随着腹腔镜胆囊切除术(laparoscopic cholecystectomy, LC)在临床的广泛应用,手术指征也有所放宽,已成为治疗胆囊良性疾病的标准术式,这也导致腹腔镜胆囊切除术中或术后发现的意外胆囊癌越来越多^[4]。本研究对 2008 年 1 月~2012 年 12 月在我院行腹腔镜胆囊切除术治疗发现的意外胆囊癌患者共计 32 例临床资料进行分析,探讨其诊治措施。

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1 资料与方法

1.1 临床资料

本研究对象为 2008 年 1 月~2012 年 12 月在我院行腹腔镜胆囊切除术治疗发现的意外胆囊癌患者共计 32 例,男 13 例,女 19 例,年龄 44~82 岁,平均年龄(64.2±11.3)岁。临床表现:反复出现发作性右上腹或剑突下疼痛 24 例(75.00%),有 9 例有腰背部放射痛(37.50%);食欲减退 15 例(46.88%);恶心呕吐 12 例(37.50%);体重减轻 9 例(28.12%);皮肤或巩膜黄染 8 例(25.00%);上腹饱胀感 5 例(15.62%)。术前辅助检查及肿瘤标志物检测:所有患者均行腹部 B 超检查,发现胆囊结石 27 例,胆囊息肉 8 例,不同程度的胆囊壁增厚 16 例,存在不同程度胆囊肿大 18 例。12 例患者术前检查 CEA 癌抗原 CA125、CA19-9 和 AFP 等肿瘤标志物,其中有 7 例均正常,又 3 例 CA125、2 例 CA19-9 升高,但又进一步经 CT 检查未发现肿瘤。术前诊断:急性胆囊炎合并胆囊结石 10 例,慢性胆囊炎伴胆囊结石 14 例,慢性胆囊炎伴胆囊结石合并胆囊息肉 3 例,单纯胆囊息肉 5 例。

1.2 治疗方法

所有患者取头高脚低位,全身麻醉,于脐缘处做长度约为

1 cm 的切口,充入 CO₂ 气体,行腹腔镜胆囊切除术。术中行快速冰冻病理检查证实为胆囊癌 24 例,4 例为 Nevin I 期患者行单纯腹腔镜胆囊切除术;Nevin II 期 15 例,6 例行单纯腹腔镜胆囊切除术,9 例中转开腹施行标准胆囊癌根治术;Nevin III 期 2 例及 IV 期 1 例中转开腹行扩大胆囊癌根治术,另外 1 例 Nevin III 期因家属拒绝开腹手术,所以未行进一步治疗;1 例 Nevin V 期患者,已发生广泛转移,未予手术。此外,8 例患者术中冰冻未报胆囊癌,而经术后病理证实,2 例患者因分期较晚,体质较差,经与家属谈话后家属明确表示拒绝再次手术,另外 6 例再次接受开腹手术行根治术。

2 结果

2.1 32 例患者胆囊癌住院时间,Nevin 分期,手术方式及随访情况

本研究 32 例患者均顺利出院,住院时间 6~24d,平均住院时间 (13.8±8.1)d。Nevin I 期和 Nevin II 期癌的比例占 75.00%。32 例中有 30 例获得随访,2 例失访,随访时间 2~49 个月,平均(24.2±14.6)个月。生存 23 例,死亡 7 例,分别死于术后 2、3、5、12、14、18 和 32 个月。详见表 1。

表 1 32 例胆囊癌患者 Nevin 分期、手术方式及随访情况

Table 1 Nevin stages, surgical options and follow-up of 32 cases of gallbladder cancer patients

Nevin stage	n	Surgical option	Second operation	Follow-up
I	4	LC	N	4 cases were survived to the present
	6	LC	N	1 case was lost to follow-up, 4 cases were survived
II	9	LC+Radical cholecystectomy	N	1 case was dead (32 months), 4 cases were survived
	5	LC	Y	1 case was lost to follow-up, 4 cases were survived
	2	LC+Expand radical cholecystectomy	N	1 case was dead (18 months), 1 case were survived
III	1	LC	N	1 case was dead (12 months)
	1	LC	Reject	1 case was dead (14 months)
	1	LC	Y	1 case were survived
	1	LC+Expand radical cholecystectomy	N	1 case was dead (5 months)
IV	1	LC	Reject	1 case was dead (3 months)
V	1	LC	N	1 case was dead (2 months)

2.2 术后并发症

行腹腔镜胆囊切除术治疗的患者中有 2 例发生胆囊积液,

未发生其他严重并发症;接受胆囊癌根治术的患者中发生 2 例切口感染和 1 例胆瘘,经对症治疗后均好转。详见表 2。

表 2 患者术后并发症情况

Table 2 Postoperative Complications

Surgical option	Gallbladder hydrops	Wound infection	Biliary fistula	Wound bleeding
LC	2	0	0	0
Radical cholecystectomy	0	2	1	0

3 讨论

胆囊癌是最常见的胆道恶性病变之一,其发病率在消化道恶性肿瘤中排第 6 位^[9]。90% 的病人发病年龄超过 50 岁,女性

好发,约为男性的 3~4 倍。但是,近年来有资料^[6-8]显示,老年人群发病率呈现下降趋势,而年轻人的发病率有不断增高趋势。由于胆囊癌前中期临床表现缺乏特异性,通常表现为反复发作右上腹或剑突下疼痛,食欲减退以及恶心呕吐等症状,容易与

一些良性胆囊疾病混淆。此外,约 70%的胆囊癌患者与胆结石有关,胆囊结石到发生癌变的时间较长,这导致临床医师常常用胆结石来解释这些非特异性临床表现,从而忽视了胆囊癌的诊断。辅助检查方面 B 超和 CT 对伴有结石的胆囊癌与萎缩性胆囊炎,息肉型胆囊癌与良性息肉均不易区分,胆囊癌缺乏特异性肿瘤标志物,这都大大加大了胆囊癌的诊断难度^[9-10]。胆囊癌的恶性程度较高,周围脏器受肿瘤侵犯较早,临床上胆囊癌发现时往往已是晚期,失去了根治性治疗的机会,预后较差。据目前资料统计,术前发现的胆囊癌大约只有 30%^[11],大多都是在术中或术后意外发现的^[7]。

近年来,随着腹腔镜技术在临床上广泛的开展,手术操作技巧得到大幅提高,其适应症得到一定的拓宽,由于其手术创伤小,视野清晰,术后恢复快,在临床上得到了广泛的肯定。国内外诸多研究报道^[12,13],在腹腔镜胆囊切除术中意外胆囊癌的发现率呈现逐年升高趋势,总得发现率可占胆囊癌总数的 50% 左右。术前诊断对于及时发现胆囊癌有重要的意义,我们认为术前与胆囊癌发生相关的高危因素为年龄大于 50 岁,10 年以上胆结石病史,大于 2 cm 的胆结石或伴有胆囊萎缩,大于 1 cm 的单发无蒂息肉,胆结石伴胆壁厚硬,以及胆囊周围淋巴结肿大伴有胃肠肿瘤标志物升高等。张等^[14]报道胆结石的患者胆囊癌危险度比无结石高 13.7 倍。本研究有 27 例(84.38%)的病例合并有胆结石,8 例(25.00%)合并有胆囊息肉,5 例(15.62%)术前有个别肿瘤标志物有升高。这也表明对于存在胆囊癌高危因素的患者应充分完善术前检查,做好术中术后意外胆囊癌的准备。

术中如发现胆囊内有肿块,胆囊周围有淋巴结肿大,肝门区浸润及肝脏肿块时应高度怀疑胆囊癌。关于手术方式的选择,许多学者认为 Nevin I 期和 Nevin II 期胆囊癌行单纯腹腔镜胆囊切除术和开腹根治性手术的疗效无显著差异^[15-16]。但部分学者则认为腹腔镜胆囊切除术可引起切口种植转移,胆囊从腹腔取出时有一定可能将肿瘤细胞种植在 Trocar 创口,意外胆囊癌的切口种植率可高达 15%^[17-20]。近年来,术中取物袋的使用可以大大减少了切口种植的可能。我们认为若术中能确诊,对于 I 期患者,无胆囊壁破损,可以选择单纯行胆囊切除术;对于 II 期及以上的患者应及时中转开腹,行根治性手术;IV、V 期患者身体条件允许可行胆囊癌扩大根治术。若腹腔镜下发现已存在广泛转移或患者情况不允许,可行姑息性治疗。而对于术后病理证实为胆囊癌的患者应尽可能行二次手术,行根治性切除,提高患者生存率。

本研究结果显示,腹腔镜胆囊切除术中或术后发现的意外胆囊癌多为早期(Nevin I、II),本研究 32 例患者 Nevin I 期和 Nevin II 癌的比例占 75.00%。术中快速冰冻病理检查发现胆囊癌 24 例(75.00%),其中 Nevin I 期 4 例以及 6 例 Nevin II 期行单纯腹腔镜胆囊切除术,术中胆囊床全部烧灼无遗留,操作要精细,无胆囊破裂,胆汁外漏,全部切除 Trocar 孔周围组织,防止切口种植,术后除 1 例失访其余均存活;9 例 Nevin II 期患者中转开腹,只有 1 例于术后 32 个月死亡;2 例 Nevin III 期患者中转开腹,1 例术后 18 个月死亡,另有 1 例 III 期患者家属拒绝中转开腹,于术后 12 个月死亡;1 例 Nevin IV 期患者中转开腹,术后 5 个月死亡;1 例 Nevin V 期患因发生广泛转移,未予

手术,于术后 2 个月死亡。术后病理确诊胆囊癌 8 例(25.00%),其中 II 期患者 5 例,接受二次手术后除 1 例失访,其余 4 例存活至今;III 期患者 2 例,1 例患者家属拒绝二次手术,于术后 14 个月死亡,另外 1 例行二次手术后存活至今;1 例 Nevin IV 期患者家属拒绝二次手术,术后 3 个月死亡。早期胆囊癌经过合适的手术方式治疗后生存率较高,达到 95.45%;而 III、IV 期患者生存率较低,本研究共有 7 例患者,5 例分别于术后 3、5、12、14 和 18 个月死亡。本研究术后并发症较少,经过保守对症治疗,均好转。

综上所述,我们应当充分重视早期诊断胆囊癌,对高危人群应充分检查评估,力争尽早发现并行胆囊切除术。腹腔镜胆囊切除术已是胆囊良性疾病的首选术式,对术中或术后发现的意外胆囊癌患者,应根据具体情况,严格按照肿瘤治疗原则,选择最佳手术方式治疗,延长患者生存期并提高生活质量。

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