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内支架对大肠癌急性梗阻一期切除吻合疗效的探讨*

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摘要 目的:探讨内支架对大肠癌急性梗阻一期切除吻合的疗效。**方法:**选择2010年7月至2012年7月来我院急诊治疗确诊为大肠癌导致急性肠梗阻的患者98例,随机分为观察组和对照组各49例,观察组患者植入内支架,一周后行一期吻合切除手术,对照组行急诊切除手术。观察和比较两者患者一期切除率、治疗效果和并发症的情况。**结果:**观察组一期切除率为95.7%(47例)较对照组71.4%(35例)高;两组比较差异均有统计学意义($\chi^2=22.9$, $P<0.05$);实验组症状缓解48例(缓解率98%),对照组症状缓解33例(缓解率67.3%),两组临床疗效比较有显著性差异($\chi^2=33.3$, $P<0.001$),实验组术后并发症发生率(10.2%)要明显小于对照组(26.5%)($\chi^2=9.6$, $P<0.01$)。**结论:**大肠癌急性梗阻术前植入内支架能有效提高患者的一期手术吻合率和治疗效果,降低术后并发症,值得在临床推广。

关键词:大肠癌;急诊;肠梗阻;一期手术;疗效

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Investigate the Clinical Efficacy of Inner Stents in Obstruction of Colorectal Cancer Resection and Anastomosis*

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ABSTRACT Objective: to Investigate the clinical efficacy of inner stents in Obstruction of Emergency Colorectal Cancer Resection and Anastomosis. **Methods:** 98 cases that diagnose Obstruction of Emergency Colorectal Cancer accept treatment from July 2010 to July 2012 in our hospital were divided into two groups randomly, the treating control was implant metallic stents, Onstage operation After a week while the control group was treated with Emergency surgery. To observed and compared with onestage resection rate, therapeutic effect and complications. **Results:** the treating group onestage resection rate (95.7%) is higher than that (71.4%) in the control group, which is statistical ($\chi^2=22.9$, $P<0.001$); the treating group symptoms ease 48 case is higher than the control group 33case, which is statistical($\chi^2=33.3$, $P<0.001$). The incidence of complications is under than control group, which is statistical($\chi^2=9.6$, $P<0.01$). **Conclusion:** the clinical effect of interferon-alpha with pirarubicin treating in the uremia combined bladder cancer is convincing and reliable, prevent recurring, adverse reactions, which worth promoting.

Key words: Colorectal cancer; Emergency; Obstruction; One-stage operation; Curative effect

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前言

大肠癌是临床常见的恶性肿瘤之一,以40岁~50岁年龄组发病率最高,全球每年新发病例约800万人,占有恶性肿瘤的10%~15%^[1,2]。在我国,大肠癌死亡率仅次于肺癌及胃癌,占第3位^[3,4]。有15%~20%的大肠癌以急性肠梗阻为首发症状,属于机械性、闭袢性肠梗阻,易发生感染、肠坏死、中毒性休克等,为急诊中遇到的急性机械性肠梗阻的主要原因。患者在急诊时一般状况差,临床处理难度大^[5,6]。本研究旨在探讨大肠癌梗阻患者术前内支架一期切除吻合术在临床疗效,一期吻合切除率及并发症发生率。现报道如下:

1 资料与方法

1.1 一般资料

选取2010年7月-2012年7月来我院急诊治疗确诊为大肠癌导致急性肠梗阻的患者98例,随机分为观察组49例,男35例,女14例,年龄50~73岁,平均61.2岁。对照组49例,男37例,女12例,年龄48~74岁,平均63.2岁。均有明显的肠梗阻症状,两组患者在组织学分型,病理分期上无明显差异($P>0.05$),具有可比性(见表1,表2)。

1.2 治疗方法

观察组患者经肠道清洁后,内镜找到肿瘤部位,将导丝插

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表 1 EB 两组患者大肠癌组织学分型的比较($\bar{x} \pm s$)Table 1 Comparison of the tissue type of credits between two groups ($\bar{x} \pm s$)

Group	Case	Well-differentiated adenocarcinoma	Moderately differentiated adenocarcinoma	Poorly differentiated adenocarcinoma	Mucous adenocarcinoma
Treatment group	49	19	22	3	5
Control group	49	17	26	2	4

表 2 两组患者大肠癌病理分期的比较($\bar{x} \pm s$)Table 2 Comparison of the pathological stage between two groups ($\bar{x} \pm s$)

Groups	n	DukesA	DukesB	DukesC1	DukesC2	DukesD
Treatment group	49	2	23	15	6	3
Control group	49	3	24	13	7	2

入狭窄部,用泛影葡胺造影了解梗阻长度。选取大小合适、长度超过狭窄长度 4 cm 以上的支架。于 x 线透视下用支架推送器将支架沿导丝送过狭窄处,并调整支架的位置,使支架两端超过狭窄处 2 cm 以上。待金属支架自行扩张后,将肠腔内多余的气体吸除,退出肠镜。术后监测出血、穿孔、支架移位等并发症。观察患者腹胀、腹痛、呕吐等症状,如明显缓解,说明支架放置成功。肠道支架放置 3d 后,肠道梗阻均缓解。术后一周内纠正水、电解质紊乱、营养支持及抗感染等治疗后进行根治性手术治疗。

对照组患者入院后 24 h 内行急诊开腹手术。取腹正中切口,术中行肠道减压并用生理盐水持续冲洗结肠,直至冲洗液澄清。然后用甲硝唑、庆大霉素和生理盐水混合液进行冲洗,行左半结肠切除术后作一期吻合,术毕前在吻合口附近放置引流管 6~8 天。术后维持水、电解质、酸碱平衡,维持稳定的血循环,加强肺部功能的检测和呼吸道的管理,维持血氧饱和度在 95% 以上,经周围静脉行肠外营养或经鼻肠管早期行肠内营养。

1.3 疗效评价

效果评估:(1)症状缓解:气液平面消失,临床症状及体征减

轻或完全消失,X 线检查无肠管扩张或部分缓解;(2)无效:X 线检查、临床症状、体征及肠梗阻征象均无减轻或加剧。

观察指标:比较两组病例一期切除吻合率、并发症发生率及治疗效果。

1.4 统计学分析

采用 SPSS18.0 统计学软件,所有数据以均数 $\pm$ 标准差($\bar{x} \pm s$)表示,计量资料采用 t 检验,计数资料采用 χ^2 检验,以 $P < 0.05$ 表示差异有统计学意义。

2 结果

2.1 两组患者治疗效果的比较

实验组一期切除吻合 47 例(一期切除吻合率 95.7%),对照组一期切除吻合 35 例(一期切除吻合率 71.4%),实验组一期切除吻合率较对照组高($\chi^2=22.9, P < 0.001$),差异有统计学意义。实验组症状缓解 48 例(缓解率 98%),对照组症状缓解 33 例(缓解率 67.3%),两组临床疗效比较有显著性差异($\chi^2=33.3, P < 0.001$)(见表 3)。

表 3 两组患者治疗效果的比较

Table 3 Comparison of the Treatment effect between two groups

Groups	case	one-stage operation	ease
Treatment group	49	47(95.7%)*	48(98%)*
Control group	49	35(71.4%)	33(67.3%)

Note: Compared with the control group, * $P < 0.001$.

2.2 两组患者并发症的比较

实验组术后 2 例切口感染,吻合口漏 0 例,肺部感染 2 例,腹腔感染 1 例,对照组术后 1 例切口感染,4 例吻合口漏,肺部感染 3 例,腹腔感染 5 例。实验组术后并发症发生率要明显小于对照组($\chi^2=9.6, P < 0.01$)(见表 4)。

3 讨论

结直肠癌是常见的恶性肿瘤之一,有 15%~20% 的患者以急性肠梗阻为首发症状^[7-9]。结直肠癌急性肠梗阻以手术治疗为

主,目前对于右半结肠癌急性梗阻患者,临床首选的手术方式为一期切除吻合术。因左半结肠肠壁较右半结肠薄,肠腔内细菌数量多,易发生肠坏死穿孔、休克和代谢紊乱等,临床处理难度大、并发症和死亡率高^[10-12]。且手术完成后发生吻合口漏的风险仍较大。因而对于左半结直肠癌性肠梗阻选择一期还是二期手术切除一直是外科治疗争论的焦点。1990 年以来,使用内支架置入缓解结直肠癌急性肠梗阻的报道逐渐增多,并取得了较好的效果^[13,14]。有学者研究分指出结直肠癌晚期患者与手术组相比,金属支架引流后可显著降低造口率,1 期吻合率是急诊手

表 4 两组患者并发症的比较

Table 4 Comparison of the complications between two groups

Groups	Case	Infection of incision	Anastomotic leakage	Lung infection	Abdominal cavity infection	total
Treatment group	49	2	23	15	6	3
Control group	49	3	24	13	7	2

Note: Compared with the control group, **P<0.01.

术的 2 倍,内支架置入后开腹手术治疗结直肠癌梗阻^[15-17],疗效优于直接急症开腹手术治疗者。内支架置入术具有安全、见效快、有效减轻患者手术痛苦等。它避免了外科手术适应证的局限性,能够为绝大多数结肠梗阻患者提供治疗机会^[18,19]。本研究结果显示,采用支架置入减压后,使大肠癌急性梗阻患者的肠道局部和全身病理生理状态恢复或接近无梗阻状态,显著提高一期手术切除吻合率。显著降低总并发症以及手术相关并发症(吻合口瘘和切口感染)的发生率,能有效缓解患者的症状,提高患者的生活质量,值得在临床上推广应用。

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