

[1]徐述雄,白晓峰,朱建国,等.尿路炎症对细胞学和荧光原位杂交检测膀胱肿瘤结果的影响[J].第三军医大学学报,2014,36(08):834-837.

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尿路炎症对细胞学和荧光原位杂交检测膀胱肿瘤结果:

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Title: Influence of urinary tract inflammation on cytological examination and fluorescence in situ hybridization for detection of bladder cancer

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关键词: 尿路炎症; 尿脱落细胞学检查; 荧光原位杂交技术; 膀胱癌

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摘要: 目的 探讨尿路炎症对膀胱肿瘤细胞学和荧光原位杂交 (fluorescence in situ hybridization, FISH) 检测结果的影响。 方法 回顾分析2009年1月至2013年5月收住我院的均有尿脱落细胞学、FISH和膀胱镜等检查结果的155例血尿疑似膀胱肿瘤患者, 比较尿路炎症对细胞学和FISH假阳性结果的影响。 结果 74例 (47.7%) 患者为膀胱癌, 81例 (52.3%) 患者无膀胱癌。在膀胱癌患者和非膀胱癌患者中存在尿路炎症者分别为16例 (21.6%) 和21例 (25.9%) ($P=0.530$)。在无尿路炎症和尿路炎症患者, 细胞学假阳性率分别为15.0%和19.0% ($P=0.664$); FISH假阳性率分别为18.3%和23.8% ($P=0.587$), 均无显著性差异。 结论 尿路炎症并不影响细胞学和FISH检测膀胱肿瘤的结果, 对于细胞学和FISH结果提示膀胱肿瘤的患者, 如果同时合并炎症, 应在控制炎症后及时行膀胱镜检查。

Abstract: Objective To evaluate the impact of urinary tract inflammation on the results of cytological examination and fluorescence in situ hybridization (FISH) in hematuria patients, and provide a reasonable way to use cytology, FISH and cystoscopy for the detection of bladder cancer (BC). Methods From January 2009 to May 2013, patients with asymptomatic microscopic or gross hematuria who were suspicious for BC were enrolled in the study. Cytology, FISH

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and cystoscopy were performed. The presence of inflammation was evaluated by microscopy. False-positive results were compared with regard to the presence or absence of inflammation in patients. Results Of 155 patients, 74 (47.7%) had BC and 81 (52.3%) had no evidence of BC. A total of 37 patients (23.9%) had inflammation according to the defined criteria. The rate of inflammation in patients with BC was 21.6% versus 25.9% in patients without BC ($P=0.530$). False-positive cytology and FISH in patients without signs of inflammation were present in 15.0% and 18.3% of patients. In patients with inflammatory changes in the urine, false-positive result rates were 19.0% ($P=0.664$), and 23.8% ($P=0.587$).

Conclusion Urinary tract inflammation did not impair the performance of cytological examination and FISH. Hence, patients with positive cytology and FISH results should undergo diagnostic cystoscopy, even in the case of concomitant urinary tract inflammation.

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