



胃癌根治术后放疗适应证的相关因素分析

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Pathological Relative Risk Analysis for Postoperative Radiation in Gastric Cancer after Radical Gastrectomy

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摘要 目的分析胃癌根治术后放疗适应证的相关性因素,用以指导临床。方法选取我院2004年2月—2006年1月间110例临床病理学资料齐全的胃癌根治性切除的患者。所有患者均为初诊,术前经胃镜取材病理组织确诊并排除远处转移,采用D1或D2淋巴结清扫术,术后病理证实残端阴性。先后行单因素分析和多因素分析。结果(1)单因素分析表明,胃癌T分期、淋巴结转移与肿瘤直径、分化程度、血管侵犯、淋巴管侵犯、神经侵犯具有相关性($P < 0.05$);多因素分析表明,T分期与血管侵犯、淋巴管侵犯有关;淋巴结转移与淋巴管侵犯密切相关。(2)淋巴管侵犯为T分期、淋巴结转移的强烈相关因素。结论淋巴管侵犯为T分期、淋巴结转移的强烈相关因素,可根据淋巴管侵犯预测T分期及是否发生淋巴结转移,对于临床病理发生淋巴结侵犯的患者,建议行术后辅助放疗。

关键词: 关键词: 胃癌 放射疗法 TNM分期 淋巴管侵犯

Abstract: Objective To study the pathological relative risk factors of postoperative radiation in gastric cancer after radical gastrectomy for clinic. Methods From Feb 2004 to Jan 2006, a total of 110 patients with newly diagnosed stomach carcinoma were enrolled in this study. All patients underwent gastrectomy with D1/D2 lymph node dissection and had complete postoperative pathologic analysis. Pathologically, all patients were confirmed with R0 disease. Univariate analysis was applied on the pathologic information and multivariate analysis was applied based on the univariate analysis. Results (1) Univariate analysis revealed that tumor diameter, histology, vascular invasion, lymphatic vessel invasion and neural invasion were correlated with T/N classification. Multivariate analysis revealed that vascular invasion and lymphatic vessel invasion were associated with T classification and lymphatic vessel invasion was associated with N classification. (2) For T and N classifications, lymphatic vessel invasion was strongly relevant factor. Conclusion For T and N classifications, lymphatic vessel invasion was strongly relevant factor. For patients with pathologically confirmed lymphatic vessel invasion, postoperative adjuvant radiotherapy is recommended.

Key words: Key words: Gastric cancer Radiotherapy TNM stage Lymphatic vessel invasion

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