

48例早期乳腺癌仅行前哨淋巴结活检术的疗效观察

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Effect of 48 Cases Early Breast Cancer Patients Treated with Sentinel Lymph Node Biopsy Alone

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摘要

目的

探讨前哨淋巴结活检术(SLNB)替代腋窝淋巴结清扫术(ALND)在早期乳腺癌中的应用价值。方法回顾性分析我院行SLNB的48例

早期乳腺癌患者的临床和病理资料,并与同期73例SLN阴性行ALND患者进行对比,比较两组患者的远期疗效及术后并发症情况。结

果中位随访26月(2~40月),SLNB组有1例患者于术后14月出现同侧腋窝淋巴结复发,ALND组有1例患者于术后33月出现同侧锁

骨上淋巴结转移,两组淋巴结转移率分别为2.1%(1/48)和1.4%(1/73),差异无统计学意义($P=1.000$);至随访结束,两组均未

见远处转移及肿瘤所致死亡病例,总生存率均为100%。SLNB组和ALND组术后平均住院时间分别为5天(2~10天)和9天(5~16

天)($P=0.004$),手术后6月时,两组患肢感觉异常发生率分别为4.2%(2/48)和71.2%(52/73)($P=0.000$),患肢水肿发生率分别

为0和13.7%(10/73)($P=0.003$),差异均具有统计学意义。结论在SLN阴性早期乳腺癌中,仅行SLNB腋窝淋巴结复发率低,SLNB

可以与取得ALND相同的疗效;同时,SLNB与ALND相比手术创伤小,术后并发症少。

关键词: 乳腺癌 前哨淋巴结活检术 腋窝复发 并发症

Abstract:

Objective

To investigate the application value of sentinel lymph node biopsy(SLNB) replacing axillary lymph node dissection (ALND) in breast cancer. Methods Forty-eight breast cancer patients treated with SLNB alone were analyzed, which

were compared to 73 cases with SLN without ALND. The treatment results and post-operative morbidities were observed in the two groups. Results During the 26-month follow-up period, one case with ipsilateral axillary lymph node recurrence was observed at 14 months after operation in the SLNB group. While there was one patient presented

with ipsilateral supraclavicular lymph node metastasis at 33 months after operation in the ALND group. The lymph node recurrence rate were 2.1% (1/48) and 1.4% (1/73) respectively ($P=1.000$). The average length of stay in the hospital after surgery of SLNB and ALND group were 5 (2~10) days and 9 (5~16) days. At 6 months after

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surgery,the
paraesthesia incidence rate was 4.2% (2/48) and 71.2%(52/73), and the arm swelling rate was 0 and 13.7%
(10/73) in
the SLNB group and ALND group, respectively.The differences were statistically significant ($P<0.05$).ConclusionIn

early breast cancer without SLN,SLNB alone has lower axillary recurrence and SLNB can achieve the equivalent
effect to ALND;meanwhile,compared with ALND,SLNB has less damage and complications.

Key words: Breast Cancer Sentinel Lymph Node Biopsy Axillary Recurrences Morbidity

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