

58例侵袭性胸腺瘤的临床诊疗分析

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Analysis of Clinical Diagnosis and Surgical Treatment in Fifty-eight Patients with Invasive Thymoma

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- 摘要
- 参考文献
- 相关文章

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摘要 目的 总结侵袭性胸腺瘤的临床诊治体会。方法 回顾性分析58例侵袭性胸腺瘤的临床诊治资料,总结侵袭性胸腺瘤的诊断及治疗经验。结果 经胸骨正中切口手术43例,胸前外侧切口15例;41例肿瘤完全切除,14例肿瘤姑息切除,3例仅行病理活检;其中36例肿瘤扩大切除,包括纵隔胸膜及心包部分切除27例,肺楔形切除7例,上腔静脉或无名静脉部分切除加成形修补9例,上腔静脉置换4例;17例III、IV期患者行姑息性切除或取活检术。残余肿瘤组织予以放射性质子粒(碘125)植入14例,射频透热治疗1例。全组病例无死亡。41例根治性切除患者,除1例行上腔静脉置换术后颜面部浮肿消除不满意外,其余恢复良好,术后随访患者生存质量较高。23例患者生存时间大于3年,3年生存率为39.7%。结论 外科手术是治疗侵袭性胸腺瘤的重要手段。手术病例应尽可能做到根治性切除,并注意纵隔脂肪的清扫以减少复发机会。对于瘤体巨大不能根治性切除病例要酌情结合术前或术后放疗或化疗来提高切除率,延长患者的生存期。

关键词: 侵袭性胸腺瘤 诊断 治疗

Abstract: Objective To generalize the experience in the diagnosis and treatment of invasive thymoma. Methods By performing retrospective study on 58 patients, to generalize the experience in the diagnosis and treatment of such disease. Results In the aspect of operative approaches, 58 patients were divided into two groups, namely median sternotomy (43 cases) and anterolateral approach (15 cases). 41 cases received complete tumor resection, 14 cases received palliative resection and others just received tumor biopsy. Among those with complete thymoma resection, 36 cases were performed enlarged tumor resection, including mediastinal pleural resection (27 cases), lung wedge resection (7 cases), superior vena cava or innominate vein partial resection and vascularplasty (9 cases) and replacement of superior vena cava (4 cases). seventeen patients with III and IV stage thymoma only received palliative resection or tumor biopsy. The residual tumor tissues were implanted radioactive particles (¹²⁵I) in 14 patients and 1 patient received radiofrequency hyperthermia. All the patients survived and those, received complete tumor resection, had recovered very well and had higher quality of life, except only 1 case had still edema symptom in his face after replacement of superior vena cava. Among 58 patients, 23 patients survived 3 years and the survival rate was 39.7%. Conclusion Surgical therapy is playing an important role in the treatment of invasive thymoma. Radical tumor resection is very necessary for those suitable for operation and precautions must be taken to remove all the mediastinal fat tissues in order to reduce thymoma recurrence rate. For those with so large thymomas that can not be resected completely, in order to improving resection rate and prolonging survival time, therapy plan should add radiotherapy and (or) chemotherapy before (or after) operation.

Key words: Invasive thymoma Diagnosis Therapy

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