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17例IV期高危神经母细胞瘤肿瘤包绕大血管放疗介入诊治分析

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Stage IV High-risk Neuroblastoma Tumor around the Great Vessels Interventional Timing of Radiotherapy: Analysis of 17 Cases

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摘要

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摘要 探讨对IV期高危神经母细胞瘤肿瘤包绕大血管放疗介入时机。方法: 2010年1月至2011年12月上海交通大学医学院附属新华医院肿瘤放化疗科收治17例IV期高危神经母细胞瘤肿瘤包绕大血管患儿, 其中男性11例, 女性6例, 对12例行术前化疗、手术、术后化疗、造血干细胞移植后大剂量化疗, 然后接受局部放疗; 5例因术前化疗效果不明显而行术前放疗。结果: 12例中有7例复发: 2例脑转移及骨转移、2例局部复发、3例骨转移中2例为腹腔广泛转移, 平均复发时间为放疗结束后2个月。5例行术前放疗的患儿中4例放疗后3~4周完成手术, 1例出现全身广泛转移死亡。结论: IV期高危神经母细胞瘤肿瘤包绕大血管者预后较差, 复发率高, 治疗包括术前化疗、手术、术后化疗、造血干细胞移植的大剂量化疗治疗, 对原发肿瘤部位的进一步放疗通常认为是必需的, 在造血干细胞移植的巩固化疗前用放疗来提高局控率可减少转移。当术前化疗不敏感时可采用术前放疗, 从而获得手术治疗机会。

关键词: [IV期高危神经母细胞瘤](#) [复发](#) [放疗](#)

Abstract. To discuss the interventional timing of radiotherapy stage IV high-risk neuroblastoma tumor around the great vessels. Methods: The tumor around the great vessels of 17 (11 males and 6 females) pediatric patients with high-risk neuroblastoma were identified from 2010 to 2011. Twelve patients underwent routine preoperative chemotherapy, operation, postoperative chemotherapy, and post-operative consolidation chemotherapy. Post-operative consolidation chemotherapy, which aims to eradicate the remaining tumor cells using cytotoxic agents at myeloablative doses, was followed by haematopoietic autologous stem cell rescue and local radiotherapy. Preoperative chemotherapy effect was not obvious in five cases which underwent preoperative radiotherapy. Results: Recurrence was observed on seven cases. Cerebral metastasis and bone metastasis were observed in 2 cases, local recurrence in 2 cases, and bone metastasis in 3 cases, which included 2 cases of extensive abdominal metastasis. The average time of recurrence was 2 months after radiotherapy. In 5 patients with preoperative radiotherapy in 4 cases with 3-4 week after radiotherapy can finish the operation, 1 Cases Systemic widely metastatic death. Conclusion: In the stages of preoperative chemotherapy, operation, postoperative chemotherapy, hematopoietic autologous stem cell transplantation, and strong chemotherapy involved in high risk neuroblastoma tumor around the great vessels, the site of primary tumor radiotherapy is necessary. This consideration is relevant despite poor prognosis and high recurrence because of the potential of radiotherapy to change the treatment path in hematopoietic stem cell transplantation of consolidation chemotherapy. Moreover, radiotherapy can improve local control rate and reduce transfer. Thus, radiotherapy is worthy of further clinical study. When preoperative chemotherapy is not sensitive to the use of preoperative radiotherapy, operation is an option.

Key words: [Stage IV high-risk neuroblastoma](#) [Recurrence](#) [Radiotherapy](#)

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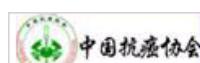
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