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## 恶性肿瘤患者肾功能指标的临床应用评价

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### Evaluation of the Clinical Application of Renal Function Parameters in Malignant Tumor Patients

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**摘要** 探讨血清肌酐 (Cr)、半胱氨酸蛋白酶抑制剂C (Cys C)、尿素 (Urea)、 $\beta$ 2-微球蛋白 ( $\beta$ 2-MG)、基于血清Cr的估计肾小球滤过率 (glomerular filtration rate, GFR)、联合血清Cys C和Cr的估计GFR对恶性肿瘤患者肾功能损害的临床诊断应用价值。方法: 收集145例恶性肿瘤患者血清和尿液标本, 检测其血清的Cr、Cys C、Urea、 $\beta$ 2-MG和尿中Cr的浓度; 以内生肌酐清除率计算cGFR, 基于血清Cr及联合血清Cys C和Cr计算mGFR和uGFR, 并进行比较分析。结果: 血清Cys C和 $\beta$ 2-MG在肾功能损害的各期均较正常对照有明显升高 ( $P < 0.05$ ), 血清Urea在II期时开始显著升高 ( $P < 0.05$ ), 而血清Cr在III期时才显著升高 ( $P < 0.05$ ); 在肾功能损害的I~III期患者中, Cys C的异常率显著高于血清Cr, mGFR和uGFR两种肾小球率过滤估计方法与cGFR相关性良好, uGFR与cGFR的一致性高于mGFR, 偏差小于mGFR。结论: 血清Cys C和 $\beta$ 2-MG检测有利于对恶性肿瘤患者肾功能损害早期诊断, 联合血清Cys C和Cr计算的uGFR对恶性肿瘤患者肾功能损害的临床诊断有良好的应用价值。

**关键词:** 肿瘤 肾小球滤过率 半胱氨酸蛋白酶抑制剂C 肌酐

**Abstract:** To explore the value of serum Creatinine (Cr), Cystatin c (Cys C), Urea,  $\beta$ 2 microglobulin ( $\beta$ 2 - MG), Serum Creatinine, and the CystatinC-based estimated glomerular filtration rate (eGFR) in diagnosing renal dysfunction in malignant tumor patients. Methods: The levels of Serum Cr, Cys C, Urea,  $\beta$ 2-MG, and Cr from the 24 h urine and serum of 145 malignant tumor patients were assayed. CCr was calculated using the Cockcroft - Gault equation, and the calculated GFR was called cGFR. Cr of the tumor patients was determined by a modified and simplified equation of the modification of diet in renal disease to calculate eGFR, and the result was called mGFR. The eGFR equation calculated based on the joint outcome of serum CysC and Cr levels was called uGFR. Results: Significant increases in CysC and  $\beta$ 2-MG were observed in each stage of renal function impairment in these patients compared with the normal controls ( $P < 0.05$ ). Serum Urea obviously increased at beginning of Stage II ( $P < 0.05$ ), and serum Cr was insignificantly increased until Stage III ( $P < 0.05$ ). The rate of abnormality of CysC remained higher in Stage I to III patients with renal function impairments compared with serum Cr in the same patients. A good correlation existed between the evaluations for both mGFR and uGFR and cGFR, although a deviation was observed. The concordance was higher between uGFR and cGFR than between uGFR and mGFR, and the accuracy between uGFR and cGFR was better than between uGFR and mGFR. Conclusion: The detection of serum CysC and  $\beta$ 2-MG is favorable for the early diagnosis of the renal function impairments in malignant tumor patients. A satisfactory applicable value was found in the clinical diagnosis of uGFR for renal impairment based on the outcome of joint serum CysC and Cr levels.

**Key words:** Tumor Glomerular filtration rate Cystatin C Creatinine

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