

腹腔镜与肠梗阻导管联合治疗老年梗阻性结直肠癌临床观察

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Title: Clinical observation of laparoscopy combined with intestinal obstruction catheter in treating elderly patients with obstructive colorectal cancer

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摘要: 目的:观察腹腔镜与肠梗阻导管联合治疗老年梗阻性结直肠癌的效果和安全性。方法:收集我院2017年1月至2018年3月117例老年梗阻性结直肠癌患者资料,根据是否应用肠梗阻导管分为两组,56例行急性期结直肠肿瘤切除术的患者为对照组,61例行经肛门肠梗阻导管置入术置管成功的患者为观察组,冲洗引流7-10 d再行腹腔镜结直肠肿瘤切除术,比较两组手术方式、TNM分期、肿瘤部位、肿瘤最大径、淋巴结清扫数、术后排气时间、术后住院时间、总住院时间和术后并发症。结果:两组肿瘤最大径、术后住院时间差异无统计学意义($P > 0.05$)。观察组淋巴结清扫数为 (14.9 ± 2.6) 枚,多于对照组的 (10.4 ± 2.1) 枚,术后排气时间和总住院时间长于对照组,差异有统计学意义($P < 0.05$)。两组均无死亡病例,观察组手术切口感染、腹腔感染、菌血症、低钠低钾低蛋白血症、吻合口瘘和下肢水肿发生率分别为4.92%、1.64%、1.64%、49.18%、1.64%和4.92%,明显低于对照组的21.43%、12.50%、14.29%、75.00%、12.50%和23.21%,差异有统计学意义($P < 0.05$)。结论:腹腔镜与肠梗阻导管联合治疗老年梗阻性结直肠癌疗效好、创伤小,安全性好,推荐作为符合适应证的老年患者首选的手术方案。

Abstract: Objective: To observe the efficacy and safety of laparoscopy combined with intestinal obstruction catheter in treatment of elderly obstructive colorectal cancer. Methods: From January 2017 to March 2018, 117 cases of elderly patients with obstructive colorectal cancer, according to whether the application of ileus tube were divided into two groups, including 56 patients underwent resection of the urgent issue of colorectal tumor patients as control group, 61 regular anal intestinal obstruction catheter surgery patients with catheter success as the observation group. After 7 to 10 d washing drainage, laparoscopic colorectal cancer resection was operated. Two groups of operation method, TNM stage, tumor site, tumor size, the number of lymph node dissection, postoperative exhaust time, postoperative hospital stay, the total length of hospital stay and postoperative complications were compared. Results: There was no significant difference in the maximum diameter and postoperative hospital stay between the two groups ($P > 0.05$). The number of lymph node dissection in the observation group was 14.9 ± 2.6 , more than that in the control group (10.4 ± 2.1), and the postoperative exhaust time and total hospital stay were longer than that in the control group, and the difference was statistically significant ($P < 0.05$). There were no deaths in both groups. In observation group, incision infection, abdominal cavity infection, bacteremia, low sodium, potassium and proteinemia, anastomotic fistula and incidence of lower limb edema were 4.92%, 1.64%, 1.64%, 49.18%, 1.64% and 4.92%, significantly lower than the control group (21.43%, 12.50%, 14.29%, 75.00%, 12.50% and 23.21%) and the difference was statistically significant ($P < 0.05$). Conclusion: Laparoscopy combined with intestinal obstruction catheter in the treatment of elderly patients with obstructive colorectal cancer has good efficacy, small trauma and good safety, and is recommended as the preferred surgical option for elderly patients with indications.

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