

# 左结肠动脉保留与腹腔镜直肠癌根治术后远期疗效的关系

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**Title:** Relationship between preservation of left colon artery and curative effect of laparoscopic radical resection of rectal cancer

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**关键词:** 直肠癌; 肠系膜下动脉; 左结肠动脉

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**摘要:** 目的:探讨左结肠动脉保留与腹腔镜直肠癌根治术后远期疗效的关系。方法:收集2010年1月至2013年1月南阳市中心医院普通外科收治的行腹腔镜治疗的78例直肠癌患者的临床资料。其中,40例患者术中保留左结肠动脉,38例不保留。分析对比两组患者远期疗效的差异。结果:两组患者在性别、年龄、ASA评分、大体类型、组织学类型、TNM分期、肠系膜下动脉(IMA)根部淋巴结情况、体质指数、肿瘤距肛缘距离等方面的差异均无统计学意义( $P > 0.05$ )。两组患者均手术顺利,无术中止血困难或粘连松解困难而中转开腹病例,无术中及围术期院内死亡病例。实验组患者手术时间、出血量、排气时间、住院天数与对照组相比,差异均无统计学意义( $P > 0.05$ )。在预防性造口方面两组比较差异显著( $P < 0.05$ ),两组吻合口瘘情况相比,差异无统计学意义( $P > 0.05$ )。实验组40例患者死亡10例,5年生存率为75.0%(30/40)。对照组38例患者死亡11例,5年生存率为71.1%(27/38),Log-rank统计检验显示,两组患者的总体生存率差异无统计学意义( $P=0.659$ )。结论:腹腔镜直肠癌根治术中保留左结肠动脉可在改善近端肠管血运和减少吻合口瘘的基础上,取得与肠系膜下动脉根部结扎切断相同的远期疗效,值得临床推广。

**Abstract:** Objective: To investigate the relationship of curative effect between the left colon artery reservation and radical resection of rectal cancer. Methods: The clinical data of 78 patients with rectal cancer treated by laparoscopy in general surgery of Nanyang Central Hospital from January 2010 to January 2013 were collected. 40 patients retained the left colic artery, and 38 cases were not reserved. The difference of long-term curative effect between the two groups was analysed. Results: In gender, age, ASA score, gross type, histological type, TNM stage, IMA lymph nodes, body mass index, tumor from the anal margin distance, there were no significant differences between the two groups ( $P > 0.05$ ). Two groups of patients were successfully operated, without intraoperative hemostasis or loose adhesion, and converted to open surgery, without intraoperative or perioperative in-hospital death. In the experimental group, the operative time, the bleeding volume, the exhaust time, the number of days of hospitalization were not statistically significant than those in the control group ( $P > 0.05$ ). There was significant difference in prophylactic stoma between the two groups ( $P < 0.05$ ), but there was no significant difference in anastomotic leakage between the two groups ( $P > 0.05$ ). The 5-year survival rate of the experimental group was 75%(30/40). The 5-year survival rate of the control group was 71.1%(27/38), and the Log-rank statistical test showed that there was no significant difference in the overall survival rate between the two groups ( $P=0.659$ ). Conclusion: Preservation of left colonic artery during laparoscopic resection of rectal cancer can improve proximal intestinal blood flow. On the basis of reducing anastomotic leakage, to obtain the same long-term effect as inferior mesenteric artery ligation and transection, it is worthy of clinical promotion.

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