OLGIM分级系统、内镜下形态学分类对慢性萎缩性胃炎癌变风险的评估价值

《现代肿瘤医学》[ISSN:1672-4992/CN:61-1415/R] 期数: 2019年10期 页码: 1769-1773 栏目: 论著（消化·泌尿系肿瘤） 出版日期: 2019-04-08

Title: Value of OLGIM grading system and morphological classification in risk assessment of carcinogenesis in chronic atrophic gastritis

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关键词: 内镜; 萎缩性胃炎; 幽门螺杆菌; 慢性胃炎OLGIM分级; 肠上皮化生

Keywords: endoscopy; atrophic gastritis; helicobacter pylori; OLGIM classification of chronic gastritis; intestinal metaplasia

分类号: R735.2

DOI: 10.3969/j.issn.1672-4992.2019.10.026

文献标识码: A

摘要: 目的：探讨OLGIM分级系统、内镜下形态学分类对慢性萎缩性胃炎（CAG）癌变风险的评估价值。方法：选取286例CAG患者为研究对象，收集患者内镜形态学资料、活检病理学报告及幽门螺杆菌（Hp）检测结果，对所有患者进行OLGIM分级，分析其与胃黏膜上皮内瘤变/癌变的关系。结果：286例患者中，26例合并低级别上皮内瘤变，15例合并高级别上皮内瘤变，20例诊断为胃癌。在内镜下，286例患者中225例（78.7%）被明确诊断为CAG，38例误诊为慢性浅表性胃炎、23例误诊为黏膜隆起性病变、息肉样病变。OLGIM 0级、Ⅰ级、Ⅱ级、Ⅲ级、Ⅳ级分别有19例、40例、86例、124例、17例。Spearman相关性检验发现，OLGIM分级与胃黏膜病变恶性程度呈显著的正相关关系（r=0.342，P＜0.001）。149例患者Hp检测阳性，137例阴性。Hp(+)组的肠上皮化生发生率显著高于Hp(-)组；但Hp感染对肠上皮化生程度、发生部位及是否发生上皮内瘤变/癌变无明显影响。相关性检验发现，Hp感染与OLGIM分级无明显相关性（r=0.279，P＞0.05）。内镜下颗粒型、灰白型、浅凹陷型三种形态分别有109例（38.11%）、94例（32.87%）、83例（29.02%）。三种内镜表现患者的胃黏膜恶变发生率无明显差异，但颗粒型患者的Hp感染率及肠上皮化生发生率显著较高。结论：OLGIM分级系统对胃癌发生风险有较好的预测价值，内镜下不同表现的CAG恶变倾向无明显差异，但黏膜表面呈弥漫性颗粒样改变的患者Hp感染率、肠上皮化生发生率显著更高。

Abstract: Objective:To explore the value of OLGIM classification system and morphological classification in assessing the risk of CAG canceration.Methods:286 cases of gastric intraepithelial neoplasia (GI-M) were selected as the study subjects.The clinical data were collected and OLGIM grading was performed to analyze the relationship between OLGIM grading and gastric intraepithelial neoplasia/carcinogenesis.Results:26 cases combined with LGIN,15 cases with HGIN,and 20 cases were diagnosed as gastric cancer.Under endoscopy,225 patients were diagnosed with CAG,38 with CSG and 23 with polypoid lesions.Spearman correlation test showed that OLGIM grading was positively correlated with the malignant degree of gastric mucosal lesions (r=0.342,P＜0.001).149 patients were positive for Hp and 137 were negative.The incidence of intestinal metaplasia in Hp(+) group was significantly higher than that in Hp(-) group,but there was no significant effect of Hp infection on the degree of intestinal metaplasia,the site of occurrence and the occurrence of intraepithelial neoplasia/carcinogenesis.There were 109 cases,94 cases and 83 cases of granular,gray and shallow depression under endoscopy.There was no significant difference in the incidence of gastric mucosal lesions among the three types of gastroscopy,but the incidence of Hp infection and intestinal metaplasia was significantly higher in patients with granular gastroscopy.Conclusion:OLGIM grading system has a good predictive value for the risk of gastric cancer.There is no significant difference in the tendency of CAG malignancy among different endoscopic manifestations,but the incidence of Hp infection and intestinal metaplasia is significantly higher in patients with diffuse granular changes of mucosal surface.

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备注/Memo: 河南省医学科技攻关计划项目（编号：201702257）

更新日期/Last Update: 1900-01-01