

高强度聚焦超声和射频消融治疗子宫腺肌瘤的临床对比研究

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Title: Comparison of high intensity focused ultrasound and radiofrequency ablation in the treatment of adenomyoma

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摘要: 目的:对比分析高强度聚焦超声(HIFU)和射频消融(RFA)两种方法治疗子宫腺肌瘤患者的临床疗效。方法:回顾性分析2014年3月至2016年3月于我院就诊的250例子宫腺肌瘤患者临床资料,其中接受HIFU治疗患者136例、RFA治疗患者114例。根据子宫腺肌瘤直径将患者分为3组(2-4 cm组、>4-6 cm组、>6-8 cm组),对比两种治疗方法的疗效及并发症。结果:HIFU及RFA组间患者一般情况比较及2-4 cm、>4-6 cm、>6-8 cm腺肌瘤组内两组间病例数分布、年龄、不同位置肌瘤构成比比较无统计学差异($P>0.05$),两种治疗组总有效率分别为83.09%、93.86%,两组比较差异有统计学意义($P<0.05$)。对于2-4 cm的子宫腺肌瘤患者,HIFU及RFA治疗组总有效率比较差异无统计学意义($P>0.05$)。对于>4-6 cm、>6-8 cm的子宫腺肌瘤患者,HIFU及RFA治疗组总有效率比较差异均有统计学意义($P<0.05$),RFA治疗组总有效率明显高于HIFU治疗组。HIFU治疗组并发症发生率显著低于RFA治疗组,差异具有统计学意义($P<0.05$)。结论:对于直径小于4 cm的子宫腺肌瘤患者建议选择HIFU,因其疗效与RFA相当,但并发症发生率低;而对于大于4 cm的子宫腺肌瘤,建议选择RFA治疗。两种治疗方法对于子宫腺肌瘤患者来说均是有效的治疗方法,值得临床推广。

Abstract: Objective: To compare the clinical effects of high intensity focused ultrasound (HIFU) and radiofrequency ablation (RFA) in the treatment of adenomyoma. Methods: A total of 250 cases of adenomyoma patients from March 2014 to March 2016 in our department were retrospectively analyzed, of which 136 cases were treated by HIFU and 114 patients were treated by RFA. To comprehensive analyze the clinical effects of both methods, the subjects were divided into three groups according to the diameters of adenomyoma: 2-4 cm group, >4-6 cm group, >6-8 cm group. The clinical effects and the complications of both methods were compared. Results: There were no significant differences in general condition of HIFU and RFA patients and the case distribution of 2-4 cm, >4-6 cm, >6-8 cm adenomyosis ($P>0.05$). The total efficiency of HIFU and RFA were 83.09% and 93.86% respectively, and the difference was statistically significant ($P<0.05$). No significant difference in the efficiency of HIFU and RFA in treating patients of 2-4 cm group was observed ($P>0.05$). There were significant differences in the efficiency of the two methods in treating patients in >4-6 cm and >6-8 cm groups ($P<0.05$). The complication rate of HIFU was significantly lower than that of RFA ($P<0.05$). Conclusion: HIFU is recommended for patients with the diameter of adenomyoma less than 4cm, because of lower complication rate and similar efficiency with RFA. RFA can be used to treat patients with adenomyoma of diameters over 4 cm. Both the HIFU and RFA can be applied to adenomyoma, and both methods show protection of reproductive capacity.

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