

# 经尿道前列腺切除术联合经尿道膀胱电切术治疗浅表性膀胱癌合并良性前列腺增生的疗效分析

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**Title:** Clinical efficacy of transurethral resection of prostate combined with transurethral resection of bladder on superficial bladder cancer and benign prostatic hyperplasia

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**关键词:** 经尿道前列腺切除术; 经尿道膀胱电切术; 浅表性膀胱癌; 良性前列腺增生

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**摘要:** 目的: 探讨两种治疗浅表性膀胱癌合并良性前列腺增生手术方法的疗效分析。方法: 2013年6月至2017年10月我院泌尿外科行手术治疗的121例浅表性膀胱癌合并前列腺增生患者, 随机分成对照组59例, 联合组62例, 其中对照组行经尿道膀胱电切术(TURBt), 联合组行TURBt和经尿道前列腺切除术(TURP), 手术结束后记录患者手术相关指标, IPSS、QOL、Qmax、PVR、术后复发、并发症及手术残留情况。结果: 联合组手术时间、术中出血量、导尿管滞留时间、住院时间均高于对照组, 差异有统计学意义 ( $t=19.87、16.18、7.52、11.54, P<0.05$ ); 联合组IPSS、QOL低于对照组, 差异有统计学意义 ( $t=15.63、6.53, P<0.05$ ); Qmax、PVR高于对照组, 差异有统计学意义 ( $t=21.67、13.64, P<0.05$ ); 术后复发、并发症、手术残留例数均低于对照组, 差异有统计学意义 ( $\chi^2=11.32、19.87、23.65, P<0.05$ )。仅行TURBt术为术后复发、并发症、手术残留情况发生危险因素 ( $OR=2.43、2.20、5.02, P<0.05$ )。结论: TURBt结合TURP术能有效降低浅表性膀胱癌复发率, 提高患者生存质量, 但对于膀胱癌肿瘤数目较多、前列腺巨大的患者应慎重。

**Abstract:** Objective: To investigate the effect of transurethral resection of prostate combined with transurethral resection of bladder in the treatment of patients with superficial bladder cancer and benign prostatic hyperplasia. Methods: 121 patients with superficial bladder cancer with benign prostatic hyperplasia from June 2013 to October 2017 in our hospital were randomly divided into control group (59 cases) and combined group (62 cases). The control group were given with transurethral resection and combined group by transurethral resection of the prostate and transurethral resection of bladder. The indexes including IPSS, QOL, Qmax, PVR, recurrence, complications and postoperative residual surgery were recorded and compared. Results: The operative time, amount of bleeding, catheter retention time and hospitalization time in the combined group were higher than those in the control group ( $t=19.87, 16.18, 7.52, 11.54, P<0.05$ ). The IPSS and QOL in combined group were lower than those in the control group ( $t=15.63, 6.53, P<0.05$ ) and the Qmax and PVR higher than that in the control group ( $t=21.67, 13.64, P<0.05$ ). The postoperative recurrence, complications, operative residual cases of combined group were lower than that in the control group and the difference were statistically significant ( $\chi^2=11.32, 19.87, 23.65, P<0.05$ ). Only TURBt was performed as a risk factor for postoperative recurrence, complications, and surgical residuals ( $OR=2.43, 2.20, 5.02, P<0.05$ ). Conclusion: The neural function and quality of life of patients with cervical spondylosis myelopathy can be improved by point injection combined with Danhong injection. No obvious adverse reactions happen in the course of treatment. The therapy can be used as the preferred treatment for patients with cervical spondylotic myelopathy.

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备注/Memo: -

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