

机器人辅助腹腔镜下行睾丸恶性肿瘤腹膜后淋巴结清扫术的疗效及安全性

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Title: Efficacy and safety of robot assisted laparoscopic retroperitoneal lymph node dissection for testicular malignant tumor

作者: 李海洋¹; 陈善闻²; 郭利君¹; 陈一戎¹

1.甘肃省人民医院泌尿1科, 甘肃 兰州 730000;2.复旦大学附属华山医院泌尿外科, 上海 200040

Author(s): Li Haiyang¹; Chen Shanwen²; Guo Lijun¹; Chen Yirong¹

1.Department of Urology,Gansu Provincial Hospital,Gansu Lanzhou 730000,China;2.Department of Urology, Huashan Hospital,Fudan University, Shanghai 200040, China.

关键词: 机器人; 腹腔镜; 腹膜后淋巴结清扫; 睾丸肿瘤

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摘要: 目的: 探讨机器人辅助腹腔镜下腹膜后淋巴结清扫术(RA-RPLND)治疗早期睾丸恶性肿瘤的手术技术及治疗效果。方法:2013年9月至2017年3月,3例原发性睾丸非精原细胞肿瘤根治性睾丸切除术后行RA-RPLND治疗。其中左侧1例,右侧2例,根治性睾丸切除术后病理证实为恶性混合型生殖细胞瘤1例,胚胎癌1例,胚胎性横纹肌肉瘤1例。记录手术时间、术中出血量、围手术期并发症、肠功能恢复时间、住院时间,并监测肿瘤标志物,进行手术后随访。结果:3例手术均成功完成。手术时间(144±17)min,术中出血量(110±29)ml,术后肠功能恢复时间(52±15)h,总住院时间(6.0±0.8)d。未出现肠管损伤、大血管损伤和淋巴瘘;无中转开放。2例术前临床分期为Ia期,1例术前为Ib期;其中1例术后病理分期为IIb期。术后随访3~18个月未见肿瘤复发及转移,无死亡病例,术后无逆向射精。其中胚胎性横纹肌肉瘤者术后行常规全身化疗,随访18个月无复发。结论:RA-RPLND治疗早期睾丸肿瘤是安全可行的,在保留正常射精、减少副损伤方面有明显的优势。

Abstract: Objective: To assess the surgical techniques and effects of robot assisted laparoscopic retroperitoneal lymph node dissection (RA-RPLND). Methods: Between September 2013 and March 2017, RA-RPLND was performed using da Vinci surgical system on 3 patients with non-seminomatous germ cell tumor (NSGCT) who underwent radical orchiectomy. Of 3 tumors, one was found left, and two were right. The histological subtype include mixed germ cell tumor, embryonal carcinoma, embryonal rhabdomyosarcoma. The operating time, intraoperative blood loss, postoperative intestinal function recovery time, perioperative complications, hospital stay were recorded. Results: The procedure was successfully performed in all the 3 patients without conversion to open surgery. The mean operating time was (144±17) min, the mean intraoperative blood loss was (110±29) ml, the postoperative intestinal function recovery time was (52±15) h, and the hospital stay was (6.0±0.8) d. There were no intra-operation and post-operation complications. In a mean follow up for 3~18 months, all patients with normal antegrade ejaculation, had no local tumor recurrence and distant metastasis, and no one was dead during follow-up. Systemic chemotherapy was performed for the embryonal rhabdomyosarcoma case after surgery, and follow-up for 18 months has shown no recurrence. Conclusion: RA-RPLND is safe, effective and feasible for treatment of testicular tumor. This technique has obvious advantage in nerve-sparing and reducing side injury.

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