

原发性十二指肠恶性肿瘤的诊治及预后分析

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Title: Diagnosis, treatment and prognosis of primary malignant duodenal tumor

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关键词: 原发性十二指肠恶性肿瘤; 诊断; 手术治疗; 预后; 影响因素

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摘要: 目的: 探讨原发性十二指肠恶性肿瘤的诊治及预后。方法: 采用回顾性分析的方法, 选取2008年1月至2013年2月我院收治的原发性十二指肠恶性肿瘤患者90例, 收集患者的临床资料并进行比较分析。对比患者的诊断方法、外科治疗情况、预后以及影响预后的因素。结果: 90例患者中, 腺癌57例 (63.33%)、恶性间质瘤20例 (22.22%)、类癌7例 (7.78%)、其他肿瘤6例 (6.67%); 术前B超检出率为24.39% (10/41), 腹部增强CT检出率为53.33% (48/90), 十二指肠低张造影检出率为84.00% (21/25), 十二指肠镜检查出率为90.36% (75/83); 90例患者均接受了手术治疗, 其中60例行胰十二指肠切除术, 9例行十二指肠节段性切除, 3例行胃大部分切除术并十二指肠球部肿瘤切除术, 18例行姑息短路手术。90例原发性十二指肠恶性肿瘤患者的1、3、5年生存率分别为81.11% (73/90)、55.56% (50/90)、31.11% (28/90)。单因素回归分析显示, 患者术后的生存率与手术方式、肿瘤分化程度、肿瘤浸润深度以及淋巴转移情况有关 ($P < 0.05$); 多因素Cox回归分析显示, 手术方式、肿瘤浸润深度以及淋巴转移均为影响患者预后的独立危险因素 ($P < 0.05$)。结论: 原发性十二指肠恶性肿瘤具有多样的临床表现, 十二指肠镜检查以及低张造影均为其有效的诊断方法。手术切除是原发性十二指肠恶性肿瘤的主要治疗方法, 手术方式、肿瘤浸润深度以及淋巴转移均为影响患者预后的独立危险因素。

Abstract: Objective: To analyze the diagnosis, treatment and prognosis of primary malignant duodenal tumor. Methods: A retrospective analysis was conducted in 90 patients with primary duodenal malignancies from January 2008 to February 2013. The clinical data of the patients were collected and compared. The diagnosis, surgical treatment, prognosis and factors affecting the prognosis were compared. Results: In 90 cases, there were 57 cases of adenocarcinoma (63.33%), 20 cases of malignant stromal tumors (22.22%), 7 cases of carcinoid (7.78%) and 6 other tumors (6.67%), respectively. The detectable rate of B-mode ultrasonography was 24.39% (10/41) before operation, and the detection rate of abdominal enhanced CT was 53.33% (48/90). The detection rate of duodenal hypotonic radiography was 84% (21/25), and the detection rate of duodenoscopy was 90.36% (75/83). All 90 patients received surgical treatment, including pancreatoduodenectomy in 60 cases, duodenal segmental resection in 9 cases, subtotal resection and duodenal tumor resection in 3 cases, palliative short circuit operation in 18 cases. The 1-, 3-, 5-year survival rates of 90 patients with primary duodenal malignant tumor were 81.11% (73/90), 55.56% (50/90), and 31.11% (28/90). Univariate regression analysis showed that the survival rate was related with the surgical approach, postoperative tumor differentiation, tumor invasion depth and lymph node metastasis ($P < 0.05$). Cox regression analysis showed that the mode of operation, the depth of tumor invasion and lymph node metastasis were independent prognostic factors ($P < 0.05$). Conclusion: Primary malignant tumors of the duodenum have various clinical manifestations. Duodenoscopy and hypotonic imaging are all effective diagnostic methods. Surgical resection is the main treatment for primary duodenal

malignancies. Operative methods, depth of invasion and lymph node metastasis are independent risk factors for prognosis.

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