

原发性肝癌切除术后行肝动脉化疗栓塞术与化疗灌注术的疗效观察

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Title: Observation of curative effect of transcatheter arterial chemoembolization and chemotherapy perfusion in patients undergoing primary liver cancer resection

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摘要: 目的: 探讨肝动脉化疗栓塞术与化疗灌注术在原发性肝癌切除术后患者中的应用效果。方法: 选取我院2014年11月至2016年2月原发性肝癌切除术后患者60例, 根据治疗方案分为灌注组 (n=30) 与栓塞组 (n=30)。栓塞组采取肝动脉化疗栓塞术, 灌注组采取肝动脉化疗灌注术。统计两组患者住院时间、无瘤生存期、治疗前后血清因子 [癌胚抗原 (CEA)、甲胎蛋白 (AFP)] 水平、肝功能指标 [天冬氨酸氨基转移酶 (AST)、丙氨酸氨基转移酶 (ALT)、总胆红素 (TBIL)] 水平、生活质量 (KPS) 分值, 随访12~24个月, 统计两组患者复发率及生存率。结果: 住院时间、无瘤生存期: 栓塞组住院时间与灌注组间无显著差异 ($P>0.05$), 栓塞组无瘤生存期长于灌注组 ($P<0.05$); 血清因子: 治疗后两组血清AFP及CEA水平较治疗前降低, 且栓塞组低于灌注组 ($P<0.05$); 肝功能: 治疗后两组血清AST、ALT、TBIL水平较治疗前降低, 且栓塞组低于灌注组 ($P<0.05$); 复发率: 治疗后12个月、18个月栓塞组疾病复发率 (6.67%、10.00%) 与灌注组 (16.67%、26.67%) 间无显著差异 ($P>0.05$), 治疗后24个月栓塞组疾病复发率 (16.67%) 低于灌注组 (40.00%) ($P<0.05$); 生存率: 栓塞组治疗后12个月、18个月、24个月生存率 (90.00%、86.67%、80.00%) 高于灌注组 (83.33%、70.00%、63.33%), 但无显著差异 ($P>0.05$); 生活质量: 治疗后两组KPS分值较治疗前增高, 且栓塞组高于灌注组 ($P<0.05$)。结论: 肝动脉化疗栓塞术治疗原发性肝癌切除术后患者效果优于肝动脉化疗灌注术, 可有效降低血清AFP及CEA水平, 改善患者肝功能, 延长无瘤生存期, 且可降低术后复发率, 对改善患者生活质量具有一定积极意义。

Abstract: Objective: To investigate the effect of transcatheter arterial chemoembolization and chemotherapy perfusion in patients with primary liver cancer resection. Methods: Sixty patients with primary liver cancer from November 2014 to February 2016 were enrolled. According to the treatment plan, they were divided into perfusion group (n=30) and embolization group (n=30). Hepatic arterial chemoembolization was performed in the embolization group, and hepatic arterial chemotherapy perfusion was performed in the perfusion group. The length of hospital stay, tumor-free survival, serum factors [carcinoembryonic antigen (CEA), alpha-fetoprotein (AFP)] levels, liver function indicators [aspartate aminotransferase (AST), alanine aminotransferase (ALT), total bilirubin (TBIL)] were measured, and quality of life (KPS) were followed up for 12 to 24 months. The recurrence rate and survival rate of the two groups were counted. Results: In length of hospital stay and tumor-free survival, there was no significant difference between the hospitalization time and the perfusion group ($P>0.05$). The tumor-free survival time of the embolization group was longer than that of the perfusion group ($P<0.05$). In serum factors, the levels of serum AFP and CEA in the two groups were lower than those before treatment, and the embolization group was lower than the perfusion group ($P<0.05$). In liver function, after treatment, the serum levels of AST, ALT and TBIL were lower than before treatment, and the embolization group was lower than the perfusion group ($P<0.05$). Between 12 months and 18 months after

treatment, the recurrence rate of the embolization group(6.67%, 10.00%) and the perfusion group (16.67%, 26.67%) was no significant difference($P>0.05$).The recurrence rate of embolization group(16.67%)was lower than that of perfusion group(40.00%) at 24 months after treatment($P<0.05$).In embolization group, 12-, 18- and 24-month survival rates(90.00%, 86.67%, 80.00%) were higher than those in the perfusion group(83.33%, 70.00%, 63.33%), but there was no significant difference($P>0.05$).The KPS scores of the two groups were higher than those before treatment, and the embolization group was higher than the perfusion group($P<0.05$).Conclusion: Hepatic arterial chemoembolization is superior to transcatheter arterial chemoembolization in the treatment of patients with primary hepatic carcinoma.It can effectively reduce serum AFP and CEA levels, improve liver function, prolong tumor-free survival, and reduce the risk of disease recurrence.The high survival rate has certain positive significance for improving the quality of life of patients.

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