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(编辑 陈聪连)

个案与短篇

文章编号:1000-5404(2005)20-2066-01

肾癌合并下腔静脉巨大癌栓1例

A case report of renal cell carcinoma with large vena cava tumor thrombi

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患者,男性,56岁,因发现右肋下包块2个月入院。专科查体:右肋下包块约60 mm×55 mm,质硬,无明显压痛,活动度差,随呼吸上下移动。肝、肾功、血常规、凝血功能等常规检验结果均正常。KUB+IVP见双肾功能正常,右肾集合系统中下部有压迫。彩超、CT及增强等影像学检查见右肾下极可见95 mm×86 mm的不均质占位,肝门处下腔静脉内径达到4.6 cm,自右肾静脉入口平面以上下腔静脉内有长达9 cm的癌栓形成。在全麻下行右肾癌根治术+下腔静脉癌栓取出术,术后恢复良好,病理报告为右肾透明细胞癌伴下腔静脉癌栓形成。行生物治疗1个疗程后出院,术后随访8个月无复发、转移。

讨论

肾细胞癌是泌尿系统常见的恶性肿瘤,在同期的肾癌患者中,约3%~10%可发生下腔静脉癌栓[1,2],其中0.3%~1.0%的癌栓可扩张至右心房。CT对肾静脉和下腔静脉癌栓的诊断准确率高达90%,但MRI在显示癌栓及判断有无肿大淋巴结方面优于CT。一般认为,无远处转移和/或淋巴转移的合并下腔静脉癌栓的肾癌是有可能通过手术治愈。肾癌根治术是手术的前提,然后根据癌栓的长度、分型、有无浸润、梗阻程度、侧支循环的建立情况决定对下腔静脉癌栓处腔静脉的处理[3]。而且肾癌的预后与下腔静脉癌栓的长度及延伸水平无关,主要取决于是否有远处转移或淋巴转移,与TNM分期有关。单纯的肾癌合并下腔静脉癌栓术后5年生存率为47%~68%,癌栓有无血管壁浸润、是否完全取尽对其预后也有影响。本例患者癌栓长达9 cm,达到肝内。但癌栓为非浸润性生长,质韧、不易脱落,对侧侧支循环建立良好,遂采取肝移植技术[4]行癌栓取出术是安全、可靠的。如果下腔静脉癌栓质脆易脱落,就需要体外循环技术[5]支持或安置临时下腔静脉过滤器[6]。

总之,对合并下腔静脉癌栓的肾癌患者,应尽早明确诊断,了解癌栓的长度、部位、大小、梗阻程度、有无浸润血管壁、有无远处转移或淋巴转移。对没有远处转移和/或淋巴转移的肾癌合并腔静脉癌栓患者,应及早手术、取尽癌栓,尽量提高患者的生存率。

关键词:肾细胞癌;下腔静脉癌栓
中图法分类号:R730.6;R737.11 **文献标识码**:B

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(编辑 陈聪连)

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收稿日期:2005-03-28;**修回日期**:2005-05-10