醋酸-靛胭脂染色在基层医院早期胃癌及癌前病变诊断中的应用

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[摘 要] **目的** 探讨提高基层医院早期胃癌及癌前病变检出率的方法。**方法** 经胃镜检查发现胃黏膜异常进行醋酸-靛胭脂染色后取活检病理检查患者 72 例为染色组,同期胃镜下发现黏膜异常患者直接取组织活检病理检查患者 68 例为对照组,观察胃黏膜染色情况并与病理检查结果对比分析,比较 2 组患者早期胃癌及癌前病变的检出率。**结果** 醋酸-靛胭脂染色后胃黏膜表现为黏膜褪色(16.7%)、着色不良(63.9%)及着色均匀(14.3%)。其中染色组黏膜褪色患者中早期胃癌或高级别上皮内瘤变的检出率(91.7%)显著高于着色不良(8.6%)和着色均匀(0.0%);黏膜着色不良中低级别上皮内瘤变或肠上皮化生比例(82.6%)显著高于黏膜褪色(8.3%)和着色均匀(14.3%)。染色组早期胃癌及癌前病变检出率(13.9%,63.9%)均分别显著高于对照组(2.9%,29.4%)。**结论** 胃镜下醋酸-靛胭脂染色能够提高基层医院早期胃癌及癌前病变的检出率,并且成本低廉,操作简便,适宜于基层医院推广应用。

[关键词] 早期胃癌;癌前病变;醋酸-靛胭脂染色;基层医院
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Application of acetic acid-indigo carmine dyeing in diagnosis of early gastric cancer and precancerous lesions in basic level hospital

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Abstract: Objective To explore the approaches to improve the detection of early gastric and precancerous lesions for basic level hospitals. **Methods** The 72 patients with abnormal gastric mucosa observed by gastroscope arranged with pathology after acetic acid-indigo carmine dyeing were considered as the dyeing group, and 68 patients with abnormal gastric mucosa observed by gastroscope directly arranged with pathology were considered as the control group. The dyeing conditions of gastric mucosa were observed and compared to pathology detection. The detection rate of early gastric cancer and precancerous lesions in the two groups were compared. **Results** After acetic acid-indigo carmine dyeing, there were 16.7% of demonstrated discoloration, 63.9% of poor dyeing, and 14.3% of even dyeing. The detection rate of early gastric cancer and high grade intraepithelial neoplasia in patients with mucosa discoloration (91.7%) was obviously higher than that in patients with poor dyeing (8.6%) or even dyeing (0.0%). The detection rate of low grade intraepithelial neoplasia or intestinal metaplasia in patients with poor dyeing (82.6%) was obviously higher than that in patients with mucosa discoloration (8.3%) or even dyeing (14.3%). The detection rate of early gastric cancer and precancerous lesions in dyeing group (13.9%,63.9%) was obviously higher than that in control group (2.9%,29.4%). **Conclusion** The acid-indigo carmine dyeing could increase the diagnosis of early gastric cancer and precancerous lesions in basic level hospital. It is adaptable to extend approach in basic level hospital for its low cost and simple operation.

Keywords: early gastric cancer; precancerous lesion; acid-indigo carmine dyeing; basic level hospital

胃癌是全球范围内常见的恶性肿瘤之一,其死亡率仅次于肺癌,严重危害人类健康。我国胃癌的发病率和病死率均高于发达国家和发展中国家平均水平[1]。早期胃癌(early gastric cancer,EGC)5 年生存率在 90% 以上[2-3],而进展期胃癌仅为 15% 左右。胃癌的早期诊断和治疗是降低其死亡率的关键。基层医院往往是广大患者首选的就诊医院,但由于设备技术落后,早期胃癌的检出率低,漏诊率较高[4]。探讨适合基层医院诊断早期胃癌及癌前病变的新方法意义重大。醋酸靛胭脂联合染色能够提高 EGC 的诊断率,并且成本低、操作简单[5-6],适合基层医院开展。本研究对我院 168 例胃黏膜异常患者进行了醋酸-靛胭脂染色,探讨该染色方法在基层医院对 EGC 及癌前病变临床诊断价值。

1 材料与方法

1.1 临床资料

我院 2011 年 10 月至 2013 年 8 月胃镜检查发现胃黏膜异常患者 140 例,胃黏膜异常包括黏膜浅表糜烂或溃疡、局部隆起、局部明显充血水肿、色泽改变、粗糙僵硬、血管纹理模糊等,排除胃镜下可判定的息肉、胃癌、出血影响染色者。其中经胃镜下醋酸-靛胭脂染色 72 例视为染色组,男 46 例,女 26 例,年龄 43 ~ 78 岁,平均(63.4 ± 13.6)岁;未经染色 68 例为对照组,

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男 44 例,女 24 例,年龄 40 ~ 81 岁,平均(62.8 ± 14.2)岁。2 组患者性别、年龄、病变分布、活检取材数量均无显著差异。所有患者均经胃镜下黏膜活检行病理检查,均获得知情同意。

1.2 方法

采用电子胃镜进行胃镜检查。检查前均口服去泡剂和润滑剂,检查过程中保证检查全面彻底。染色组进行醋酸-靛胭脂染色,内镜下发现可疑病灶后,详细观察病灶形态、范围、质地等。事先将病灶部位冲洗干净,经喷洒管喷洒 1.5% 醋酸 20 mL,经 20 s 后喷洒 0.2% 靛胭脂 20 mL,然后仔细观察黏膜着色情况,观察至少 5 min。胃黏膜染色后着色情况分为黏膜褪色、着色不良和着色均匀[5-6]。黏膜褪色是指经醋酸-靛胭脂染色后胃黏膜开始呈现均匀蓝色,经过 2 ~ 3 min 后,病变黏膜的蓝色大部分褪去,周围正常黏膜仍呈蓝色;着色不良是指醋酸-靛胭脂染色后黏膜呈现均匀蓝色,经过至少 5 min 后病灶处蓝色褪色不均匀彻底,仍存留斑点状或片状着色;着色均匀指染色后胃黏膜呈均匀着色,经过染色 5min 后观察不发生明显褪色。于着色异常区取组织活检,经 10% 福尔马林固定,送病理科行病理切片、HE 染色,由经验丰富的病理医师阅片。

1.3 统计学分析

统计 2 组患者早期胃癌及癌前病变检出率,采用 SPSS 16.0 统计学软件进行 χ^2 检验,$P < 0.05$ 为差异有统计学意义。

2 结果

2.1 醋酸-靛胭脂染色情况与病理结果

染色组 72 例患者中以黏膜着色不良(63.9%)为主,其次为黏膜褪色(16.7%),少数表现为着色均匀(14.3%)。黏膜褪色患者中早期胃癌或高级别上皮内瘤变的检出率(91.7%)显著高于着色不良(8.6%)和着色均匀(0.0%)($\chi 2 = 29.980$, 18.647, $P = 0.000$, 0.000);黏膜着色不良中低级别上皮内瘤变或肠上皮化生比例(82.6%)显著高于黏膜褪色(8.3%)和着色均匀(14.3%)($\chi^2 = 20.583$, 28.738, $P = 0.000$, 0.000);着色均匀中慢性炎症的比例(85.7%)显著高于黏膜褪色(0.0%)及着色不良(8.7%)($\chi^2 = 15.808$, 28.738, $P = 0.000$, 0.000)。

2.2 2 组患者早期胃癌或癌前病变检出情况

染色组经病理学检查检出早期胃癌(经外科手术或内镜下黏膜切除证实)10 例(13.9%),显著高于对照组($\chi^2 = 4.042$, $P = 0.044$);染色组癌前病变总检出率(63.9%)显著高于对照组(29.4%)($\chi^2 = 15.327$, $P = 0.001$),见表 1。

表 1 染色组与对照组早期胃癌或癌前病变检出率[n(%)]

组别	早期胃癌	高级别上皮内瘤变	低级别上皮内瘤变	肠上皮化生	慢性炎症
染色组	10(13.9)*	5(6.9)	18(25.0)*	23(31.9)*	16(22.2)#
对照组	2(2.9)	2(2.9)	8(11.8)	10(14.7)	46(67.6)

*:与对照组比较,$P < 0.01$;#:与对照组比较,$P < 0.01$

3 讨论

胃癌的早期诊断对降低胃癌的死亡率意义重大,有效的诊断方法是消化学界不断探索的课题。近年来放大内镜、超声内镜、激光共聚焦内镜、窄带成像术等新的检查技术在临床上的应用有效提高了胃癌及癌前病变的检出率[5-6]。但上述检查技术设备要求高,在我国基层医院应用受到限制。醋酸-靛胭脂染色有助于内镜下胃癌的早期诊断[7-8],可大大提高普通内镜下早期胃癌及癌前病变的检出率[9-11]。本组资料显示,醋酸-靛胭脂染色能使基层医院早期胃癌的检出率提高 4 倍左右,癌前病变的检出率提高 2 倍左右,并且操作简便、价格低廉、安全可靠,适合基层医院开展。

本研究发现经醋酸-靛胭脂染色后胃黏膜呈现三种改变,即黏膜褪色、着色不良、着色均匀。其中黏膜褪色高度提示早期胃癌或高级别上皮内瘤变,黏膜着色不良多提示低级别上皮内瘤变或肠上皮化生。醋酸能够使胃黏膜上皮细胞蛋白质结构发生可逆性改变,使黏膜呈现快速一过性白化。靛胭脂能够使正常黏膜染色,但不被癌细胞及癌变黏膜吸收,癌变的胃黏膜不被染色,因此可与正常黏膜色泽形成鲜明对比。醋酸联合靛胭脂染色能更清晰地区分病变黏膜与正常黏膜的色泽对比,使病变边界更加清晰[12-13]。

本组资料染色组早期胃癌的检出率达 13.9%,癌前病变检出率为 63.9%,均显著高于对照组,与国内大型医院检出率相近[5-6]。可见醋酸-靛胭脂染色适用于基层医院。我们认为,醋酸-靛胭脂染色主要有以下优势:①有利于指导活检取材部位,提高检出率。经染色后,病变黏膜与正常黏膜边界清晰可见,避免了取材的盲目性。②有助于判定病变侵犯范围,为进一步选择治疗方法提供参考。③操作简便,成本低廉。仅需多购置内镜下喷洒管,醋酸及靛胭脂配制方便,价格低廉。操作简便,仅需普通胃镜检查,置入喷洒管,注入醋酸及靛胭脂观察即可。但操作过程中应细致观察,不放过任何可疑黏膜改变,同时注意应用去泡剂,染色前将黏膜表面冲洗干净,以免影响染色效果。另外观察时间应足够,我们体会靛胭脂染色后观察不少于 5 min。④安全可靠,不增加并发症的发生率。本组资料未出现大量出血、穿孔、过敏等并发症,患者易于接受。胃镜下醋酸-靛胭脂染色能够提高基层医院早期胃癌及癌前病变的检出率,并且成本低廉,操作简便,适宜于基层医院推广应用。

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肝内胆管结石采用微创切除治疗效果的临床研究

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[摘 要] **目的** 探讨内胆管结石用微创切除的治疗效果。**方法** 肝内胆管结石患者 280 例根据治疗方法的不同分为治疗组 180 例与对照组 100 例,对照组进行开腹肝外叶切除术,治疗组采用腹腔镜下微创肝外叶切除治疗。**结果** 所有患者都顺利完成手术,取净结石。2 组的手术时间、术中出血量与输血情况对比,差异都无统计学意义($P>0.05$)。与对照组相比,治疗组的术后住院时间、拔引流管时间及镇痛药物使用时间明显较低,差异有统计学意义($P<0.05$)。2 组术后常见的并发症为胆漏、切口感染、胸腔积液、膈下脓肿等,治疗组和对照组的并发症发生率分别为 2.2% 和 10.0%,组间比较差异有统计学意义($P<0.05$)。所有患者随访 6 个月,无死亡病例。**结论** 进展期肝内胆管结石可采用肝叶切除手术治疗,而腹腔镜技术的应用能有效加快患者的恢复,降低并发症发生率。

[关键词] 肝内胆管结石;腹腔镜;可切除性;并发症;复发

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Clinical research of treatment effect of minimally invasive excision in intrahepatic bile duct stones

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Abstract: Objective To investigate the treatment effect of minimally invasive excision in intrahepatic bile duct stones. **Methods** According to different treatment methods, 280 patients with intrahepatic bile duct stones were divided into the treatment group (180 cases) and the control group(100 cases). The control group were given open hepatic lobectomy while the treatment group were given minimally invasive treatment of hepatic lobectomy by laparoscopy. **Results** All patients had successfully completed surgery and the stones were removed.

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