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Pathological Observation on 90 Cases of Bladder Transitional Cell Carcinoma and Its Prognosis

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Abstract Ninety specimens of pathologically confirmed transitional cell carcinoma of the urinary bladder were studied. The patients consisted of 71 male and 19 female with a male/femai ratio of 3.5:1. Their age was ranged from 32 to 79. 12 specimens were studied with electron microscope. The histopathological and ultrastructural features of transitional cell carcinoma were described. Our followup data of the cases revealed that the larger a tumor, the lower its differentiation, the deeper its invasion, and the more extensive the involvement of lymphatic and blood vessels, the poorer the prognosis of the tumor. In addition the ultrastructural characteristics of transitional oell carcinoma were briefly discussed.

Key words transitional cell carcinoma; urinary bladder tumor; prognosis

特殊情况下拖出式直肠切除术的应用

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近年来，由于直肠癌保留肛门括约肌功能手术的广泛开展，使患者生存质量得到明显改善。然而手术时某些特殊情况常妨碍保肛手术的进行，使一些本应保留肛门的手术无法顺利实施。1985年至1988年我科在直肠癌手术中某些特殊情况存在时采用拖出式直肠切除术（以下简称拖出术）11例，手术效果好，保留肛门节制功能满意，现报道如下。

1 资 料

本组11例均属距肛缘6 cm至8 cm的中段直肠癌，男8例，女3例，年龄26岁至60岁，因术中骶前静脉丛出血采用拖出术2例，吻合器应用失败2例，肠道准备不好存留粪便较多4例，肿瘤分破盆腔污染3例。术后并发症：骶前感染1例，肠段拖出不够轻度回缩引起感染肠狭窄1例。11例术后大便节制功能良好。

2 讨 论

2.1 拖出术的手术步骤及注意事项 手术时腹部组与其它直肠癌术式相同，游离乙状结肠直肠达盆底提肛肌平面时，于该平面将直肠切断，切除病变肠段，近端结肠荷包关闭，彻底冲洗盆腔。会阴组于坐骨直肠间隙戳孔放置引流物后，将近端结肠经充分扩肛的肛管拖出距肛缘5 cm以上，间断行肛缘皮肤与拖出结肠浆肌层缝合固定5针至6针，拖出肠管内放一排气管。关闭盆腹膜及腹部切口，手术结束。术后2周至3周，行2次手术修整切除拖出的结肠。术中应注意：①拖出肠管的血循供应，要保留好结肠边缘血管弓，避免因血循障碍所致肠坏死。②不宜外翻或过多向下解剖肛管，应在提肛肌平面切断直肠。可简化手术操作且不影响肛门节制功能。③结肠拖出长度距肛缘应不少于5 cm，不得有张力，如乙状结肠

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largest changing rate of CMC ($CMC \pm dc/dt_{max}$), and ECG changes were recorded. It was found that there was an initial excitatory response of cardiac functions in the first minute of NaCN infusion, and then a drastic cardiac failure occurred, which resulted in the rapid death of the dogs within 10 minutes after NaCN administration. The changes of myocardial contractibility were slower than those of other cardiac parameters, which implies that cyanide can exert an excitation on the myocardium initially. Our results indicate that the effects of cyanide on myocardial contractibility may be one of the important factors to induce serious arrhythmia, which in turn results fatal cardiac failure.

Key words contractibility/cardiac muscle; cyanide; dog

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过短，为了保证肠管拖出的长度，在肿瘤上段切除时可稍姑息一些，因二期还要修整切除拖出的肠段，可避免肠管回缩。④充分扩肛，以伸入6指为好，能避免对拖出肠管的压迫。⑤会阴引流应保持通畅。以上几点如能做好，并发症可避免，手术效果满意。

2.2 *术中骶前静脉丛出血时拖出术的应用* 骶前静脉丛出血时，需进行压迫止血，此时如进行肠吻合可因感染、压迫等因素引起吻合漏，腹膜炎等严重并发症发生。本组有2例在压迫止血时为了保留患者肛门，我们采用拖出术方法处理，压迫子宫纱条经肛旁引流口引出，术后5 d根据情况逐段将压迫纱条拔除。换药时保持引流通畅。其中1例有骶前间隙局部感染，经冲洗引流控制。无其它并发症发生，2周后在腰麻下行拖出结肠修整切除，肛门节制功能满意，术后随访5年生活质量好。我们体会到术中发生骶前静脉丛出血时，采用拖出术，手术方法简单，手术时间缩短，既能压迫止血又可保留肛门，并发症少。实践证明在这种特殊情况下应用拖出术是一应急而安全可靠能保留肛门的有效方法。

2.3 *吻合器应用失败后拖出术的应用* 本组1例应用吻合器行肠吻合后，发现腹腔内出血，再次手术，将肠吻合拆除止血，此时病人全身情况差，腹腔内组织水肿明显，肠管再吻合困难，我们采用拖出术。另1例用吻合器行肠吻合时因肠壁组织肥厚吻合失败，盆腔有污染也采用了拖出术。术后2例无并发症痊愈出院。经验表明在吻合器应用失败或全身情况很差时，应用拖出术仍可保留肛门功能，避免结肠造瘘。

2.4 *肠道准备很差或直肠分破盆腔污染时拖出术的应用* 由于直肠肿块或环状狭窄引起肠道不全梗阻，术前肠道准备常不理想，肠道内存留大量粪便不宜进行肠吻合。本组4例在未开展术中肠道灌洗术前，采用了拖出术，除1例因肠段拖出长度不够，有轻度回缩引起局部感染肠管轻度狭窄外，无其它并发症发生。另有3例在游离直肠时，肿瘤分破盆腔污染不敢吻合，也采用了拖出术。因拖出肠管无漏发生的危险，且能较早开放肠管排空粪便，病人进食早，术后恢复快。

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