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李家开,于森,肖越勇,杨立,张金山.CT透视引导下经皮放射性<sup>125</sup>I粒子永久植入治疗肺恶性肿瘤[J].中国医学影像技术,2012,28(9):1664~1668

## CT透视引导下经皮放射性<sup>125</sup>I粒子永久植入治疗肺恶性肿瘤

## CT fluoroscopy-guided percutaneous permanent implantation of <sup>125</sup>I seed for the treatment of pulmonary malignancies

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中文关键词: 肺肿瘤 125I粒子 近程 治疗 体层摄影术,X线计算机 X线透视检查

英文关键词:Lung neoplasms 125 seed Brachytherapy Tomography, X-ray computed Fluoroscopy

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tumor results in a good local disease control with few complications, and therefore prolongs the survival of the patients.

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中文摘要:

目的 探讨CT透视(CTF)引导下<sup>125</sup>I粒子永久植入治疗肺癌的临床应用价值。 方法 对24例肺恶性肿瘤患者施行CTF引导下经皮穿刺放射性粒子<sup>125</sup>I永久植入进行组织间放疗,包括原发性肺癌<sup>15</sup>例(15个病灶),转移性肺癌<sup>9</sup>例(13个病灶),共28个病灶,最大直径2.1~7.6 cm(中位直径3.95 cm),单个病灶的处方剂量80~100 Gy。术后定期观察并发症情况,分析肿瘤局部控制率,使用*Kapla n-Meier*法统计生存率。 结果 所有患者均成功耐受手术,手术耗时30~75 min(中位时间46 min),无手术相关严重并发症发生;3例穿刺侧出现少量气胸,4例术后穿刺针道少量出血,无咯血;随访期间未发现放射性肺炎。中位随访时间31.5个月(8~46个月),病灶局部控制率78.57%(22/28);3年累积生存率为55.00%,中位生存时间为38个月(8~46个月),原发性肺癌和转移性肺癌患者生存率差异无统计学意义。 结论 CTF为经皮穿刺放射性粒子植入提供实时引导和准确定位,可缩短手术时间,减少手术相关并发症。肺部恶性肿瘤<sup>125</sup>I粒子组织间放疗可达到理想的肿瘤局部控制率,延长患者生存时间。

## 英文摘要:

Objective To observe the application value of CT fluoroscopy (CTF)-guided percutaneous permanent implantation of <sup>125</sup>I seeds for the treatment of pulmonary malignancies. Methods Twenty-four consecutive patients underwent CTF-guided percutaneous implantation of radioactive <sup>125</sup>I seeds. There were 15 primary lung cancer patients (15 lesions) and 9 matastatic patients (13 lesions). The maximal diameters of these 28 lesions ranged from 2.1 to 7.6 cm (median, 3.95 cm). A prescription dose of 80-100 Gy was delivered to each lesion. Under CTF-guidance, the lesions were punctured using 18G needles under local anesthesia, and then pre-planned <sup>125</sup>I seeds were implanted via the needles. The complications and local tumor control rate were documented. The survival was estimated by using the *Kaplan-Meier* method. Results All patients completed the procedure successfully with no technical failure. The procedure consumed 30-75 min (median 46 min), none severe complications occurred. The complications included small asymptomatic pneumothorax in 3 patients and mild intrapulmonary hemorrhage along the needle tracks in 4 patients immediately after the procedure without hemoptysis. No radiation pneumonia was found during the follow-up period. The mean follow-up time was 31.5 months (range 8-46 months). The lesion local control rate was 78.57% (22/28). The total cumulative 3-year survival rate was 55.00%, and the median survival time was 38 months (range 8-46 months). There was no statistical difference of survival rates between primary and secondary lung cancers.

Conclusion CTF can provide real time guidance and accurate localization of needles and thereafter intratumor <sup>125</sup>I seed distribution for the procedure of percutaneous <sup>125</sup>I seeds in treatment of malignant lung branchytherapy. It can shorten the length of the procedure and reduce the incidence of complications inherent to puncture. CTF-guided permanent implantation of <sup>125</sup>I seeds in treatment of malignant lung

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