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## 直肠癌同时性肝转移同期切除与分期切除比较\*

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## Simultaneous versus staged resection for synchronous rectal cancer liver metastasis

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摘要

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## 摘要

目的: 比较直肠癌同时性肝转移患者同期切除与分期切除安全性及远期疗效。方法: 收集从2000年1月至2015年4月北京大学肿瘤医院行手术切除的54例直肠癌同时性肝转移患者的临床病理及围手术期资料, 并随访其复发及生存状况, 比较同期切除组(19例)及分期切除组(35例)的安全性及远期疗效。结果: 两组患者临床病理资料基本一致。同期切除组及分期切除术后Clavien-Dindo 1级、2级、3级及4级并发症的发生率分别为10.5% (2/19)、31.6% (6/19)、5.3% (1/19)及10.5% (2/19)和8.6% (3/35)、17.1% (6/35)、25.7% (9/35)及0 (0/35); 差异无统计学意义 (P = 0.093)。但术后中位住院时间同期组明显低于分期组 (同期组14d, 分期组25d, P < 0.001)。同期组与分期组术后中位生存期差异无统计学意义 (同期组未达到, 分期组39个月, P = 0.649), 两组术后无病生存期差异无统计学意义 (同期组10个月, 分期组10个月, P = 0.827)。结论: 直肠癌同时性肝转移患者同期切除与分期切除比较未明显增加患者围手术期并发症, 而且远期疗效相似。

**关键词:** 直肠肿瘤, 肝转移, 同时性, 同期肝切除, 分期肝切除, 并发症, 预后

## Abstract:

Objective: To compare the safety and long-term survival of patients with synchronous rectal cancer liver metastasis, who received either simultaneous or staged resection to treat primary tumor and liver metastases. Methods: Clinicopathologic and peri-operative data were collected retrospectively from 54 patients with synchronous rectal cancer liver metastasis, who received both primary and liver resections between January 2000 and April 2015 at Peking University Cancer Hospital. Routine follow-up was conducted. The safety and long-term survival of 19 patients who underwent simultaneous resection were compared with those of 35 patients who received staged resection. Results: The clinicopathologic data between the two groups were comparable. Postoperative Clavien-Dindo grades 1, 2, 3, and 4 complications were 10.5% (2/19), 31.6% (6/19), 5.3% (1/19), and 10.5% (2/19) for the simultaneous group, respectively, and 8.6% (3/35), 17.1% (6/35), 25.7% (9/35), and 0% (0/35) for the staged group correspondingly, which were not significantly different (P=0.093). However, the median postoperative hospital stay of the simultaneous group was significantly shorter than that of the staged group (14 days versus 25 days, P<0.001). The median postoperative overall survival (OS) and disease-free survival (DFS) between these groups were not significantly different [not reached versus 39 months for OS, respectively (P=0.649); 10 months versus 10 months for DFS, respectively (P=0.827)]. Conclusion: The postoperative complications in simultaneous resection group were not significantly increased compared with those in staged resection group for synchronous rectal cancer liver metastasis. The long-term results among the groups were similar.

**Key words:** rectal neoplasm liver metastasis synchronous simultaneous hepatectomy staged hepatectomy complications prognosis

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