

临床研究

肿瘤标志物AFP、CA125、CA199和CEA检测在肝炎、肝硬化患者诊断和治疗中的应用

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摘要:

目的: 探讨肿瘤标志物AFP、CA125、CA199和CEA在病毒性肝炎和肝硬化患者诊断和指导治疗中的应用, 评估4项指标在判定肝脏损伤程度以及早期发现肝癌方面的价值。方法: 采用全自动电化学发光技术检测102例肝病患者(慢性肝炎患者55例, 其中轻度24例, 中度21例, 重度10例, 肝炎后肝硬化患者 47例) 和22名健康体检者血清AFP、CA125、CA199和CEA水平。结果: 慢性肝炎患者中AFP和CA199明显高于对照组(P<0.05), 轻度、中度、重度组中AFP分别为2.8、4.8和20.0 μg/L<sup>-1</sup>, CA199分别为12.20、18.40和39.10 U/mL<sup>-1</sup>, 随着疾病进展有升高的趋势(P<0.05); 慢性肝炎患者中CA125分别为7.95、18.08和54.32 U/mL<sup>-1</sup>, 中度、重度组高于对照组(P<0.05), 但中度组与重度组之间比较差异无统计学意义(P>0.05)。肝硬化患者AFP、CA199、CA125阳性率分别为27.7%、55.3%和65.9%, 明显高于肝炎组10.9%、25.5%和29.1%(P<0.05)。肝炎、肝硬化组CEA阳性率比较差异无统计学意义(P>0.05); 肝硬化代偿期与失代偿期患者AFP分别为14.45、20.05 μg/L<sup>-1</sup>, CA199分别为24.45、53.03 U/mL<sup>-1</sup>, CA125分别为30.10、144.80 U/mL<sup>-1</sup>, 失代偿期显著高于代偿期(P<0.05)。结论: AFP、CA199水平随着肝脏损伤程度的加重而升高, 可以作为评价肝脏损伤程度的无创性指标; 动态监测AFP持续升高的病毒性肝炎及肝硬化患者, AFP水平对于早期发现肝癌有重要意义; CA125可作为鉴别肝硬化代偿期、失代偿期依据, 对于微量腹水有早期诊断价值。

关键词:

Application of detection of tumor markers AFP,CA125,CA199 and CEA in diagnosis and treatment for patients with hepatitis and liver cirrhosis

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Abstract:

Objective To explore the application of tumor markers AFP,CA125,CA199 and CEA in diagnosis and treatment for the patients with viral hepatitis and liver cirrhosis,and estimate the values of 4 indicators in judgement of liver damage degree and early detection of liver cancer. Methods Automatic electrochemical technology of light was used to detect the serum AFP,CA125,CA199 and CEA levels in 102 patients with liver diseases (55 cases of chroic hepatitis,of which mild 24 cases,moderate 21 cases,severe 10 cases;47 cases of liver cirrhosis following hepatitis )and 22 healthy subjects.Results The AFP and CA199 levels in patients with chronic hepatitis were obviously higher than those in control group,the AFP levels in mild,moderate,and severe groups were 2.8,4.8, and 20.0 μg/L<sup>-1</sup>,the CA199 levels were 12.20,18.40 and 39.10 U/mL<sup>-1</sup>,it had a rising trend with disease progression(P< 0.05);the CA125 levels in chronic hepatitis patients were 7.95,18.08 and 54.32 U/mL<sup>-1</sup>,the CA125 levels in moderate and severe groups were higher than that in control group,the difference was statistically significant (P< 0.05);but there was no statistically significant difference between moderate and server groups(P> 0.05). The positive rates of AFP,CA199,and CA125 in patients with liver cirrhosis were 27.7%,55.3%, and 65.9%,and they were higher than those in hepatitis group (10.9%,25.5%,29.1%) (P< 0.05). The positive rate of CEA had no significant difference between hepatitis and liver cirrhosis groups(P>0.05). The AFP,CA199, and CA125 in the patients with decompensated liver cirrhosis were 20.05 μg/L<sup>-1</sup>,53.03 U/mL<sup>-1</sup>, and 144.80 U/mL<sup>-1</sup>,and they were significantly higher than those in compenstatory cirrhosis(14.45 μg/L<sup>-1</sup>, 24.45 U/mL<sup>-1</sup>,and 30.10 U/mL<sup>-1</sup>)(P< 0.05). Conclusion The AFP and CA199 levels are increaesd with the degree of liver damage,and they can be used as evaluation index of the non-invasive diagnosis of liver damage.For viral hepatitis and liver cirrhosis patients with AFP rising,dynamic monitoring of AFP level has the important meaning for early detection of liver cancer.CA125 can be used to identify compensatory cirrhosis with decompensated cirrhosis,and has early diagnosis value in trace ascites.

Keywords: alpha fetoprotein;carcino-embryonic antigen;carbohydrate antigen 199;cancer antigen 125;

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