

[首页](#)[期刊概况](#)[编委会](#)[专家学者](#)[网上投稿](#)[过刊浏览](#)[期刊订阅](#)[广告合作](#)

中国肿瘤临床 2012, Vol. 39 Issue (4): 230-233 DOI: doi:10.3969/j.issn.1000-8179.2012.04.013

[术式交流](#)[最新目录](#) | [下期目录](#) | [过刊浏览](#) | [高级检索](#)

[an error occurred while processing this directive] | [an error occurred while processing this directive]

## 完全腹腔镜与开腹解剖性肝切除治疗左叶肝细胞癌的病例配对研究

周 凡, 罗志强, 黄明文, 邵江华, 邬林泉, 邹书兵, 胡 娟

南昌大学第二附属医院肝胆外科 (南昌市330006)

### Case-matched Analysis of Total Laparoscopic Anatomic versus Open Hepatectomy for Hepatocellular Carcinoma in the Left Lobe

Fan ZHOU, Zhiqiang LUO, Mingwen HUANG, Jianghua SHAO, Linquan WU, Shubing ZOU, Juan HU

Department of Hepatobiliary Surgery, The Second Affiliated Hospital of Nanchang University, Nanchang 330006, China

[摘要](#)[参考文献](#)[相关文章](#)全文: [PDF \(579 KB\)](#) [HTML \(1 KB\)](#) 输出: [BibTeX](#) | [EndNote \(RIS\)](#) [背景资料](#)

**摘要** 探讨完全腹腔镜解剖性肝切除治疗左叶肝细胞癌的可行性及其疗效。方法: 自2006年6月至2009年12月间, 总结南昌大学第二附属医院肝胆外科收治21例确诊为左叶肝细胞癌且已行完全腹腔镜解剖性肝切除 (laparoscopic anatomic hepatectomy, LAH) 患者的围手术期的临床资料, 构成LAH研究组。在同一时间段, 以患者年龄、手术方式、肿瘤大小、肝硬化程度为配对条件, 在开腹解剖性肝切除治疗左叶肝细胞癌的病例库中进行1: 1配对抽选, 共21例纳入LAH配对组。结果: LAH研究组的手术时间为 (156.67 ± 32.15) min, 术中失血量为 (157.14 ± 40.51) mL, 两者均少于配对组 (P=0.036, P<0.001)。LAH研究组术后患者平均镇痛剂使用时间为 (2.19 ± 0.51) d, 平均首次进食时间为 (2.24 ± 0.44) d, 平均首次离床活动时间为 (2.71 ± 0.78) d, 平均住院时间为 (7.86 ± 1.24) d, 均优于配对组 (P<0.05)。两组并发症及死亡率差异没有统计学意义。术后中位随访期为21个月, LAH研究组的1、3年总体生存率分别为86%、62%, 配对组的1、3年总体生存率分别为90%、67%, Log-rank比较两组肝癌患者生存曲线差异无统计学意义。结论: 完全腹腔镜解剖性肝切除术治疗左叶肝细胞癌是安全可行, 具有一定的近期优势, 且术后总体生存率与开腹肝切除术相比无差别。

**关键词:** 腹腔镜 肝肿瘤 肝细胞癌 肝切除术

**Abstract:** To evaluate the surgical results and mid-term survival of the cases undergoing total laparoscopic anatomic hepatectomy ( LAH ) for hepatocellular carcinoma ( HCC ) in the left lobe. Methods: From June 2006 to December 2009, clinical records of 21 patients with HCC in the left lobe who underwent a total LAH operation were included in the LAH study group. During the same period, data on the matched-pair group of another 21 patients who underwent open anatomic hepatectomy were included in the LAH matched-pair group. The two groups were compared in terms of age, type of resection, tumor size, and severity of liver cirrhosis. Results: The laparoscopic approach resulted in shorter duration of surgery ( 156.67 ± 32.15 min, P = 0.036 ) and less blood loss ( 157.14 ± 40.51 mL, P = 0.000 ) in the LAH study group, compared to the LAH matched-pair group. Statistically significant differences were found in the primary-porta-hepatic surgery duration between the LAH study group and the matched-pair group ( P = 0.001 ). The mean duration of the secondary-porta-hepatic surgery was similar for the two groups ( P = 0.061 ). In the LAH study group, the mean time for required analgesic medication ( 2.19 ± 0.51 d vs. 3.10 ± 1.04 d ), food intake ( 2.24 ± 0.44 d vs. 3.81 ± 0.40 d ), first ambulation time ( 2.71 ± 0.78 d vs. 3.52 ± 0.93 d ), and average stay ( 7.86 ± 1.24 d vs. 10.95 ± 1.40 d ) were all better than those of the matched-pair group ( P < 0.05 ). No statistical significance in the perioperative morbidity and mortality rate were found between the two groups. After a median follow up of 21 months, the 1 and 3-year overall survival rates after liver excision for HCC were 86 % and 62 % in LAH study group, respectively, and those in the matched-pair group were 90 % and 67 %, respectively. No significant differences were observed in the survival curves in the present study. Conclusion: The total LAH of HCC in the left lobe is feasible and safe for the selected patients and may result in good surgical results, with similar benefits in the overall survival.

**Key words:** Laparoscopy Liver neoplasm Hepatocellular carcinoma Hepatectomy

服务

[把本文推荐给朋友](#)[加入我的书架](#)[加入引用管理器](#)[E-mail Alert](#)[RSS](#)[作者相关文章](#)

引用本文:

·完全腹腔镜与开腹解剖性肝切除治疗左叶肝细胞癌的病例配对研究[J]. 中国肿瘤临床, 2012, 39(4): 230-233.

· Case-matched Analysis of Total Laparoscopic Anatomic versus Open Hepatectomy for Hepatocellular Carcinoma in the Left Lobe[J]. Chinese Journal of Clinical Oncology, 2012, 39(4): 230-233.

链接本文:

[http://118.145.16.228:8081/Jweb\\_zgzllc/CN/doi:10.3969/j.issn.1000-8179.2012.04.013](http://118.145.16.228:8081/Jweb_zgzllc/CN/doi:10.3969/j.issn.1000-8179.2012.04.013) 或 [http://118.145.16.228:8081/Jweb\\_zgzllc/CN/Y2012/V39/I4/230](http://118.145.16.228:8081/Jweb_zgzllc/CN/Y2012/V39/I4/230)

没有本文参考文献

- [1] 王毅, 宋世铎, 刘丰, 郭凌川, 沈益民. 原发性脾脏淋巴瘤手术治疗34例分析[J]. 中国肿瘤临床, 2012, 39(3): 153-155.
- [2] 王宁, 杨斌, 骆莹, 王涛, 王凤梅, 高英堂, 杜智. Wnt途径拮抗剂Dickkopf-3蛋白在肝细胞癌中表达亚细胞定位及临床意义[J]. 中国肿瘤临床, 2012, 39(2): 93-96.
- [3] 张晔, 杨斌, 白同, 高英堂, 刘辉, 骆莹, 王鹏, 杜智. 丹参酮II A对肝癌细胞系SMMC-7721去甲基化作用的研究[J]. 中国肿瘤临床, 2011, 38(8): 421-425.
- [4] 白彧, 杜智, 高英堂, 杨斌, 朱争艳, 李雅玥, 王毅军, 刘彤. 肝细胞癌ASC基因启动子区甲基化及其mRNA表达研究[J]. 中国肿瘤临床, 2011, 38(8): 437-441.
- [5] 赵滢, 王强. 腹腔镜手术与开腹手术治疗胃间质瘤51例临床分析[J]. 中国肿瘤临床, 2011, 38(8): 463-465.
- [6] 石结武, 周林玉, 宣强, 谈宜傲, 古爱军, 于靳. 腹腔镜全膀胱切除术加回肠原位膀胱术的临床疗效观察 (附15例报告) [J]. 中国肿瘤临床, 2011, 38(6): 335-338.
- [7] 周凡, 黄明文, 徐智, 罗志强, 邹书兵, 邵江华, 王恺. 腹腔镜辅助下胰十二指肠切除术在十二指肠乳头癌治疗中的应用与评价[J]. 中国肿瘤临床, 2011, 38(3): 166-169.
- [8] 赵延大, 李菲菲, 任万华, 秦成勇. GRIM-19在肝细胞癌中的表达及与p-STAT3相关性的研究[J]. 中国肿瘤临床, 2011, 38(22): 1359-1362.
- [9] 于津浦, Tine Casneuf, 刘芃芃, Hans Winkler, 任秀宝, 郝希山. 利用基因表达谱筛选肝细胞癌中炎症微环境形成相关新基因的研究[J]. 中国肿瘤临床, 2011, 38(21): 1304-1309.
- [10] 王秀超, 苑占娜, 李莎莎, 盛俊, 赵天锁, 高松, 任贺, 黄鹤, 郝继辉. 低氧诱导因子-2 $\alpha$ 在肝细胞癌中的表达及其临床意义[J]. 中国肿瘤临床, 2011, 38(10): 560-563.

友情链接



版权所有 © 2013 《中国肿瘤临床》编辑部

地址: 天津市河西区体院北环湖西路肿瘤医院内 300060

电话/传真: (022)23527053 E-mail: cjco@cjco.cn cjcotj@sina.com 津ICP备1200315号