

自膨胀金属支架治疗晚期食管癌吞咽困难26例

张朋彬, 赵晓晏, 李宜辉, 达四平

张朋彬, 赵晓晏, 李宜辉, 达四平, 中国人民解放军第三军医大学附属新桥医院消化内科 重庆市 400037
张朋彬, 男, 1966-04-13生, 河北省宁晋县人, 汉族, 医学博士, 主治医师, 讲师.
项目负责人: 张朋彬, 400037, 重庆市, 中国人民解放军第三军医大学附属新桥医院消化内科.
电话: 023-68755604
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Self-expandable metal stents for dysphagia in 26 patients with advanced esophageal cancer

Peng-Bin Zhang, Xiao-Yan Zhao, Yi-Hui Li, Si-Ping Da

Peng-Bin Zhang, Xiao-Yan Zhao, Yi-Hui Li, Si-Ping Da, Department of Gastroenterology, Xinqiao Hospital, Third Military Medical University, Chongqing 400037, China
Correspondence to: Peng-Bin Zhang, Department of Gastroenterology, Xinqiao Hospital, Third Military Medical University, Chongqing 400037, China.
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Abstract

AIM: To evaluate the therapeutic effect of self-expandable metal stents for dysphagia in 26 patients with advanced esophageal cancer.

METHODS: Twenty-six patients with inoperable esophageal cancer had dysphagia and were treated with self-expandable stents. After esophageal dilation, a covered self-expandable metal stent was inserted and released on the site of stenosis.

RESULTS: The stent was placed successfully in all of the 26 patients. Immediate relief of dysphagia was observed, the dysphagia score decreased from 3.08 to 1.38 ($P < 0.01$). The main complications of this procedure were chest pain, gastroesophageal reflux and obstruction of the stent.

CONCLUSION: Self-expandable metal stent is a safe and effective method to palliate the dysphagia in inoperable esophageal cancer.

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摘要

目的: 回顾分析覆膜自膨胀金属支架(self-expandable metal stent, SEMS)对晚期食管癌吞咽困难患者的治疗效果及并发症的防治。

方法: 对26例晚期食管癌吞咽困难患者, 行食管狭窄扩张术后, 在内镜直视下置入覆膜SEMS, 观察其对吞咽困难的治疗效果及并发症的防治。

结果: 26例患者均顺利安放SEMS, 吞咽困难症状得到缓解, 吞咽困难计分由治疗前的3.08分下降至1.38分($P < 0.01$), 主要并发症为胸痛、胃食管反流及SEMS阻塞。

结论: SEMS能明显改善晚期食管癌患者的吞咽困难, 提高生存质量, 延长生存时间。

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0 引言

晚期食管癌患者由于失去了手术机会, 食管狭窄日益加重, 进食困难, 严重影响了患者的生活质量及生存时间. 我们通过给患者置入自膨胀金属支架(self-expandable metal stent, SEMS), 以改善患者的生存质量, 延长生存时间, 取得了较好的效果。

1 材料和方法

1.1 材料 晚期食管癌患者共26例, 男18例, 女8例, 年龄35-79(平均59.4)岁; 其中鳞癌18例, 腺癌8例. 食管上段狭窄2例, 中段15例, 下段7例, 中下段均累及者2例. 采用Vakil et al^[1]计分方法对患者进行吞咽困难进行计分(0: 无吞咽困难; 1: 能进食固体食物, 但存在吞咽困难; 2: 能进食软食; 3: 能进食液体; 4: 不能进食), 其中4分4例, 3分20例, 2分2例, 平均计分3.08分. SEMS及支架置入器均为常州智力医疗器械公司产品, 其中SEMS为覆膜镍钛记忆合金支架, 规格18-20 mm × 60-140 mm(直径 × 长度); Savary-Gilliard扩张器及引导钢丝(Wilson-Cook Medical Inc, USA); Olympus GIFXQ-230及Fujinon EG-410HR电子胃镜。

1.2 方法 术前患者均应行食管吞钡(稀钡)或泛影葡胺检查并摄片, 了解食管癌狭窄的部位、程度及病变范围; 并常规胃镜检查活检以明确肿瘤诊断. 常规进行咽喉局部麻醉, 并给予安定针及654-2针各10 mg肌注. 胃镜检查至病变狭窄口, 直视下将引导导丝通过狭窄段至胃腔, 退出胃镜. 根据狭窄程度选择合适外径的扩张器, 然后渐增大扩张器至12 mm以上, 以利于胃镜进一步检查及确定病变范围. 重新胃镜检查明确病变上缘及下缘距门齿的距离, 判断病变的长度. 根据病变长度选择合适长度SEMS(病变长度+4 cm以上), 将SEMS装入置入器, 沿引导导丝将SEMS远端置于病变下缘以下2 cm处, 逐渐释放. 一般SEMS两端应超过

病变上下缘的 2 cm. 若病变长度超出 SEMS 时, 可重叠置放两根支架. 复查胃镜, 观察支架位置及释放程度(图 1-3). SEMS 放置后, 即可进食流质饮食, 次日即可进食软食, 并逐渐过渡到正常食物. 对于较粗糙食物, 应完全嚼烂, 最好和水吞咽. 术后有 6 例患者接受了化疗, 另 20 例患者未再接受进一步化疗或放疗.

统计学处理 术前术后吞咽困难计分比较采用 Wilcoxon 检验.

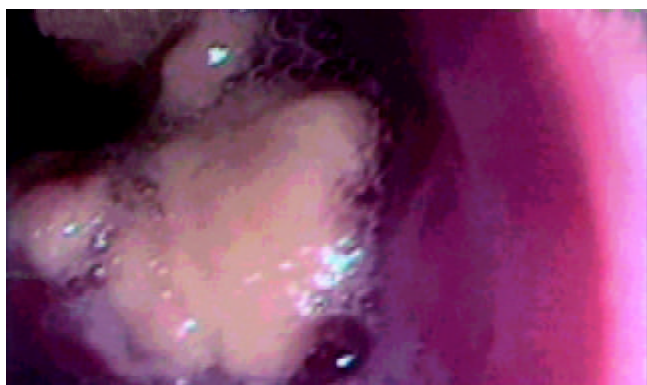


图 1 食管中段癌并狭窄, 扩张前.

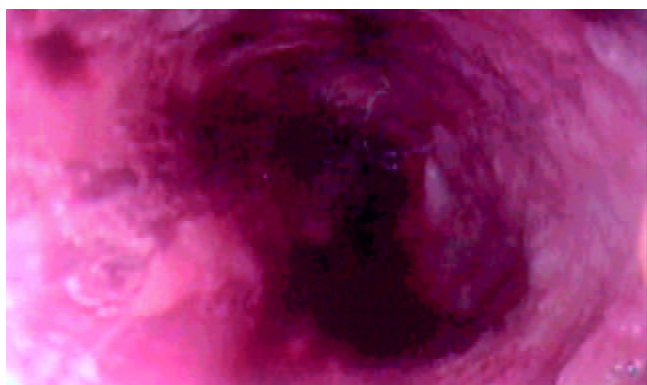


图 2 食管中段癌并狭窄, 扩张后.

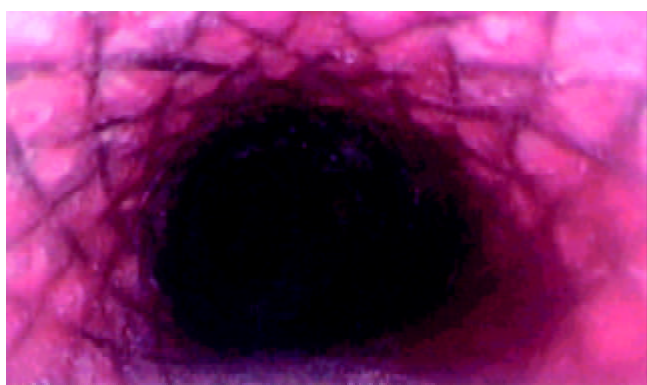


图 3 自膨胀支架置入后.

2 结果

共置放 SEMS 28 根, 其中 2 例患者病变长度分别为 12.5 cm 和 13 cm, 各置放 2 根 SEMS (20 × 120 mm 及 20 × 60 mm). 所有患者均成功置放 SEMS, 置放位置准确. 在置放 SEMS 后吞咽困难即得到缓解, 吞咽困难计分由治疗前

的 3.08 分降至治疗后的 1.38 分, 治疗效果明显 ($P < 0.01$). 有 19 例在 SEMS 置放后均出现了不同程度的胸痛, 应用多瑞吉透皮剂后症状可缓解, 一般 1 wk 内症状基本消失. 共有 11 例患者出胃食管反流, 其中以病变位于下段者最多见 (9 例下段狭窄者中, 有 8 例发生反流; 15 例中段狭窄中, 有 3 例发生反流; 2 例上段未发生反流). 有 7 例次 (其中 1 例患者出现 2 次) SEMS 放置后出现阻塞, 均为食物所至, 内镜下治疗后得到畅通. 未发生 SEMS 移位及食管穿孔、出血等现象. 共随访 19 例 (7 例失访), 随访时间 1-18 mo, 生存时间 2-13.5 mo, 平均 7.2 ± 3.2 mo. 死亡原因主要为肿瘤转移及全身衰竭.

3 讨论

SEMS 与其他治疗晚期食管癌吞咽困难的姑息性方法相比, 具有安全, 简单, 经济的特点, 在临床得到广泛推广^[2-12].

SEMS 多用不锈钢或镍钛合金制作, 有较强的柔韧性及较大的内径, 优于以前应用的塑料支架^[13]. 植入 SEMS 时, 可在 X 线监视下和/或内镜直视下进行^[14]. 内镜直视下安放 SEMS 效果与 X 线监视下相仿, 而且操作简便、省时^[15, 16]. SEMS 置入食管后, 依靠自身的张力, 其直径扩张至 10-15 mm, 保证了患者食管的通畅, 使患者的正常饮食能够维持. 覆膜 SEMS 是在支架表面覆有聚亚氨脂 (polyurethane), 后者能够有效地阻止肿瘤向腔内生长, 防止了再狭窄的产生^[1, 17-20].

安置 SEMS 后的主要并发症包括胸痛、胃食管反流、支架移位等^[15, 16]. 胸痛几乎发生于任何患者, 可为新出现, 也可为原有症状的加重, 可能与 SEMS 对食管壁的扩张有关, 给预麻醉药品或加大麻醉品用量可得到缓解^[21]. Christie et al^[22] 对 100 例 SEMS 置放者观察发现, 85% 的患者置放后吞咽困难即刻得到缓解, 未发生与安放 SEMS 相关的死亡. 其主要并发症为食管气管瘘, 纵隔脓肿, SEMS 移位. 其他观察与此相似^[23]. 此外, 并发症还包括食管穿孔、出血、再狭窄、硬膜外脓肿、心室纤颤等^[24-27]. 造成食管穿孔的原因可能与 SEMS 的压迫及病变食管的抵抗力下降有关^[28, 29]. 安置 SEMS 前后进行的化疗、放疗也可诱发穿孔、出血、食管气管瘘^[30, 31]. 我们在内镜直视下对晚期食管癌患者置放覆膜 SEMS 后, 患者吞咽困难均得到明显的缓解, 主要并发症为胸痛、胃食管反流, 及食物阻塞, 未发生食管气管瘘、出血等, 也未发生 SEMS 移位. SEMS 置放前扩张食管狭窄很重要, 尽量扩至 12 mm 以上, 这样可使 SEMS 能够得到充分释放扩张. 本组观察中有 12 例明显的胃食管反流, 主要发生于在食管下段置放 SEMS 者, 可能与食管下段及贛门口部位的 SEMS, 使贛门区不能正常闭合有关.

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