

No.5、No.6淋巴结清扫在进展期近端胃癌中的临床价值

《现代肿瘤医学》[ISSN:1672-4992/CN:61-1415/R] 期数: 2019年07期 页码: 1166-1169 栏目: 论著 (胸部肿瘤) 出版日期: 2019-02-28

Title: The clinical value of No.5 and No.6 lymphadenectomy for proximal advanced gastric cancer

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关键词: 胃肿瘤; 进展期; 近端; 淋巴结清扫术; 生存率

Keywords: stomach neoplasms; advanced; proximal; lymphadenectomy; survival rate

分类号: R735.2

DOI: 10.3969/j.issn.1672-4992.2019.07.016

文献标识码: A

摘要: 目的: 探讨No.5、No.6淋巴结清扫在进展期近端胃癌中的临床价值。方法: 回顾性分析2004年1月至2011年6月沧州市中心医院收治的342例进展期近端胃癌患者的临床病理资料, 其中83例患者行No.5、No.6淋巴结清扫(清扫组), 259例患者未行No.5、No.6淋巴结清扫(未清扫组), 对比两种不同手术方式对患者预后的影响。结果: 单因素生存分析结果显示, 年龄、肿瘤最大径、T分期、N分期与进展期近端胃癌预后相关; 多因素生存分析显示, 年龄、T分期与N分期是进展期近端胃癌预后的独立危险因素; 肿瘤最大径超过4 cm、T4期、N2期以及N3期进展期近端胃癌患者接受No.5、No.6淋巴结清扫术后5年总生存率较未接受No.5、No.6淋巴结清扫术组显著升高。结论: 对于肿瘤直径大于4 cm、分期较晚的进展期近端胃癌患者, No.5、No.6淋巴结清扫或可使其生存获益。

Abstract: Objective: To investigate the clinical value of No.5 and No.6 lymph node dissection for patients with proximal advanced gastric cancer. Methods: The clinical and pathological data of 342 patients with advanced proximal gastric cancer were examined retrospectively from January 2004 to June 2011. Among them, 83 patients underwent No.5, No.6 lymph node dissection (cleaning group). 259 patients did not line No.5, No.6 lymph node dissection (unclean group). The two different surgical methods on the prognosis of patients were compared. Results: Univariable analysis showed that age, tumor size, T stage, N stage were associated with prognosis of distal advanced gastric cancer. Multivariate survival analysis showed that age, T stage and N staging were independent risk factors for the prognosis of advanced gastric cancer. The patients with proximal gastric cancer with advanced diameter of more than 4 cm, T4 stage, N2 stage and N3 stage treated with No.5, No.6 lymph node dissection 5 years after the total survival rate than did not receive No.5, No.6 lymph node dissection was significantly increased. Conclusion: No.5 and No.6 lymph node dissection might benefit some patients who were diagnosed as proximal advanced gastric cancer with large or late-stage tumor.

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备注/Memo: 沧州市科学技术研究与发展指导计划项目 (编号: 141302076)

更新日期/Last Update: 2019-02-28