

单向式全胸腔镜肺叶切除术治疗老年肺癌的临床疗效观察

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Title: Clinical effect observation of one-way total thoracoscopic lobectomy for elderly patients with lung cancer

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摘要: 目的: 探讨单向式全胸腔镜肺叶切除术对老年肺癌患者疗效及血清CRP、PCT与生存率的影响。方法: 从我院2012年7月至2014年10月收治的老年肺癌患者中选取148例作为研究对象, 随机将其划分成治疗组和对照组, 每组各74例。对照组使用传统路径胸腔镜肺癌根治术, 治疗组采用单向式全胸腔镜肺叶切除术治疗。对比两组患者手术疗效、手术前后血清C-反应蛋白(C-reactive protein, CRP)、降钙素原(procalcitonin, PCT)水平变化, 统计并发症、复发及生存情况。结果: 治疗组手术时间、术中出血量、术后胸腔引流量、引流管放置时间、住院时间均明显低于对照组($P < 0.05$), 两组术后3天视觉模拟评分(VAS)、淋巴结清扫数目比较差异不具有统计学意义($P > 0.05$); 术后1、3、6个月, 治疗组一秒用力呼气容积(FEV1)、用力肺活量(FVC)、FEV1/FVC均低于术前, 但呈不断增高趋势, 且治疗组FEV1、FVC明显高于对照组($P < 0.05$); 治疗组总并发症发生率为13.51%, 明显低于对照组24.32%($P > 0.05$); 两组术后血清CRP、PCT水平均明显增高, 治疗组增高幅度明显低于对照组($P < 0.05$); 两组术后肿瘤复发例数及术后1年生存率、术后3年生存率比较, 差异不具有统计学意义($P > 0.05$)。结论: 单向式全胸腔镜肺叶切除术对老年I、II期肺癌患者手术疗效较好, 可明显改善各项手术指标, 加快患者恢复, 且并发症发生率、远期复发率及生存率与传统路径胸腔镜肺癌根治术并无较大差异。

Abstract: Objective: To investigate the influences of unidirectional thoracoscopic lobectomy on curative effect, serum CRP and PCT and survival rate in elderly patients with lung cancer. Methods: 148 cases of elderly patients with lung cancer treated in our hospital from July 2012 to October 2014 were selected as the research subjects, and they were randomly divided into treatment group and control group, with 74 cases in each group. The control group was treated with traditional path thoracoscopic lung cancer radical resection. The treatment group received unidirectional thoracoscopic lobectomy. The curative effect, the changes of serum C-reactive protein (CRP) and procalcitonin (PCT) before and after the operation of patients in the two groups were compared, and the complications, recurrence and survival were recorded. Results: In the treatment group, the operation time, the intraoperative blood loss, the postoperative thoracic drainage volume, the drainage tube placement time and the length of stay were significantly lower than those in the control group ($P < 0.05$). There was no significant difference in the postoperative 3-day visual analogue score (VAS) and the number of lymph node dissection between the two groups ($P > 0.05$). At postoperative 1, 3, and 6 months, the forced expiratory volume in one second (FEV1), forced vital capacity (FVC) and FEV1/FVC of the treatment group were lower than those before the operation, but the trend was increasing, and the FEV1 and FVC in the treatment group were significantly higher than those in the control group ($P < 0.05$). The total incidence rate of complications in the treatment group was 13.51%, which was significantly lower than 24.32% in the control

group($P>0.05$).The serum CRP and PCT levels of the two groups were significantly higher, the increase of treatment group was significantly lower than that of control group ($P<0.05$).There was no statistically significant difference between the two groups in the cases of postoperative tumor recurrence, postoperative 1-year survival rate, and postoperative 3-year survival rate($P>0.05$).Conclusion: One-way total thoracoscopic lobectomy has a good effect on elderly patients with stage I and II lung cancer.It can obviously improve the operation indexes, accelerate the recovery of patients, and complication rate, long-term recurrence rate and survival rate are not significantly different from traditional path thoracoscopic lung cancer radical resection.

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