辽宁省结直肠癌内镜及病理特点

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摘　要:[目的]探讨辽宁省结直肠癌的内镜及病理特点。[方法]回顾性分析经肠镜及病理确诊的782例结直肠癌的内镜及病理资料。[结果]782例结直肠癌患者共808处病变(26例患者为重复癌),其中手术治疗588例。193例(24.7%)结直肠肿瘤导致结直肠梗阻或不完全梗阻。390例(49.9%)患者并发结肠腺瘤,其中进展期腺瘤120例(30.8%)。病理类型以腺癌为主(76.8%),高浸润性癌的检出率在不同年龄组之间无显著性差异(P>0.05)。青年组低分化(G_3)者占36.8%,显著性高于老年组的13.0%(χ^2=14.635,P<0.01)。[结论]辽宁省结直肠癌患者就诊时,近1/3患者有肠腔梗阻或不完全梗阻,约1/2患者伴发腺瘤或进展期腺瘤。早期参加筛检有利于早期发现腺瘤及早期癌变,改善结直肠癌预后。

关键词:结直肠癌;内镜;病理;辽宁
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Endoscopic and Pathological Features of Patients with Colorectal Cancer in Liaoning Province

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Abstract:[Purpose] To analyze the endoscopic and pathological features of patients with colorectal cancer in Liaoning province. [Methods] The data of 782 cases with colorectal cancer pathologically and colonoscopically proved were analyzed.[Results] A total of 808 lesions were found in782 colorectal cancer patients (26 cases with repeat cancer). Of all patients,there were 588 cases received surgical treatment. One hundred and ninety-three cases (24.7%) had colorectal obstruction or incomplete obstruction. Three hundred and ninety cases complicated with adenoma(49.9%),and 120 cases (30.8%) were advanced adenomas. The main pathological type was adenocarcinoma (76.8%). There was no significant difference of the detection rate of high invasive carcinoma between the different age groups (P>0.05). The proportion of poorly differentiated in youth group was significantly higher than that in elderly group (36.8% *vs* 13.0%,χ^2=14.635,P<0.05). [Conclusion] There is nearly a third of colorectal cancer patients have lumen obstruction or incomplete obstruction and nearly half of patients have adenomas or advanced adenoma when they for treatment. Early screening is conducive to early detection of adenoma and early cancer,and improves the prognosis of colorectal cancer.
Key words:colorectal cancer;endoscopic;pathological;Liaoning province

结直肠癌是消化道常见肿瘤之一，尽管目前内镜技术高速发展,大多数国家为早期结直肠癌(colorectal cancer,CRC)的筛查做出了巨大的努力,但是据最新的全球流行病学统计资料显示，结直肠癌的发病率仍然在大多数国家持续升高，包括发达国家及发展中国家,我国亦不例外,发病率呈逐年上升趋势[1,2],但不同地区其发病特点有所不同。本文回顾性分析我院2012年1月至2012年12月的内镜及病理资料，旨在探讨辽宁省结直肠癌的内镜及病理特点。

1　资料与方法

1.1　研究对象

计算机检索我院内镜中心资料库,2012年1月至2012年12月共计4846例辽宁省内居民行肠镜

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检查，排除术后复查患者后首次检查者共2908例，年龄12~92岁(54.01±11.05岁)，其中经肠镜检查及病理证实检查结直肠癌782例（男性476例，女性306例，男女比为1.56:1，男女性年龄差异无统计学意义)，共808处病变(26例患者为重复癌)，手术治疗588例，其中经肛局切或ESD/EMR 11例，发病年龄集中于45~74岁。

1.2 诊断标准

结直肠癌诊断参考卫生部2010版规范化诊治方案；梗阻或不完全梗阻定义为狭窄部位肠镜镜身无法通过(直径≤1cm)；进展期腺瘤定义为：①息肉直径≥1cm；②病理诊断为高级别上皮内瘤变或者绒毛结构>25%。早期结直肠癌指癌肿局限于黏膜和黏膜下层，不论其大小或有无淋巴结转移。根据WHO标准将年龄分为青年组（≤44岁）、中年组(45~59岁)及老年组(≥60岁)。

1.3 统计学处理

统计分析均采用SPSS17.0软件包完成，定量资料采用t检验，定性资料采用χ^2检验或Fisher检验，P<0.05为差异有统计学意义。

2 结 果

2.1 内镜特点

病变发生部位依次为：直肠(58.4%)、乙状结肠(11.3%)、直乙交界(7.2%)、升结肠(7.0%)、降结肠(4.2%)、横结肠(2.9%)、结肠肝曲(2.9%)、结肠脾曲(1.0%)。病变大体分型依次为溃疡型(73.4%)、隆起型(22.5%)、缩窄型(1.7%)、息肉恶变(1.4%)及平坦或侧向发育型病变（laterally spreading lesions，LST)(1.0%)，病变大体分型以溃疡型及隆起型为主，占95.9%。见Table 1。

193例(24.7%)结直肠肿瘤导致结直肠梗阻或不完全梗阻，不同年龄组之间差异无统计学意义(P>0.05)。390例患者并发结肠腺瘤(49.9%)，其中进展期腺瘤高达120例(30.8%)。Table 2。

2.2 不同年龄段大肠癌发病特点

结直肠癌发病随着年龄增长逐年增加(Figure 1)，60岁以后检出率明显上升，在75~年龄组达到峰值，且直肠癌多于结肠癌。不同年龄段结直肠癌的内镜检出率由高至低依次为老年组(45.6%)、中年组(20.9%)、青年组(10.7%)，两两比较差异均有统计学意义(P<0.05)。病变发生部位直肠多于结肠，但在不同年龄组间发病部位无显著性差异。进展期腺瘤的检出率及术后病理诊断为早期癌的比例仅在中年组与老年组间有统计学差异，老年组高于中年组(χ^2=5.204，P<0.05)。见Table 3。

2.3 不同年龄段病理特点比较

782例患者中有6例病理资料欠完整，病理分型仅作恶变诊断未具体分型，病理以腺癌占绝对优势(76.8%)，且无组间差异，各年龄组间高浸润性的印戒细胞癌及黏液腺癌差异无统计学意义（P>0.05)。见Table 4。青年组分化不良者占36.8%，与中年组的组织分化程度差异有统计学意义，但显著高于中年组(χ^2=14.635，P<0.001)。青年组淋巴瘤检出率高于老年组相比，差异有统计学意义(P=0.04)。

Table 1 General classification and lesion location of the colorectal cancer

Classification and location	N (%)
General classification	
Ulcer type	574(73.4)
Uplift type	176(22.5)
Flat or LST	8(1.0)
Infiltrating type narrowing	13(1.7)
Polyp progression	11(1.4)
Lesion location	
Rectum	457(58.4)
Colon hepatic flexure	23(2.9)
Colorectal-anal	16(2.0)
Transverse colon	23(2.9)
Ileocecal junction	23(2.9)
Descending colon	33(4.2)
Colon splenic flexure	8(1.0)
Ascending colon	55(7.0)
Sigmoid colon	88(11.3)
Rectum and Sigmoid junction	56(7.2)

Table 2 The endoscopic characteristics of colorectal cancer

Group	Colonoscopic criteria for obstruction(%)	Adenoma (%)	Advanced adenoma(%)
A(≤44 years)	14(24.1)	19(32.8)	7(12.1)
B(45~59 years)	65(21.5)	138(45.8)	36(12.0)
C(≥60 years)	114(27.0)	233(55.1)[b,c]	77(18.2)[a]
Total	193(24.7)	390(49.9)	120(30.7%)

a：Group C compared with group B，χ^2=5.204，P=0.023；b：Group C compared with group A，χ^2=10.191，P=0.001；c：Group C compared with group B，χ^2=6.004，P=0.014

Table 3　The distribution of colorectal cancer in different age group

Group	N	n(%)	M/F	Early cancer(%)[a]	Rectum cancer(%)	Colon carcer(%)
A (≤44 years)	544	58(10.7%)	32/26	3(5.2)	41(70.7)	17(29.3)
B(45~59 years)	1437	301(20.9%)[c]	186/115	9(3.0)	215(71.4)	86(28.6)
C (≥60 years)	927	423(45.6%)[d,e]	258/165	29(6.7)[b]	274(64.8)	149(35.2)
Total	2908	782(26.9%)	476/306	41(5.2)	530(67.8)	252(32.2)

a:588 cases of surgery patient information were analyzed;b:Group C compared with group B,χ^2=6.049,P=0.014;c:Group B compared with group A,χ^2=28.130,P<0.001;d:Group C compared with group A,χ^2=190.496,P<0.001;e:Group C compared with group B,χ^2=161.605,P<0.001.

Table 4　The histopathological distribution of colorectal cancer

Group	Adenocarci-noma	Mucous adenocarcinoma	Malignant melanoma	signet-ring cell carcinoma	Lym-phoma	Undifferentiated carcinoma(carcinoid)	Squamous cell carcinomas	Total
A(≤44 years)	44	7	0	2	2	3(2)	0	58
B(45~59 years)	221	60	0	6	0	8(7)	5	300[a]
C(≥60 years)	330	65	3	13	1[b]	3(1)	3	418[a]
Total	595	132	3	21	3	14(10)	8	776

a:Six patients have no specific pathological classification;b:Group C compared with group A,P=0.04

Table 5　Tissue differentiation characteristics of surgical patients

Group	G_1~G_2(%)	G_3(%)	Neoadjuvant therapy	Total
A(≤44 years)	20(52.6)	14(36.8)	4	38
B(45~59 years)	181(77.0)[a]	40(17.0)[e]	14	235
C(≥60 years)	269(85.4)[b,d]	41(13.0)[c]	5	315

a:Group B compared with group A,χ^2=10.021,P=0.002;b:Group C compared with group B,χ^2=6.347,P=0.012;d:Group C compared with group A,χ^2=24.546,P<0.001;c:Group C compared with group A,χ^2=14.635,P=0.001;e:Group B compared with group A,χ^2=8.009,P=0.004.

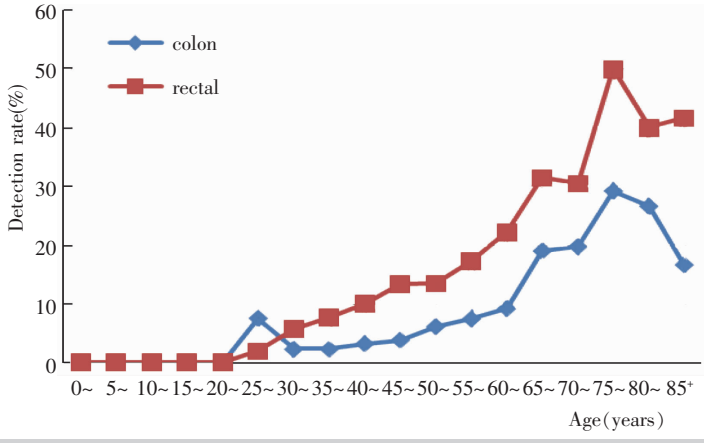

Figure 1　The detection rate of patients with colorectal cancer

3　讨　论

超质量和向心性肥胖、肉类及脂肪的过多摄入是公认的结直肠癌发病危险因素,随着我国社会经济的发展,国人饮食习惯逐渐西化,我国结直肠癌发病率的上升趋势明显,特别是青年患者比例有升高的趋势[3,4]。本研究青年组结直肠癌的检出率为 10.7%,低于胡华元等[5]研究的 15%。本研究显示,我国结直肠癌的发病部位仍然以直肠为主,高达 67.7%,且在不同年龄组间无显著性差异;发病性别、病变大体分型及组织学类型与赖少清等[6]研究趋于一致,但是发病中位年龄较西方发达国家提前 10 年(60 岁 *vs* 70 岁)[7]。本研究显示,随着年龄的增长,结直肠癌的检出率逐渐增加,在 75~岁年龄组达到峰值(50%),该年龄组检出率高与人群偏倚可能有一定关系,其主要原因为肿瘤专科医院所接收肠镜检查者主要为有症状的人群,特别是老年人在临床一般考虑结直肠肿瘤才行肠镜检查。

本研究显示作为肿瘤专科医院的一项单中心研究,结直肠癌的检出率远远高出一般综合性医院[5],腺癌仍然是最常见的组织学类型,恶性程度高的印戒细胞癌及黏液腺癌无明显的组间差异,但青年组肿瘤组织分化程度差于老年组,提示青年组预后较差。我院内镜中心结直肠癌检出率较高的原因考虑如下:①肿瘤专科医院存在人群选择偏倚;②结直肠癌一级亲属参与率

高。

目前大多数研究认为，超过90%的结直肠癌由腺瘤发展而来，早期发现并切除腺瘤可降低结直肠癌的发病率[8,9]。本研究显示将近50%的肿瘤患者伴发腺瘤，其中进展期腺瘤的发生率高达15.3%，早期切除腺瘤可以减少结直肠癌术后肿瘤再发；老年组患者与中年组进展期腺瘤的检出率有显著性差异，提示腺瘤的发生发展可能与年龄有关。既往研究显示，肿瘤致肠腔梗阻或不完全梗阻常见于结直肠癌Ⅳ期，其检出率在3%~29%[10~12]，而本组研究肿瘤致肠腔梗阻或不完全梗阻率高达24.7%；而且手术患者的早期癌比例仅5.2%，说明辽宁省的结直肠癌患者就诊时多为中晚期，早诊率与韩国、日本的差距仍然较大[13]。这也可能与病理学诊断标准差异有关，其次是资料检索未包括部分高级别上皮内瘤变患者。

研究显示结肠镜筛查可以降低结直肠癌的发病率[14,15]。近年来，国家加大对结直肠癌人群筛查的投入力度，对于无症状人群的早癌的早诊早治有重要意义，但是目前该项目覆盖人群较少，投入少，参与率较低等限制该项目的发展。本研究认为，要提高我国结直肠癌的早诊早治率首先应该加强政府主导下的健康宣讲，让更多的人群认识到早期诊治的重要性；其次是增加筛查的投入，制定合理的政策，如将特定高发人群门诊筛查与医保挂钩，降低患者自付比例等；最后是强化基层医院在早癌诊治中的主体作用，注重基层医生的内镜诊治技术培养。

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