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# 腹腔镜胆囊切除术后病理显示为胆囊癌再手术患者的临床分析

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[摘要] **目的** 探讨胆囊结石行腹腔镜胆囊切除术后病理结果为胆囊癌再手术患者的处理策略。**方法** 回顾性分析该院普外科 2009－2013 年因胆囊结石行腹腔镜胆囊切除术后病理发现为胆囊癌患者 15 例的临床资料。**结果** 15 例患者腹腔镜胆囊切除术后 3～5 d 病理检查为胆囊癌,肿瘤位于胆囊底 4 例,胆囊体 2 例,胆囊颈部 9 例;重度不典型增生局灶癌变 1 例,高分化腺癌 2 例,中分化腺癌 9 例,低分化腺癌 3 例;Tis 1 例,pTⅠa 8 例,pTⅠb 6 例,胆囊管切缘均为阴性。15 例患者均于胆囊切除术后 6～11 d 再次开腹手术,肝十二指肠韧带淋巴结清扫术,TNM 分期 0 期 1 例,Ⅰa 期 8 例,Ⅰb 期 5 例,Ⅲb 期 1 例。术后随访时间 28～79 个月,1 年生存率 100%,2 年生存率 100%,3 年生存率 93%,5 年生存率 93%;1 例Ⅲb 期患者术后 2 年发现梗阻性黄疸,行经皮肝穿刺胆道引流治疗,3 个月后死亡。术后均未发现刺口种植转移。**结论** 腹腔镜胆囊切除术后病理发现的胆囊癌一般病期较早,行肝十二指肠韧带淋巴结清扫术预后相对较好。

[关键词] 腹腔镜胆囊切除术;意外胆囊癌;再手术;回顾性研究
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**Clinical analysis on re-operative patients with gallbladder cancer revealed by pathology examination after laparoscopic cholecystectomy**

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[**Abstract**] **Objective** To investigate the treatment strategy for the re-operation patients with gallbladder cancer revealed by pathological results after laparoscopic cholecystectomy. **Methods** The clinical data in 15 cases of gallbladder cancer found by pathology after laparoscopic cholecystectomy in the general surgery department of this hospital during 2009－2013 were retrospectively analyzed. **Results** The pathological results on 3－5 d after laparoscopic cholecystectomy in 15 cases showed gallbladder cancer, tumor located at the gallbladder fundus in 2 cases, the gallbladder body in 2 cases and gallbladder neck in 9 cases; there were 1 case of severe atypical hyperplasia, 2 cases of high differentiation adenocarcinoma, 9 cases of middle differentiation adenocarcinoma and 3 cases of low differentiation adenocarcinoma; there were 1 case of Tis, 8 cases of pTⅠa, 6 cases of pTⅠb, and 15 cases of bile tube incisal edge were negative. All 15 cases received re-laparotomy and hepatic duodenal ligament lymph nodes resection on 6－11 d after cholecystectomy, There were 1 case in the stage 0, 8 cases in the stage Ⅰa, 5 cases in the stage Ⅰb, 1 case in the stage Ⅲb by TNM classification. The postoperative follow up lasted for 28－79 months, the accumulative survival rate was 100% in 1 year, 100% in 2 year, 93% in 3 year, 93% in 5 year. One case of stage Ⅲb was found repeated metastasis obstructive jaundice, received transcutaneous puncture bile tract drainage and died after 3 months; no postoperative incision implantation metastasis was found. **Conclusion** Gallbladder cancer found by pathological examination after laparoscopic cholecystectomy is generally in early stage. Therefore, early conducting the additional hepatic duodenal ligament lymphadenectomy has relatively good prognosis.

[**Key words**] laparoscopic cholecystectomy; incidental gallbladder cancer; re-operation; retrospective study

胆囊癌居于消化道恶性肿瘤发病率第 6 位,临床起病隐匿,确诊病例多属中晚期,疾病进展迅速,预后较差[1]。随着胆囊切除术的日益增多,很多术前诊断为良性疾病,在术中或术后证实的胆囊癌称为意外胆囊癌,尤其是术后才发现的胆囊癌,病期较早,经过恰当的治疗可能获得长期生存[2-3]。本研究回顾性分析因胆囊结石行腹腔镜胆囊切除术后病理发现的胆囊癌再手术患者的临床资料及预后观察,探讨意外胆囊癌的处理策略。

## 1 资料与方法

**1.1** 一般资料 收集本院普外科 2009－2013 年因胆囊结石行择期腹腔镜胆囊切除术后病理发现的胆囊癌患者 15 例的临床资料。男 4 例,女 11 例,男女比为 1.00∶2.75,年龄 37～67 岁,中位年龄 51 岁。术前 15 例患者诊断为胆囊结石伴慢性胆囊炎;有间断右上腹疼痛病史;术前常规行上腹部超声检查,血常规、凝血功能、肝肾功电解质;未常规行血清肿瘤标志物检查。

**1.2** 方法 15 例患者择期行腹腔镜胆囊切除术,过程顺利,胆囊切除后置入塑料标本袋内取出。均于胆囊切除术后 6～11 d 再次开腹手术,行肝十二指肠韧带淋巴结清扫术。病理分型、分期按美国癌症联合委员会胆囊癌 TNM 分期标准 2010 年第 7 版标准。随访截止 2016 年 5 月 1 日。

## 2 结 果

**2.1** 手术标本检视情况 术后 13 例胆囊标本剖开取出结石,2 例未剖视胆囊。

**2.2** 术后病检情况 15 例患者术后 3～5 d 病理检查结果为胆囊癌,肿瘤位于胆囊底 4 例,胆囊体 2 例,胆囊颈部 9 例,均未详细描述肿瘤位于胆囊的肝脏面还是游离面;重度不典型增生局灶癌变 1 例,高分化腺癌 2 例,中分化腺癌 9 例,低分化腺

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癌 3 例；Tis 1 例，pTⅠa 8 例，pTⅠb 6 例，胆囊管切缘均为阴性。

**2.3** 再手术情况 15 例患者均于胆囊切除术后 6～11 d 再次开腹手术，术中见腹腔粘连不重，部分胆囊床疏松膜状粘连，易于分离，肝门结构清楚，行胆囊床均匀电凝灼烧，肝十二指肠韧带淋巴结清扫，包括胆管周围、肝动脉周围、门静脉周围及十二指肠后方胰头上缘淋巴结。清扫淋巴结 4～10 枚，平均 6 枚，术中未再行淋巴结冰冻活检，未切除原腹腔镜腹壁刺口。

**2.4** 再手术病检情况 14 例患者淋巴结阴性，1 例 pTⅠb 患者发现肝十二指肠韧带淋巴结(2/10)转移。0 期 1 例，Ⅰa 期 8 例，Ⅰb 期 5 例，Ⅲb 期 1 例。

**2.5** 随访情况 15 例患者术后均获随访，随访时间 28～79 个月，1 年生存率 100%，2 年生存率 100%，3 年生存率 93%，5 年生存率 93%。1 例Ⅲb 期患者术后 2 年出现梗阻性黄疸，上腹部 CT 扫描提示肝门部软组织团块，腹膜后淋巴结肿大，高位胆道梗阻，肝内胆管扩张，行经皮肝穿刺胆道引流，3 个月后死亡；其余 14 例患者未见明显复发转移迹象。术后未发现刺口种植转移。

## 3 讨 论

术后发现的意外胆囊癌病期较早，本组资料中局部病变均在 pTⅠb 期之前，这也是治疗能获得较好效果的决定性因素。本组胆囊癌发病率女性明显高于男性，与报道的性别分布基本一致[4-6]。

本组资料术中未怀疑胆囊癌至术后病理检查才发现的意外胆囊癌很大程度上是由于患者病期较早，病变不明显，手术医师未详细检视胆囊大体标本。由于术前检查未提示胆囊癌，仅按照胆囊结石伴胆囊炎对待，部分剖开胆囊取出结石，检视胆囊大部，未详细检查胆囊黏膜，对胆囊颈管未全程剖开，有 2 例未剖视胆囊。有研究提示，通过外科医生详细检查胆囊大体标本后不怀疑为胆囊癌，标本再经病理学检查几乎不会出现胆囊癌，意外胆囊癌均有肉眼可见的变化[7-8]。因此，手术医师需要有胆囊癌的防范意识并重视标本的剖视检查，常规行胆囊纵行全长剖开[9]，如怀疑胆囊癌，即进行术中快速冰冻病理检查获得诊断，以便进行及时后续治疗。

腹腔镜胆囊切除术中标本建议装入标本袋取出。已有报道显示，腹腔镜胆囊切除术意外胆囊癌造成刺口种植转移[10-12]，如果术中胆囊破损胆汁溢出，对于意外胆囊癌的预后有着严重影响[11,13]，应该常规在分离胆囊前在网膜孔垫纱布条，并尽快吸引器吸净胆汁将标本装入标本袋。本组病例病期相对较早，术中胆囊未穿破，标本使用标本袋取出保护刺口，术后均未发现刺口种植转移。对于意外胆囊癌再次手术的时机及手术方式尚存在区别。有研究者认为，需要对肿瘤进行详细的评估分期，考虑是否再手术，如果分期在 pTⅡ及 pTⅢ期，基本是在胆囊切除术后 3 个月才决定再次行根治性手术[14]。对于病期相对更早的病例，也有研究者认为 pTⅠb 病例应该进行尽快的根治性手术[15]。本组患者由于行腹腔镜胆囊切除，术中所见基本排除肝脏浸润、腹腔播散种植转移的晚期情况，病期相对较早，适于早期再手术。

本组病例在初次胆囊切除术后 6～11 d 再次开腹手术，进行肝十二指肠韧带淋巴结清扫。术中发现手术难度没有明显增加，淋巴结清扫数 4～10 枚，另胆囊床的电凝烧灼处理，胆囊床消融深度 0.2～0.3 cm，虽然没有达到 2.0 cm 距离，但术后最终病理证实分期较早，切缘阴性，应该达到了 R0 切除效果，采取的手术方式也是可取的。

尽管胆囊癌的 T 分期是胆囊癌病期的最重要的影响因素，但 TNM 分期才是疾病最准确全面的分期标准。意外胆囊癌往往缺少淋巴结的评判指标，鉴于胆囊癌容易侵犯区域淋巴结，笔者认为对于术后意外胆囊癌尽早进行肝十二指肠韧带淋巴结清扫术是有益的。(1)病期相对较早，腹腔镜胆囊切除术对腹腔扰动较少，水肿粘连轻，淋巴结清扫成功率高；(2)行淋巴结清扫有助肿瘤的准确临床分期，对预后判断及选择后续治疗有意义，并根据 13a 淋巴结活检结果确定淋巴结清扫范围[16]。pTⅠb 期之后的病例，淋巴结转移概率明显增加，而且由于标本和病理取材等因素，实际的肿瘤 T 分期可能会比报告的 T 分期更晚一些，对于术后发现的意外胆囊癌(T 分期为 TⅠa 之前)是否可以不行淋巴结清扫，仍值得商榷。本组病例均行淋巴结清扫，其中有 1 例患者虽然 pTⅠb 期，但肝十二指肠韧带淋巴结清扫发现淋巴结(2/10)转移，最终 TNM 分期为Ⅲb 期。

传统观点认为胆囊癌根治术均应该开腹手术，目前，越来越多研究者认为，完全腹腔镜下胆囊癌根治术也是安全有效的[17-19]。本组病例均是开腹手术，从手术操作过程来说，早期胆囊癌腹腔镜下完成根治术并没有技术上的困难。美国胆囊癌管理共识建议优先考虑腹腔镜[20]，可以先行探查，评估分期，其更具有微创优势。

本组病例均未进行术后辅助化疗、放疗。其中 1 例 67 岁男性患者术后临床分期为Ⅲb 期，肝十二指肠韧带淋巴结转移，建议化疗，患者及家属未接受，术后 2 年肝门部复发致梗阻性黄疸，行经皮肝穿刺胆道引流，3 个月后死亡。我国胆囊癌诊治指南[16]及美国胆囊癌管理共识[20]推荐 R0 切除术后，$T_2$～$T_4N_1$ 患者进行全身辅助化疗或放疗可生存获益。

综上所述，腹腔镜胆囊切除术后病理发现的胆囊癌病例较少见，一般病期较早，预后相对较好。胆囊切除术术中常规仔细剖开检视标本，有可能避免术后才确认胆囊癌。对于术后发现的意外胆囊癌可酌情尽早加行开腹或腔镜下肝十二指肠韧带淋巴结清扫术[21]。

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