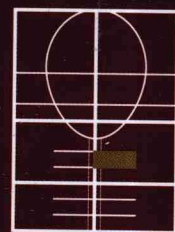


头颈部恶性肿瘤 多学科协作诊疗模式

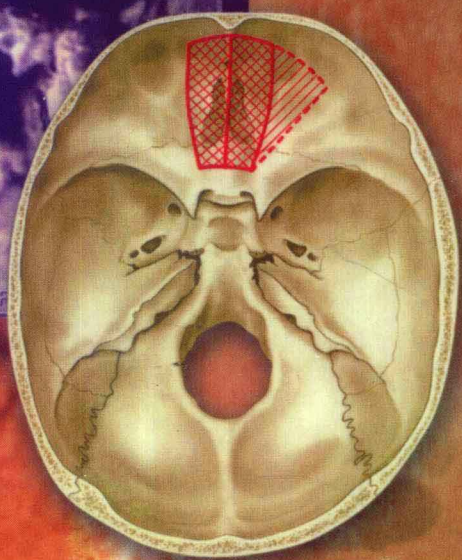
Head and Neck Cancer
A Multidisciplinary Approach



第3版

原著 Louis B. Harrison
Roy B. Sessions
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主译 郑亿庆 邹 华 黄晓明



人民卫生出版社

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by Louis B. Harrison, Roy B. Sessions, Waun Ki Hong

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头颈部肿瘤学是一门涉及多个专业领域的学科，包括耳鼻喉头颈外科、口腔颌面外科、肿瘤医院的头颈肿瘤外科、肿瘤放疗科、肿瘤化疗科等，治疗手段包括手术治疗、放射治疗、化学治疗、生物治疗等等。选择何种治疗手段以使患者获得最佳的治疗效果和良好的生活质量是每一名头颈部肿瘤学医生所必须回答的问题。从本专业角度出发，贬低其他科室治疗手段的作用，是一些医生的“职业偏见”。实践证明，单一手段、单一专业均不能提高肿瘤的疗效，反而会增加患者的痛苦。分则两立，斗则俱伤，多学科合作、制订个性化的综合治疗方案是目前头颈部肿瘤治疗的重要原则之一。

头颈部功能繁多，视觉、嗅觉、言语等功能均与患者的生活质量息息相关，而且头颈部结构的完整性直接决定了患者的外貌美观，决定了患者治疗后能否积极地回归社会。因此，头颈部肿瘤的治疗不能单纯地关注肿瘤本身，还应特别重视患者治疗后的生活质量。这也在相当程度上决定了治疗方案的优劣。治疗而不致残，将改善生活质量与治愈肿瘤放到同等重要的地位是头颈部肿瘤治疗的另一个原则。

为进一步提高头颈部肿瘤的治疗效果，提倡多学科合作，重视生活质量的治疗理念，1999年，Louis B Harrison、Roy B Sessions、Waun Ki Hong三位著名的头颈部肿瘤学专家组织一大批在相关领域颇具建树的学者从不同角度阐述了头颈部肿瘤的基础研究与诊疗方案，并编写本书，此后为紧跟学术发展的进程，在2003年与2008年分别编写了第2版与第3版。在书中作者从多学科合作的角度出发，采用大量的文献数据，针对不同的肿瘤，提出目前最佳的治疗方案，力求建立头颈部肿瘤诊疗的标准，并提出未来的研究方向，对指导头颈部肿瘤学相关专业医生的临床医疗实践、提高头颈部肿瘤的治疗水平肯定会有很大的启迪。

本书是由第3版翻译而来，翻译原则是忠于原著。限于译者水平，书中瑕疵甚至谬误之处在所难免，望各位同行批评指正。

郑亿庆 邹 华 黄晓明

2011年1月于广州

第3版前言

就一本关于癌症的教科书而言，日新月异的医学发展是版本不断更新的动力。收集新文献的过程不可避免地要求对现有文献进行选择，以获得在格式、文采、结构、可读性以及准确性等各方面均为最佳的文献报道，最终，将过去的错误或误解纠正。有鉴于此，学术及智慧的进步正在于对“为何”与“如何”的不断探求。我们必须在悉因与悉法之间作出平衡。而这就是第3版《头颈部恶性肿瘤：多学科协作诊疗模式》成书的原因。

为说明我们所要表达的主旨，再次强调本书实际的标题似乎是重要的，我们认为题目是对主旨与内容的反映，如前两版已经包含一些当代的观点。癌症，特别是头颈部癌肿的治疗，要求对解剖学、生理学、病理生理学全面的认识。视、言、吞、听、嗅依赖于头颈部结构复杂的协同作用，而头颈部器官解剖学和/或生理学的改变通常会对生活产生即刻的影响。因此，如本书题目所示，头颈部癌肿的治疗要求肿瘤外科、放疗科、化疗科医生，以及口腔科、病理科、放射影像学、康复科医生以及护士等相关学科专家的精诚合作。

与前两版一样，第3版的准备过程中也包括对我们之前收录文献的深刻分析：我们再次收录阳性的研究结论，删除阴性的，并补充新的研究文献。力求简洁而不冗长，试图编写出一本全新的、更为有效率的教科书。为使不同肿瘤诊断与治疗的策略标准化，我们增加了对数据的分析使用。在本书中，个性化的诊疗策略，作为应始终坚持的诊疗原则，是基于多学科对肿瘤边缘的讨论及循证医学证据而作出的。重要的是，本书之前版本中隐含的主旨之一在本版中保留下来，即肿瘤学医生的目的应该是在重视患者生活质量的同时尽可能地治愈肿瘤。不惜一切代价治疗肿瘤的观点已经不被接受，并且应当摒弃。基于这样的原因，器官结构及功能的保留应始终得到重视。

为保持本书前两版的先进性，我们给许多重要课题的负责人致信约稿，他们有的是该专业领域的新锐，有的是长期从事该专业的专家。本书最初的编写目的是给头颈部肿瘤学建立一种诊疗的标准。然而，虽然建立标准是令人愉悦的，但是更重要的是如何遵守这一标准。肿瘤学的发展催生出一代又一代的肿瘤学专业医学生，与他们有效的沟通要求我们对我们所珍视的事业有着苛刻而客观的分析，这对编辑和作者都是一项困难的工作。因此，学术研究与课题项目的改变不应看做是对过去研究水平的反映，而是一种研究的螺旋上升。随着本书版本的不断更新，希望积累和形成大量的肿瘤学相关专题，培养大量的肿瘤学专

家。很荣幸有许多著名的科学家、临床医生参与本书的编写过程，他们中的大多数是自己领域的顶尖专家。为表达感激之情，特借第3版的前言写下如下文字“在很多时候，教科书的编写反映了对教学和人类自我完善的热情，至少反映了为终日忙碌的人们作出牺牲的精神。”向所有的编者及其家人致以衷心的感谢。看到这样一本内容繁复，但格式与主题高度统一的著作顺利出版，对于编辑们来说，是一件令人愉快的事情。给予患者最佳的治疗是对我们辛勤工作最大的回报。

头颈部是人体中令人着迷的区域。它的局部解剖学和生理学都是无与伦比的复杂，而视、言、吞、闻、嗅的功能均依赖头颈部结构的协同工作。人的外观多取决于面部结构的形态和表现。头颈部的功能和外形对于个人的外貌起着关键作用。毫无疑问，头颈部的癌肿在当代肿瘤学中占据着重要的地位。

鉴于上述事实，头颈部肿瘤专家应在尽可能治愈肿瘤的同时关注个人的生活质量。不惜一切代价治愈肿瘤的观念已经不再被接受，让患者回归社会、治疗而不致残的理念值得提倡。本书对器官保留和功能恢复的重视，将极大地推动这种理念的接受。头颈部癌肿的处理要求多个学科的密切合作，这一点可能较人体其他部位癌肿的治疗更为明显，多学科合作对获得良好的治疗效果是必要的。肿瘤外科、放疗科、化疗科、口腔科、病理学、放射科、护理学以及其他相关科室医务人员应该密切合作，制定个性化的治疗方案。如题目所示，本书的形成正是基于这样的哲学理念。

本书的第一部分是相关基础学研究，包括头颈部癌肿的分子生物学、流行病学、基因、肿瘤转移的发生机制、病毒学以及化学预防。这一部分为理解头颈部癌肿的发生、可能的预防措施、新的治疗手段提供了基础知识。在当今社会，肿瘤诊治手段日新月异，了解分子科学的一些基本内容对于理解肿瘤学的知识是必要的。

本书的第二部分是关于头颈部癌肿临床诊治的基本内容，包括对局部解剖学的细致描述、体格检查、放射影像学、营养学、肿瘤护理学、口腔肿瘤学、颌面重建、修复手术、生活质量和精神评估以及言语、吞咽和嗓音功能恢复。

第三部分是大量关于头颈部病理学的内容，重点强调病理学的分子学基础，强调病理学发现的意义，以及肿瘤侵袭性生长的基本机制。本章节将是目前对头颈部病理学最全面的阐述之一。

第四部分是关于头颈部各部位癌肿的处理。本章节由一个多学科的团队写作完成，许多人是各自领域内的权威。我们强调多学科合作和重视生活质量的治疗原则。在很多情况下，治疗方案的选择是医生与患者互相妥协的结果，只有对每一名患者做个性化的分析，如重视治疗且重视生活质量，多学科的团队才能提供恰当的治疗方案和最佳的治疗结果。本书中关于放射影像学的内容独立成章，这可以帮助读者了解正常的影像学和不同部位肿瘤的异常影像学表现。

第五部分对肿瘤放疗学、肿瘤化疗学以及基因生物治疗未来发展的方向进行了展望。一篇有关医学

伦理学文献，由该专业一位著名学者提供，也将收录于本章节。第五部分的最后一章对头颈部肿瘤预后以及花费数额进行分析。由于当今社会保健机构承受了大量的经济压力，因此这一部分有十分重要的现实意义。

本书的出版有赖于多个学科、多位专家的精诚合作。能看到如此众多的真知灼见汇于本书确是令人无比愉悦。我们希望读者能够从这种多学科合作的精神中获益，而肿瘤患者的治疗也能遵从上述原则。

译者序·····	9
第3版前言·····	11
第1版前言·····	13

第一部分 头颈部肿瘤治疗的基本原则

第1章 头颈部病理学概述·····	2
第2章 头颈部肿瘤患者预后指标·····	45
第3章 头颈部患者的一般临床评价·····	68
第4章 头颈部鳞状细胞癌的特殊放射影像学检查·····	76
第5章 新放射治疗技术在头颈部肿瘤中的应用·····	90
第6章 口腔肿瘤学和颌面修复学·····	104
第7章 全面支持疗法：营养、对症、疼痛及心理支持·····	119
第8章 头颈部肿瘤多学科重建的基本原则·····	134
第9章 头颈部肿瘤治疗后言语、嗓音及吞咽功能康复的一般原则·····	154

第二部分 不同部位头颈部肿瘤的治疗原则

第10章 颈部外科处理·····	166
第11章 颈部处理措施：放疗与化疗·····	188
第12章 未发现原发灶的颈部转移癌·····	214
第13章 口腔癌·····	231
第14章 口咽部肿瘤·····	264
第15章 早期喉癌·····	317
第16章 晚期喉癌·····	343

第17章	下咽癌和颈段食管癌·····	371
第18章	鼻前庭、鼻腔及鼻窦癌的外科手术治疗·····	424
第19章	鼻腔鼻窦癌：放疗和化疗·····	444
第20章	鼻咽癌·····	469
第21章	皮肤基底细胞癌和鳞状细胞癌·····	509
第22章	头颈部黑色素瘤·····	536
第23章	涎腺恶性肿瘤·····	553
第24章	侵犯颅底和颞骨的恶性肿瘤·····	590
第25章	头颈部的副神经节细胞瘤·····	614
第26章	甲状腺及甲状旁腺癌·····	649
第27章	头颈部软组织 and 骨肉瘤·····	699
第28章	眼眶肿物：手术治疗·····	736
第29章	眼眶肿瘤和眼部结构：放射治疗及策略·····	763
第30章	复发和转移性头颈部肿瘤的全身靶向治疗·····	780

第三部分 头颈部肿瘤的基础研究和流行病学研究

第31章	头颈部肿瘤分子生物学·····	796
第32章	头颈部鳞状细胞癌的分子和基因遗传学·····	806
第33章	头颈部肿瘤的血管生成和转移·····	821
第34章	人乳头状瘤病毒及头颈部肿瘤的预防和治疗·····	849
第35章	头颈部肿瘤的化学预防·····	861