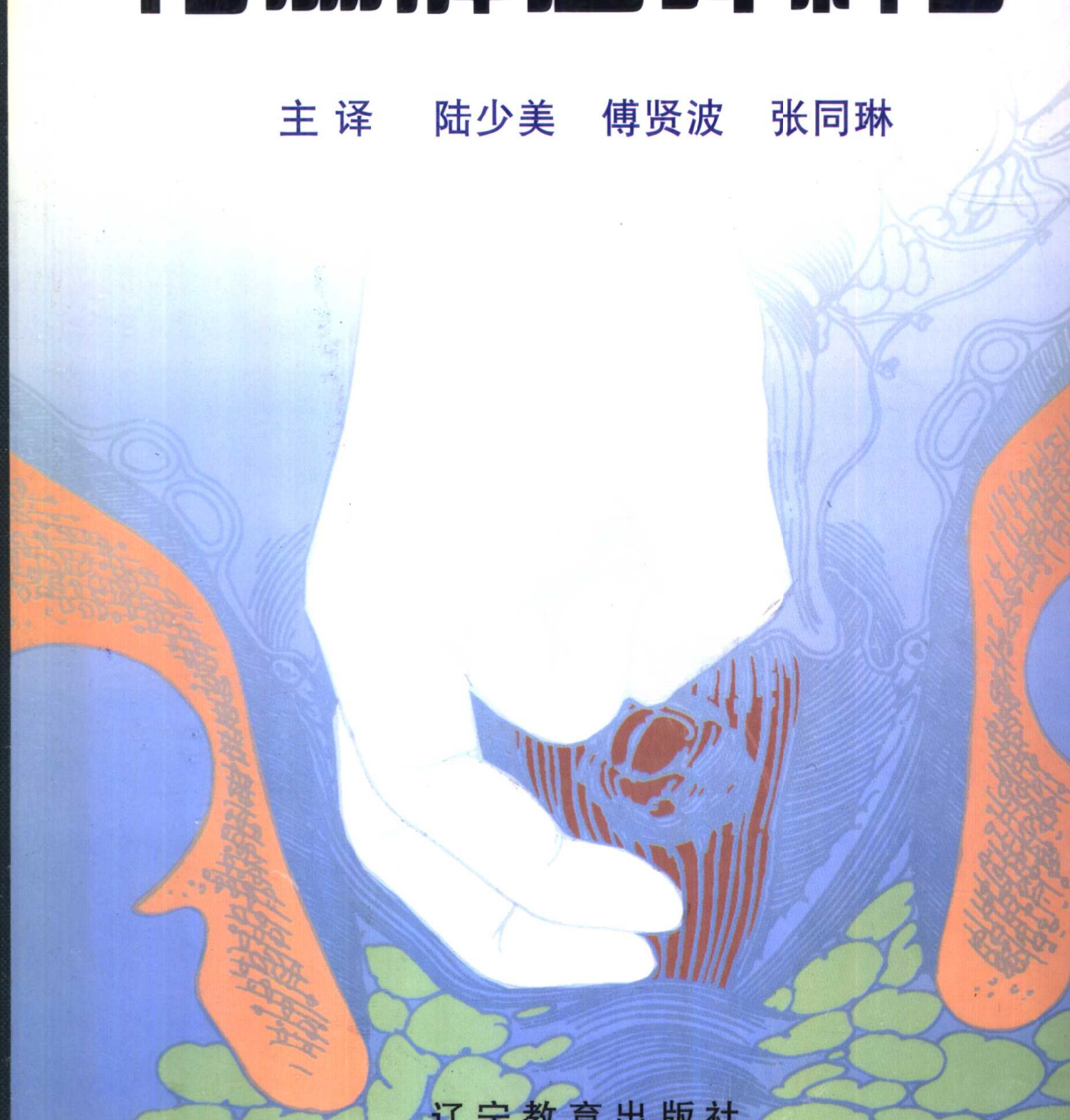


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# 胃肠肿瘤外科学

主译 陆少美 傅贤波 张同琳

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An anatomical illustration of the human gastrointestinal tract, specifically the stomach and duodenum. The stomach is depicted in a light blue color, while the duodenum is shown in a darker blue. A prominent red, textured mass, representing a tumor, is located on the anterior wall of the stomach. The surrounding area is filled with green, textured patterns, possibly representing lymph nodes or other abdominal structures. The overall style is that of a medical textbook illustration.

# 胃肠肿瘤外科学

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## 译者的话

当我们浏览完原著时,发现本书的内容全面而新颖,对消化系统肿瘤的诊治经验给人以新的启迪。

此书集世界不同国家,包括我国在内的许多著名研究中心或专科医院中,具有极其丰富临床经验的世界知名专家,对消化系统肿瘤行多学科综合处理临床实践经验的总结。内容极其丰富、深刻。它不局限于某一国家或地域,而是来自世界东西方数国的大量临床实践和研究资料,更具国际风格。它不单单描述外科处理的见解,还包括像放疗,化疗以及介入、生物治疗等等综合治疗的方案,比较不同国家、不同治疗方案近远期的治疗效果,极大地提高治疗效果和延长患者生存时间。这不仅对外科医师有用,对胃肠病医师、内科肿瘤学医师,以及放射介入学医师同样有参考价值。

消化系统肿瘤是最常见、发病率最高的肿瘤,近年来,其诊断治疗手段有长足的进展。我国也是胃肠肿瘤高发病区之一。除了大城市以外,还有众多基层医院的有关医师,急需了解国际、国内诊治的新进展。目前,我们在国内还没发现能胜过该书的参考书,因此,我们接受辽宁教育出版社的委托,翻译此书。

多年来,我们对消化系统肿瘤的诊断以及包括手术在内的综合性治疗,进行了大量的临床实践和研究。并不断进行改进和提高,积累了一定的经验。不仅具备各种现代化的诊疗手段和先进设备,更聚集一批具有实验研究和临床实践经验的老、中、青年医师。此外,我们在国内率先应用腹腔镜治疗肠道肿瘤,在治疗上具有独到的见解。由于以上的基础,我们组织精干的中青年外科医师进行翻译,从译稿、审稿、推敲修改到定稿。终使原书以中文版与广大读者见面。为此,我们不仅感谢诸位参加翻译的医师,更要感谢熊京伟女士和贾易木先生不辞辛苦,在高温酷暑中为我们打印书稿。

译文中的个别专有名词,词典中无法查找,引用原文。还有些不常用的省略词组,请查找有关参考文献。对图表的出处,一律以原文出现。

全书虽经我们反复审阅、修改,力求能表达原著。但由于我们的翻译水平有限,难免存在不准确、不精辟、乃至错误之处,恳请广大同道予以批评、指教,以求得改进和提高。

主 译

1999年8月

# 序 言

面对胃肠道肿瘤，外科医生要应付的挑战纷繁而又棘手。几乎对所有胃肠道肿瘤患者来说，仅有的长期存活希望就是手术切除肿瘤。尽管放疗和化疗举足轻重，但通常位居其后，偶或在胃或胰腺的淋巴瘤患者，放疗和化疗可能僭居主位，能臻长期生存甚或治愈。然而，在大多数胃肠道肿瘤患者仍需进行彻底的手术根治。根治胃肠道肿瘤所要求的外科手术措施，是今天的外科医生面临的主要挑战。食管切除术，十二指肠切除术，肝大部切除术和肝门部胆管癌切除术都是困难的手术操作。过去施行此类手术，有着可观的死亡率和显著的并发症率。十余年来，进步斐然，这些手术已变得安全。而且在一些病例，我们已可借助于多学科交叉的措施，使许多胃肠道肿瘤患者经治疗后存活很长时间。

Dr. Harold J. Wowebo 集世界知名胃肠道肿瘤专家，编撰成这本集思广益的著作。此书的第一部分概括了目前我们对胃肠道肿瘤的了解状况，对胃肠道肿瘤的遗传学、流行病学及筛查进行了精彩的讨论。对胃肠道肿瘤发生前的分子变化，肿瘤早期及转移的生物学进行了上佳的论述。在第二部分，主要讨论处理食管、胃、胰腺、肝、胆道和胆囊，以及结一直肠肿瘤的多学科交叉措施。这些章节笔法生动，易于理解，绝不是百科全书式的罗列与堆砌。为便于读者更广泛深入的了解，本书编列了极好的提要。编者努力使此书的著者不仅囿于美国，而且也来自世界其他地方，因而使此书具有一种国际风格。

对癌症的治疗是多学科交叉的。对所有这些疾病，除外科医生外，胃肠病学家、肿瘤学家以及放射治疗学家，均需参与对这些病人的治疗。大多数肿瘤的成功治疗都需要一种团队协作。毫无例外，具有低的手术死亡率和并发症率，好的长期生存结果的医疗机构，都是那些通过多年发展起来的不仅拥有胃肠病学家、外科医生、医学肿瘤学家和放射治疗学家，而且包括放射介入学家、重症监护学家，经验丰富的护理、强有力的营养、复苏部门以及社会工作的机构，在处理复杂的胃肠道肿瘤病人时所有这些是不可或缺的。在当前美国社会这种效价观的状态下，维持这种综合团队协作可能近乎奢侈而难以为继。但大多数研究说明，与缺乏协作的处理相比，这种团队处理以低的代价取得了低的住院死亡率和并发症率，住院时间缩短，生存期延长。

此书编辑独具匠心，应当不仅适用于外科医生，而且适用于内科医生，是一部赏心悦目，极易理解的阐述当前胃肠道肿瘤多学科交叉处理措施的参考书。

John L. Cameron, MD  
(满国彤 译)

# 前 言

本书的主旨在于从多学科交叉的角度反映当前对胃肠道癌症的外科处理。强调医学与放射肿瘤学家的密切相互合作，介入胃肠学家和放射学家有力的相互支持。在有关当前病原学，分子和肿瘤生物学、诊断和监测手段等的权威的介绍章节中，对临床治疗措施的描述是言之有据的。尽管编撰本书的主要动机是为外科医生提供一本最新的参考书，但此书将对胃肠病学家、内科肿瘤学家和放射治疗学家同样有用。我们聘请了上述领域的知名专家，对胃肠道癌症外科治疗领域的主要问题进行了讨论。每个专家均受命综合当前文献中的最新发现，强调他（她）自己在各自的研究课题上的观点和经验。我们感觉到基于专家们在其研究领域专门知识的高深见解，对讨论的主题发表个人的观点时都有血有肉，有滋有味。在同一主题的讨论中将反映出放射治疗学家或内科肿瘤学家的不同看法，这种不同看法与外科专家的见解也是互为补充的。在内科和放射肿瘤学家的视野中，尤易看到持续不断地来自著名的协作研究小组的资料。与临床研究有关的肿瘤学数据库的持续扩张是一个进行性的过程，这种过程使任何教科书都难以保持稳定。因此，本书允许临床医生在当前经验和知识的基础上，在个别问题上可以发展合情合理的治疗计划。各种“在线”服务和大多数医学图书馆都提供计算机入口，因此，这种治疗计划可参阅当前文献而便当地加以补充。

Harold J. Wanebo

(满国彤 译)

## 致 谢

我感谢所有参与编撰此书的著者及合著者，他们就像一个交响乐队中的演奏者，仅仅由一个具良好愿望的指挥召集在一起（在此，鄙人是也）。幸好他们已惯于（有或没有指挥站立于指挥台上）以高超的水平进行演奏。

我同样感谢我们肿瘤研究所的住院医师、研究员和同事们，是他们不断提出我们作为高级研究机构应做的事情，是他们用当前的科学文献启发我。我同样感谢我的病人，是他们用其痛苦与欢乐指导了我，也是他们不断地提醒我的局限。

我同样感谢我的妻子 Claire 给我一贯精神上的支持。感谢编辑助理 Ratherive B. Ferril，他给本书的写作计划贡献了无数时光。

*Harold J. Wanebo*

（满图形 译）

# 绪 论

对一个编辑最激动人心的奖励,莫过于有幸与一大批具国内或国际声誉的专家沟通,并劝他们在本书的出版过程中进行饶有兴趣的合作。胃肠道癌肿涉及全世界,而且,从一个西方学者的角度看,我们常常对在世界其他地方,尤其在亚洲非常常见的某种类型的胃肠道恶性肿瘤所知有限。来自世界各地的知名专家致力于改善这种国际状态所做的贡献,令人非常欣喜。确实,我们已从国外的同行那里学到很多东西,我们都知晓在当前文献中发表的投稿。但我们可能常常不了解他们在这些问题上的观点。因为出于在科学文献中发表的个别报道需具客观性,这些观点常常被删略掉。我恳求他们着重强调根据自己或别人的经验而形成的观点,从而使本书的读者从这些精华中受益。

## 食管癌

在美国每年仅有 1.2 万病人罹患食管癌,但其死亡率甚高 (>80%); 在全世界食管癌位于最常见胃肠道癌肿的第三位,每年发病超过 31 万<sup>[2]</sup>。在高发区和低发区,此病的发病率相差以百倍计,因此在世界不同地区对此病的认识相差悬殊<sup>[2]</sup>。此病发病隐匿,往往到病程晚期才被发现,而此时对病人和临床医生都是一个可怕的挑战。在中国的一些高发地区,采用食管细胞学筛查取得一定成功。不幸的是,当外科医生处理此病时常常已属晚期。尽管仍在评估当中,最令人鼓舞的方面也许是,目前在中国用术前化疗和放疗已取得好的结果。专家们长期以来就感兴趣于对食管癌进行评估、分期和外科治疗方面的探索,Dr. Ellis 总结了他经胸切除食管癌的长期经验。Dr. John Bolton 总结了经食管裂孔切除的替代方法。由 Cornell 研究小组 (Altorki 和 Girardi) 总结了整块根治切除的经验。Dr. Akiyama 总结了日本进行的侵袭性的颈部、纵隔和上腹部淋巴清扫食管癌根治术方面的经验。Drs. Minsky 和 Phillips 总结了初期放疗的经验,这也许又使人们重新关注长期以来对胸部食管癌进行外科或放射治疗的争论。Dr. Kelsen 讨论了综合治疗的价值,反映了其所在研究所和整个国家对放疗和化疗的认识。经此治疗后肿瘤体积缩小,便于手术切除,这是否有助于长期控制肿瘤呢? 在这个领域仍有争议,而且,目前正致力于临床方面的研究。Drs. Murry 和 Vasilakis 讨论了食管癌的并发症,包括致命的气管-食管瘘和其他并发症。Dr. Jerry Rosenbery 总结了对腺癌前期病变,即 Barrett 食管的治疗。Dr. Hector Nava 描述了应用食管镜激光疗法的前景,其应用指征和局限性,反映了 Dr. Hector Nava 在 Roswell Park 癌症中心广泛的内镜经验。

## 胃癌

尽管全世界范围内胃癌的发病率都已下降,但它仍是全球最常见的胃肠道癌肿。据估计 1980 年发病超过 66.9 万例,其中 55 万例死亡<sup>[2]</sup>。日本、远东、智利的发病率最高,俄国和欧洲的发病率次之,美国的发病率相对较低。此病的预后与病期高度相关。在日本,应用上胃肠道气钡双重对比造影结合胃镜检查及活检进行筛查,已能在疾病的早期即做出诊断。手术切除之后长期生存的可能性在不断增加。日本通过强



调和广泛应用外科淋巴结清扫术也改善了预后。回顾性资料提示在预后方面已逐步取得改善。欧洲和远东(日本和中国台湾省)的癌症中心已应用淋巴结清扫术努力改善预后。我们敦请西方和东方的专家对胃癌的各个不同方面进行阐述。BJ. Kennedy对分期进行了讨论, JR. Siewert对伴随近端胃癌损伤的问题进行了论述, 来自日本和中国方面的专家(Drs. Keiichi Maruyama, 东京国家癌症中心医院, Chew - Wun Wu, 台北退伍军人总院, 中国台湾省), 各自对淋巴结清扫术的价值进行了探讨。在西方国家, 对早期胃癌进行治疗的问题不常见到, 而在日本, 胃癌早期即常常得以诊断, Dr. Michio Sowa对此进行了论述。Roswell Park癌症中心的Drs. Harold Douglass和Judy Smith报告了对癌症辅助疗法的临床研究结果。Dr. Douglass参与了由胃肠研究小组(gastrointestinal study group, GITSG)组织的临床研究, 他的同事们且已指出在欧洲和美国进行的辅助治疗研究的进展及局限。令人失望的是, 没有取得明确的结论, 仍需进一步研究。Dr. Michad Vezeridis讨论了进展期胃癌的发病率和所需的姑息性手术, 包括姑息性胃切除术的作用。Dr. Steven Smalley阐述了放疗作为一种姑息疗法和作为一种辅助疗法的价值, 反映了当前进行的一些研究工作。对术中放疗的应用前景也进行了讨论。

## 胃淋巴瘤

关于此病的病理分类, 自然病程, 幽门螺杆菌的作用, 以及与胃的其他淋巴瘤相比在分析MACT时的困难, 许多问题和争论的结果都在此章中给予解答。确实, 正如在一些研究中所推测的, 这种疾病可用抗生素治愈吗? Drs. Mustafa, Khorsand, Clark和Wanebo详细地总结了手术、化疗和放疗在当前处理这种有争议疾病时的作用。

## 胰腺癌

胰腺癌在美国常见的胃肠道癌肿中占据第二位。1996年发病人数超过2.6万例, 如果未能手术切除, 死亡率非常高。不幸的是, 只有很少部分病例适于手术切除, 而且到目前为止尚无有价值的筛查方法。在全世界胰腺癌是第五位常见的恶性肿瘤(13.7万例, 1980年), Drs. Michael Sarv和David Farley描述了“显著”的恶性胰头癌的手术治疗, 并对有关诊断、姑息旁路手术、切除手术等问题进行了总结。胃肠病学家和外科医生在诊断胰头癌时都面临许多问题。对CT引导下的细针穿刺活检的局限性及其可质疑的风险, 以及与术中获得肯定的组织学诊断有关的问题进行了讨论。在未获得肯定诊断的情况下做出抉择(在无组织学诊断情况下应该进行手术切除?)是讨论的部分内容。Drs. Ronald Tompkins和Edward Livingston对壶腹和壶腹周围癌, 胆总管末端癌和十二指肠癌的治疗进行了讨论。在此有充分的理由, 对这些疾病的诊断和治疗表示乐观。在这类病人中仍有1/3可以取得长期的控制。腹腔镜的出现是另一个重要章节, 尤其当前在胰腺外科的应用, Drs. Fernandez-del Castillo和Audren Warshaw讨论了此问题, 提供了麻省总医院多年来应用此技术的经验。腹腔镜肯定性地给以判定有无手术可能性的机会, 并对那些在后面即将讨论到的病人施行旁路手术, 给予营养通路, 进行一定术前治疗。Drs. Ricardo Rossi和Ronald Martin对应用保留幽门的胰十二指肠切除术进行了讨论。正是Dr. Martin的研究小组, 而不是别人, 对胰腺癌治疗中保留幽门手术的作用进行了研究, 并已证