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本期责任编辑 朱悦 英文编辑 李黎 卜今

· 论著 ·

内镜超声引导下无水乙醇消融术治疗胰腺囊性肿瘤的初步研究(含视频)



孙力祺 蒋斐 金震东

【摘要】 目的 评价内镜超声引导下无水乙醇消融术(EUS-EA)治疗胰腺囊性肿瘤的可行性、安全性及有效性。**方法** 回顾性分析2013年7月至2017年4月在上海长海医院接受EUS-EA的10例胰腺囊性肿瘤患者的基本信息、EUS特征、术后并发症、随访情况等资料。根据术后随访的影像学资料评估EUS-EA疗效。**结果** 10例患者瘤体最长径平均为 (2.95 ± 1.56) cm, 囊液分析结果显示6例浆液性囊腺瘤, 3例黏液性囊腺瘤, 1例未定型囊腺瘤。10例患者共行12次EUS-EA, 手术均成功, 未出现有临床意义的感染、胰腺炎、出血、胰瘘等严重并发症。术后中位随访时间4.0个月(3.0~12.0个月), 3例完全缓解, 6例部分缓解, 1例病变稳定, 无进展病例。**结论** EUS-EA治疗胰腺囊性肿瘤手术成功率高、并发症少、总体疗效较好。

【关键词】 胰腺肿瘤; 内镜超声检查; 乙醇; 消融术

基金项目:上海市科学技术委员会科研项目(16441906902)

Endoscopic ultrasound-guided ethanol ablation for pancreatic cystic neoplasm (with video) Sun Liqi, Jiang Fei, Jin Zhendong. Department of Gastroenterology, Changhai Hospital, the Second Military Medical University, Shanghai 200433, China

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【Abstract】 Objective To evaluate technical feasibility, safety and efficacy of endoscopic ultrasound-guided ethanol ablation (EUS-EA) for pancreatic cystic neoplasms (PCNs). **Methods** Clinical data of 10 patients with PCNs in Changhai Hospital from July 2013 to April 2017, including demographic information, EUS features, adverse events and follow-up data, were retrospectively studied. Efficacy was assessed according to imaging data. **Results** The mean largest diameter of the cyst was 2.95 ± 1.56 cm. Cyst fluid analysis showed that there were 6 serous cystic neoplasms, 3 mucinous cystic neoplasms, and 1 indeterminate cyst. Totally 12 operations were performed successfully. No infection, pancreatitis, bleeding, pancreatic fistula or other severe complications with clinical significance occurred. The median follow-up time was 4.0 months (3.0-12.0 months). Three patients achieved complete resolution, 6 achieved partial resolution, 1 was stable disease, and no patient showed progressive tumor. **Conclusion** EUS-EA for PCNs has high operation success rate, less complication and satisfactory overall efficacy.

【Key words】 Pancreatic neoplasms; Endoscopic ultrasonography; Ethanol; Ablation

Fund program: Foundation of Shanghai Science and Technology Commission (16441906902)

随着影像学技术的发展,胰腺囊性肿瘤(pancreatic cystic neoplasms, PCNs)在正常人群中的检出率逐年升高,有报道称在无症状及无胰腺病史人群中PCNs的检出率约为2.5%,且发病率与年龄呈正

相关性,在70岁以上人群中检出率约为10%^[1]。手术是目前治疗PCNs的标准方法,但胰腺手术有较高的围手术期并发症发生率,对于是否早期行手术治疗目前仍有争议。内镜超声引导下无水乙醇消融术(endoscopic ultrasound-guided ethanol ablation, EUS-EA)作为一种治疗PCNs的微创方法,国内外已经有多个中心开展了相关研究,但EUS-EA的有效性却存在争议。本研究回顾性分析接受EUS-EA治疗的PCNs患者的临床资料,探讨EUS-EA在中

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· 论著 ·

内镜超声引导下胆囊穿刺引流术治疗 高危急性胆囊炎的初步研究

陆磊 张堤 汤小伟 杨晶 金杭斌 杨建锋 张筱凤

【摘要】 目的 评价内镜超声引导下胆囊穿刺引流术(EUS-GBD)治疗高危急性胆囊炎的临床疗效和安全性。**方法** 以2015年4月至2016年12月在杭州市第一人民医院行EUS-GBD的高危急性胆囊炎患者为研究对象,回顾性收集患者的临床资料,分析治疗效果及并发症情况。**结果** 研究共纳入5例患者,均成功置入支架引流,平均操作时间(26.0±3.1)min。4例患者置入双猪尾型塑料支架;1例患者I期置入鼻胆引流管,5d后在内镜下剪断引流管作内引流。5例患者术后胆囊炎症状明显改善,无明显并发症发生,无一例死亡。术后随访46~692d,所有患者未出现胆囊炎复发和支架移位。**结论** 在有经验的内镜中心,对于无手术条件的高危急性胆囊炎患者行EUS-GBD是一种安全、有效的微创治疗方法。

【关键词】 胆囊炎,急性; 腔内超声检查; 支架; 内镜下胆囊穿刺引流

基金项目:浙江省医药卫生科技计划项目(2016DTA007);浙江省自然科学基金(LY17H030003);杭州市卫生科技计划重大项目(2016ZD01);杭州市科技发展计划项目(20160533B04)

A primary study on curative effects of endoscopic ultrasound-guided gallbladder drainage for patients with acute cholecystitis and high surgical risk Lu Lei, Zhang Di, Tang Xiaowei, Yang Jing, Jin Hangbin, Yang Jianfeng, Zhang Xiaofeng. Department of Gastroenterology, Hangzhou First People's Hospital, Nanjing Medical University, Hangzhou 310006, China

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【Abstract】 Objective To investigate the efficacy and safety of endoscopic ultrasound-guided gallbladder drainage (EUS-GBD) for patients with acute cholecystitis, who are unfit for cholecystectomy. **Methods** Patients who underwent EUS-GBD at Hangzhou First People's Hospital from April 2015 to December 2016 were enrolled in this study. Clinical data were collected, and effectiveness and complications were analyzed. **Results** EUS-GBD was achieved in all 5 patients, and the mean procedure time of EUS-GBD was 26.0±3.1 min. Double pigtail plastic stents were successfully placed in 4 patients. A nasobiliary drainage tube was placed in 1 patient and the tube was endoscopically cut 5 days after procedure acting as internal drainage. All patients recovered without complications and no procedure-related death occurred. During the follow-up period (46-692 d), no patient experienced recurrent cholecystitis and stent migration. **Conclusion** At an experienced endoscopic center, EUS-GBD is a safe, effective and minimally invasive method for patients with acute cholecystitis and high surgical risk.

【Key words】 Cholecystitis, acute; Endosonography; Stents; Endoscopic gallbladder drainage

Fund program: Medical and Health Science Program of Zhejiang Province (2016DTA007); Natural Science Foundation of Zhejiang Province (LY17H030003); Major Project of Health Science and Technology Program of Hangzhou (2016ZD01); Science and Technology Development Project of Hangzhou (20160533B04)

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近年来,随着消化内镜技术与设备的不断发展,内镜超声引导下胆囊穿刺引流术(endoscopic ultrasound-guided gallbladder drainage, EUS-GBD)已成为保守治疗无效的高危急性胆囊炎的新型微创疗法^[1]。

· 论著 ·

内镜超声引导下细针抽吸术对肝外胆管占位的诊断价值

李姣 史维 孙晓滨 唐宇

【摘要】 目的 探讨内镜超声引导下细针抽吸术(EUS-FNA)对肝外胆管占位病变的诊断价值。**方法** 回顾性分析 2012 年 1 月至 2016 年 12 月在成都市第三人民医院接受 EUS-FNA 的 11 例肝外胆管占位患者临床资料,对比其病理学检查结果与术后病理及随访结果。**结果** 11 例患者 EUS-FNA 均获得满意病理学标本。病灶位于近端胆管 1 例、远端胆管 6 例、壶腹部 4 例。EUS-FNA 病理学诊断腺癌 7 例,发现异型细胞且怀疑恶性者 1 例,发现异型细胞而癌不能除外者 1 例,良性病变 2 例;与术后病理及随访结果对比,EUS-FNA 对肝外胆管占位诊断的敏感度为 89%(8/9),特异度 100%(2/2),准确率 91%(10/11),阳性预测值 100%(8/8),阴性预测值 67%(2/3)。术后 1 例出现轻症胰腺炎,无其他严重并发症。**结论** EUS-FNA 诊断肝外胆管占位安全、可行、有效,具有较好的临床应用价值。

【关键词】 胆管肿瘤; 腔内超声检查; 活组织检查,细针; 诊断

Diagnostic value of endoscopic ultrasound-guided fine needle aspiration for extrahepatic bile duct lesions Li Jiao, Shi Wei, Sun Xiaobin, Tang Yu. Department of Gastroenterology, the Third People's Hospital of Chengdu, Chengdu 610031, China

Corresponding author: Sun Xiaobin, Email: xbsun@163.com

【Abstract】 Objective To assess the value of endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) for diagnosis of extrahepatic bile duct lesions. **Methods** A retrospective analysis was performed on the data of 11 patients with extrahepatic bile duct lesions undergoing EUS-FNA in the Third People's Hospital of Chengdu between January 2012 and December 2016. The result of biopsy was compared with that of surgical finding and follow-up study. **Results** EUS-FNA was successfully performed on 11 patients with 1 lesions in proximal bile duct, 6 in distal bile duct, and 4 in ampulla. According to the results of biopsy, 7 lesions were pathologically confirmed as adenocarcinoma, 1 was suspicious of adenocarcinoma, 1 couldn't be excluded as carcinoma, and 2 were considered to be benign. Compared with the results of surgical pathology and follow-up study, the sensitivity, specificity, accuracy, positive predictive value, and negative predictive value of EUS-FNA in diagnosis of extrahepatic bile duct lesions were 89%(8/9), 100%(2/2), 91%(10/11), 100%(8/8), and 67%(2/3), respectively. One case suffered mild pancreatitis after EUS-FNA without other complications. **Conclusion** EUS-FNA is a safe, feasible and effective method for diagnosis of lesions in extrahepatic bile duct.

【Key words】 Bile duct neoplasms; Endosonography; Biopsy, fine-needle; Diagnosis

内镜超声引导下细针抽吸术(endoscopic ultrasound-guided fine needle aspiration, EUS-FNA)操作简单、费用低、并发症少,可准确安全地获取满意的病理学证据,广泛用于消化道肿瘤和消化道毗邻结构病变的诊断,而对肝外胆管占位病变的诊断,国

内外报道较少。基于肝外胆管系统与上消化道的毗邻关系,结合临床实践,本研究对 EUS-FNA 对肝外胆管占位病变的诊断进行回顾性分析。

资料与方法

一、病例资料

2012 年 1 月至 2016 年 12 月,成都市第三人民医院对 11 例肝外胆管占位患者进行 EUS-FNA,其中男 6 例、女 5 例,平均年龄 62.3 岁(41~83 岁)。

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· 论著 ·

SpyGlass DS 直视胆道镜系统在胆道疾病诊治中的初步临床研究(含视频)



刘春涛 王拥军 李鹏 冀明 张澍田

【摘要】 目的 探讨 SpyGlass DS 直视胆道镜系统在胆道疾病诊治中的临床应用价值。**方法** 使用 SpyGlass DS 直视胆道镜系统对 7 例胆道疾病患者(包括 3 例胆总管巨大结石,4 例不明原因胆管狭窄)进行镜下诊断和治疗。对胆总管巨大结石患者,行 SpyGlass DS 胆道镜直视下激光碎石,继之行常规 ERCP 取石;对不明原因胆管狭窄患者,在 SpyGlass DS 胆道镜直视下观察病变情况,必要时取活检。**结果** 7 例患者均成功完成 SpyGlass DS 镜下诊治, SpyGlass DS 平均操作时间 12.6 min。3 例胆总管巨大结石患者均成功完成碎石及取石,术后 3 d 鼻胆管造影显示无结石残留。4 例胆管狭窄患者中,2 例镜下诊断为恶性胆管狭窄,并被活检病理证实;另外 2 例镜下诊断为炎性狭窄,未取活检。术后 2 例患者出现高淀粉酶血症,均自行恢复正常。**结论** SpyGlass DS 能成功用于难治性胆管结石及不明原因胆管狭窄患者的诊治。

【关键词】 胆总管结石; 胆管狭窄; SpyGlass DS 胆道镜系统; 碎石术,激光

基金项目:北京市优秀人才培养资助项目(2015000021469G233);北京市医院管理局“青苗”计划专项(QML20150105)

Clinical value of SpyGlass DS cholangioscopy in diagnosis and treatment of patients with biliary tract diseases (with video) Liu Chuntao, Wang Yongjun, Li Peng, Ji Ming, Zhang Shutian. Department of Gastroenterology, Beijing Friendship Hospital, Capital Medical University; National Clinical Research Center for Digestive Diseases; Beijing Digestive Disease Center, Beijing 100050, China
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【Abstract】 Objective To evaluate the clinical application value of SpyGlass DS cholangioscopy in diagnosis and therapy of patients with biliary tract diseases. **Methods** Seven patients with biliary tract diseases were examined and treated with SpyGlass DS system. Three patients with large choledocholithiasis underwent laser lithotripsy under SpyGlass DS system, and then the broken stones were removed by ERCP. Four patients with indeterminate bile duct stricture underwent SpyGlass DS examination and SpyGlass DS-guided biopsies if necessary. **Results** SpyGlass DS cholangioscopy was successfully performed in all patients with a mean procedure time of 12.6 min. Complete stone clearance was achieved in 3 patients with large biliary stones. Of the 4 patients with indeterminate biliary stricture, 2 underwent SpyGlass DS-guided biopsies and were diagnosed as malignant biliary tumor; the other 2 patients were diagnosed as inflammatory bile duct stenosis after visualizing the target lesions without biopsy. Two patients developed hyperamylasemia after the procedure, and recovered spontaneously. **Conclusion** SpyGlass DS cholangioscopy can provide accurate diagnosis in indeterminate biliary strictures and facilitate therapy in patients with challenging biliary stones.

【Key words】 Choledocholithiasis; Bile duct stenosis; SpyGlass DS cholangioscopy; Lithotripsy, laser

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· 论著 ·

海博刀与三角刀在经口内镜下肌切开术中疗效的回顾性队列研究

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【摘要】 目的 比较海博刀与三角刀在经口内镜下肌切开术(POEM)中的临床疗效。**方法** 采用回顾性队列研究设计,纳入 2012 年 6 月至 2014 年 7 月因贲门失弛缓症在南方医科大学南方医院接受 POEM 治疗的患者,术中使用海博刀者为海博刀组,使用注射针和三角刀者为三角刀组,比较 2 组手术相关参数、术后症状缓解及并发症发生率。**结果** 共纳入 57 例患者,其中海博刀组 25 例,三角刀组 32 例。2 组患者基线特征比较差异无统计学意义($P>0.05$)。海博刀组平均手术时间短于三角刀组[(55.3±17.7) min 比 (69.5±9.4) min, $P=0.038$];术中平均器械交换次数少于三角刀组[(4.5±1.5) 次比 (10.7±1.7) 次, $P=0.000$]。所有患者无严重不良事件发生。在 1 年的随访中,海博刀组治疗成功率为 92.0% (23/25),三角刀组为 96.9% (31/32),差异无统计学意义($P=0.576$)。**结论** 海博刀能显著缩短 POEM 手术时间,并且获得与三角刀相似的治疗成功率。

【关键词】 失弛症,贲门; 经口内镜下肌切开术; 海博刀; 三角刀; 队列研究

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Clinical effects of Hybrid knife versus triangular tip on peroral endoscopic myotomy for patients with achalasia: a retrospective cohort study Gong Wei*, Gao Qiaoping, Tang Xiaowei, Tu Sufang, Huang Silin. *Department of Gastroenterology, Shenzhen Hospital, Southern Medical University, Shenzhen 518110, China

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【Abstract】 Objective To compare the clinical efficacy and safety of Hybrid knife versus triangular tip during peroral endoscopic myotomy (POEM) for patients with achalasia of cardia. **Methods** Data of patients with achalasia of cardia who received POEM in Nanfang Hospital, Southern Medical University from June 2012 to July 2014 were collected and divided into the Hybrid knife group (using Hybrid knife) and triangular tip group (using injection needle and triangular tip). Procedure-related parameters, symptom relief, and adverse events were compared between the two groups. **Results** A total of 57 patients were selected, including 25 patients in the Hybrid knife group and 32 in the triangular tip group. There were no significant differences on baseline characteristics between the two groups ($P>0.05$). The mean procedure time was shorter in the Hybrid knife group than that in the triangular tip group (55.3±17.7 min VS 69.5±9.4 min, $P=0.038$). The mean frequency of devices exchange was less in the Hybrid knife group than that in the triangular tip group (4.5±1.5 VS 10.7±1.7, $P=0.000$). No serious complications occurred during operation and periodical follow-up in both groups. At one-year follow-up, the treatment success rate was 92.0% (23/25) in the Hybrid knife group and 96.9% (31/32) in the triangular tip group ($P=0.576$). **Conclusion** Using Hybrid knife in POEM can shorten procedural time and achieve similar treatment success rate compared to triangular tip.

【Key words】 Achalasia, cardia; Peroral endoscopic myotomy; Hybrid knife; Triangular tip;

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· 论著 ·

环形肌切开和全层肌切开治疗贲门失弛缓症的长期随访研究

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【摘要】 目的 对比内镜下环形肌切开与全层肌切开治疗贲门失弛缓症的长期临床疗效及远期并发症。**方法** 回顾性分析 2012 年 6 月至 2014 年 12 月于郑州大学第一附属医院消化内科行经口内镜下肌切开术治疗,并定期随访的 53 例贲门失弛缓症患者资料,其中 21 例行环形肌切开,32 例行全层肌切开,比较 2 种术式的长期临床疗效及远期并发症。**结果** 环形肌切开组和全层肌切开组治疗有效率分别为 90.5% (19/21) 和 100.0% (32/32),差异无统计学意义 ($P=0.152$)。2 组术后 Eckardt 评分、食管下括约肌压力和 4 s 完整松弛压比较差异均无统计学意义 ($P>0.05$)。全层肌切开组临床相关胃食管反流发生率高于环形肌切开组 (40.6% 比 14.3%, $\chi^2=4.174$, $P=0.041$)。**结论** 经口内镜下环形肌切开术与全层肌切开术治疗贲门失弛缓症长期疗效相当,但全层肌切开后临床相关胃食管反流发生率更高。

【关键词】 失弛症,贲门; 经口内镜下肌切开术; 环形肌切开; 全层肌切开; 长期疗效

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Long-term efficacy of peroral endoscopic circular myotomy and full-thickness myotomy on treatment of achalasia of cardia He Dezhi, Wang Juan, Han Yanmiao, Li Jiansheng, Wang Xiaotong, Zheng Pu, Zheng Yanyan, Chen Yang, Wang Shuguan. Department of Gastroenterology, the First Affiliated Hospital of Zhengzhou University, Zhengzhou 450052, China

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【Abstract】 Objective To compare the long-term efficacy and complications of peroral endoscopic circular myotomy and full-thickness myotomy for patients with achalasia of cardia. **Methods** A retrospective analysis was performed on the data of 53 patients with achalasia of cardia, who underwent peroral endoscopic myotomy in the First Affiliated Hospital of Zhengzhou University from June 2012 to December 2014 and were followed-up regularly. Twenty-one patients underwent circular myotomy, and the other 32 patients underwent full-thickness myotomy. The postoperative long-term efficacy and gastroesophageal reflux complications of the two groups were compared. **Results** The effective rate of the circular myotomy group and the full-thickness myotomy group was 90.5% (19/21) and 100.0% (32/32), respectively ($P=0.152$). There were no significant differences between the two groups on postoperative Eckardt scores, lower esophageal sphincter pressure and 4 s integrated relaxation pressure ($P>0.05$). The incidence of clinically relevant gastroesophageal reflux of full-thickness myotomy group was higher than that of circular myotomy group (40.6% VS 14.3%, $\chi^2=4.174$, $P=0.041$). **Conclusion** The long-term efficacy of circular myotomy is similar to that of full-thickness myotomy, but the incidence of clinically relevant gastroesophageal reflux is higher in full-thickness myotomy.

【Key words】 Achalasia, cardia; Peroral endoscopic myotomy; Circular myotomy; Full-thickness myotomy; Long-term efficacy

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· 论著 ·

内镜下结直肠息肉切除术后迟发性出血的危险因素分析

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【摘要】 目的 分析结直肠息肉切除术后迟发性出血的危险因素。**方法** 回顾性分析 2014 年 1 月至 2017 年 5 月行内镜下结直肠息肉切除术的 459 例患者资料,根据术后是否发生迟发性出血分为出血组与未出血组,比较 2 组相关因素的差异,分析迟发性出血的危险因素。**结果** 459 例患者中发生迟发性出血者 27 例;共切除息肉 572 枚,发生迟发性出血息肉 42 枚。单因素分析显示,患者性别(男性 85.2%)、切除息肉数量(≥ 3 枚者 59.3%)、合并高脂血症(29.6%)、息肉直径(≥ 10 mm 者 66.7%)、形态(有蒂 81.0%)、病理类型(腺瘤型 95.2%)、切除方式(EMR 者 90.5%)与迟发性出血显著相关($P < 0.05$)。Logistic 回归分析显示,患者性别、合并高脂血症、息肉数目、大小、形态为迟发性出血的独立危险因素($P < 0.05$)。**结论** 男性患者、合并高脂血症、切除 ≥ 3 枚息肉、息肉直径 ≥ 10 mm、息肉有蒂为迟发性出血的独立危险因素。

【关键词】 结肠镜检查; 息肉切除术; 迟发性出血; 危险因素

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Risk factors of delayed colonoscopic post-polypectomy bleeding Cheng Peng*, Bai Yu, Fang Jun, Zhao Shengbing, Wang Shuling, Li Na'na, Meng Xiangjun, Li Zhaoshen. * Department of Gastroenterology, Shanghai Hospital, the Second Military Medical University, Shanghai 200433, China
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【Abstract】 Objective To analyze the risk factors of delayed post-polypectomy bleeding (DPPB) of colonoscopy. **Methods** The data of 459 patients who underwent colonoscopic polypectomy between January 2014 and May 2017 were summarized, and the risk factors of DPPB were analyzed. **Results** Among the 459 patients, a total of 572 polyps were removed, and DPPB occurred in 27 patients with 42 polyps. Univariate analysis revealed that gender (male 85.2%), number of polyps removed (≥ 3 polyps, 59.3%), complicated with hyperlipidemia (29.6%), polyps' diameter (≥ 10 mm, 66.7%), morphology (pedunculated, 81.0%), pathological type (adenoma, 95.2%), and excision method (endoscopic mucosal resection, 90.5%) were significantly correlated with DPPB (all $P < 0.05$). Logistic regression analysis showed that gender, with hyperlipidemia, number of polyps removed, polyps' size, and morphology were independent risk factors of DPPB ($P < 0.05$). **Conclusion** The risk factors of DPPB include male, complicated with hyperlipidemia, excision of more than 3 polyps, more than 10 mm in diameter, and pedunculated morphology.

【Key words】 Colonoscopy; Polypectomy; Delayed bleeding; Risk factors

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结肠镜下早期发现和切除结直肠息肉能显著

降低结直肠癌的发病风险^[1-2]。同时,肠镜下息肉切除术对患者的创伤小,手术相关并发症发生率相对较低,也使其成为预防结直肠癌的最佳治疗方法。出血是内镜下息肉切除术最严重的并发症之一,可分为术中出血和迟发性出血,术中出血即息肉切除过程中发生的出血,在手术过程中可及时通过内镜下止血处理;迟发性出血即在息肉切除术后

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· 论著 ·

胃黏膜低级别上皮内瘤变及早期胃癌活检病理与术后病理差异的危险因素分析

李风 项平 欧阳琪 徐富星 黄任翔 肖子理 季大年 周鋈 孙涛

【摘要】 目的 探讨胃黏膜低级别上皮内瘤变及早期胃癌活检病理与术后病理差异的危险因素。**方法** 回顾性分析行内镜黏膜下剥离术或手术切除,且术后病理诊断为低级别上皮内瘤变或早期胃癌(包括高级别上皮内瘤变)的 235 例患者资料,按活检病理与术后病理是否有显著差异分组,采用单因素和多因素分析探索病理结果发生显著差异的危险因素。**结果** 235 例患者中 33 例(14.0%)活检病理与术后病理差异显著。单因素分析结果提示,隆起型病变、病变表面不发红、病变不伴糜烂及溃疡、组织学类型为弥漫型及活检块数与病理差异相关($P<0.05$)。多因素分析结果提示活检块数少($OR=0.574, 95\%CI: 0.363\sim0.908, P=0.018$)是发生活检病理与术后病理差异的独立危险因素。**结论** 胃黏膜低级别上皮内瘤变及早期胃癌活检病理与术后病理不符的情况临床上较多见,多块活检能提高活检的准确性,降低病理不符情况的发生。

【关键词】 危险因素; 低级别上皮内瘤变; 早期胃癌; 病理差异

Risk factors of pathological discrepancy between biopsy and excisional specimen from gastric low-grade intraepithelial neoplasia and early gastric cancer Li Feng*, Xiang Ping, Ouyang Qi, Xu Fuxing, Huang Renxiang, Xiao Zili, Ji Danian, Zhou Yun, Sun Tao. * Department of Endoscopy, Huadong Hospital Affiliated to Fudan University, Shanghai 200040, China

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【Abstract】 Objective To investigate the risk factors of pathological discrepancy between biopsy and excisional specimen from gastric low-grade intraepithelial neoplasia (LGIN) and early gastric cancer (EGC). **Methods** A retrospective analysis was conducted on the data of 235 patients who underwent endoscopic submucosal dissection or surgical resection and diagnosed as LGIN or EGC (including high-grade intraepithelial neoplasia) by postoperative pathology. Patients were grouped by whether there was significant pathological discrepancy between biopsy and excisional specimen. Univariate and multivariate analyses were used to analyze the risk factors for significant pathological discrepancy. **Results** Significant pathological discrepancy occurred in 33 cases (14.0%). Univariate analysis showed that protruding lesion, non-reddish surface, without erosion or ulcer, diffused pathological type and number of biopsy were related to the pathological discrepancy (all $P<0.05$). Multivariate analysis suggested that small number of biopsy blocks ($OR=0.574, 95\%CI: 0.363-0.908, P=0.018$) was an independent risk factor for significant pathological discrepancy. **Conclusion** The pathological discrepancy between biopsy and excisional specimen from gastric LGIN and EGC are common. Multiple biopsies can improve the accuracy of biopsy and reduce the occurrence of pathological discrepancy with excisional specimen.

【Key words】 Risk factors; Low-grade intraepithelial neoplasia; Early gastric cancer; Pathological discrepancy

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临床对于胃黏膜低级别上皮内瘤变和早期胃癌的诊断,术前依靠内镜下活检,术后依靠内镜黏膜下剥离术(endoscopic submucosal dissection, ESD)或手术病理^[1]。早期胃癌(包括高级别上皮内瘤变)一旦确诊,临床多选择内镜下切除或手术。低