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## · 论著 ·

# 蓝激光内镜联动成像模式对幽门螺杆菌感染相关性胃炎的诊断价值

龚伟 朱颖 肖冰 王芳 张筱茵 周岩 夏瑰丽 董玲

**【摘要】 目的** 评价蓝激光内镜联动成像(LCI)观察模式在幽门螺杆菌(*HP*)感染相关性胃炎诊断中的价值。**方法** 2016年11月至2017年6月间,在南方医科大学深圳医院行蓝激光内镜检查诊断为慢性胃炎的40例患者作为研究对象,分别应用蓝激光内镜普通白光和LCI模式观察全胃黏膜外观形态,白光模式下依据慢性胃炎活检病理诊断共识取材,LCI模式下于异常发红部位取材,并行<sup>13</sup>C-尿素试验。使用Kappa分析检验2种方法与最终病理诊断的一致性,使用配对卡方检验分析2种方法间一致性的差异。**结果** 白光模式预测*HP*感染的阳性预测值为54.5%(6/11),与最终病理诊断的一致性为0.475(19/40),Kappa=0.635;LCI模式预测*HP*感染的阳性预测值为81.5%(22/27),与最终病理诊断的一致性为0.875(35/40),Kappa=0.741;配对卡方检验提示,预测结果与最终病理诊断的一致性2种内镜模式间差异有统计学意义( $P<0.01$ )。40例均行<sup>13</sup>C-尿素试验,阳性19例,其中1例LCI模式下活检病理诊断为*HP*阴性;13碳尿素试验阴性21例,其中4例LCI模式下活检病理诊断为*HP*阴性;两者诊断一致性良好,Kappa=0.751。黏膜存在红白边界,白光模式0例、LCI模式15例;黏膜弥漫发红,白光模式0例、LCI模式11例;白光模式下黏膜外观形态与蓝光LCI模式下黏膜外观形态相比较,经秩和检验提示差异具有统计学意义( $Z=-4.455, P<0.01$ )。**结论** 蓝激光内镜LCI观察模式较白光模式可明显提高*HP*感染相关性胃炎的诊断率,具有较好的临床使用价值。

**【关键词】** 胃炎; 幽门螺杆菌; 诊断; 内窥镜检查; 蓝激光内镜LCI观察模式

**Diagnostic value of linked color imaging technology for *Helicobacter pylori*-related gastritis** Gong Wei, Zhu Ying, Xiao Bing, Wang Fang, Zhang Xiaoyin, Zhou Yan, Xia Guili, Dong Ling. Department of Gastroenterology, Shenzhen Hospital of Southern Medical University, Shenzhen 518100, China  
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**【Abstract】 Objective** To evaluate the diagnostic value of linked color imaging (LCI) technology on *Helicobacter pylori* (*HP*)-related gastritis. **Methods** Forty patients who were diagnosed as chronic gastritis using blue laser imaging endoscopy in Shenzhen Hospital of Southern Medical University during November 2016 to June 2017 were enrolled in this study. The appearance of gastric mucosa was observed using conventional white light imaging and LCI. Biopsies were taken under white light imaging according to biopsy pathological diagnosis consensus, and the ones from abnormal reddening area were taken under LCI. <sup>13</sup>C-urea breath test (<sup>13</sup>C-UBT) was performed in all 40 patients. The consistency between the two observation methods and final pathological diagnosis was evaluated using Kappa test, and the diagnostic consistency of the two methods was compared using Mc Nemar paired Chi-square test. **Results** The positive predictive value of white light imaging and LCI for prediction of *HP* infection was 54.5% (6/11) and 81.5% (22/27), respectively. The consistency between white light imaging diagnosis and final pathological diagnosis was 0.475 (19/40), Kappa=0.635; the consistency between LCI diagnosis and final pathological diagnosis was 0.875 (35/40), Kappa=0.741. Mc Nemar paired Chi-square test showed that the consistency between the two methods had significant difference ( $P<0.01$ ). <sup>13</sup>C-UBT showed that 19 patients were positive and 21

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## · 论著 ·

## 蓝激光放大内镜 VS 分型对胃部癌前病变及早期癌的诊断价值

张颖 沈磊

**【摘要】 目的** 评价蓝激光放大内镜 VS 分型对胃部癌前病变及早期癌的诊断价值。**方法** 2014 年 1 月至 2017 年 1 月间,于武汉大学人民医院消化内镜中心行蓝激光胃镜检查发现胃黏膜病变,并取活检或行内镜黏膜下剥离术大块活检的 313 例患者(322 处病变)纳入回顾性研究,统计蓝激光放大内镜 VS 分型诊断胃部癌前病变及早期癌的准确率、灵敏度、特异度、阳性预测值、阴性预测值。**结果** 322 处病变,病理诊断癌性病变 57 处、非癌性病变 265 处。蓝激光放大内镜下,98.2% (56/57) 的癌性病变 VS 形态不规则/消失,100.0% (57/57) 的癌性病变有清晰的分界线。以病理诊断为金标准,蓝激光放大内镜 VS 分型诊断的准确率为 93.8% (302/322),Kappa=0.810,一致性好;灵敏度、特异度、阳性预测值、阴性预测值分别为 98.2% (56/57)、92.8% (246/265)、74.7% (56/75)、99.6% (246/247)。**结论** 蓝激光放大内镜 VS 分型诊断胃部癌前病变及早期癌的准确率、灵敏度、特异度均较高,是诊断胃部癌前病变及早期癌的有效方式之一。

**【关键词】** 内窥镜检查; 蓝激光放大内镜; VS 分型; 胃癌前病变; 早期胃癌

**Diagnostic value of VS classification of magnifying endoscopy with blue laser imaging for gastric precancerous lesion and early gastric cancer** Zhang Ying, Shen Lei. Department of Gastroenterology, Remin Hospital of Wuhan University, Hubei Provincial Clinical Medicine Center for Digestive Minimally Invasive Diagnosis and Treatment, Wuhan 430060, China

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**【Abstract】 Objective** To evaluate the diagnostic value of VS classification of magnifying endoscopy with blue laser imaging (ME-BLI) for gastric precancerous lesion and early gastric cancer. **Methods** A retrospective study was performed on the data of 313 patients (322 lesions) with gastric mucosal lesions undergoing ME-BLI in digestive endoscopy center of Renmin Hospital of Wuhan University from January 2014 to January 2017. The accuracy, sensitivity, specificity, positive predictive value and negative predictive value of VS classification by ME-BLI in diagnosis of gastric precancerous lesion and early cancer were analyzed. **Results** Among the 322 lesions, 57 were pathologically diagnosed as cancerous lesions and 265 were non-cancerous lesions. According to VS classification of ME-BLI, 98.2% (56/57) VS structures of the cancerous lesions were irregular or disappearing, and 100.0% (57/57) cancerous lesions had clear demarcation. Taking the pathological diagnosis as the gold standard, the accuracy of VS classification of ME-BLI was 93.8% (302/322), with a good consistency with pathological diagnosis (Kappa = 0.810). The sensitivity, specificity, positive predictive value, and negative predictive value were 98.2% (56/57), 92.8% (246/265), 74.7% (56/75) and 99.6% (246/247), respectively. **Conclusion** The VS classification of ME-BLI is an effective method with high accuracy, sensitivity and specificity for diagnosis of gastric precancerous lesion and early gastric cancer.

**【Key words】** Endoscopy; Magnifying endoscopy with blue laser imaging; VS classification; Gastric precancerous lesions; Early gastric cancer

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## · 论著 ·

# 铥激光与高频电用于经口内镜下肌切开术的对比研究

宾楚轩 施海韵 李鹏 王拥军 张澍田

**【摘要】 目的** 探讨 1 940 nm 铥激光在贲门失弛缓症 (AC) 经口内镜下肌切开术 (POEM) 治疗中的有效性及安全性。**方法** 运用 Zelen 设计的方法, 将 2016 年 2 月 1 日至 2016 年 11 月 30 日就诊于北京友谊医院消化内科, 且无 POEM 操作禁忌证的 15 例患者分为 2 组, 分别用 1 940 nm 铥激光 (铥激光组) 和高频电刀 (高频电刀组) 行 POEM 治疗, 并随访 3 个月, 比较 2 组在操作时间、成功率、疗效及并发症方面的差异。**结果** 15 例患者的手术均顺利完成。2 组基线资料差异无统计学意义 ( $P>0.05$ ), 在总操作时间、建立隧道时间、肌层切开时间、封闭切口时间方面差异均无统计学意义 ( $P>0.05$ ), 在术中总出血量、建立隧道出血量、肌层切开出血量方面差异均无统计学意义 ( $P>0.05$ ), 在术中及术后近期 (1 周) 并发症发生率方面差异无统计学意义 ( $P=0.76$ )。在建立切口时间方面, 铥激光组用时 ( $3.7\pm3.0$ ) min, 高频电刀组用时 ( $2.3\pm1.3$ ) min, 差异有统计学意义 ( $P=0.02$ )。术后 1 个月随访, 铥激光组和高频电刀组的有效率分别为 100.0% (7/7) 和 87.5% (7/8) ( $P=0.33$ ), 并发症发生率分别为 14.3% (1/7) 和 12.5% (1/8) ( $P=0.92$ )。术后 3 个月随访, 铥激光组和高频电刀组的有效率分别为 100.0% (7/7) 和 75.0% (6/8) ( $P=0.16$ ), 并发症发生率分别为 28.6% (2/7) 和 12.5% (1/8) ( $P=0.60$ )。**结论** 运用铥激光或高频电刀均能较好地完成 POEM 手术。相比高频电刀, 运用 1 940 nm 铥激光行 POEM 治疗有降低手术时间、减少术中出血量的趋势, 值得进一步研究。

**【关键词】** 激光; 高频电刀; 贲门失弛缓症; 经口内镜下肌切开术

**Comparison of efficacy and safety between thulium laser and high frequency electric knife on peroral endoscopic myotomy** Bin Chuxuan, Shi Haiyun, Li Peng, Wang Yongjun, Zhang Shutian. Department of Gastroenterology, Beijing Friendship Hospital, Capital Medical University, Beijing 100050, China

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**【Abstract】 Objective** To evaluate the efficacy and safety of 1 940 nm thulium laser on peroral endoscopic myotomy (POEM) for treatment of patients with achalasia of cardia. **Methods** Fifteen patients undergoing POEM in Beijing Friendship Hospital from February 2016 to November 2016 were enrolled and divided into 1 940 nm thulium laser group ( $n=7$ ) and high frequency electric knife group ( $n=8$ ) using zelen's design, with followed-up for three months. The operation time, success rate, efficacy, and complications were compared between the two groups. **Results** All the procedures were successfully completed. There was no significant difference on baseline between the two groups ( $P>0.05$ ). The time of total operation, creating submucosal tunnel, myotomy, and closing incision were not significantly different between the two groups (all  $P>0.05$ ). The bleeding amount, creating tunnel bleeding amount, and myotomy bleeding amount were not significantly different between the two groups (all  $P>0.05$ ). The complication rate during operation and one week after operation was not significantly different between the two groups ( $P=0.76$ ). The time of creating mucosal incision for the 1 940 nm thulium laser group was longer than that of the high frequency electric knife group ( $3.7\pm3.0$  min VS  $2.3\pm1.3$  min,  $P=0.02$ ). After one month of follow-up, the efficiency of the 1 940 nm thulium laser group and the high frequency electric knife group was 100.0% (7/7) and 87.5% (7/8), respectively ( $P=0.33$ ), and the complication rate was 14.3% (1/7)

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## · 论著 ·

# 食管静脉曲张大出血与血栓头位置的临床分析

付来琳 申少华 刘迎娣 孙国辉 王娟 张帅 杨竞 令狐恩强

**【摘要】 目的** 探讨食管静脉曲张大出血好发部位特点。**方法** 回顾性研究 2003 年 1 月至 2013 年 12 月因肝硬化合并急性食管胃静脉曲张破裂出血并行急诊胃镜者共 823 例,总结活动性出血或血栓头的发生位置及方位,探讨其与大出血发生的关系。**结果** 急诊内镜下发现活动性出血及血栓头者共 372 例(45.2%,372/823),其中有出血及血栓头具体位置和方位描述者 190 例。出血或血栓头距门齿 28~32 cm 者(A 组)58 例(30.5%),35 cm 以上者(B 组)132 例(69.5%),B 组在全部病例中占比明显高于 A 组( $\chi^2 = 57.642, P < 0.000 1$ )。190 例病例中,3 点位出血或血栓头占比最高(37%,70/132),其次依次为 12 点位(30%,58/132)、6 点位(24%,45/132)和 9 点位(9%,17/132)。A 组及 B 组各点位占比变化趋势同全体病例,且除了 9 点位 2 组间比较差异无统计学意义外,其他点位 B 组占比均明显高于 A 组( $P < 0.000 1$ )。**结论** 肝硬化食管静脉曲张破裂出血多见于食管 3 点位、6 点位和 12 点位,且以食管距门齿 35 cm 以下为高危区域。

**【关键词】** 食管和胃静脉曲张; 出血; 血栓头; 位置

**Clinical analysis of the relationship between hemorrhage and position of stigmata in patients with esophageal varices** Fu Lailin\*, Shen Shaohua, Liu Yingdi, Sun Guohui, Wang Juan, Zhang Shuai, Yang Jing, Linghu Enqiang. \*Department of Gastroenterology, Chinese PLA General Hospital, Beijing 100853, China

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**【Abstract】 Objective** To investigate the predisposing locations of active hemorrhage in patients with esophageal variceal bleeding. **Methods** Data of 823 patients with acute esophageal and gastric variceal hemorrhage receiving emergency gastroscopy diagnosed from January 2003 to December 2013 were retrospectively studied. The location and site of active hemorrhage or stigmata were analyzed and its relationship with active hemorrhage was discussed. **Results** A total of 372 (45.2%) patients with active bleeding and stigmata were found under emergency endoscopy. Among 372 patients, 190 got accurate hemorrhage and stigmata location and site description. Bleeding or stigmata in 58 (30.5%) patients was 28-32 cm from incisor in group A, and that in 132 (69.5%) patients was more than 35 cm in group B ( $\chi^2 = 57.642, P < 0.000 1$ ). In 190 cases, the proportion of bleeding or stigmata at 3:00 point was the highest (37%, 70/132), followed by those at 12:00 point (30%, 58/132), 6:00 point (24%, 45/132), and 9:00 point (9%, 17/132). The change trend of the percentage of each point in group A and group B was the same as that in all cases. The percentage of almost all points in group B was significantly higher than that in group A except that at 9:00 point ( $P < 0.000 1$ ). **Conclusion** Esophageal variceal bleeding in cirrhosis is more common at 3:00 point, 6:00 point and 12:00 point of esophagus, and the high risk area is 35 cm below the incisors.

**【Key words】** Esophageal and gastric varices; Hemorrhage; Active bleeding; Stigmata

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## · 论著 ·

# 内镜黏膜下剥离术治疗胃食管结合部 息肉样隆起性病变的临床价值

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**【摘要】 目的** 评价胃食管结合部(EGJ)息肉样隆起性病变行内镜黏膜下剥离术(ESD)治疗的疗效与安全性。**方法** 对 111 例(114 处病变)ESD 治疗的 EGJ 息肉样隆起性病变病例进行回顾性分析,主要观察指标包括 ESD 切除率、手术时间、并发症和复发情况。**结果** 病变大小 1.0~6.0 cm,平均(2.47±0.80)cm。表面光滑 30 处,充血糜烂 59 处,结节样粗糙 11 处,分叶状 3 处,绒毛状 8 处,浅溃疡 1 处,局部凹陷 2 处;术后病理提示上皮内瘤变 19 处、腺癌 2 处,瘤变及癌变率为 18.42% (21/114)。ESD 治疗整块切除率为 100.0% (114/114),完整切除率为 99.1% (113/114),完整治愈切除率为 97.4% (111/114)。操作时间 17.0~60.0 min,平均为(32.45±7.32)min。3 例发生术后迟发性出血、1 例发生术中穿孔,均在内镜下治疗成功。术后 2 例追加手术治疗。随访 96 例,平均随访 28.8 个月,有 1 例(1.04%, 1/96)复发。**结论** EGJ 息肉样隆起性病变的上皮内瘤变及癌变发生率较高,采用 ESD 治疗整块切除病变,完整治愈切除率高、并发症少、复发率低。

**【关键词】** 息肉; 食管息肉; 胃息肉; 贲门息肉; 胃食管结合部; 内镜黏膜下剥离术

**Therapeutic value of endoscopic submucosal dissection for polypus protrusion lesion on esophagogastric junction** Ding Na\*, Xu Meidong, Chen Tao, Gao Zhixing, Yang Binlin. \* Department of Internal Medicine, Weifang Medical College, Weifang 261031, China  
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**【Abstract】 Objective** To evaluate the efficacy and safety of endoscopic submucosal dissection (ESD) in the treatment of patients with polypus protrusion lesion on esophagogastric junction (EGJ). **Methods** A retrospective analysis was made on the data of 111 cases (114 lesions) with EGJ polypus protrusion undergoing ESD. The main observation indicators included ESD resection rate, operation time, complication, and recurrence. **Results** The diameter of the 114 lesions was 1.0-6.0 cm (mean 2.47±0.80 cm). Among the lesions, 30 had smooth surface, 59 had congestion anabrosis, 11 had nodular rough, 3 were lobulated, 8 had villiform, 1 had slight anabrosis, and 2 had local dent. The postoperative pathology analysis showed 19 lesions were intraepithelial neoplasia and 2 were adenocarcinoma. The rate of neoplasia and cancerization was 18.42% (21/114). The monolithic resection rate of ESD was 100.0% (114/114), complete resection rate was 99.1% (113/114), complete healing resection rate was 97.4% (111/114). The mean operation time was 32.45±7.32 min (17.0-60.0 min). Tardive bleeding after operation occurred in 3 cases, perforation in operation occurred in 1 case, and all the 4 cases were successfully treated by endoscopy. After operation, 2 cases underwent additional surgical procedures. A total of 96 cases were followed-up, with average follow-up time of 28.8 months, and 1 patient (1.04%, 1/96) relapsed. **Conclusion** The intraepithelial neoplasia and cancerization rate caused by polypus protrusion lesion on EGJ is generally higher than prediction. ESD can monolithic resect lesions with higher complete healing resection rate, fewer complications, and lower recurrence rate.

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## · 论著 ·

# 内镜逆行阑尾炎治疗术对阑尾炎术后感染的预防价值

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**【摘要】 目的** 分析内镜逆行阑尾炎治疗术对阑尾炎术后感染的预防价值。**方法** 采用随机数字表将 71 例急性阑尾炎患者分为 2 组, 观察组 35 例, 行内镜逆行阑尾炎治疗术; 对照组 36 例, 行腹腔镜阑尾切除术。对比 2 组手术指标、术后不良事件、疼痛评分及血清炎性因子水平。**结果** 观察组较对照组手术时间长, 术中出血量少, 术后卧床时间和住院时间短 ( $P < 0.05$ )。观察组术后主要不良事件为复发, 对照组为感染, 2 组总并发症发生率差异无统计学意义 ( $P > 0.05$ )。术后 12 h 观察组疼痛评分低于对照组 ( $P < 0.05$ )。术后 2 组血清超敏 C-反应蛋白、白介素 1 $\beta$ 、白介素 6 及肿瘤坏死因子  $\alpha$  水平均较术前有明显降低, 且观察组低于对照组; 白介素 4 和白介素 10 水平均有明确提高, 且观察组高于对照组 ( $P < 0.05$ )。**结论** 内镜逆行阑尾炎治疗术在维持阑尾炎患者血清炎性因子平衡、预防感染方面可能存在积极作用, 具有进一步研究的价值。

**【关键词】** 阑尾炎, 急性; 内镜逆行阑尾炎治疗术; 阑尾切除术, 腹腔镜; 术后感染; 炎性因子

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**【Abstract】 Objective** To analyze the prevention value of endoscopic retrograde appendicitis treatment (ERAT) for postoperative infection of patients with appendicitis. **Methods** A total of 71 patients with acute appendicitis were selected and divided into two groups, 35 patients in the observation group were treated with ERAT, and 36 patients of the control group underwent laparoscopic appendectomy. The operation indicators, postoperative adverse events, pain scores, and levels of serum inflammatory factors were compared between the two groups. **Results** The observation group got a longer operation time, less bleeding, shorter in-bed and hospital stay, and lower hospital cost (all  $P < 0.05$ ). The main postoperative adverse event was recurrence in the observation group and infection in the control group, and the total adverse event rate was no significantly different between the two groups ( $P > 0.05$ ). Twelve hours after treatment, the pain score of the observation group was lower than that of the control group ( $P < 0.05$ ). The post-operational serum levels of hypersensitivity C reactive protein, interleukin 1 $\beta$ , interleukin 6, and tumor necrosis factor  $\alpha$  decreased in both groups, while the serum levels of interleukin 4 and interleukin 10 increased, especially in the observation group (all  $P < 0.05$ ). **Conclusion** ERAT is more conducive to balance serum inflammatory factors and stabilize immune function compared with laparoscopic appendectomy, which can effectively prevent postoperative infection.

**【Key words】** Appendicitis, acute; Endoscopic retrograde appendicitis treatment; Appendectomy, laparoscopic; Postoperative infection; Inflammatory factor

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## · 论著 ·

# 食管胃同时性双原发早期癌或癌前病变 内镜黏膜下剥离术疗效分析

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**【摘要】 目的** 探讨内镜黏膜下剥离术(ESD)在治疗食管胃同时性双原发早期癌或癌前病变中的可行性、安全性、有效性。**方法** 回顾性分析中山医院内镜中心 2008 年 1 月至 2013 年 12 月行 ESD 治疗的 5 例食管胃同时性双原发早期癌或癌前病变患者资料。分析患者病变特征、治疗及随访情况。**结果** 5 例患者均为男性,平均年龄( $67.8 \pm 13.1$ )岁。食管病变平均大小( $2.1 \pm 0.9$ )cm,位于食管上段 1 例,中段 4 例;胃病平均大小( $2.5 \pm 1.5$ )cm,位于胃窦 2 例,胃角 2 例,贲门 1 例。ESD 同期切除 4 例,分次切除 1 例,均达到完整切除。术后病理提示,食管癌前病变伴胃癌前病变 2 例,食管癌前病变伴胃早癌 2 例,食管早癌伴胃早癌 1 例。5 例患者 10 处病变均实现治愈性切除。术后 1 例出现食管狭窄,扩张治疗后好转。中位随访时间 72 个月,存活 3 例,死亡 2 例,死因与疾病内镜诊治无关。**结论** ESD 可以作为治疗食管胃同时性双原发早期癌或癌前病变的方法。

**【关键词】** 肿瘤,多原发性; 早期胃癌; 早期食管癌; 内镜黏膜下剥离术

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**Curative effect analysis of endoscopic submucosal dissection on the synchronous multiple primary early cancers in esophagus and stomach** Shi Qiang, Zhou Pinghong, Zhong Yunshi, Xu Meidong, Qi Zhipeng, Li Bing, Cai Shilun, Chen Tao, Sun Di, Yao Liqing. Endoscopy Center, Zhongshan Hospital, Fudan University; Shanghai Research Center of Endoscopic Diagnosis and Treatment Engineering Technology, Shanghai 200032, China

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**【Abstract】 Objective** To explore the feasibility, safety and effectiveness of endoscopic submucosal dissection (ESD) in the treatment of the synchronous multiple early cancer or precancerous lesions in esophageal and stomach. **Methods** A retrospective study was conducted on the data of 5 patients with synchronous multiple early cancer or precancerous lesions in esophageal and stomach who were treated by ESD in Endoscopy Center of Zhongshan Hospital from January 2008 to December 2013. The characteristics of lesions, and results of therapy and follow-up were analyzed. **Results** All 5 patients were male with mean age of  $67.8 \pm 13.1$  years. The mean size of esophageal lesions was  $2.1 \pm 0.9$  cm with 1 lesion located in the upper esophagus and 4 in the middle. The mean size of gastric lesions was  $2.5 \pm 1.5$  cm with 2 lesions in the antrum, 2 in the gastric angle and 1 in cardia. Lesions in 4 cases were removed at the same time and 1 at different times. All lesions achieved complete resection. Postoperative pathological results showed that there were 2 cases of esophageal precancerous lesions with gastric precancerous lesions, 2 cases of esophageal precancerous lesions with early gastric cancer, and 1 case of early esophageal cancer with early gastric cancer. The 5 patients with 10 lesions all achieved curative resection. Postoperative esophageal stricture occurred in 1 case, which was improved after dilation. Median follow-up time was 72 months, when 3 patients survived and 2 patients died. However, the cause of death was not associated with the treatment.

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## · 论著 ·

# 内镜下荷包缝合术在消化性溃疡并出血中的临床应用

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**【摘要】 目的** 评价内镜下荷包缝合术治疗消化性溃疡并出血的疗效和安全性。**方法** 2016 年 1 月至 2017 年 1 月间,因消化性溃疡并出血在中山大学附属东华医院行内镜下和谐夹联合尼龙绳荷包缝合止血的 42 例病例纳入回顾性分析,统计即时止血率、有效止血率、外科周转率以及术后 2 周内的再发出血和死亡情况。**结果** 有 20 例术中存在活动性出血,19 例即时止血成功,失败的 1 例为胃大切术后吻合口溃疡。总体有效止血率达 97.6% (41/42),外科周转率仅 2.4% (1/42)。41 例内镜止血患者,术后生命体征平稳,无发热、呕血、黑便等,2 周内无一例再发出血,亦无一例死亡。术后 1 个月复查胃镜,溃疡愈合良好。**结论** 内镜下和谐夹联合尼龙绳荷包缝合术用于消化性溃疡并出血的止血治疗安全、有效。

**【关键词】** 消化性溃疡出血; 内镜治疗; 荷包缝合术; 尼龙绳

## Clinical application of purse-string suture on the treatment of patients with peptic ulcer bleeding

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**【Abstract】 Objective** To study the clinical efficacy and safety of purse-string suture on the treatment of peptic ulcer bleeding. **Methods** Data of 42 patients with peptic ulcer bleeding treated by purse-string suture with hexiejia combined with endoloop in Dongguan Tung Wah Hospital from January 2016 to January 2017 were retrospectively analyzed. The immediate hemostasis rate, effective hemostasis rate, additional surgery rate, recurrence rate in two weeks and mortality were analyzed. **Results** Among 20 cases with active bleeding during operation, 19 were immediately arrested, and 1 case of failure was diagnosed as marginal ulcer after gastric resection. The overall effective hemostasis rate was 97.6% (41/42), additional surgery rate was only 2.4% (1/42). The vital signs of 41 patients with successful endoscopic hemostasis were stable after operation, and no fever, hematemesis, black stool or other symptoms occurred. No recurrence of bleeding or death occurred within two weeks. The ulcers were healed well in follow-up of one month. **Conclusion** Endoscopic purse-string suture is a safe and feasible method for treatment of patients with peptic ulcer bleeding.

**【Key words】** Peptic ulcer hemorrhage; Endoscopic therapy; Purse-string suture; Nylon loop

消化性溃疡是消化系统常见疾病之一,未经治疗会导致多种并发症,如出血、穿孔、梗阻、癌变等,而在所有的并发症中,上消化道出血的发生率最高<sup>[1-3]</sup>。近几十年来,随着内镜技术的不断提高,内

镜下止血成为治疗消化性溃疡并出血的重要手段。内镜下止血方法很多,主要包括药物局部喷洒止血、物理凝固止血、局部注射肾上腺素或硬化剂止血以及金属夹夹闭止血等<sup>[4]</sup>。金属夹夹闭止血尤其适用于活动性出血,但创面较大或某些特殊部位的病灶难以操作<sup>[5]</sup>,如何针对溃疡的大小、位置而选择合适的内镜下止血方法仍然是临床上的重要问题。2016 年以来,我院内镜中心对消化性溃疡并出血患者行荷包缝合术止血,疗效满意,现报道如下。

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## · 论著 ·

## 上消化道内镜检查前消泡剂含漱对咽部观察效果的影响研究

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**【摘要】 目的** 探讨消泡剂(西甲硅油乳剂)含漱在上消化道内镜检查时对咽部观察的影响。**方法** 前瞻性纳入 100 例患有头颈部或食管鳞状细胞癌的患者,采用数字表法将患者随机分成 2 组。对照组按常规胃镜检查前准备;观察组除常规胃镜检查准备外,胃镜检查前 1 min 给予 5 mL 西甲硅油+5 mL 水混合液含漱。记录患者年龄、性别、肿瘤分期、咽部病变大小、医生满意度和检查时间,并进行统计学分析。**结果** 2 组患者基本情况,包括年龄、性别和肿瘤分期无明显差异( $P>0.05$ )。咽部表浅病灶对照组检出率为 2.04%(1/49),观察组为 8.16%(4/49),观察组高于对照组,但差异无统计学意义( $P=0.362$ )。咽部观察时间观察组明显少于对照组(21.7 s 比 33.9 s,  $P=0.000$ ),观察组内镜医生操作满意度整体优于对照组( $P=0.001$ )。**结论** 上消化道内镜检查前含漱西甲硅油乳剂可明显提高内镜观察视野,缩短咽部观察时间,提高头颈部早期鳞状细胞癌的检出率。

**【关键词】** 内窥镜检查; 消化系统; 消泡剂; 咽部; 鳞状细胞癌

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**Effects of pre-procedure simethicone on detection of pharynx by upper gastrointestinal endoscopy**

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**【Abstract】 Objective** To evaluate the clinical efficacy of pre-procedure simethicone on detection of pharynx by upper gastrointestinal endoscopy. **Methods** A total of 100 patients with esophageal squamous cell carcinomas (ESCCs) were enrolled in this prospective controlled trial and randomly assigned into two groups. The study group was given gargle with 5 mL simethicone plus 5 mL water combined with conventional procedure before gastroscopy. The control group was prepared according to the conventional procedure. The age, gender, tumor stage, lesion size, doctor's satisfaction and examination time between two groups were analyzed. **Results** The basic conditions between the two groups, including age, gender, and tumor stage were not significantly different (all  $P>0.05$ ). The detection rate of superficial lesion in pharynx was higher in the study group than that in the control group, with no significant difference [8.16% (4/49) VS 2.04% (1/49),  $P=0.362$ ]. The median time of pharyngeal observation in the study group was less than that in the control group (21.7 s VS 33.9 s,  $P=0.000$ ). The doctor was more satisfied in the study group than the control group ( $P=0.001$ ). **Conclusion** Pre-procedure with simethicone improves the endoscopic visibility and detection rate of superficial squamous cell carcinoma with less observation time.

**【Key words】** Endoscopy, digestive system; Simethicone; Pharynx; Carcinoma, squamous cell

**Fund program:** Capital City Public Health Project (Z141100002114007)

食管癌和头颈部癌的主要病理类型均为鳞状细胞<sup>[1]</sup>(squamous cell carcinoma, SCC)。据统计食管

管癌患者有很大的概率会同时性或异时性发生头颈部癌,其比率接近 10%(本研究定义为 SCC 高危人群)。随着消化内镜技术的发展,及早地发现早期病变并进行治疗,可减少患者的痛苦、提高患者的生存率和生活质量。如何有效地提供头颈部内镜检查环境,是有效地完成头颈部内镜检查的关

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