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专家述评

高龄膀胱癌患者行根治性膀胱切除术再认识*

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摘要: 随着我国人口老龄化进展, 膀胱癌患者大幅度增加。根治性膀胱切除术+尿流改道是治疗肌层浸润性膀胱癌最有效的手段, 但其手术步骤复杂、手术时间长、围手术期并发症多、死亡率高。高龄患者合并症较多, 器官功能减退或代偿不全, 能否耐受根治性膀胱切除术尤其值得关注。近年来, 通过术前仔细评估高龄患者的总体状况, 采用腹腔镜或机器人辅助腹腔镜等微创技术, 提高根治性膀胱切除术技巧, 优化手术步骤, 将复杂手术程序化、简单化, 提升围手术期护理质量, 能有效降低围手术期患者并发症发生率和死亡率, 使高龄患者有更大的生存获益。

关键词: 膀胱癌; 根治性膀胱切除术; 高龄患者

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Rethinking the role of radical cystectomy in treating bladder cancer in elderly patients*

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Abstract: The population aging in China has led to a substantial increase in the number of bladder cancer patients. At present, radical cystectomy together with urinary diversion is the most effective treatment for muscle invasive bladder cancer, but it has the disadvantages of complicated operative procedures, long operative duration, high incidence of perioperative complications and high mortality. In addition, due to multiple comorbidities and compromised organ function, whether elderly patients can tolerate the radical cystectomy is particularly worthy of attention. In recent years, the incidence of perioperative complications and the mortality have been decreased by carefully evaluating the overall condition of elderly patients before the surgery, adopting minimally invasive techniques such as video-assisted or robot-assisted laparoscopy, enhancing surgical skills, optimizing surgical procedures, simplifying the complicated surgery, and improving the quality of perioperative care, thus resulting in greater benefits for the elderly patients.

Keywords: bladder tumor; radical cystectomy; elderly patients

根据世界人口老龄化状况, 世界卫生组织将年龄 ≥ 75 岁定义为老年。膀胱癌发病率随着年龄的增长逐渐升高, 中国膀胱癌发病率在 ≥ 75 岁人群中最高^[1]。目前膀胱癌已经成为国内泌尿系统最常见的恶性肿瘤之一^[2]。根治性膀胱切除术+尿流改道是治疗肌层浸润性及高危非肌层浸润性膀胱癌的标准

术式, 但因手术步骤复杂等常引起许多并发症^[3-4]。晚期高龄膀胱癌患者为提高生活质量不得进行根治性膀胱切除术, 而我国人口老龄化的趋势使需要行根治性膀胱切除术的患者日益增多。目前对高龄膀胱癌患者行根治性膀胱切除术存在一些不同的观点, 本文就近年来的手术进展进行述评。

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1 高龄膀胱癌患者行根治性膀胱切除术是否获益

年龄 ≥ 75 岁人群膀胱癌的发病率是 < 75 岁人群的11倍。肌层浸润性膀胱癌或者高危膀胱癌患者未接受积极治疗,一方面会引起尿频、尿急、血尿、夜尿、疼痛、肾积水等,患者生活质量严重下降;另一方面,会导致疾病进一步进展,降低患者的疾病特异性生存率,最终大部分患者死于膀胱癌^[5]。经尿道膀胱肿瘤切除术、放射治疗、新辅助化疗等治疗方案,均存在较大缺陷,最终仍需行挽救性膀胱切除术^[6-8]。既往对于高龄肌层浸润性膀胱癌患者,基于其手术风险考虑,大多未行根治性膀胱切除术^[9]。

随着医疗技术的进步,目前对于有手术指征的高龄膀胱癌患者,多数学者仍主张行根治性膀胱切除术,认为其有更多的生存获益。HOLLENBECK等^[10]基于SEER数据库研究发现,高龄膀胱癌患者行根治性膀胱切除术与其他治疗方式相比,死亡风险比仅为0.4。近年来有研究表明,高龄膀胱癌患者术后5年肿瘤特异性生存率和总生存率有升高趋势^[11],根治性膀胱切除术是治疗膀胱癌相关并发症(如贫血、疼痛、肾积水、血尿)的较好选择,能改善患者生活质量^[12]。程序化的腹腔镜、机器人辅助腹腔镜根治性膀胱切除术的发展,使复杂手术简单快捷化、手术时间缩短、出血量减少、围手术期并发症减少、创伤小、加速康复,为高龄膀胱癌患者手术提供了技术保障^[13]。因此,目前指南仍推荐对高龄肌层浸润性膀胱癌或者高危膀胱癌患者行根治性膀胱切除术。

2 高龄膀胱癌患者行根治性膀胱切除术需关注的因素

有研究证实,年龄是手术并发症的独立相关因素^[14],随着年龄的增长,患者身体机能衰退,对外科手术的耐受力降低。有研究表明,年龄 > 70 岁患者大多合并其他器官疾病,术后院内死亡率升高;年龄 > 80 岁患者术后院内及出院后30 d死亡率分别为4.6%和11.6%^[15]。因此,高龄肌层浸润性膀胱癌或者高危膀胱癌患者行根治性膀胱切除术应把握好适应证。

2.1 患者的选择

首先应做好相应的术前评估,包括麻醉风险评估^[16]、患者营养状况评估^[17]、合并症^[14]的评估等。术前应充分考虑与年龄增长相关的并发症的发生因素,及时纠正并处理患者的合并症,提升患者身体状况和对治疗的耐受能力,减少患者的手术并发症,降低死亡率,延长生存时间。

2.2 淋巴结清扫范围的选择

男性膀胱癌患者行根治性膀胱切除术一般需要切除膀胱、前列腺、精囊;女性膀胱癌患者则需要切除膀胱、子宫及附件、阴道前壁及尿道^[18],并常规行双侧盆腔淋巴结清扫。根治性膀胱切除术后尿流改道及淋巴结清扫与术后并发症密切相关。许多学者认为,更小的手术创伤和更短的手术时间对行根治性膀胱切除术的高龄患者而言,能获得更好的生存获益。对高龄患者而言,标准的盆腔淋巴结清扫已经足够,扩大淋巴结清扫仍存在巨大的争议。随着年龄的增长,患者生存率下降,扩大淋巴结清扫是否对高龄患者有更多的受益,目前没有相关证据支持^[19]。

2.3 尿流改道的选择

尿流改道方式与根治性膀胱全切术后的并发症密切相关^[14]。有研究表明,与回肠膀胱术相比,输尿管皮肤造口术在手术时间、术中出血量、术后引流管拔除时间及术后住院时间方面均有优势,并且输尿管皮肤造口术围手术期并发症发生率较低^[20]。有学者对111例年龄 > 80 岁膀胱癌患者行根治性膀胱切除术,79%患者尿流改道选择回肠输出道,15%患者为输尿管皮肤造口,发现更小肠道干扰和更短手术时间患者的术后并发症发生率更低,其早期并发症和晚期并发症分别只有14%和11%^[21]。因此,尿流改道方式的选择应根据患者的体质和手术危险程度等具体情况来决定。根治性膀胱切除术后输尿管皮肤造口术成为医生和高龄患者更愿意选择的一种尿流改道方式^[20,22]。

3 高龄膀胱癌患者根治性膀胱切除术的发展

根治性膀胱切除术是一个高度复杂的手术,麻醉风险、围手术期并发症、死亡率均较高。优化手术流程,改进手术技巧,降低手术并发症,

使患者有更大的生存获益。

3.1 手术方式的改进

与传统开放手术相比,腹腔镜或机器人辅助腹腔镜等微创技术具有创伤小、出血少、恢复快等优点,有利于患者恢复。程序化腹腔镜根治性膀胱切除术使复杂手术简单、快捷化,缩短手术时间、减少出血量,减少围手术期并发症,加速康复^[23-24]。

3.2 手术技巧的改进

早期处理两侧脐动脉和膀胱侧韧带,能有效减少出血^[25]。不游离女性患者子宫前壁与膀胱后壁,采用整块切除方法,优化手术步骤,可降低手术难度,显著减少术中出血^[26]。先切除膀胱,再行淋巴结清扫,可以获得更宽阔的视野和空间。手术医师在清扫淋巴结的过程中,同时等待尿道及输尿管断端的术中快速病理结果,以决定尿流改道方式。

3.3 简化尿流改道方式

对于高龄膀胱癌患者,考虑其预期存活期、围手术期并发症等因素,选择回肠膀胱或者输尿管皮肤造口作为尿流改道的方式更有临床实用性。输尿管皮肤造口术过程简单,可有效缩短手术时间,减少手术创伤和并发症,如肠梗阻、肠麻痹、谵妄等^[27]。而对于程序复杂、并发症发生率更高的原位可控膀胱术,则必须严格筛选合适的患者^[28-29]。

3.4 加强围手术期管理

密切观察患者的病情、生命体征等,随时发现可能潜在的风险,有利于减少术后并发症的发生,保障患者康复。良好的围手术期教育有利于患者及家属的配合,可以更好地促进高龄根治性膀胱切除术患者的康复^[30]。

4 结语

随着我国人均寿命的提高,高龄患者的身体状况相对较好,能够耐受较大的外科手术;而近年来腹腔镜、机器人辅助腹腔镜技术的迅猛发展,使既往复杂、创伤较大的手术变得相对简单和微创。根治性膀胱切除术+尿流改道在高龄膀胱癌患者中是可行的,具有较大的治疗价值。掌握手术技巧,优化手术步骤,将复杂的手术程序化、简

单化,能有效降低围手术期并发症发生率,使患者有较好的生存获益。腹腔镜、机器人辅助腹腔镜根治性膀胱切除术是目前高龄膀胱癌患者微创治疗的主要手段。

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