

· 研究报告 ·

下咽癌肉瘤临床病理特征的研究

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[摘要] 目的:探讨下咽癌肉瘤的临床病理学特征、诊断和鉴别诊断。方法:报道1例经病理证实的下咽癌肉瘤患者的临床资料,结合文献复习进行分析。结果:患者通过手术切除病变,病理检查证实为鳞状细胞癌横纹肌肉瘤,术后行放疗,恢复良好,随访18个月无复发。结论:下咽癌肉瘤是一种极为罕见的恶性肿瘤,具有特征性的组织病理学、免疫组织化学及临床特点,需与肉瘤样癌、喉癌的放疗反应等相鉴别。下咽癌肉瘤的治疗应首选手术切除。对局部晚期、术后残留、肉眼切除范围欠安全的头颈部癌肉瘤患者应行放疗并及时随访。

[关键词] 癌肉瘤;下咽;诊断;治疗

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Clinicopathological characteristics of hypopharyngeal carcinosarcoma

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Abstract Objective: To study the clinicopathological characteristics, diagnosis and differential diagnosis of hypopharyngeal carcinosarcoma. **Method:** Clinical data of one case with hypopharyngeal carcinosarcoma proved by pathology were analyzed retrospectively. The related literatures were reviewed. **Result:** The masses were surgically removed, and the postoperative diagnosis was confirmed to be carcinosarcoma by histopathological examination. After radiotherapy and chemotherapy, the patient recovered well postoperatively without recurrence during 18-month follow-up. **Conclusion:** Carcinosarcoma of the hypopharynx is an extremely rare malignant tumor with distinctive histological, clinical and immunohistochemical features. The final diagnosis depends on histopathology. This tumor should be differentiated from other tumors such as sarcomatoid carcinoma and the reaction of radiotherapy of carcinoma. Surgery is the proper treatment strategy for carcinosarcoma of the hypopharynx. The patients with locally advanced, postoperative residual tumor or tumor without clear safe surgical margin should undergo radiotherapy, and the postoperative follow up should be in time.

Key words carcinosarcoma; hypopharynx; diagnosis; treatment

原发于下咽的肿瘤以恶性占绝对优势,其中鳞状细胞癌占绝大多数(约95%)^[1],肉瘤极少,癌肉瘤罕见。我院收治1例下咽鳞状细胞癌横纹肌肉瘤患者,现报告如下。

1 病例报告

患者,男,57岁,因“进食呛咳7个月余,加重伴声嘶、痰中带血1个月”入院。患者7个月前开始间断进食呛咳,1~2次/月。2个月前呛咳呈持续性,伴黄痰;1个月前症状加重,渐出现声嘶、咽部异物感及痰中带血。电子喉镜检查示:左侧咽后侧壁肿物,表面粗糙(图1)。颈部增强CT示:左侧会厌及左侧梨状隐窝壁增厚伴不均匀强化征象,呈异常信号占位,约19 mm×26 mm,累及甲状软骨、环状软骨、杓状软骨,左侧梨状隐窝变浅消失,两侧

颈部未见明确肿大淋巴结。左喉咽后部软组织肿块,约12 mm×15 mm大小,强化明显。活检病理结果示:(左喉)肉瘤,倾向横纹肌肉瘤。免疫酶标结果示:Ki67(85%+),Vim(+),CK(-),LCA(部分+),p53(+),EFGR(+),myoglobin(+),S-100(散在+)。患者3年前曾因“食管下段高级别上皮内瘤变”行三切口食管癌根治术,故以“下咽新生物,食管癌根治术后”收入院。入院后行PET-CT检查示:喉腔左侧肿块、左侧喉旁间隙淋巴结影FDG代谢异常增高,结合病史,考虑为恶性病变所致;余全身(包括脑)PET显像未见FDG代谢明显异常增高灶。颈部B超见数枚淋巴结,界清,形态扁平,无髓质,最大约25 mm×5 mm。CDFI:内见较丰富彩色血流信号。患者全身麻醉下行“左侧择区性颈淋巴结(颈Ⅱ、Ⅲ区)清扫术、全喉切除”,术中见肿块表面糜烂,基底部位于梨状窝前内侧壁,累及左侧披裂与环后区,沿肿块周围2 cm正常黏

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膜切除约6.5 cm×5.0 cm×4.0 cm 组织,送快速冷冻切片检查,显示切缘阴性。术后病理检查示:癌肉瘤,肿瘤呈息肉状,约4 cm×2 cm×2 cm 大小,由高分化鳞状细胞癌及横纹肌肉瘤2种成分组成,送检左颈部淋巴结13枚均未见转移(图2)。免疫组织化学检测示:CK(灶+),EMA(灶+),Vim(+),SMA(-),DES(-),Myoglobin(±),MyoD1(-),Myogenin(-),见图3。故临床诊断为下咽癌肉瘤(cT4N0M0)。患者分别于术后第5周、11周行CAP方案化疗,并于其间行放疗6MV X线,DT 58 Gy/29次,随访18个月未见肿瘤复发和转移。

2 讨论

2.1 病理特征

癌肉瘤的组织起源有多种学说,目前多数学者较认可全能干细胞学说^[2],对应不同学说在文献中有多种命名,如假肉瘤、多形性癌、息肉样癌、化生性癌等^[3]。癌肉瘤肉眼观分息肉型和浸润型,以息肉型占大多数^[4]。镜下,癌多限于肿瘤基底黏膜及黏膜下层,多为分化好的鳞状细胞癌;肉瘤则分布于瘤体内,常为纤维肉瘤;本例肉瘤成分为横纹肌肉瘤,十分罕见。

目前病理界普遍认同的癌肉瘤诊断标准为:原发灶与继发灶(如淋巴结)均见典型上皮癌及肉瘤成分,并有免疫组织化学技术相支持^[2]。肉瘤组织可表达Vim、S-100,而CK(-);癌区可见上皮性标记CK、EMA表达,而间叶性标记阴性,其中CK(+)尤为重要。本例肿物呈息肉样生长,病理切片既有鳞状细胞癌成分又有肉瘤成分,其中鳞状细胞癌区CK(灶+)、EMA(灶+);肉瘤区Vim(+),Myoglobin(±),符合癌肉瘤的诊断标准。

癌肉瘤需与肉瘤样癌、喉癌的放疗反应等相鉴别。如患者有多次喉部活检,病理报告类型前后不一,应引起警惕,宜多部位(瘤体及基底、蒂部)和多手段(表面用活检钳、深处靠针吸)取材,并及时进行免疫组织化学检测^[5]。

2.2 临床特征

临床表现:癌肉瘤可发生于全身各处,最常见于女性生殖道。下咽癌肉瘤罕见,平均发病年龄为64岁,男女之比为10:1,以过度吸烟、饮酒的老年男性居多,有头颈部放射线接触史者好发^[3]。喉及下咽癌肉瘤中原发于下咽者占14%。本例患者57岁,有近30年的烟酒嗜好,但无放射线接触史,肿瘤原发于左侧梨状窝,位于下咽,较少见。下咽癌肉瘤临床症状与常见的下咽恶性肿瘤类似,早期多为咽喉部疼痛或不适感,晚期可出现吞咽困难、憋气、颈部包块或痰中带血等,无典型性。但亦有其特点,如生长速度快、临床进展迅速等。

治疗及预后:由于癌肉瘤恶性程度高,易发生转移,故多数学者主张治疗原则须与低分化鳞状细胞癌一致,主要包括完整切除原发灶、区域淋巴结清扫术及必要时术后放疗。但由于肉瘤样组织对放、化疗均不太敏感,所以治疗应首选手术切除。我们认为,息肉样癌肉瘤对周围黏膜有牵拉,很可能范围超过肿瘤实体,故手术时切除范围应较其他恶性肿瘤大,至少大于2 cm;而对局部晚期、术后残留、肉眼切除范围欠安全的头颈部癌肉瘤患者应行放疗。

影响预后的因素主要包括临床分期、手术范围、肿瘤大小、淋巴结受累情况等。因下咽癌肉瘤生长方式多为息肉样,如发现早,肿瘤常局限于黏膜固有层,治疗及时预后较好;浸润型癌肉瘤预后较差,常早期发生转移。据报道,原发于下咽的癌肉瘤颈部淋巴结转移率为66%^[6]。本文患者经PET-CT检查示“左侧喉旁间隙淋巴结影FDG代谢异常增高”,但病理检查未发现淋巴结转移,说明FDG可能并非肿瘤特异性示踪物。有报道炎症组织等亦可浓聚FDG造成假阳性,PET-CT显像结果中假阳性率则可高达29.4%^[7],故临床工作中对FDG代谢异常增高者需足够重视,而将PET-CT作为参考的金标准还有待进一步研究。下咽癌肉瘤的总体生存率与鳞状细胞癌相似,但组织学

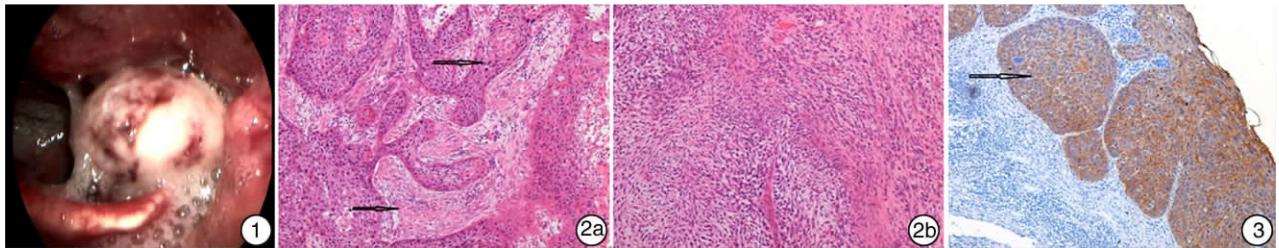


图1 电子喉镜下所见; 图2 术后病理检查 2a:鳞状细胞大小不一、核大深染,局部鳞状细胞癌呈典型巢状排列,多数癌细胞分化成熟可见角化珠,鳞状细胞癌间可见反应性增生间质组织(箭头所示) 苏木精-伊红染色 ×100; 2b:肉瘤成分为交织成束的梭形细胞,核分裂活跃 苏木精-伊红染色 ×100; 图3 鳞状细胞癌区域CK免疫组织化学染色阳性(箭头所示) ×100。

上鳞状细胞癌所占比例对预后无显著影响^[2]。

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喉疣状癌的诊断与治疗(附 1 例报告及文献复习)

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[摘要] 目的:探讨喉疣状癌的临床特点、病理特征及鉴别诊断。方法:回顾性分析 1 例喉疣状癌患者的临床资料。结果:喉疣状癌的诊断较困难,需反复多次活检才能确诊。其病理表现为典型的鳞状上皮高度增生,基膜常不受侵犯,不发生远处转移,易局部复发。患者行部分喉切除术,随访 4 年余无复发。结论:喉疣状癌是高分化鳞状细胞癌的一种特殊类型,确诊有赖于病理专家与临床医生的密切配合。手术是喉疣状癌主要的治疗方式,在切除肿瘤的基础上应尽量保留喉功能,以提高患者的生活质量。

[关键词] 喉肿瘤;疣状癌;诊断;手术

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Diagnosis and management of laryngeal verrucous carcinoma (case report in one patient and literature review)

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Abstract Objective: To investigate the clinical, pathological character and differential diagnosis of laryngeal verrucous carcinoma. **Method:** Clinical data of one case with laryngeal verrucous carcinoma in our hospital were retrospectively analyzed. **Result:** The diagnosis of verrucous carcinoma was difficult and depend on repeated biopsy. Verrucous carcinoma of larynx is a highly differentiated variant of squamous carcinoma that has peculiar clinical and morphological features. The basement membrane is not invaded. It is prone to distant metastasis than to local recurrence. The case underwent the partial laryngectomy, and was followed up for more than 4 years with no recurrence. **Conclusion:** Verrucous carcinoma of the larynx is a special pattern of the well-differentiated squamous cancer. A correct diagnosis requires close cooperation between the laryngologist and the pathologist. The main treatment of verrucous carcinoma is complete surgical excision to reserve larynx function as far as possible and improve the quality of life.

Key words laryngeal neoplasms; verrucous carcinoma; diagnosis; surgery

疣状癌好发于老年人,发病率不随年龄的增长而增高,最多见的发病部位为口腔,其次为喉腔。疣状癌是高分化鳞状细胞癌的特殊类型,两者在病

理特征、临床特点及治疗方式上不尽相同,准确诊断和治疗疣状癌是临床医生和病理科医生的一大挑战。本文报告我院收治的 1 例喉疣状癌患者的临床资料,并结合相关文献,探讨喉疣状癌的诊断与治疗。

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