

I ~ III期乳腺癌术后乳房重建50例回顾性分析

张远起¹, 黄海林¹, 黄胜超¹, 梁忠铨¹, 李与勇², 吴罗武³, 李建文¹, 陈小东¹ (1. 广东医科大学附属医院乳腺外科, 广东湛江 524001; 2. 广东省化州市人民医院, 广东化州 525100; 3. 广东省湛江市第四人民医院, 广东湛江 524000)

摘要: **目的** 总结 I ~ III 期乳腺癌术后乳房重建的手术经验。**方法** 回顾性分析乳腺癌术后采用背阔肌、腹直肌、假体(包括扩张器植入和假体植入)进行乳房重建50例患者的临床资料, 对其术后并发症、局部复发率、远处转移进行评估, 总结手术经验。**结果** 50例平均手术时长为5.0 h; 45例术后接受了辅助治疗, 其中化疗26例, 放疗10例, 化疗加放疗7例, 单纯内分泌治疗2例; 50例术后均无皮瓣坏死, 未见局部复发及远处转移; 1例术后出现假体感染, 经抗感染等对症治疗后痊愈。**结论** 对于 I ~ III 期乳腺癌患者, 乳房重建是一种既增强患者生活信心、提高患者生活质量, 又不影响乳腺癌后期治疗效果的手术方式。

关键词: 乳腺癌; 乳房重建; 背阔肌肌皮瓣修复; 腹直肌肌皮瓣修复; 假体植入; 扩张器植入

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Retrospective analysis on postoperative breast reconstruction of Stage I-III breast cancer: 50 cases

ZHANG Yuan-qi¹, HUANG Hai-lin¹, HUANG Sheng-chao¹, LIANG Zhong-zeng¹, LI Yu-yong², WU Luo-wu³, LI Jian-wen¹, CHEN Xiao-dong¹ (1. Breast Surgery Department of the Affiliated Hospital of Guangdong Medical University, Zhanjiang 524001, China; 2. The Huazhou People's Hospital, Huazhou 525100, China; 3. The Fourth People's Hospital of Zhanjiang, Zhanjiang 24000, China)

Abstract: **Objective** To summarize the surgical experience of postoperative breast reconstruction of stage I-III breast cancer. **Methods** Clinical data of 50 cases who have received breast reconstruction using latissimus dorsi, rectus abdominis and prosthesis (including expander implantation and prosthetic implantation) were retrospectively analyzed. The postoperative complications, local recurrence rates, distant metastases were evaluated, and the surgical experiences were summarized. **Results** The average operation duration was 5.0 hours; 45 patients received adjuvant therapy after the surgery, of which 26 patients received chemotherapy, 10 patients received radiotherapy, 7 patients received chemotherapy plus radiotherapy, and 2 patients received endocrine therapy. No flap necrosis, local recurrence and distant metastasis was identified in 50 patients after the surgery; and one case had a prosthetic infection after the surgery, which was healed after symptomatic treatment including anti-infection. **Conclusion** For patients with stage I-III breast cancer, breast reconstruction is an ideal surgical method that not only enhances the patients' confidence in life, improves the patients' quality of life, but imposes no effect on subsequent treatment in the later stage.

Key words: breast cancer; breast reconstruction; latissimus dorsi myocutaneous flap repair; rectus abdominis myocutaneous flap repair; prosthesis implantation; expander implantation

乳腺癌是一种常见的女性恶性肿瘤, 且发生率逐年升高, 2018年的统计数据显示, 乳腺癌已居于女性恶性肿瘤死亡率的榜首^[1]。随着医疗水平的不断提高, 乳腺癌的治疗方式也不再单一, 但手术仍是乳腺癌最主要的治疗手段^[2], 而手术让女性失去部分性征的同时, 也会让她们失去对自己和生活的

信心^[3]。乳房重建作为乳腺癌综合治疗中的一个重要组成部分, 可减轻患者缺失乳房的痛苦, 提高生活质量^[4], 因此越来越多的女性乳腺癌患者选择乳房重建^[5]。为总结 I ~ III 期乳腺癌术后乳房重建的手术经验, 本文对50例乳腺癌术后乳房重建患者的临床资料进行回顾性分析。

1 资料和方法

1.1 一般资料

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作者简介: 张远起(1978-), 男, 博士, 主任医师

2018年9月至2019年11月行乳腺癌乳腺切除术后乳房重建患者50例,均符合以下纳入标准:由我院医师行乳房重建术且临床资料较完善者;TNM分期为I、II、III期者;非乳腺癌复发及乳腺癌远处转移者。50例均为女性,年龄24~53岁,中位年龄38岁。乳腺癌TNM分期:I期11例,II期25例,III期14例;病例来源于广东医科大学附属第一医院37例,化州市人民医院7例,湛江市第四医院6例。

1.2 方法

以自体组织移植、假体及自体组织合并假体植入3种方法进行乳房重建。自体组织移植乳房重建包括背阔肌肌皮瓣移植、腹直肌肌皮瓣移植^[6];假体乳房重建包括假体、组织扩张器植入(即单纯假体一期植入重建和经组织扩张器扩张后更换假体二期重建);自体组织合并植入物重建是背阔肌联合假体植入。术者严格把控各种方式的适应证与禁忌证及尊重患者个人意愿进行手术。50例中,采用假体进行乳房重建19例(38.0%);采用背阔肌进行乳房重建17例(34.0%);采用腹直肌进行乳房重建12例(24.0%);采用背阔肌联合扩张器进行乳房重建1例(2.0%);采用背阔肌联合假体进行乳房重建1例(2.0%)。

2 结果

50例乳腺癌患者术中均未发生特殊情况,术程较顺利,平均手术时长为5.0 h。45例术后接受辅助治疗,其中接受化疗26例,接受放疗10例,接受化疗加放疗7例,接受单纯内分泌治疗2例。术后未接受任何辅助治疗5例。50例术后均无皮瓣坏死,未见局部复发,1例术后出现假体感染,经抗感染治疗后痊愈。

3 讨论

随着医疗技术的不断提高,手术方式从纯粹的肿瘤切除转变为兼顾患者功能、心理及美容等提高患者生活质量的外科治疗模式^[7],乳房重建就是应运而生的一种手术方式。本文50例术后未出现皮瓣坏死或因排斥、感染等致假体取出等并发症,仅有1例出现假体感染,但经抗感染等治疗后痊愈,显示我们开展的乳房重建技术目前虽处于发展阶段,但技术相对成熟,效果令人满意。由于个体差异及患者个人意愿不尽相同,故乳房重建术并非一成不变,结合手术经验以及相关文献报道,我们认为,乳房重建的3种方式的适应证与禁忌证可归纳如下。(1)假体乳房重建的适应证:①年轻且不愿移植自体

组织者;②对侧乳房较小者;③局部有良好软组织覆盖者;禁忌证^[8]:①乳房较大且严重下垂;②患者较瘦弱;③胸壁局部软组织量严重不足;④胸肌筋膜被肿瘤侵及。(2)背阔肌肌皮瓣修复的适应证:①部分乳房切除术后缺损较大,需软组织填充的患者;②不适宜或不愿意使用腹部皮瓣的患者;禁忌证:行腋窝手术时损伤或切断胸背血管的患者。(3)腹直肌肌皮瓣修复的适应证:大多数女性均可行腹直肌肌皮瓣修复手术;禁忌证:①病理性肥胖、重度吸烟、合并严重内科疾病、精神性疾病的患者;②体型瘦小、腹部组织量少的患者;③既往行腹部手术的患者。④有生育要求的患者。

尽管乳腺癌术后重建技术日趋成熟,但目前国内乳腺癌术后重建所占比例仍然非常低^[9]。尽管乳房重建技术处于快速发展阶段,但乳腺癌患者对乳房重建的接受程度不高,其原因可能如下:(1)医生与患者沟通不到位;(2)患者文化程度不高,无法充分理解乳房重建技术的优点^[10];(3)依从性差;(4)受中国传统思想的影响,患者对假体、扩张器的接受程度不高;(5)购买扩张器、补片等在手术中用到的重要器材途径较为复杂。我们认为,可以通过术前充分与患者沟通,加大乳房重建技术的宣传力度等手段来提高患者对乳房重建的认知度,让更多的乳腺癌患者能够重拾对自己和生活的信心。

乳房重建是乳腺癌综合治疗的重要部分,它不仅能满足患者对美学的追求,同时也不影响术后的辅助治疗效果及远期效果,只要严格把控好手术适应证,与患者进行良好的沟通,简化手术所需重要材料购买过程,就能让乳房重建术的得到进一步的普及,造福更多的乳腺癌患者。

参考文献:

- [1] BRAY F, FERLAY J, SOERJOMATARAM I, et al. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries [J]. CA Cancer J Clin, 2018, 68: 394-424.
- [2] WYLD L, AUDISIN R A, POSTON G J. The evolution of cancer surgery and future perspectives [J]. Nat Rev Clin Oncol, 2015, 12(2): 115-124.
- [3] ZHANG B, SONG Q, ZHANG B, et al. A 10-year (1999-2008) retrospective multi-center study of breast cancer surgical management in various geographic areas of China [J]. Breast, 2013, 22(5): 676-681.
- [4] 吴旻. 肿瘤整形技术在乳腺癌治疗中的应用[J]. 临床外科杂志, 2016, 24(9): 660-662.

- [5] PANCHAL H, MATROS E. Current trends in postmastectomy breast reconstruction[J]. *Plast Reconstr Surg*, 2017, 140(5S Advances in Breast Reconstruction): 7s-13s.
- [6] 韩思源. I 期乳房再造的术式选择. 中华医学会整形外科学分会、解放军整形外科学专业委员会、中国中西医结合学会医学美容专业委员会、中华医学会整形外科学分会第十一次全国会议、中国人民解放军整形外科学专业委员会学术交流会、中国中西医结合学会医学美容专业委员会全国会议论文集[C]. 2011: 422.
- [7] 饶彬, 杨华伟. 保留乳头乳晕早期乳腺癌切除加背阔肌肌皮瓣 I 期乳房重建术32例临床观察[J]. *安徽医药*, 2019, 23(10): 2005-2010.
- [8] 李娟娟, 孙圣荣. 乳房即刻重建术中胸肌筋膜组织瓣覆盖假体的应用分析[J]. *临床外科杂志*, 2019, 27(1): 51-54.
- [9] HUANG N S, QUAN C L, MALIN X X, et al. Current status of breast reconstruction in China: an experience of 951 breast reconstructions from a single institute.[J]. *Gland Surg*, 2016, 5: 278-286.
- [10] 张晓, 叶一峰. 软组织扩张器在乳腺癌假体乳房重建术中的应用[J]. *岭南现代临床外科*, 2017, 17(2): 194-197.

不同时期生物反馈联合低频电刺激疗法对初产妇产后盆底功能障碍性疾病的影响

钟 俊, 黄思毅 (广东医科大学附属医院妇产科, 广东湛江 524001)

摘要: **目的** 观察不同时期生物反馈联合低频电刺激疗法治疗初产妇产后盆底功能障碍性疾病的疗效。**方法** 选取盆底功能障碍初产妇300例, 随机分为对照组和研究组, 每组150例。对照组产后6个月开始进行生物反馈联合低频电刺激治疗, 研究组产后42 d即进行上述治疗。疗程结束后比较两组患者的盆底肌 I、II 类纤维肌电压; 随访6个月, 比较两组患者子宫脱垂、尿失禁的发生率及其生活质量。**结果** 治疗前, 两组患者盆底肌 I、II 类纤维肌电压及生活质量差异无统计学意义($P>0.05$); 治疗后, 两组的盆底肌 I、II 类纤维肌电压及生活质量评分均高于治疗前, 且研究组更显著($P<0.01$); 研究组的子宫脱垂和尿失禁发生率均低于对照组, 差异有统计学意义($P<0.05$ 或 0.01)。**结论** 产后42 d即开展生物反馈联合低频电刺激治疗可显著提升初产妇盆底肌肉神经功能和肌力, 有利于减少症状的发生, 提升患者的生活质量。

关键词: 初产妇; 盆底功能障碍; 生物反馈; 低频电刺激

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Effect of biofeedback combined with low-frequency electrical stimulation in different periods on postpartum pelvic floor dysfunction in primipara

ZHONG Jun, HUANG Si-yi (Department of Gynecology and Obstetrics, Affiliated Hospital of Guangdong Medical University, Zhanjiang 524001, China)

Abstract: **Objective** To observe the therapeutic effect of biofeedback combined with low-frequency electrical stimulation in different periods on postpartum pelvic floor dysfunction in primipara. **Methods** A total of 300 primiparas with pelvic floor dysfunction were selected and randomly divided into the Study Group and the Control Group, 150 cases in each group. The Control Group was treated with biofeedback combined with low-frequency electrical stimulation 6 months after delivery while the Study Group received the above treatment 42 days after delivery. At the end of the course of treatment, the two groups were compared in terms of their Type I and II fibromuscular voltage of pelvic floor muscle; and after six months of follow-up, the two groups were compared in terms of the incidence of metroptosis and uroclepsia as well as the quality of life. **Results** Before the treatment, there were no significant differences in Type I and II fibromuscular voltage of pelvic floor muscle and quality of life between the two groups ($P>0.05$); after the treatment, both groups had the Type I and II fibromuscular voltage of pelvic floor muscle and quality of life score higher than those before the treatment, and the Study

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作者简介: 钟 俊(1981-), 男, 学士, 主治医师