

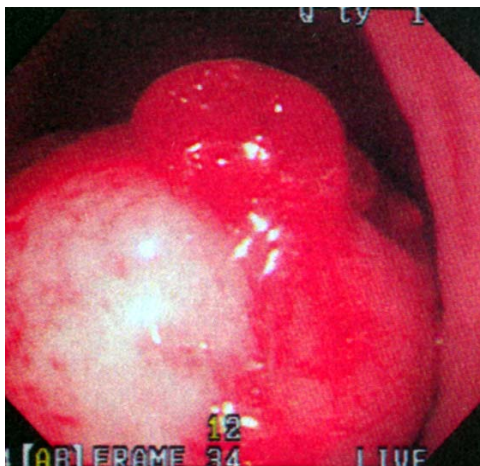
胃腸間質瘤 (GIST)

消化系中心，外科，楊明元

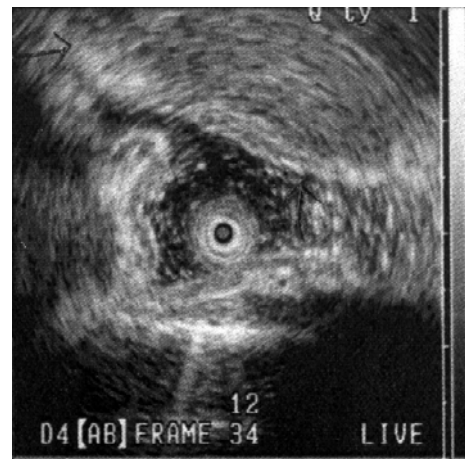
病患為一 56 歲女性，因解黑便及腹漲已有二天之久而入本院求診。入院生化檢查發現 Hb8.5g/dL，大腸鏡檢查發現只有痔瘡其他無異常，胃鏡檢查發現胃賁門部有一凸出巨大腫瘤，其表面有潰瘍並血管外露出血(圖一)。

經局部電灼止血後安排胃鏡超音波及腹部電腦斷層上消化道 X 光檢查，診斷為胃基底粘膜瘤，病人病況穩定後轉外科進行胃粘膜腫瘤局部切除，病理報告為惡性，術後恢復情況良好而出院，續門診追蹤檢查治療。

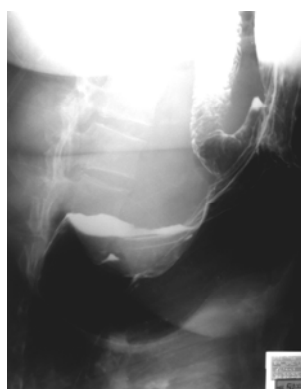
討論：腸胃道間質瘤並不常見，胃是最常發生的地方。胃間質瘤約佔所有腸胃道間質瘤的三分之二，而僅佔所有胃腫瘤的 1.2%。根據特殊染色來分類胃間質瘤，以平滑肌細胞起源最多佔 33%，神經組織起源最少佔 14%。症狀方面，胃間質瘤大都表現出類似消化性潰瘍或出血的症狀。治療胃腸間質瘤的最高原則，當然是進行早期切除，而近年來發展的新化療藥物，對於切除後復發，或是無法切除者，成效相當良好，但總體來說，儘早切除仍是第一選擇。病患術後三年存活率為 60.5%。



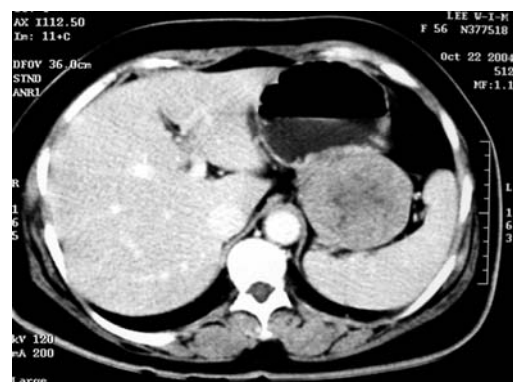
圖一：胃鏡檢查發現胃賁門部有一凸出巨大腫瘤，其表面有潰瘍並血管外露出血。



圖二：內視鏡超音波檢查出胃黏膜下有一腫瘤。



圖三：上腸胃道攝影顯示胃部有腫瘤切跡。



圖四：腹部電腦斷層顯示胃部有一凸出巨大腫瘤。

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Cancer Control. 2005 Jan-Feb;12(1):44-56

Update on the biology and therapy of gastrointestinal stromal tumors.

D'Amato G, Steinert DM, McAuliffe JC, Trent JC.

BACKGROUND: Gastrointestinal stromal tumors (GISTs), the most common mesenchymal tumors of the gastrointestinal tract, are an example of a disease with an effective, molecularly targeted therapy. **METHODS:** Published articles and author experience were used to comprehensively define the clinical features, biology, and state-of-the-art therapy of GISTs. **RESULTS:** GISTs are thought to originate from the neoplastic transformation of the interstitial cells of Cajal, the intestinal pacemaker cells. GISTs commonly have mutations in the kit gene, resulting in a gain-of-function mutation and ligand-independent constitutive activation of the KIT receptor tyrosine kinase. Successful tyrosine kinase inhibitors target the aberrant pathways that are critical for tumor cell viability. The development of imatinib mesylate (formerly STI 571) in the treatment of metastatic GISTs represents a therapeutic breakthrough. **CONCLUSIONS:** Progress in the clinical diagnosis has led to an increased recognition of this disease as a distinct clinical entity. Treatment of metastatic GIST with imatinib has led to unprecedented improvements in progression-free and overall survival. The use of imatinib in the preoperative and postoperative treatment of GISTs is an area of intense investigation.

PMID: 15668652 [PubMed - in process]

Schweiz Rundsch Med Prax. 2004 Dec 22;93(51-52):2143-50

[Gastric MALT lymphoma and gastrointestinal stromal tumors (GIST)]

[Article in German]

Miehlke S, Morgner A, Ehniger G.

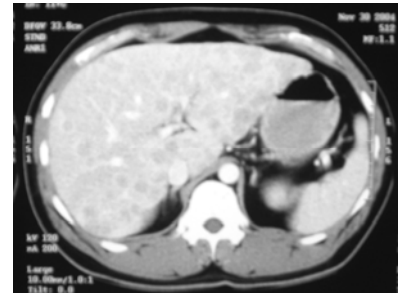
Gastric lymphoma and gastrointestinal stromal tumours (GISTs) are rare malignancies of the upper gastrointestinal tract. The most common gastric lymphoma are low-grade marginal zone B-cell lymphoma (MZBCL) of MALT type. They develop as a consequence of chronic *Helicobacter pylori* infection, the histological hallmark are lymphoepithelial lesions. In early stages of disease, *H. pylori* eradication alone may lead to complete lymphoma remission in up to 75% of cases. Nonresponder or locally advanced lymphoma should be treated with radiation therapy. Advanced lymphoma may be treated with the nucleoside analogon cladribine within clinical trials. Based on clinical and novel molecular markers a risk stratification and a prediction of response to therapy might be possible in the future. GISTs are mesenchymal tumours that characteristically express CD-117 (c-kit). They are mostly localized in the upper gastrointestinal tract and are frequently diagnosed in an advanced stage. Conventional chemotherapy is ineffective. For resectable non-metastasized tumours surgical therapy is the treatment of choice. Imatinib is the first and so far only effective systemic therapy which is presently indicated in irresectable or metastasized GISTs. More than 80% of patients respond to imatinib therapy either with partial remission or stable disease. FDG-PET plays an important role in the early prediction of response to imatinib therapy. The optimal dosage and duration of treatment and the role of imatinib as adjuvant or neo-adjuvant therapy for GISTs remains to be defined.

PMID: 15672765 [PubMed - in process]

胃賁門癌併肝臟轉移

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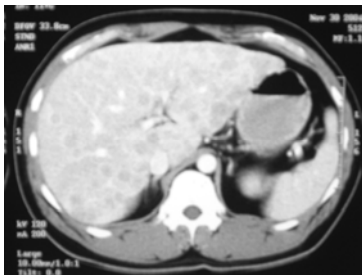
28 歲男性，過去無特殊病史也無 B、C 肝炎。該患者至本院門診主訴上腹悶痛併左肩及胸部不適已至少兩週，特別飯後及左側躺時會加劇疼痛。另外有輕微腹瀉但無解黑便，吞嚥困難或體重減輕情形。理學檢查方面病人體格外觀壯碩，除了上腹部輕微壓痛外並無肝脾腫大或其他異常。門診初步安排超音波檢查卻意外發現肝臟兩側有多發性 1 至 2 公分的散在性腫瘤並有脂肪肝(圖一)，因懷疑轉移性肝癌情況下安排住院檢查。



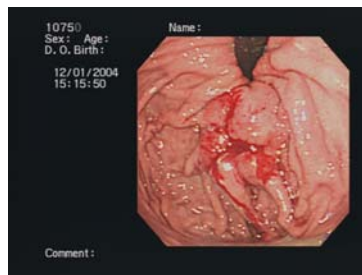
(圖一)

血液檢查方面：CBC 正常，生化方面除 GOT/GPT：46/70 略偏高外其餘正常。血清 HBsAg(-)，Anti-HCV(-)，腫瘤標記 AFP：2.3，CEA：0.7，CA-199：7.3。而胸部 X-ray 也無特別異常。因病人有上腹不適症狀，因此安排胃鏡檢查，檢查顯示於胃賁門(Cardia)處有，一 3 至 4 公分大之腫瘤併疑似中央有潰瘍性出血(圖二)。因腫瘤有 Giant fold (巨大縐摺)出現而不能排除胃靜瘤可能性，故為慎重起見隨後以內視鏡超音波確認為非血管性病灶(圖三)後進行切片檢查，病理証實為分化不良性腺癌，而肝臟切片檢查亦顯示為轉移性腺癌而確定診斷。目前病人正接受化學治療中。

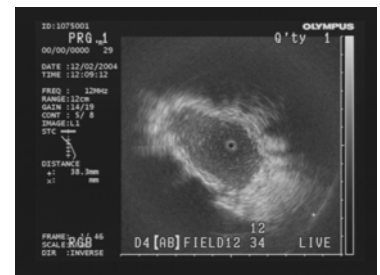
(圖一)



(圖二)



(圖三)



討論：根據民國 91 年行政院衛生署的統計，胃癌位居臺灣男性十大癌症死因的第四位、女性胃癌居第六位，男性胃癌病人的罹患率為女性的兩倍。以往胃癌大部份發生於胃下部，最近 10 至 15 年歐美病人胃上部癌及食道下端腺癌漸有增加的趨勢。但在臺灣，仍然是胃下部癌居多。由於胃癌病人沒有特定的臨床症狀，因此大部份病人被診斷出來時，已是晚期胃癌了。有些病人的症狀類似消化性潰瘍。病人可能有體重減輕、食慾不振、疲倦、上腹部不舒服，嚴重時可合併發生腹水，但這些無一為胃癌特定症狀。有些病人的病徵與病灶的位置有關。如吞嚥困難，其病灶可能在賁門蔓延至食道胃交接處。進行癌依 1926 年德國病理醫師 Borrmann 將肉眼觀的形態分為四種基本類型：第 I 型是息肉型或凸出型；第 II 型是周圍具有隆起邊緣的潰瘍稱為凹陷型；第 III 型是潰瘍且其邊緣已有浸潤者；第 IV 型是廣泛性浸潤型，無明顯界限，向胃腔內凸出不明顯，黏膜可有潰瘍，胃壁增厚變硬，若擴及全胃時稱皮革胃(革袋狀胃癌)。本患者應屬第 III 型，但因合併 Giant fold (巨大縐摺)形成故仍須與其它疾病作鑑別診斷如淋巴瘤，胃靜脈瘤及黏膜下腫瘤。特別是胃靜脈瘤如誤認為其它腫瘤而逕行切片，會引起大量出血的危險。故必要時須以內視鏡超音波確認為非血管性病灶後再進行切片。

胃癌細胞可經由黏膜下層內循淋巴管道順胃長軸方向擴散。胃癌細胞可經由每一層直接浸潤食道，但主要是經由黏膜下層淋巴管。由於胃賁門處的淋巴管和食道的淋巴管相通，因此胃癌擴展至食道下部的情況並非少見，尤其是賁門癌和革袋狀胃癌常會發生食道的蔓延。而經由門脈或全身性的血行性轉移最常見於肝臟，也可轉移至其他器官如肺、骨、腦。胃癌的治療以外科手術為主。對於不能作根治切除的病例，得儘量爭取姑息性切除，對緩解症狀、減少併發症、延長生命均有好處。下列情況，得不考慮作胃切除之姑息手術：(1)多處腹腔轉移；(2)兩側肝臟多處轉移；(3)兩側肝臟及腹腔皆有轉移。

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Int J Epidemiol. 2000;29:645-54

Botterweck AA, Schouten LJ, Volovics A, Dorant E, van Den Brandt PA.

BACKGROUND: In many western countries an increase in incidence of adenocarcinoma of the oesophagus and/or gastric cardia have been reported. The aim of this study was to describe and compare trends in incidence of adenocarcinoma of the oesophagus and gastric cardia in several areas of Europe, 1968-1995, using Eurocim (a database of cancer incidence and mortality data from 95 European cancer registries).

METHODS: Time-trends in age-standardized incidence rates of adenocarcinomas of the oesophagus and gastric cardia are described in 11 population-based cancer registries from 10 countries in North, South, East, West and Central Europe, 1968-1995. The statistical significance of the time-trends in incidence was assessed using Poisson regression analysis.

RESULTS: An increase in incidence of adenocarcinomas of the oesophagus and gastric cardia was observed in Northern Europe (Denmark), Southern Europe (Italy, Varese), Eastern Europe (Slovakia) and Western Europe (England and Wales, Scotland). In Central Europe (Switzerland, Basel) and in the cancer registries of Iceland (Northern Europe), France, Bas-Rhin and Calvados, Southern Ireland, and the Netherlands, Eindhoven (Western Europe) no rise in incidence was observed. The increase in incidence of adenocarcinomas of the oesophagus and gastric cardia was accompanied by a decrease in incidence of both adenocarcinomas and non-adenocarcinomas of the non-cardia part of the stomach in almost all of the 11 cancer registries studied. Increased histological verification of tumours of the oesophagus and stomach and improvement in precision of histological diagnosis may partly explain the increase in incidence of adenocarcinomas in some registries.

CONCLUSIONS: This study, using Eurocim data, supports the findings from other time-trend studies of population-based cancer registries in western countries.

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