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大腸癌合併多發性肝轉移治療成果

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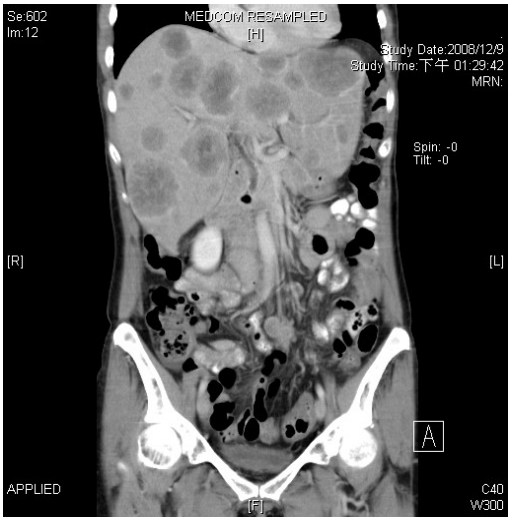
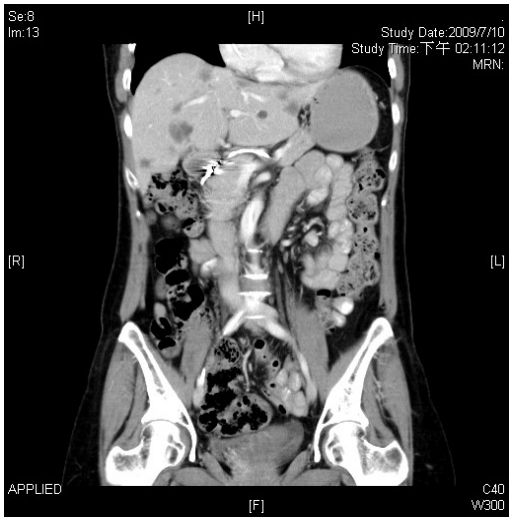
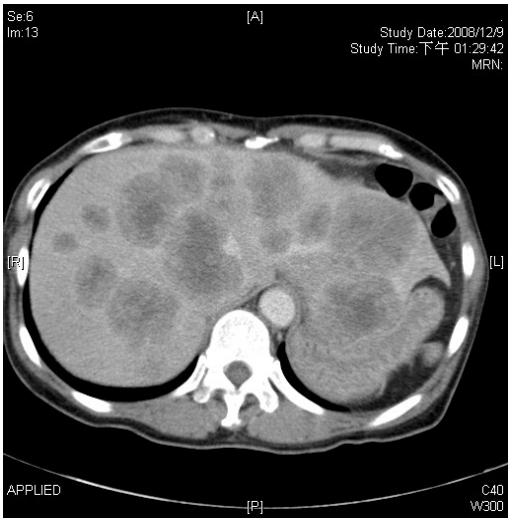
一位五十九歲的女性，過去身體健康狀況良好，沒有任何疾病困擾過。但是最近，抱怨整日腹脹，食慾不好，有兩個月之久。而且在上腹部，靠近心窩處，有一個觸摸得到的腫塊，約有一個月之久了。沒有噁心或嘔吐的現象，但是解便時會有裡急後重的感覺，而且常常覺得解便解不乾淨。甚至解小便的時候，大便會一起解出來。因此, 她來到本院消化內科門診求診，經由腹部超音波檢查，發現肝臟有數十顆大小不一的腫瘤，最大的超過八公分，疑似轉移的惡性腫瘤，於是安排住院以進一步檢查。血液常規檢查發現貧血，紅素只有 10.9 g/dL，而且 CEA: 927.3 ng/ml，因此安排大腸鏡檢查：在乙狀結腸，發現一個，佔據腸內直徑約三分之二大小的腫瘤，切片檢查結果是 Moderately differentiated adenocarcinoma。於是，會診大腸直腸外科安排開刀，手術中發現，有侵犯到部份小腸，於是作了 Total protectomy + LN dissection + segmental small intestine resection ad prophylaxis bilateral salphingoophrectomy。術後腫瘤分期為 T3N2M1。但是，因為肝臟的腫瘤太多，無法切除，於是，安排肝動脈化療(HAIC Hepatic Artery Infusion Chemotherapy)。方法是：由右側股動脈，埋入一條特殊材質的導管，放到總肝動脈，在大腿根部，靠近鼠蹊部的皮下，埋入一個 port。經由這個 port 注射藥物，可以直接到達肝臟的腫瘤。化療的藥物是 Cisplatin + Leukovorin + 5-Fu，需二十次，每週五次，共四週。之後，每兩週注射一次。接著施行 systemic chemotherapy + HAIC every 3 weeks a cycle，共十二次。做到第六次時，安排腹部斷層掃描，發現腫瘤大幅縮小，最大的一顆，直徑只剩下 2.2 cm，而且腫瘤內部無血流供應。體積縮小了 95%以上，可視為 complete remission。如附圖。目前 systemic chemotherapy + HAIC 已經做到第十次，病人的肝功能良好，CEA: 3.7 ng/ml，也並無感覺任何不適。



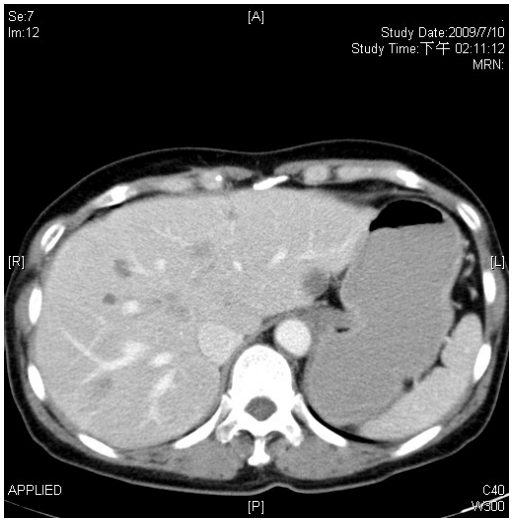
圖一、治療前



圖二、八個月後



圖三、治療前



圖四、八個月後

討論

在過去的研究（合併原發性肝癌及大腸癌轉移），肝動脈化療的副作用不大，僅部分患者有食慾不振(25%)、稍微倦怠感(30%)，噁心(15%)，嘔吐(7%)，肝動脈導管阻塞或脫落(1%)，大部分患者都可以完成整個療程(98%)，只是有少部分需要調整劑量(10%)。大腸癌肝轉移的案例，有 60% 達到 complete remission，有 30% 達到 partial remission，只有 10% no response 或無法完成治療。因此肝動脈化療，是多發性大腸癌肝轉移的最佳選擇。

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直腸癌術後接合處滲漏之併發症處理

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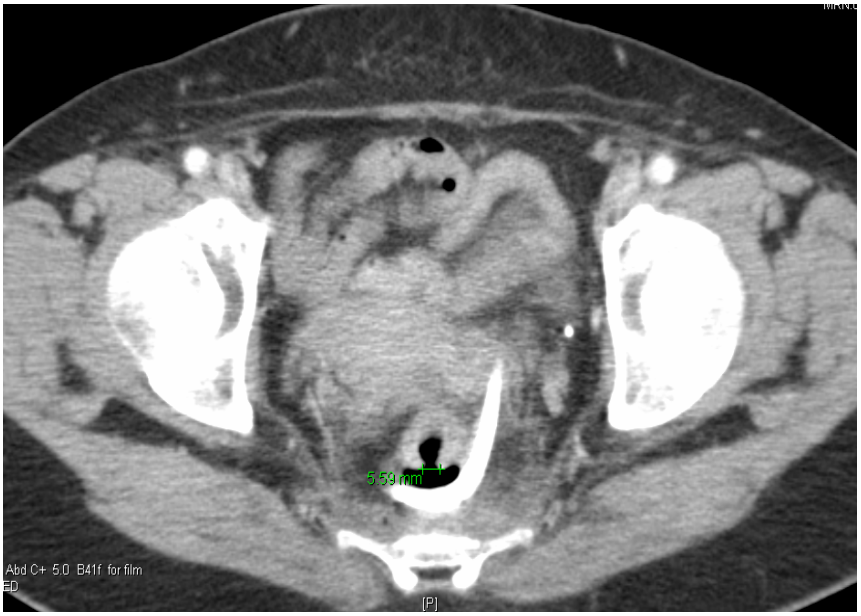
A-62 - years old female was a case of rectum cancer s/p LAR+LNS dissection with end to end anastomosis .Post operatively day 7 , the drainage tube showed turbid and fecal like discharge fluid .The abdomen CT proved posterior wall of rectum at anastomosis site dehiscence .So ,the anastomosis leakage was diagnosed.Due to no obvious toxic sign such as fever ,peritonitis and leukocytosis was mentioned ,so the conservative treatment such as NPO ,broad spectrum antibiotic ,nutrition supplement was initially performed . Unfortunately ,the fever ,leukocytosis ,pulmonary edema and acute renal failure was developed after conservative treatment day 10 .So ,the operation of protective R't T colon loop colonstomy had underwent .Post operation of colonstomy , this patient was under smoothy recovery course and discharge finally.



The definition of anastomosis leakage was leak of luminal contents from a surgical join between two hollow organ viscera .The Mortality rate of anastomosis leakage was between 0%->32% .The Risk factors included alcohol ,tobacoo ,patient with diverticulitis ,ASA score>3 ,steriod use ,weight loss and malnutrition .Beside it ,duration of surgical ,adequate blood supply to prevent ischemia ,introperative water testing had also contributed the risks of anastomosis leak .

Laparoscopic colon resection have similar leak rate compared with open .The proximal diversion of high risk anastomoses does not alter the anastomosis leak rate but it does decrease the sequelae of leak .Not enough definitive data to prove whether wrapping the omentum around an anastomosis ,leaving drains around low rectal anastomosis or using preoperative bowel preparations have a substantial effect on leak rates

Common leaks to occur in bimodal distribution the first group is after operatively 7 days and second group was they have been discharged from our hospital. Diagnosing leaks relies on clinical picture and radiaographic findings .

Treatment of anastomotic leak must then be individualized to the location and sequela of the leak. Available strategies include observation and bowel rest ,percutaneous drainage ,colonic stenting and surigical revision ,diversion or drainage. The most importance factor to reduce the anastomotic leak was adequate blood supply .no tension and inverted mucosa