

老年胃癌患者手术治疗的近期进展

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摘 要

胃癌是全球范围内常见的恶性肿瘤, 尤其在老年患者中更为常见。老年胃癌患者的手术治疗面临着围手术期管理、手术选择以及术后康复等特殊挑战。近年来, 随着手术技术和围手术期管理的不断精进, 老年胃癌患者的手术治疗效果有了显著提高。本文综述了老年胃癌患者手术治疗的最新进展, 主要从围手术期管理、早期胃癌、进展期可切除胃癌及进展期不可切除胃癌等几个方面进行了探讨。

关键词

胃癌, 老年, 手术

Recent Advances in Surgical Treatment of Elderly Patients with Gastric Cancer

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Abstract

Gastric cancer is a common malignant tumor worldwide, especially more prevalent among elderly patients. The surgical treatment of elderly patients with gastric cancer is confronted with special challenges such as perioperative management, surgical selection and postoperative rehabilitation. In recent years, with the continuous improvement of surgical techniques and perioperative management, the surgical treatment effect for elderly patients with gastric cancer has significantly improved. This article reviews the latest progress in surgical treatment for elderly patients with gastric cancer, mainly discussing several aspects such as perioperative management, early gastric cancer, resectable

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gastric cancer in advanced stage and unresectable gastric cancer in advanced stage.

Keywords

Gastric Cancer, Elderly, Surgery

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1. 引言

胃癌作为世界上最常见的恶性肿瘤之一，发病率在所有癌症中排名第五，也是全球癌症相关死亡的第三大原因[1]，对全球健康问题构成了重大威胁。胃癌主要发生在老年人群中，65岁及以上的胃癌患者已超过总数的60%[2]。但随着全球人类平均预期寿命的增加，人口老龄化的加剧，老年胃癌患者的比例也在逐步上升[3]。老年患者胃癌的临床病理特征与非老年患者不同，与非老年患者相比，老年患者更常见的特征包括：以男性为主，高分化组织学类型、肿瘤大小较大和TNM分期更晚[4]-[6]。目前老年胃癌患者行手术治疗时手术方式的选择及围手术期管理仍存在争议，本文旨在总结老年胃癌患者手术治疗的近期进展，给临床医生在为老年胃癌患者选择手术治疗时提供参考。

2. 老年胃癌患者的围手术期管理

围手术期管理对于老年胃癌患者来说尤为重要，因为老年患者常常伴有多种合并症，如高血压、糖尿病、慢性阻塞性肺疾病等慢性病[7]，这些疾病无疑增加了手术的风险。近年来，众多研究表明围手术期的优化策略取得了显著进展[8]-[11]，极大地提高了老年胃癌患者接受手术治疗的可能性。

1、营养支持：由于肿瘤的高代谢作用，老年患者在胃癌治疗中常伴有营养不良，营养不良不仅使患者术前一般情况变差，也会增加术后并发症的发生率，更与术后长期预后紧密相关。术前和术后的营养支持对于患者的恢复至关重要[12]-[14]。多项研究显示[15]-[17]，术前适当的营养支持干预可以改善患者的一般情况，减少术后并发症的发生、促进术后恢复，以此缩短住院时间。

2、麻醉管理：老年患者对麻醉的耐受性较差，术前常需要进行心肺功能的评估，选择合适的麻醉方法以减少患者的心肺负担。术后的疼痛管理也十分重要，有效且合适的术后疼痛管理能帮助患者尽快恢复、显著减少术后并发症的发生、明显改善患者的生活质量[18]，以及减少医务工作者的工作量。

3. 早期胃癌

早期胃癌(EGC)定义为肿瘤局限于胃壁的黏膜层或黏膜下层，无论是否有区域淋巴结的转移[19]。伴随着胃癌筛查技术的进步、人们对健康的重视，早期胃癌的发现率也在逐年提高。

1、内镜下治疗：对于符合条件的早期胃癌患者，内镜下黏膜切除术(EMR)和内镜下黏膜剥离术(ESD)已经成为首选的治疗方法[20][21]。根据Kohei Takizawa等人的研究，内镜下治疗的适应症正在扩大，未分化胃癌也有望在未来成为其绝对适应症[22]。与手术切除相比，内镜治疗能更好地保护胃的完整性，具有创伤小、恢复快等优势[23]，尤其适用于一般情况较差、无法耐受胃切除手术的早期胃癌老年患者。

2、手术治疗：对于不适用内镜切除的早期胃癌患者，如发生在黏膜下层深处的肿瘤，其淋巴结转移的发生率可达到20%左右[24]。由于这类早期胃癌淋巴结转移的高风险，根治性胃切除术仍然是常见的治疗方式。近年来，腹腔镜微创手术逐渐取代了开腹手术，具体术式通常包括腹腔镜近端胃切除术(LPG)和

腹腔镜全胃切除术(LTG) [25]-[27], 无法耐受开放性手术创伤的老年患者是其适应证。

4. 进展期可切除胃癌

进展期可切除胃癌指肿瘤突破胃壁黏膜下层, 已浸润至肌层及以上、但局限在胃附近的局部区域内且未发生远处转移, 在患者能耐受手术的前提下仍可通过手术进行根治性切除。局部进展期胃癌的标准治疗方案是 D2 胃癌根治术, 术后进行辅助化疗[19]。

1、标准手术: 对于局部进展期可切除胃癌患者, 根治性切除术仍然是最主要的治疗手段, 根据日本胃癌协会发布的指南, 其适应证为病灶达到完全切除、肿瘤分化良好、无血管及淋巴管的浸润以及手术切缘需为阴性[28]。近年来, 胃癌的手术方式也在不断取得进展, 从传统开腹手术到腹腔镜、机器人辅助手术, 众多研究表明, 腹腔镜手术在安全性和预后上较传统开腹手术更好[29]-[33], 手术方式的进步也让患者术后能更早地进食、排气以及下床活动[34], 显著提高了患者的生活质量。

2、淋巴结清扫: 淋巴结清扫是胃癌手术的重要组成部分, 因为在胃癌的早期阶段也可能有淋巴结转移的发生[35], 且完整的淋巴结清扫更有助于病理分期的判断。Ilfet Songun 等人的 15 年随访研究证明淋巴结的充分清扫能明显降低局部区域的复发率[36], 更多学者的研究也印证了这个结论[37]-[42], 说明广泛的淋巴结清扫可以提高患者的生存率。现如今, 对于早期胃癌, 众多外科医生推荐首选 D1 淋巴结清扫术[35]; 对于进展期胃癌, 保留脾脏和胰腺的 D2 淋巴结清扫术则同时被东西方的专家认可[43]。

5. 进展期不可切除胃癌

对于出现胃癌不可切除情况的患者[19], 一般根据患者的情况进行综合评估, 可考虑姑息性手术或放疗、化疗及免疫治疗等治疗。姑息性治疗的目标不再是治愈, 而是改善患者的生存质量和延长生存期, 且可能增加患者进一步接受癌症治疗的机会。

1、姑息性手术: 在一些晚期胃癌患者身上, 常有出血、穿孔或梗阻等情况发生, 对于这类危重患者, 治愈已不再是他们的治疗目标, 首要目的是控制当前症状, 维持患者的生活质量, 这时进行姑息性手术是非常必要的。对于晚期患者急性出血时, 已有不少研究建议将内镜治疗作为一线方案, 如内镜下金属止血夹、乙醇、激光等止血方案都被证明是有效的, 且止血的成功率很高, 但再次出血的概率也很高[44]。对于晚期胃癌造成的梗阻, 外科医生常首选姑息性胃切除术[45], 可以缓解当前急症, 改善患者的生活质量。有回顾性研究表明, 接受姑息性胃切除术的患者较未接受姑息性胃切除术的患者有更高的生存率[46]。除胃切除术外, 胃空肠吻合术(GJ)和内镜下行金属支架植入术(SEMS)也是常用的手术方式[45] [47]。

2、同步放化疗和免疫治疗: 对于不可切除的胃癌患者, 同步放化疗、免疫治疗等成为重要的辅助手段, 有望在其之后增加手术机会。姑息性放疗能有效改善晚期患者出血、癌痛及梗阻等症状[48]。化学治疗药物主要包括氟嘧啶、铂类、紫杉烷类和伊立替康, 一线治疗方案常为氟嘧啶(氟尿嘧啶、卡培他滨和替吉奥)与铂类药物联合[49]。根据目前胃癌诊治指南, 推荐一线治疗为 SOX 方案、XELOX 方案、FOLFOX 方案等[19]。近年来, 免疫治疗发展迅速, 在癌症治疗方面有着重要的影响[50], 免疫治疗中包括免疫检查点抑制剂(如 PD-1/PD-L1 抑制剂)、癌症疫苗、细胞疗法、溶瘤病毒等在胃癌治疗中的应用提供了新的思路与策略[51]。

6. 结论

老年胃癌患者的手术治疗面临独特的挑战, 随着手术技术的不断进步和围手术期管理的不断优化, 老年胃癌患者的治疗效果得到了显著提高, 生存率也在逐步上升。针对不同的老年患者我们应该制定个体化治疗方案, 选择合适的手术方式, 让患者在最小的风险下获得最大的手术收益。未来, 希望进一步研究在保证治疗效果的同时, 减少老年患者的手术风险和术后并发症, 使老年患者的手术治疗进展取得

突破。

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