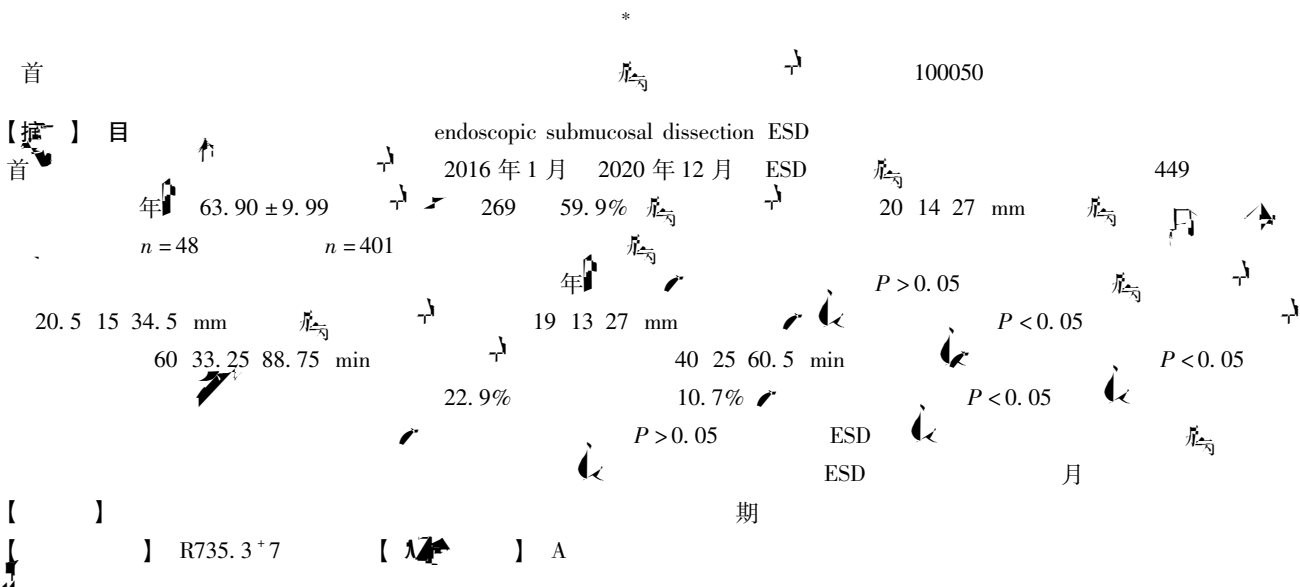


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· 消化病学基础与临床研究 ·

# 内镜下黏膜剥离术治疗低位直肠早癌的临床分析



## Clinical research of endoscopic submucosal dissection in low rectal early cancer

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**Abstract Objective** To evaluate the efficacy and safety of endoscopic submucosal dissection (ESD) in the treatment of low rectal early cancer. **Methods** The data of 449 patients (269 male 59.9%) with early colorectal cancer who underwent ESD treatment and were pathologically diagnosed from January 2016 to December 2020 in the Department of Gastroenterology of Beijing Friendship Hospital were retrospectively analyzed. The average age of the patients was 63.90 ± 9.99 years and the median size of the lesion was 20 × 14 × 27 mm. The patients were divided into low rectum group (n = 48) and control group (n = 401) according to the different locations of lesions. The clinicopathological characteristics operation time en bloc resection rate R0 resection rate and complications were compared with each other between the two groups. **Results** There were no significant differences in gender ratio and age between the two groups. The median size of lesions was 20.5 × 15 × 34.5 mm in the low rectum group and 19 × 13 × 27 mm in the control group with a significant difference. The median operation time was 60 33.25 88.75 min in the low rectum group and 40 25 60.5 min in the control group. The rate of invasion depth of submucosal in the low rectum group was 22.9% which was significantly higher than that in the control group 10.7%. There were no significant differences in the en bloc resection rate complete resection rate and postoperative complication rate between the two groups. **Conclusion** ESD treatment of low rectal early cancer took longer operation time than that of the other colorectal parts. The possibility of deep submucosal invasion was higher. On the premise of fully evaluating the indications ESD was a safe and effective treatment for low rectal early cancer.

**Key words** endoscopic submucosal dissection ESD noninvasive early gastrointestinal cancer low rectum

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(endoscopic submucosal dissection, ESD)

[2]。研究首都医科大学附属北京友谊医院 2016 年 1 月 2020 年 12 月 ESD 临床, ESD

### 1 对象与方法

#### 1.1 研究对象

2016 年 1 月 2020 年 12 月 首都医科大学附属北京友谊医院内 中心 ESD 449 研究, 年 (63.90 ± 9.99), 中 269 (59.9%), 病大 中 20 (14,27)mm。:① 病 ( );② (computed tomography, CT) /或超声内 (endoscopic ultrasonography, EUS) 淋巴转移 远处转移。③临床。排:①存内 绝 禁忌;②进 ESD 未 功;③临床或病。病 (n = 48, 缘距肛门 ≤ 5 cm ) (n = 401, 缘距肛门 > 5 cm )。研究 首都医科大学附属北京友谊医院医学伦 委员会批 (批件号:2021-P2-207-01)。

#### 1.2 资料收集

检索医院病历系统 内 系统,收集 基 信息,内容包括、年、大、大体、住院、(、)、良事件。

#### 1.3 ESD 治疗

所 ESD 丰富 验 内 医 进。ESD 按 化程序进。首先利用染色 或 定病, 病 进, 缘 0.9% ( ) 化 ( )、 或, 用 Dual /或 IT 进 病。中 体 医 定。 进 /或 处。

定, 大 10% ( ) 定。

#### 1.4 观察指标及标准

大 定 学。大体 用巴 [3], (laterally spreading tumor, LST), 进 (laterally spreading tumor granular type, LST-G) 或 (laterally spreading tumor non-granular type, LST-NG)。研 究中, 大体 3 :LST-G、LST-NG LST。 (submucosal, SM) 程 SM1 (< 1 000 μm, ) SM2 (≥ 1 000 μm, )。定 病 内, 缘。第 处 或。评价 包括:① 内 超 2 g/dL, 或③ESD 大。中 或 X 或 CT。

#### 1.5 统计学方法

用 SPSS 21.0 统 件 进 统, 用 ± (x̄ ± s), 用 t 检验; 用中 (距) [M(P<sub>25</sub>, P<sub>75</sub>)] , 中 用 Mann-Whitney U 检验。进, 进 χ<sup>2</sup> 检验。P < 0.05 统 学。

### 2 结果

#### 2.1 两组患者基本资料及临床特征比较

、年 统 (P > 0.05)。病大 中 20.5 (15,34.5)mm, 病大 中 19 (13, 27) mm; LST (62.5%) LST-G (57.5%), LST-NG; : LST (52.4%)、LST-G (47.4%) LST-NG (16.2%); 病大 统 (P < 0.05)。 1。

表1 两组患者基本资料及病变特征  
Tab.1 Characteristic of patients and lesions between low rectum group and control group

Characteristic	Low rectum group, n = 48	Control group, n = 401	P
Male	24, 50.0	245, 61.1	0.138
Age/a	62.25 ± 9.51	64.09 ± 10.04	0.227
Lesion size/mm	20.5, 15 34.5	19, 13 27	0.037
Macroscopic type			0.011
Non-LST	30, 62.5	210, 52.4	
LST-G	18, 37.5	126, 31.4	
LST-NG	0, 0	65, 16.2	

ESD endoscopic submucosal dissection LST laterally spreading tumor LST-G laterally spreading tumor granular type LST-NG laterally spreading tumor non-granular type

2.2 两组患者手术结果和术后并发症比较

中, 60, 33.25 22.9% 显著 黏膜  
88.75 min 中, 40, 25, P < 0.05 出血 穿孔  
60.5 min 统学, P < 0.05 统学, P > 0.05 详见  
统学 表2

表2 两组患者手术结局及并发症  
Tab.2 Analysis of ESD outcome and complications between low rectum group and control group

Lesion factors	Low rectum group, n = 48	Control group, n = 401	P
Procedure time/min	60, 33.25 88.75	40, 25 60.5	0.005
En bloc resection	47, 97.9	358, 89.3	0.057
Complete resection	7, 70.6	338, 86.0	0.839
Invasion			0.049
M	33, 68.8	322, 80.3	
SM1	4, 8.3	36, 9.0	
SM2 and below	11, 22.9	43, 10.65	

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