

doi: 10.3978/j.issn.2095-6959.2018.01.036

View this article at: <http://dx.doi.org/10.3978/j.issn.2095-6959.2018.01.036>

肝癌肝移植术后肠系膜转移癌 1 例

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[摘要] 患者男性, 58岁, 因“发现腹腔包块3 d”入院。患者10年前因原发性肝癌行肝移植术。PET-CT示左中下腹肠系膜上一分叶状软组织肿块, 考虑为肠系膜上原发肿瘤或肝转移癌。肝未见占位性病变。术后病理检查报告为中分化腺癌侵及, 考虑原有肝癌转移。肠系膜转移癌为肝细胞性肝癌较为少见, 考虑原因为腔静脉癌细胞脱落及术后免疫逃逸。故术后应严密随访, 以早期发现和治疗肿瘤转移, 延长患者生存期。

[关键词] 肝癌; 肝移植; 转移癌

A case report of mesenteric metastatic carcinoma after liver transplantation

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Abstract A 58-year-old male patient was admitted to 371 Central Hospital of the PLA for “the abdominal mass 3 days ago”. The patient had a liver transplant in our hospital because of the primary liver cancer 10 years ago. PET-CT scan showed a leaf shaped soft tissue mass on the left mesenteric mesentery, which was considered to be a primary mesenteric tumor or a hepatic metastatic carcinoma. There was no occupying lesion in the liver. Postoperative pathological diagnosis showed the middle differentiated adenocarcinoma, which might be caused by the metastasis of primary liver cancer. Mesenteric metastatic carcinoma was a kind of hepatocellular carcinoma, which was relatively rare. The reason might be that the vena cava was off and the postoperative immunization avoidance. So postoperative follow-up should be performed closely, which could lead to a longer life for the patients.

Keywords liver cancer; liver transplantation; metastatic carcinoma

原发性肝癌以肝细胞癌 (hepatocellular carcinoma, HCC) 为主要类型, 是全球第6位的恶性肿瘤、第3位的肿瘤致死病因^[1]。目前共识为以外科手术为主的综合治疗, 其中手术切除和肝移植是

主要的外科手段^[2]。肝移植能从根本上切除肿瘤病灶, 但术后HCC复发转移是影响其疗效的主要原因, 5年生存率低。本例患者肝癌肝移植术后10年复发, 且复发部位位于肠系膜处, 肝未见复发及转

收稿日期 (Date of reception): 2017-10-24

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移灶, 临床较罕见。

1 病例资料

患者男性, 58岁, 因“发现腹腔包块3 d”于2016年5月23日入院。患者10年前因原发性肝癌在解放军第371中心医院行肝移植术, 术后病理检查显示: 肝细胞性肝癌, 门静脉及胆管内可见癌栓。术后口服他克莫司至入院, 每3个月复查1次AFP、肝功能及上腹部CT, AFP均在正常范围。入院体格检查: 腹平软, 左下腹可触及一8 cm × 7 cm大小包块, 质中等, 活动度差, 无压痛。正电子发射计算机断层显像(PET-CT)示: 左中下腹肠系膜上一分叶状软组织肿块, 考虑为肠系膜上原发肿瘤或肝转移癌(图1)。肝未见占位性病变。AFP 39.1 ng/mL。肝功能及血液分析、乙肝5项检查未见异常。入院诊断: 1) 腹腔占位; 2) 肝移植术后。入院后完善检查, 行剖腹探查术, 术中见肿物位于乙状结肠系膜, 紧邻乙状结肠。行乙状结肠系膜肿物切除+乙状结肠部分切除术。术后病理检查为中分化腺癌侵及(图2), 考虑原有肝癌转移, 肠管上下切缘无癌。免疫组织化学: (乙状结肠系膜)癌浸润或转移, 结合免疫组织化学及病史, 提示肝细胞癌可能。胎盘型谷胱甘肽-S-转移酶GST π (+), CK19(-), CK7(-), 磷脂酰肌醇蛋白聚糖-3(+), AFP(少数+), 肝细胞(灶+), CD10(灶+), CD34(血管+), Ki-67(20%+)(图3, 4)。术后第3天复查, AFP为17.5 ng/mL, 第5天复查, AFP为11.1 ng/mL, 第10天复查, AFP为2.8 ng/mL。术后恢复良好出院。随访1年未出现复发征象。患者已签署知情同意书。

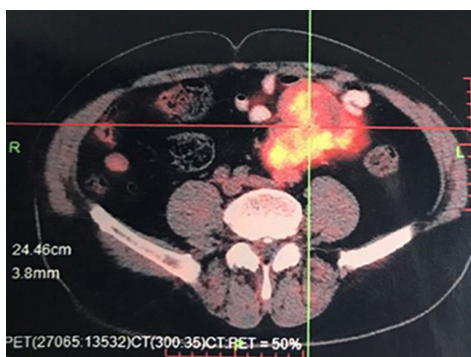


图1 术前PET-CT示左中下腹肠系膜上一分叶状软组织肿块
Figure 1 Preoperative PET-CT showing a lobulated soft tissue mass was in the mesenteric mesentery of the left lower abdomen

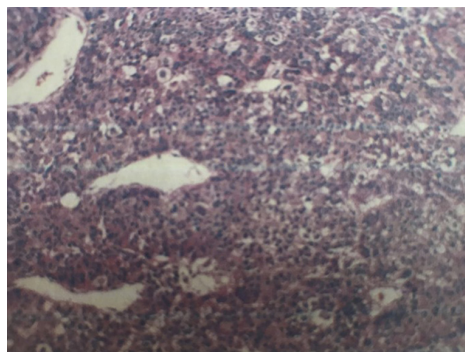


图2 术后常规病理检查结果示, 乙状结肠系膜中分化腺癌侵及, 考虑原有肝癌转移(HE, × 200)

Figure 2 Postoperative routine pathological examination shows sigmoid mesocolon, which was invaded by the middle differentiated adenocarcinoma, considered it was from the liver cancer metastasis (HE, × 200)

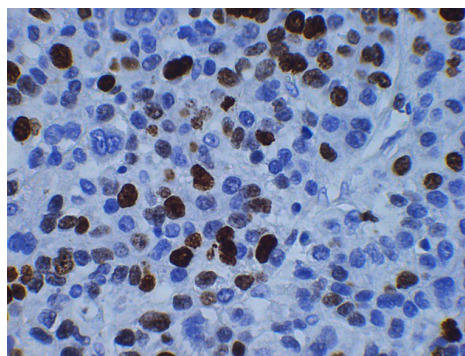


图3 免疫组织化学Ki67(辣根过氧化物酶染色, × 400)示阳性细胞为细胞核内出现棕褐色颗粒

Figure 3 Immunohistochemical Ki67 (Horseradish peroxidase staining, × 400) showed positive cell was that the brown particles appeared in the nucleus

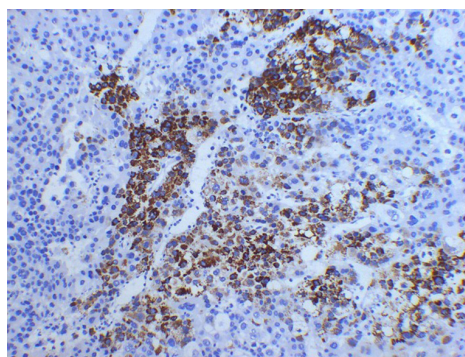


图4 免疫组织化学检测肝细胞示细胞质内为棕黄色或棕褐色颗粒(辣根过氧化物酶染色, × 200)

Figure 4 Immunohistochemical hepatocyte shows brown yellow or brown particles appeared in the cytoplasm (horseradish peroxidase staining, × 200)

2 讨论

肝移植术后HCC复发分为肝内复发和肝外转移,常转移的部位包括肺、骨、淋巴结、肾上腺、皮肤、腹膜和脑部,其中肝外转移和多部位转移更为常见(30%~70%),而单纯性移植肝内复发仅占复发病例的20%^[3]。针对肝移植术后肿瘤复发的治疗包括局部治疗和全身治疗。局部治疗的方式主要包括射频消融(radio frequency ablation, RFA)、经肝动脉化疗栓塞(transcatheter arterial chemoembolization, TACE)等非手术治疗方式和局部复发灶切除。研究^[4]表明,针对肝内单结节复发或单纯肺、肾上腺转移者,根治性手术切除是延长移植后生存期的关键。

此患者肝移植术后10年复发于腹腔,临床较少见,且肝无复发及转移灶,肠系膜转移癌为肝细胞性肝癌更为罕见。可能原因为:1)腔静脉癌肿细胞学说。可能与此患者肝移植手术时癌肿病理学分期较差,伴大血管及微血管侵犯,已经存在癌细胞血行转移或肝外微小肿瘤灶,肝移植术前常规肝外检查手段的局限未能发现转移,术中手术挤压肿瘤可能造成肝外播散等有关。2)术后免疫逃逸学说。术后免疫抑制治疗造成肿瘤细胞免疫逃逸。患者术后长期口服FK506,抑制机体的免疫系统,造成肝移植术后肝癌复发。此患者复发后行手术切除肠系膜转移癌,术后AFP降为正常,

且随访1年无复发及转移。由此可见HCC肝移植术后的复查监测是早期发现HCC复发的关键,长期监测肝功能,AFP, PET-CT等,对于转移灶单发及一般情况允许手术的患者应积极行手术治疗,可以使患者获得良好预后,延长生存期。

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本文引用: 刘杰, 王锦波, 齐庆安. 肝癌肝移植术后肠系膜转移癌1例[J]. 临床与病理杂志, 2018, 38(1): 216-218. doi: 10.3978/j.issn.2095-6959.2018.01.036

Cite this article as: LIU Jie, WANG Jinbo, QI Qing'an. A case report of mesenteric metastatic carcinoma after liver transplantation[J]. Journal of Clinical and Pathological Research, 2018, 38(1): 216-218. doi: 10.3978/j.issn.2095-6959.2018.01.036