



· 论 著 ·

# 胃镜检查在下咽癌共病食管癌中的重要性评价及其临床特点分析

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**[摘要]** **背景与目的:** 食管癌是常见的消化道恶性肿瘤, 而当作为头颈部鳞癌中最常见的下咽癌与食管癌共病存在时预后很差, 因此早期诊断对该病生存率的提高至关重要。探讨胃镜检查在下咽癌共病食管癌早期诊断中的重要性及其临床特点。**方法:** 在2013年2月—2019年9月广西医科大学附属肿瘤医院收治的226例下咽癌患者中, 回顾性分析40例进行了胃镜检查患者的临床资料及确诊为下咽癌共病食管癌患者的临床特点, 比较分析进行或未进行胃镜检查下咽癌患者的生存率。**结果:** 226例下咽癌患者中, 有40例(17.7%)进行了胃镜检查, 其中检出下咽癌共病食管癌36例(90.0%), 其中同时性癌29例(80.6%), 异时性癌7例(19.4%)。36例下咽癌共病食管癌患者中位年龄56.5(47.3~62.5)岁, 男性32例(88.9%), 有吸烟史25例(69.4%), 有饮酒史24例(66.7%), 下咽癌生长的主体部位在梨状窝区的23例(63.9%), 呈结节样肿块型25例(69.4%), 食管癌呈隆起型病变31例(86.1%), 非隆起型病变5例, 其中3例为食管鳞癌, 2例为原位癌。156例未进行胃镜检查及32例进行胃镜检查的下咽癌患者生存曲线比较差异无统计学意义( $P>0.05$ )。186例未进行胃镜检查及40例进行胃镜检查的下咽癌患者下咽癌病理学分化程度比较差异无统计学意义( $P>0.05$ )。**结论:** 胃镜检查在下咽癌共病食管癌的早期诊断中具有重要意义, 建议对下咽癌患者常规开展胃镜检查并作为定期随访项目; 中年、男性、吸烟、饮酒是下咽癌共病食管癌患者的重要临床特点。

**[关键词]** 下咽癌; 食管癌; 胃镜; 临床特点

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**Evaluation of the importance of gastroscopy and analysis of clinical characteristics in hypopharyngeal carcinoma comorbid with esophageal cancer** TANG Xiping, LIU Aiqun, LIU Liyi, HUANG Yueli (Department of Endoscopy Center, Tumor Hospital of Guangxi Medical University, Nanning 530021, Guangxi Zhuang Autonomous Region, China)

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**[Abstract]** **Background and purpose:** Esophageal cancer is common malignant tumor of digestive system. The prognosis of hypopharyngeal carcinoma, the most common type of squamous cell carcinoma of the head and neck, comorbid with esophageal cancer is poor. Therefore, early diagnosis is critical to improving survival. The purpose of this study was to investigate the importance of gastroscopy in the early diagnosis of hypopharyngeal carcinoma comorbid with esophageal cancer and its clinical characteristics. **Methods:** Of the 226 patients with hypopharyngeal carcinoma in Tumor Hospital of Guangxi Medical University from Feb. 2013 to Sep. 2019, the clinical data of 40 patients who underwent gastroscopy and the clinical characteristics of patients with hypopharyngeal carcinoma comorbid with esophageal cancer were retrospectively analyzed. Then, we compared and analyzed the survival rate of patients with hypopharyngeal carcinoma with or without gastroscopy. **Results:** Of the 226 patients with hypopharyngeal carcinoma, 40 patients (17.7%) underwent gastroscopy. Among them, 36 cases were diagnosed as hypopharyngeal carcinoma comorbid with esophageal cancer (90.0%), including 29 cases of synchronous cancers (80.6%) and 7 cases of metachronous cancers (19.4%). The median age of these 36 patients was 56.5 (47.3, 62.5) years. Among them, there were 32 males (88.9%), 25 cases with a history of

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smoking (69.4%), 24 cases with a history of drinking (66.7%), 23 cases with tumor in piriform fossa (63.9%) and 25 cases of nodular masses (69.4%). Thirty-one cases of esophageal cancer showed raised lesions (86.1%), and 5 cases had lesions without elevation, of which 3 were esophageal squamous cell carcinoma and 2 were carcinoma *in situ*. There was no statistically significant difference in the survival curves between 156 patients without gastroscopy and 32 patients with gastroscopy ( $P>0.05$ ). There was no statistically significant difference in the pathological differentiation of hypopharyngeal cancer between 186 patients without gastroscopy and 40 patients with gastroscopy ( $P>0.05$ ). **Conclusion:** Gastroscopy is important in the early diagnosis of hypopharyngeal carcinoma comorbid with esophageal cancer. Therefore, routine examination and follow-up gastroscopy in patients with hypopharyngeal carcinoma are recommended. The important clinical features of patients with hypopharyngeal carcinoma comorbid with esophageal cancer include middle age, male, smoking and drinking, which provide a basis for early clinical targeted intervention.

[Key words] Hypopharyngeal carcinoma; Esophageal cancer; Gastroscopy; Clinical features

食管癌预后较差<sup>[1-2]</sup>, 病理学类型均以鳞癌多见。颈段食管鳞癌是头颈部常见的鳞癌; 而原发在头颈部的鳞癌, 第二原发肿瘤在食管, 也是导致头颈部鳞癌治疗失败和患者死亡的首要因素<sup>[3-6]</sup>。因此, 在下咽癌作为第一原发肿瘤的患者中若能及时检出早期食管癌, 即局限于黏膜层或黏膜下层的第二原发肿瘤, 则有可能提高患者的生存率。但目前对于下咽癌共病食管癌进行临床分析的报道不多, 且临床医师对两者共病尚缺乏早期诊断意识以及对胃镜检查在其中的重要性认识不足, 因此在以下咽癌为第一原发肿瘤的患者中容易发生共病食管癌的漏诊情况。本文对广西医科大学附属肿瘤医院6年来收治的226例下咽癌患者及其中同时完善了鼻咽镜及胃镜检查的40例患者的临床资料进行回顾性统计分析, 同时探讨胃镜评估与应用在其诊断中的意义, 旨在为下咽癌共病食管癌的临床早期诊断提供参考。

## 1 资料和方法

### 1.1 患者采集

收集2013年2月—2019年9月在广西医科大学附属肿瘤医院诊治的下咽癌为第一原发肿瘤的患者共226例, 对其中同时完善了鼻咽镜及胃镜检查的40例下咽癌患者的临床资料进行了回顾性分析。患者纳入标准: ① 226例患者均进行了鼻咽镜检查, 其中40例均进行了鼻咽镜及胃镜检查; ② 经确诊40例下咽癌为第一原发肿瘤; ③ 下咽和食管病变的病理学类型均为鳞状细胞癌; ④ 具有完整的病历资料。排除标准: ① 既往有肿瘤病

史; ② 非鳞癌的下咽癌和食管癌; ③ 不能耐受内镜检查; ④ 病历资料不完整。根据第一原发肿瘤和第二原发肿瘤发生间隔时间不同, 分为同时性癌和异时性癌, 前者间隔时间 $\leq 6$ 个月, 后者间隔时间 $> 6$ 个月<sup>[7]</sup>。

### 1.2 观察指标

(1) 一般资料: 年龄、性别、家族史、首发主要症状、吸烟史及饮酒史。(2) 下咽癌与食管癌信息: 肿瘤部位、内镜下分型、下咽癌临床分期。① 根据瘤主体的部位, 将下咽癌位置分为梨状窝癌、咽后壁癌和环后区癌<sup>[8]</sup>; 食管癌位置分为颈段、胸上段、胸中段、胸下段、食管胃交界处<sup>[9]</sup>。② 下咽癌内镜下分型为结节肿块型、菜花型、溃疡型<sup>[8]</sup>; 食管癌内镜下按隆起型和非隆起型划分为两类。③ 观察下咽癌病理学类型及分化程度。(3) 通过电话、门诊等方式进行随访, 记录患者癌症的诊断、死亡和最后随访时间, 生存时间的计算从下咽癌确诊到患者死亡或最后一次随访时间。

### 1.3 内镜检查

采用奥林巴斯BF-F260电子鼻咽镜检查鼻咽部, 异常病变进行组织学活检; 采用奥林巴斯CV-290或GIF-Q260电子胃镜检查食管、胃及十二指肠, 对隆起型病变进行组织学活检, 对非隆起型采用窄带成像模式(narrow-band imaging, NBI)和(或)1.25%卢戈氏液喷洒食管黏膜, 观察病变黏膜变化及染色区部位、着色情况、形态和大小等, 再对可疑异常病变进行组织学活检。

## 1.4 统计学处理

运用SPSS 21.0统计软件进行统计学分析。定性资料以频数及百分比表示,定量资料以中位数表示;采用Kaplan-Meier法计算生存率,进行log-rank检验。 $P<0.05$ 为差异有统计学意义。

## 2 结 果

### 2.1 纳入患者的总体情况分析

2013年2月—2019年9月在广西医科大学附属肿瘤医院诊治的患者中,经鼻咽镜及病理学检查明确下咽癌为第一原发肿瘤的226例患者中,有40例(17.7%)进行了胃镜检查,其中检出食管癌36例(90.0%)。在36例下咽癌共病食管癌患者中,同时性癌29例(80.6%),异时性癌7例(19.4%),病理组织学检查均为鳞状细胞癌。

### 2.2 下咽癌共病食管癌患者临床基本特征及胃镜结果分析

36例下咽癌共病食管癌患者中,男性32例(88.9%),女性4例(11.1%);年龄35~73岁,中位年龄56.5(47.3~62.5)岁。有吸烟史者25例(69.4%),中位吸烟指数600(0~1600);有饮酒史者24例(66.7%),饮酒指数5000(0~10500);同时具有吸烟与饮酒嗜好者20例(55.6%)。有恶性肿瘤家族史者7例(19.4%)。患者主诉的主要症状:吞咽困难或进食梗阻感17例(47.2%)、咽痛7例(19.4%)、声音嘶哑4例(11.1%)、颈部包块6例(16.7%),其他症状2例(5.6%)。结合电子鼻咽镜、上消化道钡餐造影、计算机断层扫描(computed tomography, CT)、磁共振成像(magnetic resonance imaging, MRI)等检查,下咽癌生长的主体部位在梨状窝区23例(63.9%)、咽后壁10例(27.8%)、环后区3例(8.3%)。下咽癌肿瘤类型为结节样肿块型25例(69.4%)、菜花型7例(19.4%)、溃疡型4例(11.1%)。下咽癌临床分期Ⅰ期5例(13.9%),Ⅱ期1例(2.8%),Ⅲ期1例(2.8%),Ⅳ期29例(80.5%)。食管癌病变

部位的分布:颈段18例(50.0%),胸上段7例(19.4%),胸中段9例(25.0%),胸下段2例(5.6%)。内镜下分型:隆起型病变31例(86.1%),均直接行活检;非隆起型病变5例(13.9%),即光镜下呈浅表或浅表凹陷型病灶,NBI观察对应黏膜呈不规则片状茶色改变,或予卢戈氏液喷洒染色,对应病变黏膜显示不染区,行活检3例明确为食管鳞癌,2例为原位癌(表1)。

### 2.3 胃镜检查与下咽癌患者生存分析的关系

截至2018年12月,我们共对156例未进行胃镜检查的下咽癌患者及32例进行胃镜检查的下咽癌患者进行随访。156例未进行胃镜检查的下咽癌患者中失访11例,随访率为92.9%,中位随访时间34(21.0~46.5)个月,中位总生存时间为9(7.5~12.0)个月,1年生存率为17.9%,2年生存率为6.9%,3年生存率为6.2%。32例进行胃镜检查的下咽癌患者随访率为100.0%,中位随访时间32.0(18.0~40.0)个月,中位总生存时间为8.5(6.0~20.0)个月,1年生存率为17.5%,2年生存率为15.0%,3年生存率为2.5%。两组临床特征差异无统计学意义( $P>0.05$ ),总生存时间比较差异也无统计学意义( $P=0.139$ ,图1)。

### 2.4 完善与未完善胃镜检查的下咽癌患者之间下咽鳞癌病理分化程度的比较

226例下咽癌病理学类型均为鳞癌或以鳞状上皮重度不典型增生为主要表现的原位癌。186例未进行胃镜检查及40例进行胃镜检查的下咽癌患者下咽癌病理学分化程度比较差异无统计学意义( $P=0.094$ )。未进行胃镜检查的下咽癌患者中下咽癌病理学分化程度:原位癌58例(31.2%),低分化鳞癌25例(13.4%),中分化鳞癌75例(40.3%),高分化鳞癌28例(15.1%);在40例进行胃镜检查的下咽癌患者中下咽癌病理学分化程度:原位癌11例(27.5%),低分化鳞癌2例(5.0%),中分化鳞癌24例(60.0%),高分化鳞癌3例(7.5%)。其中1例下咽癌共病食管原位癌内镜及病理学诊断结果见图2。

表 1 下咽癌共病食管癌患者临床基本特征分析

Tab. 1 Analysis of basic clinical features of patients with hypopharyngeal carcinoma comorbid with esophageal cancer

Observation item	Variable	[ n(%) ]
Median age/year	56.5	(47.3-62.5)
Gender		
Male	32	(88.9)
Female	4	(11.1)
Smoking		
Yes	25	(69.4)
No	11	(30.6)
Median smoking index	600	(0.0-1 600.0)
Drinking		
Yes	24	(66.7)
No	12	(33.3)
Median drinking index	5 000	(0.0-10 500.0)
Smoking and drinking	20	(55.6)
Family history		
Yes	7	(19.4)
No	29	(80.6)
Primary symptoms		
Dysphagia or obstruction	17	(47.2)
Sore throat	7	(19.4)
Hoarseness	4	(11.1)
Cervical mass	6	(16.7)
Others	2	(5.6)
Hypopharyngeal carcinoma location		
Pyriform sinus	23	(63.9)
Posterior pharyngeal wall	10	(27.8)
Postcricoid	3	(8.3)
Endoscopic classification of hypopharyngeal carcinoma		
Nodular mass type	25	(69.4)
Cauliflower type	7	(19.4)
Ulcer type	4	(11.1)
Esophageal cancer location		
Cervical	18	(50.0)
Upper thoracic	7	(19.4)
Middle thoracic	9	(25.0)
Lower thoracic	2	(5.6)
Endoscopic classification of esophageal cancer		
Apophysis type	31	(86.1)
Non-apophysis type	5	(13.9)
Clinical stage of hypopharyngeal carcinoma		
I	5	(13.9)
II	1	(2.8)
III	1	(2.8)
IV	29	(80.5)

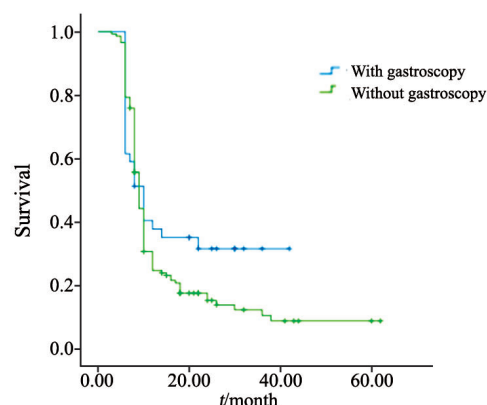


图 1 下咽癌患者进行胃镜检查组与未进行胃镜检查组生存曲线  
Fig. 1 Survival curve of hypopharyngeal carcinoma patients with or without gastroscopy

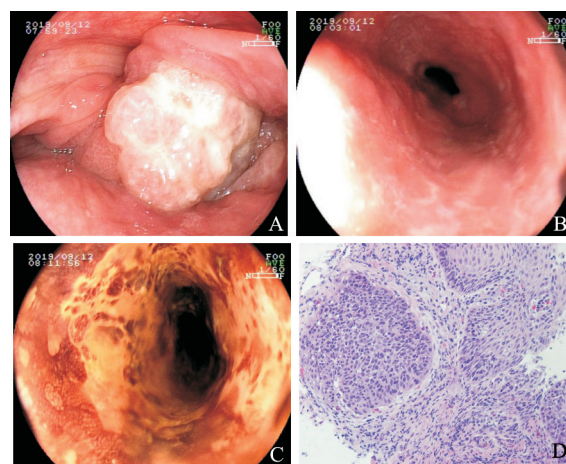


图 2 1例下咽癌共病食管原位癌内镜及病理学诊断  
Fig. 2 Endoscopic and pathological diagnosis of 1 case of hypopharyngeal carcinoma comorbid with esophageal cancer *in situ*  
A: Endoscopic picture of primary hypopharyngeal carcinoma; B: Endoscopic picture in white light of esophageal lesion of hypopharyngeal carcinoma comorbid with esophageal cancer; C: Endoscopic picture of lesion stained with Lugol's solution in esophagus of hypopharyngeal carcinoma comorbidity with esophageal cancer; D: Biopsy pathology picture of esophageal mucosal lesion in hypopharyngeal carcinoma comorbidity with esophageal cancer (H-E, ×200)

### 3 讨 论

本研究回顾性分析了广西医科大学附属肿瘤医院6年来收治的下咽癌共病食管癌患者的临床特点，同时探讨胃镜应用在该病早期诊断中发挥的作用与意义，旨在为下咽癌患者的早期食管癌监测提供必要的数据库。

下咽癌与食管癌都是预后较差的肿瘤<sup>[7, 10]</sup>,当下咽癌合并食管癌时生存率更低<sup>[6]</sup>,随着Slaughter等<sup>[11]</sup>“区域癌化”学说的提出,下咽与食管作为一个癌化的整体,其区域癌化共病日益引起重视,两癌共病机制也是令人感兴趣的。由于局限于黏膜层或黏膜下层的食管癌可通过内镜下黏膜剥离术进行治疗<sup>[7, 12-13]</sup>,从而延长患者生存期,因此胃镜检查在下咽癌为第一原发肿瘤的患者中对于共病食管癌的早期诊断尤为重要。广西医科大学附属肿瘤医院6年来收治的226例下咽癌为第一原发肿瘤的患者中,仅有40例进行了胃镜检查,显然对于下咽癌合并食管癌患者的胃镜筛查量过低。同时,我们发现进行了胃镜检查的下咽癌患者的食管癌检出率为90%,彰显了胃镜检查在下咽癌共病食管癌诊断中的重要性。有研究报道,在头颈部鳞癌合并第二原发食管癌患者中,常规行食管内镜检查组较未行内镜检查组,第二原发食管癌的检出率更高<sup>[14]</sup>,正如我们在运用胃镜结合卢戈氏液染色对下咽癌共病食管原位癌的发现,强烈提示下咽癌患者应推荐行常规胃镜检查。内镜结合卢戈氏液染色、NBI和放大胃镜也是发现早期食管癌的有力工具<sup>[15-16]</sup>。

本研究病例的临床特点中,中年、男性、吸烟史、饮酒史在下咽癌共病食管癌患者中占很大比例,发生于梨状窝、结节样肿块型癌是下咽癌共病食管癌的特点,这些结果与新近研究<sup>[17-19]</sup>报道一致,提示越靠近食管的结节型下咽癌发生食管癌共病的概率越大。以往已有研究表明,烟、乙醇可以刺激呼吸和消化道黏膜,增加下咽癌与食管癌的发病率,若这两种因素同时存在,其致癌作用将成倍增长<sup>[20-22]</sup>。下咽癌共病的食管癌好发部位以颈段为主,但由于胃镜进入该段时进镜速度较快,极易发生漏诊,因此在临床工作中尤其应仔细观察食管上段黏膜。此外,我们还对未进行胃镜检查的下咽癌患者与确诊为下咽癌共病食管癌患者的总生存时间及1、2和3年生存率进行了比较,结果显示两组之间差异无统计学意义,一方面这可能与样本量较小有关;另一方面,对于未进行胃镜检查的下咽癌

组,并不能完全排除其共病同时或异时性食管癌的可能。

鳞癌是下咽癌最常见的病理学类型,本文所纳入的下咽癌患者的病理学类型均为鳞癌或以鳞状上皮重度不典型增生为主要表现的原位癌。完善和未完善胃镜检查的两组下咽癌患者之间的病理学分化程度差异无统计学意义,有可能与未完善胃镜检查的下咽癌患者不能完全排除共病食管癌有关。同时,我们注意到在两组患者中,病理学分化程度均以中分化鳞癌占首要比例,而高分化鳞癌所占比例最少,这与鳞癌的病理学分化程度绝大多数系中分化的特点相符。因此,下咽癌共病食管癌与不同的病理学分化程度之间是否具有相关性,有待在下咽癌患者积极、尽早完善胃镜检查的基础上进一步分析研究。

综上所述,由于下咽癌共病食管癌患者预后差、生存率低,因此对于下咽癌患者应积极建议其早期完善胃镜检查,并作为治疗后定期随诊复查项目。在胃镜检查时,建议结合卢戈氏液染色、NBI和放大胃镜检查,以早期发现食管癌,这对降低下咽癌共病食管癌患者的死亡率和延长患者生存期具有重要意义。此外,年龄、男性、吸烟史及饮酒史是下咽癌共病食管癌患者的重要影响因素,临床上应采取针对性的早期干预措施。

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