

· 个案报道 ·

以吞咽困难为主要临床表现的原发性支气管肺癌一例

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原发性支气管肺癌患者临床常表现为咳嗽、咯血、胸闷、气急等呼吸系统表现,以吞咽困难为首发症状的患者尚较少见。我科于 2013 年期间收治了 1 例以吞咽困难为首发症状的肺癌患者,现报道如下。

一、临床资料

患者男,69 岁,因声音嘶哑、吞咽困难 10 d 入院。患者于 10 d 前无明显诱因出现声音嘶哑、吞咽困难,症状迁延,无明显加重或减轻。6 d 前就诊于吉林大学第一医院神经内科,行头部 MRI 检查及头部 CT 检查均未见异常,未明确诊断。同日于该院耳鼻喉科就诊,行喉镜检查未见异常。患者为求系统诊治而来我院神经内科,门诊以“球麻痹”收入科。既往健康,否认吸烟及饮酒史。

患者查体及吞咽评估:一般状态可,生命体征平稳,全身浅表淋巴结未触及肿大,双肺呼吸音粗,未闻及明显干湿啰音,心脏、腹部查体未见异常。意识清楚,构音障碍,双眼各向运动自如,双侧瞳孔等大同圆,对光反射灵敏,声音嘶哑,鼻音重,四肢肌张力及肌力正常,感觉及反射未见异常,病理反射未引出。呈胸腹式呼吸,呼吸频率约每分钟 18 次。表情肌运动及下颌活动正常,伸舌居中,左侧软腭上抬无力,悬雍垂右偏,左侧咽反射减弱。吞咽唾液试验结果显示,吞咽启动时间 > 1 s,咳嗽清嗓力弱。一口量测试(水):一口量为 5 ml,吞咽前咳嗽;咽部有异物感。患者可坐位经口进食半流质食物。

辅助检查:患者入院后复查头部 CT 检查未见异常。结合病史、查体及辅助检查,临床诊断为“球麻痹”,给予抗血小板聚集、改善循环、营养神经、吞咽功能训练、对症支持等治疗。患者行电视荧光吞咽检查(videofluoroscopic swallowing study, VFSS),结果显示吞咽启动慢,无误吸,造影剂在会厌谷残留;右肺部见团块状阴影,建议进一步检查,详见图 1。行胸部 CT 检查,结果显示右肺中叶可见团块状密度增高影,边界欠清,可见



图 1 VFSS 检查结果

胸膜牵拉征,纵隔窗显示为软组织影,CT 值为 26 Hu。纵隔内可见多个肿大淋巴结影,最大径 1.6 cm,详见图 2。全身骨显像结合单光子发射计算机断层摄影术(single photon emission computed tomography, SPECT)融合显像示胸部、脊柱及骨盆可见多个大小不等、形态各异的放射性分布异常增高影,局部可见骨质破坏及软组织密度影,详见图 3。颈部及锁骨上窝彩超示未见明显肿大淋巴结。腹部彩超未见异常。补充临床诊断为“右肺肺癌、多发骨转移癌”。经治疗后患者吞咽障碍有所改善,后转入放疗科行放射治疗。



图 2 胸部 CT 检查结果

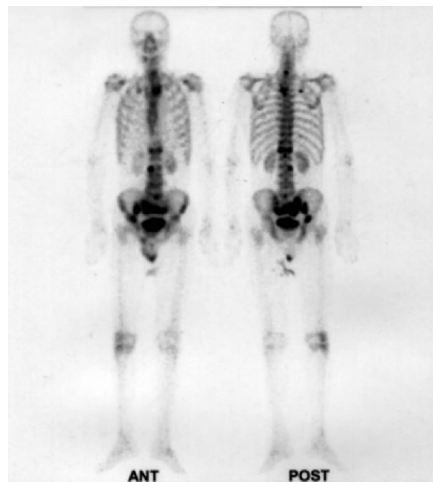


图 3 全身骨显像检查结果

二、讨论

肺癌是目前全世界范围内最常见的恶性肿瘤之一,严重威胁着人类的生命健康,且近年来发病率和死亡率都有明显增高的趋势。肺癌早期常无显著临床表现,常见的早期症状有咳嗽、咳痰、咯血、胸闷等呼吸系统表现,晚期由于肿瘤局部扩展可出现胸痛、呼吸困难、吞咽困难和声音嘶哑等表现。Spiro 等^[1]研究发现,仅有不超过 2.2% 的肺癌患者会出现吞咽困难的症状,且多于疾病后期出现。有文献报道,肺癌患者病程中出现吞咽困难的常见原因是肿瘤直接侵犯食管、癌肿侵犯纵隔或纵隔淋巴结转移压迫食管,此外,亦可见于颈部淋巴结转移压迫上段食管和脑转移等^[2]。

本例患者吞咽障碍原因分析如下:①咽喉通道(口腔、咽、喉、食管)机械性狭窄和梗阻^[3]——患者喉镜检查未见异常,胸部 CT 检查未见食管受累,吞咽造影检查亦未发现食管结构改变,故考虑肿瘤引起咽喉通道机械性梗阻和狭窄的可能性不大;②神经性因素——引起吞咽障碍的神经性因素包括中枢及周围性原因,患者头部 MRI 检查未见异常,故定位诊断可排除中枢性损伤,结合患者有声音嘶哑的临床表现,考虑可能为肿瘤直接侵蚀舌咽、迷走神经或淋巴结转移后压迫舌咽、迷走神经,引起声音嘶哑、吞咽障碍和软腭瘫痪等^[4]。

本例患者以声音嘶哑和吞咽困难为主诉,无明显呼吸症状,容易被误诊为神经系统疾病如脑卒中,或耳鼻喉科疾病如急性咽喉炎等。因此,在临床工作中,对每例患者都应进行全面系统地常规检查,如胸部 X 线检查,必要时行胸部 CT 检查,以便早期确诊,减少误诊。

参 考 文 献

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· 外刊撷英 ·

Injection versus implantation of stem cells for knee osteoarthritis

BACKGROUND AND OBJECTIVE Osteoarthritis (OA) results from the failure of chondrocytes to repair damaged articular cartilage in synovial joints. As mesenchymal stem cells (MSC) have been suggested as a potential therapy for the treatment of OA, this study compared the outcomes of patients treated with arthroscopic MSC injection to those with MSC implantation.

METHODS Subjects were patients with full thickness articular cartilage lesions with symptoms of knee joint pain and/or functional limitations despite three months of nonsurgical treatment. Of the participants, the first 71 were treated with autologous MSC injection, and the next 94 underwent autologous MSC implantation with a fibrin glue scaffold. Among these, 52 patients in the injection group and 63 in the implantation group agreed to follow-up arthroscopic evaluation. For all patients, stem cells were harvested from adipose tissue, with a mean of 4.01×10^6 stem cells prepared. Outcome evaluations included International Knee Documentation Committee Scores (IKDC) and the Tegner activity scales to assess joint function and sports activity.

RESULTS At the time of second look arthroscopy, at a minimum of 12.6 months postoperatively, significantly better improvement was noted in the implantation group for both the IKDC and the Tegner activity scores ($P < 0.001$ for all comparisons). At the final follow-up, at 28.6 months postoperatively, further improvement was noted in the implanted group, with no such improvement seen in the injection group.

CONCLUSION This study of patients with osteoarthritis of the knee found that mesenchymal stem cells can produce significant improvement, especially when implanted during arthroscopic surgery.

【摘自:Kim YS, Kwon OR, Choi YJ, et al. Comparative matched-analysis of the injection versus implantation of mesenchymal stem cells for knee osteoarthritis. Am J Sport Med, 2015, 42(11): 2738-2746.】

Combining stem cells and ultrasound promotes bone healing

BACKGROUND AND OBJECTIVE Low intensity pulsed ultrasound (LIPUS) has been found to have up to an 80% cure rate for nonunion, comparable in efficacy to surgery. Recent reports have shown that mesenchymal stem cells also participate in bone tissue repair and regeneration. This study investigated the efficacy of combining stem cells with LIPUS for the healing of bone.

METHODS Sprague Dawley rats with surgically created femoral defects were placed in four groups of 10, including sodium alginate plus sham ultrasound (US), LIPUS plus sodium alginate, stem cells plus sham US or LIPUS plus stem cells. Those in the LIPUS group underwent sonication for 10 minutes per day for five consecutive days. Stem cell proliferation was monitored with an MTT assay, with cell proliferation determined with flow cytometry. Bone reparation was evaluated by x-ray.

RESULTS Cell proliferation in the LIPUS group was higher than that in the controls. At the end of two weeks, the combination group demonstrated homogeneous bone that was similar in density to the normal surrounding bone. After four weeks, bone defects could not be observed by x-ray in all four groups.

CONCLUSION This study demonstrates that ultrasound can enhance cell proliferation, with this process enhanced by the addition of stem cells.

【摘自:He R, Zhou W, Zhang Y, et al. Combination of low intensity pulsed ultrasound and c3h10t1/2 cells promotes bone defect healing. Int Orthop, 2015, 39(11): 2181-2189.】