

肺癌并发上腔静脉综合征 18 例报告

贺用和*

摘要 以祛痰化瘀、宣肺利水、扶正抗癌为大法,辨证治疗肺癌并发上腔静脉综合征(SVCS)患者 18 例。经治疗 11 例症状体征明显减轻,其中 4 例症状、体征均消失。除 1 例失访,其余 17 例,平均生存期 116.4 天,中位生存期为 62 天。

主题词 肺肿瘤/并发症 腔静脉,上 综合征

广安门医院自 1985 年 2 月至 1993 年 5 月收治肺癌并发上腔静脉综合征(Superior Vena Caval Syndrome, SVCS)患者 18 例,经中医、中西医结合治疗,效果满意,现报道如下:

1 一般资料

本组 18 例均来自肿瘤科住院病人。男性 11 例,女性 7 例。年龄 30~71 岁。发病年龄 30~39 岁 1 例,50~59 岁 5 例,60~69 岁 10 例,70 岁以上 2 例;平均发病年龄 59.67 岁。其中 13 例有病理诊断,鳞癌 7 例,腺癌 2 例,小细胞肺癌 4 例;其余 1 例发现癌细胞但分类不清,4 例无病理诊断。按最新肺癌国际分类法,IIIa 期 8 例,IIIb 期 5 例,IV 期 4 例,无法分期 1 例。2 例起病即出现 SVCS。从发病到出现 SVCS 时间最长者 35 个月,平均 9.3 个月。从肺癌明确诊断到出现 SVCS 时间最长者 21 个月,平均 4.3 个月。临床症状表现为咳嗽 18 例,胸憋气短 16 例,咯痰 15 例,胸痛 10 例,肩痛 8 例,咯血痰 6 例,声音嘶哑 2 例。体检示 18 例均见颈、上胸部静脉怒张和头面浮肿,17 例颈部饱满浮肿,8 例胸部浮肿,9 例上肢浮肿,11 例紫绀。影像检查(X 线片和 CT 片)示,纵隔肿物或肿大淋巴结 11 例,胸腔积液 8 例,心包积液 2 例,腰椎骨转移 1 例,右肺癌左肺转移 1 例。

2 治疗方法

18 例中 2 例予单纯中药治疗,16 例中药治

疗配合化疗。根据肺癌 SVCS 临床表现,中医辨证为痰瘀阻肺,肺失宣降,水湿内停,治法以祛痰化瘀、宣肺利水、扶正抗癌为主。基本方:生黄芪 30g,白术 12g,茯苓 12g,猪苓 12g,川贝 12g,杏仁 12g,瓜蒌 12g,桔梗 9g,陈皮 12g,郁金 12g,丹参 18g,椒目 12g,半枝莲 30g,白花蛇舌草 30g。喘憋甚者加蜜炙麻黄 6g,白果 9g;痰甚者加半夏 9g,苏子 12g;咳嗽甚者加紫菀 12g,款冬花 12g;咯血者加仙鹤草 30g,三七粉 30g(冲服);胸肩疼痛甚者加元胡 12g,姜黄 12g;浮肿甚者加泽泻 12g,防己 12g;纳呆者加焦三仙 30g,炒鸡内金 12g;伴胸腔积液者加葶苈子 12g,大枣 4 枚。中药每日 1 剂,煎成汤液 300ml,早晚分两次饭后温服。

化疗一般先行冲击治疗,然后联合化疗。冲击治疗:氮芥(HNZ)5~10mg,2~4 天静脉注射 1 次,共 1~2 次;卡铂(CBP)500mg,静脉滴注 1 次;环磷酰胺(CTX)1.0g,每周静脉注射 1 次,治疗 1~2 次。联合化疗以 CTX+长春新碱(VCR)组合最多,其中 CTX+VCR+氟尿嘧啶(5-FU)治疗 4 例,CTX+VCR 治疗 2 例,CTX+VCR+顺铂(PDD)1 例,CTX+VCR+足叶乙甙(VP-16)1 例,5-FU+丝裂霉素(MMC)+环己亚硝脲(CCNU)1 例,CBP+VP-16 1 例,CBP+VP-16+VCR+PDD1 例,肺动脉导管化疗 1 例。一般联合化疗 1~3 周期。2 例胸腔积液者抽胸水后胸腔内分别注射 PDD50mg、MMC16mg。

3 治疗结果

本组中 11 例于治疗第 2~38 天(平均 19 天)症状明显减轻,占 61.1%,其中 5 例在治疗第 11~43 天(平均 33.4 天)症状消失,占 27.8%。8 例在治疗第 7~38 天(平均 19.4 天)体征明显减轻,占 44.4%,其中 5 例在治疗第 16~51 天(平均 25.6 天)体征消失,占 27.8%。症

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收稿日期:1993-07-12

状、体征均消失者4例,占22.2%。症状、体征均无缓解者7例,占38.9%。治疗后影像检查示1例右肺门阴影完全消失,双肺内未见异常,右膈肌升高;11例肺内肿瘤病灶大致同前,其中1例胸腔积液吸收,2例心包积液减少,1例出现双侧胸腔积液,3例胸腔积液增加;1例胸腔积液增加且出现胸椎骨转移;5例无治疗后影像检查结果。

18例中1例失访,其余17例相继死亡,生存时间为2~679天,平均生存期为116.4天,中位生存期为62天。其中2例单纯中药治疗者,1例(病历号030455)男性,60岁,入院诊断“右肺腺癌术后,化疗后纵隔淋巴结转移”。于1987年10月下旬(术后10个半月)出现SVCS,11月9日入我科,予中药基本方加减治疗,11月16日症状好转,12月12日症状、体征加重,于12月15日死亡,生存期为37天;另1例(病历号020638)女性,61岁,诊断“右肺鳞癌纵隔淋巴结转移,双肺内转移”。1984年10月至1985年9月在我科住院用单纯中药治疗2个疗程,病情稳定,于1986年2月(明确诊断后21个月)出现SVCS,1986年3月至1987年12月继续在我科住院,用中药基本方加减治疗

3个疗程,病情时有反复,于1988年2月5日死于肺癌并发SVCS,生存期为679天。2例单纯中药治疗者平均生存期为358天。

4 讨论

上腔静脉综合征(SVCS)是由各种原因引起的完全或不完全的上腔静脉阻塞而使血液回流受干扰的一组症候群。因上腔静脉受压继发静脉压升高而出现颈及上胸部静脉怒张,头颈、上肢及躯干上部充血水肿,且常伴呼吸急促、咳嗽、咯血痰、声嘶等症。有报道,97%有SVCS的患者为癌瘤,其中75%为肺癌,特别是小细胞肺癌。

SVCS为肿瘤科急症,起病急,病情重,进展快,死亡率高,一旦出现,应立即采取综合治疗措施全力抢救。目前SVCS的主要治疗方法为放射治疗,通常是放射治疗与化学治疗相结合。有关肺癌并发SVCS的生存期报道不详,尚未见中医药治疗本综合症的报道。本组18例肺癌并发SVCS患者,经中药加化疗、单纯中药治疗,减轻化疗毒副作用,增强机体抵抗力,防治肿瘤并发症,提高生存质量,延长生存期等诸方面,均有较好的疗效。显示出中医、中西医结合治疗肺癌并发SVCS的治疗特色。

益气化痰法治愈右心室粘液瘤1例

王 建 新*

胡××,男,60岁。1990年1月18日因咳嗽、咳痰、气急胸闷、心悸,拟慢支继发感染、肺气肿收入某医院住院治疗。住院期间经两次心脏B超检查诊断为:右心室室壁瘤(粘液瘤),经抗菌、消炎等治疗一般情况稍有好转,因缺乏理想的治疗方法而出院,嘱其定期检查心脏B超。患者出院后情绪低落,精神抑郁,前来要求中医治疗。症见:咳嗽气喘,胸闷,心悸气短,痰色白粘液状量多,舌质暗红、苔白稍腻,脉濡细。辨证为:心气不足,痰饮凌心。拟生脉散合三子养亲汤加味:西党参12g,麦冬10g,五味子6g,苏子10g,白芥子6g,炒莱菔

子10g,炙远志6g,瓜蒌皮6g,炙紫菀10g,百部10g,白前10g,朱茯苓12g。服10余剂后,气喘、咳嗽咳痰减轻,唯纳呆、心悸明显,改用:西党参12g,麦冬10g,五味子6g,炙黄芪12g,朱茯苓12g,制首乌15g,炒枣仁10g,光杏仁10g,川贝母5g,远志肉6g。先后共服药1个月余,4月7日心脏B超示:右心室内未见可疑团块;9日再次作心脏B超示:右心室内未见占位光团。

按:粘液瘤是心脏的原发性良性肿瘤,瘤体主要由粘液样组织构成。目前认为手术是其唯一的有效治疗方法。中医学虽无此病名,但根据其临床表现,笔者认为粘液瘤的产生可能与痰饮有关。因痰饮内阻心胸而产生胸闷、气喘,心悸惊忡等证,用益气化痰法使心气复而痰饮化故获痊愈。

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收稿日期:1993-11-23

ABSTRACTS OF ORIGINAL ARTICLES

My Personal Opinion on the Method of Antipyresis by Drugs of Sweet and Warm Nature.

Cui Wencheng

In responding to febrile syndrome of Qi—deficiency and exuberant poisoning due to exogenous causes. Li Dongyuan of the Jin Dynasty proposed the method of antipyretic method with drugs of sweet and warm nature, embodying the treating principle of supporting body resistance and anti—poisoning. Thus, he established the principles of invigorating the interior, ascending the Yang—principle and reducing fire by formulating a series of celebrated recipes including Decoction of Invigorating Qi and Nourishing Interior, Decoction of Bloodtonic with Radix Angelica Sinensis, demonstrating the treating principle varied on the concrete condition of body—pathogen conflict, warning the use of attacking methods in febrile disease regardless of whatever the conditions.

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Key Words: Drugs of Sweet—warm nature antipyresis (heat clearing) @ antipyresis with drugs of sweet—warm nature

(Original article on page 460)

Comparative Observation on Chronic Atrophic Gastritis Complicated with Atypical Hyperplasia and Intestinalization Treated by the Method of Lump—softening and Mass—Dissipating.

Wang Wenzhong, Chen Daquan, Zhao Junhong, et al.
During this therapy, both clinical symptoms and pathology in gastroscopic exams were all improved. The results were better than the control group treated with western drugs. Experiments revealed that this therapy yielded an action of treating and preventing the pathological changes of atypical hyperplasia of gastric mucous membrane induced by carcinogenic chemical agents.

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Key Words: Gastritis, chronic/TCM therapy Lump—softening and mass—dissipating mucous membrane of stomach/pathology

(Original article on page 477)

Eighteen Cases of Lung Carcinoma Complicated with

Superior Vena Caval Syndrome (SVCS).

He Yonghe

All the cases were treated with the major principles of eliminating phlegm, removing blood stasis, dispersing lung to facilitate water excretion, supporting body resistance for anti—cancer purpose. Eleven cases were markedly ameliorated in symptoms and signs, 4 of them subsided. Except 1 case, the remaining 17 cases had an average survival period of 116.4 days, with a 62 days mid—survival rate.

Author's Address: Guanganmen Hospital, China Academy of TCM, Beijing 100053

Key Words: Tumor of lung/complications Vena cava, Superior Syndrome

(Original article on page 479)

Chronic Renal Failure Treated by Hemodialysis Coordinated with Yanshen Decoction.

Li Yuying, Ren Xiufen, Yang Guiying

Results showed that the total effective rate for the treating and control groups were 92.9% and 60% respectively, demonstrating that the former is superior to the latter.

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Key Words: Renal failure, chronic/therapy Dialysis

(Original article on page 483)

Textual Research on Bian Que's Writings.

Cao Dongyi, Guo Shuanggeng, Wang Zhenrui, et al.

The authors advocate that Bian Que lived in the end of Spring—Autumn Period. Although personal writing first appeared in the Warring States, there were medical officials in all the States, the achievements of whom were examined by their the authority based on their own original records. Moreover, Chang Sangjun, Bian Que's tutor, "left all his secret books on recipes to Bian Que". Hence, the likelihood of appearance of medical monographs in Bian Que's age is very high. His discussions on morbid pulse and normal pulse were also inherited and developed.

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Key Words: Bian Que Textual Research Literatures of TCM

(Original article on page 496)