

· 病例报告 ·

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原发性壶腹周围鳞状细胞癌1例报告

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摘要: 壶腹周围癌是起源于法特壶腹区域的胆胰系统恶性肿瘤, 病理亚型以肠型及胰胆管型腺癌为主。原发性壶腹周围鳞状细胞癌临床较为罕见, 其术前诊断难度大, 临床诊疗经验与规范化方案均较为缺乏。本文报道1例55岁男性原发性壶腹周围鳞状细胞癌病例, 患者因皮肤及巩膜黄染2周入院, 实验室检查提示梗阻性黄疸、肝损伤, 伴糖类抗原19-9水平升高; 影像学检查提示胆总管下端梗阻, 壶腹部占位性病变, 临床初步诊断为法特壶腹周围癌。入院后先行内镜逆行胰胆管造影术解除梗阻性黄疸并行壶腹部病灶活组织检查, 病理结果高度可疑恶性; 待肝功能改善后行根治性胰十二指肠切除术, 术后病理确诊为壶腹部中分化鳞状细胞癌。术后52天正电子发射断层显像-计算机体层成像复查提示手术吻合口愈合良好, 但肝右叶多发高代谢结节, 不排除肿瘤转移。本病例报告可为临床提高对该病的认识、优化诊疗决策提供参考。

关键词: 肝胰管壶腹; 癌, 鳞状细胞; 诊断

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Primary periampullary squamous cell carcinoma: A case report

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Abstract: Periampullary carcinoma is a malignant tumor of the biliopancreatic system originating from the ampulla of Vater, with the main pathological subtypes of intestinal-type and pancreatobiliary-type adenocarcinoma. Primary periampullary squamous cell carcinoma is relatively rare in clinical practice, with great difficulties in preoperative diagnosis and a lack of clinical experience and standardized diagnosis and treatment regimens. This article reports a case of primary periampullary squamous cell carcinoma in a male patient aged 55 years. The patient was admitted due to cutaneous and scleral jaundice for 2 weeks. Laboratory examination revealed obstructive jaundice, impaired liver function, and an increase in carbohydrate antigen 19-9, and radiological examination showed obstruction of the distal common bile duct and a space-occupying lesion in the ampullary region, leading to a preliminary clinical diagnosis of periampullary carcinoma of Vater. After admission, endoscopic retrograde cholangiopancreatography was first performed to relieve obstructive jaundice, and then biopsy of the ampullary lesion was conducted, with pathological findings highly suspicious for malignancy. Radical pancreaticoduodenectomy was performed after improvement in liver function, and postoperative pathology confirmed the diagnosis of moderately differentiated squamous cell carcinoma of the ampulla. PET-CT reexamination on day 52 after surgery showed well-healed surgical anastomosis and multiple hypermetabolic nodules in the right hepatic lobe, which could not rule out tumor metastasis. This case report can provide a reference for improving awareness of this rare disease and optimizing related diagnosis and treatment decisions in clinical practice.

Key words: Ampulla of Vater; Carcinoma, Squamous Cell; Diagnosis

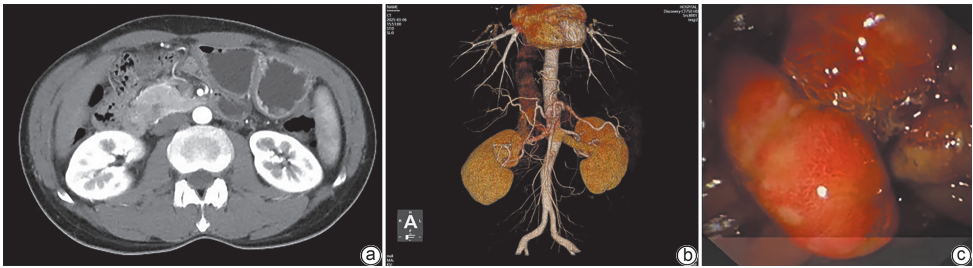
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1 病例资料

患者男性,55岁,主因“皮肤及巩膜黄染2周”于2025年3月6日入院。患者2周前无明显诱因发现皮肤及巩膜黄染,伴皮肤瘙痒不适,伴发热,体温最高37.9℃,无寒战。小便颜色发黄,大便颜色正常,无腹痛腹胀、恶心呕吐、胸闷气短、头晕头痛等不适。就诊于外院行腹部计算机体层成像(computed tomography, CT)提示胰头高密度影、胆管扩张,建议上级医院就诊。遂入本院,门诊以“梗阻性黄疸”收入院。入院查体:皮肤及巩膜黄染,腹部平坦,未见胃肠蠕动波和腹壁静脉曲张,腹软,无压痛、反跳痛,无肌紧张,肝脾未触及,无腹部包块,腹部叩诊鼓音,移动性浊音阴性,肝区、双肾区无叩击痛,肠鸣音正常存在,未闻及血管杂音。实验室检查:癌胚抗原5.52 ng/mL,糖类抗原19-9 99.60 U/mL,γ-谷氨酰转移酶2 550 U/L,天冬氨酸氨基转移酶220 U/L,丙氨酸氨基转移酶289 U/L,总胆红素216.77 μmol/L,直接胆红素153.66 μmol/L,间接胆红素63.41 μmol/L。腹部增强CT(图1a、b)提示胆道低位梗阻,壶腹区占位可能。结合患者症状、体征、辅助检查,初步诊断为:(1)法特壶腹周围恶性肿瘤可能;(2)梗阻性黄疸。考虑患者壶腹周围癌可能,未见远处转移,有行根治性手术机会。为减轻黄疸症状,患者于2025年3月10日行内镜逆行胰胆管造影术(endoscopic retrograde

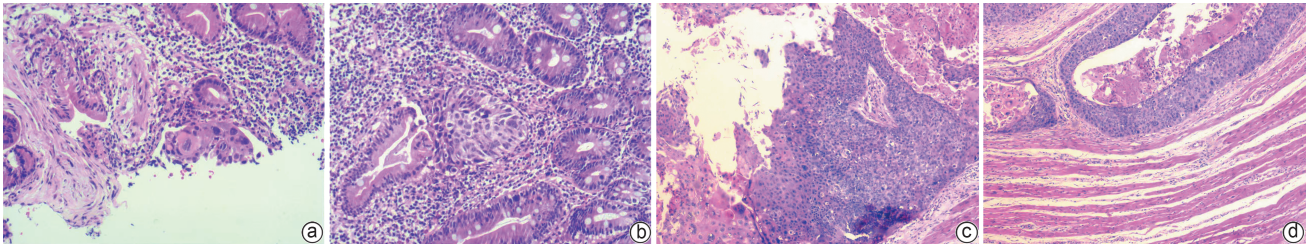
cholangiopancreatography, ERCP)+内镜十二指肠乳头括约肌切开术(图1c)+内镜鼻胆管引流术+壶腹部活组织检查。

ERCP术后病理(图2a、b)结果显示:(壶腹部组织)黏膜呈慢性炎,可见极小灶异型细胞团,高度可疑为癌,目标病变极少,无法行免疫组化分析,需结合临床。患者行ERCP解除梗阻性黄疸后,复查肝功能:γ-谷氨酰转移酶751 U/L,天冬氨酸氨基转移酶73 U/L,丙氨酸氨基转移酶148 U/L,总胆红素85.65 μmol/L,直接胆红素57.06 μmol/L,间接胆红素28.59 μmol/L。患者肝功能较前好转,于2025年3月19日行根治性胰十二指肠切除术。根治性胰十二指肠切除术术后病理(图2c、d)显示:(胰十二指肠)胆管末端全层及十二指肠黏膜层至固有肌层内均可见浸润性癌,结合免疫组化结果倾向鳞状细胞癌(中分化),紧邻但未侵及胰腺组织。免疫组化:P40蛋白(+),细胞角蛋白7(局灶+),细胞角蛋白20(+),细胞角蛋白19(+),糖类抗原19-9(局灶+),结蛋白(肌层+),尾型同源盒转录因子2(局灶弱+)。患者术后完善正电子发射断层显像-CT(头+躯干):壶腹部术后改变,吻合口区未见异常密度影及异常高代谢灶,提示吻合口局部未见明确肿瘤复发征象。此外,肝右叶可见散在低密度结节,呈高代谢,延迟显像后代谢进一步轻度增高,该表现需警惕转移性病变可能,并与肝脓肿等其他高代谢病变进行鉴别。术后6个月随访,患者因个人主观意愿,明确拒绝后续辅助治疗。



注:a、b,增强CT动脉期及血管成像可见胆道低位梗阻,壶腹区占位可能;c,十二指肠镜可见十二指肠乳头溃疡性改变,乳头结构消失,质脆。

Figure 1 Preoperative imaging and duodenoscopic manifestations of the ampullary lesion



注:a、b,ERCP术后病理;c、d,根治性胰十二指肠切除术术后病理。ERCP,内镜逆行胰胆管造影术。

Figure 2 Histopathological manifestations of the ampullary lesion biopsy and postoperative resection specimens (HE staining, ×40)

2 讨论

本文报道了1例罕见的原发性壶腹周围鳞状细胞癌。法特壶腹包含乳头、共同通道、远端胆总管及远端主胰管。目前多数壶腹癌可根据起源上皮分为2种病理类型,即肠型或胆管型^[1]。这两种亚型分别与十二指肠癌和胰腺癌相似,但具有不同的组织学和免疫组化特征,以及差异性的分子改变、肿瘤生长模式、生物学行为与预后^[2-3]。

壶腹区肿瘤在组织病理上绝大多数为腺癌,原发性鳞状细胞癌较为罕见,相关文献报道较少。因此,临床诊断时必须排除其他原发部位的鳞状细胞恶性肿瘤。壶腹本身并无鳞状细胞,虽有学者提出其发病可能与以下机制有关,如异位鳞状上皮的恶性转化、十二指肠干细胞分化^[4]或继发于慢性炎症的鳞状化生^[5],但明确的发病机制尚不清楚。

壶腹周围鳞状细胞癌的临床表现与其他常见壶腹肿瘤相似,多以无痛性梗阻性黄疸为主要表现。本病例中,患者肝功能及肿瘤标志物(糖类抗原19-9与癌胚抗原)出现异常,腹部增强CT与磁共振成像提示壶腹区占位。

目前,根治性胰十二指肠切除术仍是唯一可能治愈壶腹周围鳞状细胞癌的手段^[6],其治疗原则与壶腹部腺癌一致,本病例亦采用该术式。由于对该病的治疗经验有限,其长期生存率尚不明确。因此,笔者认为应将原发性壶腹周围鳞状细胞癌视为更具侵袭性的肿瘤,并建议将术后辅助化疗纳入治疗选择。

术后辅助治疗的作用尚无定论,临床实践中多参考壶腹部腺癌或胆管癌的治疗方案,常用含吉西他滨或氟尿嘧啶类的化疗方案^[7-8]。与壶腹部腺癌相比,目前关于壶腹周围鳞状细胞癌预后的临床研究数据仍极为有限,且结论不一。部分研究提示其可能较腺癌侵袭性更强,患者总体预后可能更差^[9]。

综上所述,原发性壶腹周围鳞状细胞癌是一种较为罕见的恶性肿瘤。其术前诊断困难,高度依赖于准确的组织学评估,有时需术后病理方能最终确诊。目前,胰十二指肠切除术仍是该病的标准治疗方式。然而,该肿瘤在生物学行为及对辅助治疗的反应方面是否与壶腹部腺癌存在本质差异,目前知之甚少,亟需积累更多病例资料,并深入开展分子层面的研究(如肿瘤蛋白p53基因、细胞周期蛋白依赖性激酶抑制因子2A等常见基因改变),以期进一步明确其特征,探索更有效的个体化治疗策略。本病例报告旨在提高对该罕见疾病的认识,为未来临床决策提供参考。

伦理学声明: 本例报告已获得患者/患者家属知情同意。

利益冲突声明: 本文不存在任何利益冲突。

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