

STUDY OF PERIOPERATIVE CHEMOTHERAPY OF COLCHICINE PHARMACEUTICALS FOR PREVENTION OF LOCAL RECURRENCE OF BREAST CANCER

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During 1970—1976, 222 operable cases of breast cancer were treated by colchicine pharmaceuticals (colchicine compound >40mg and colchicine amide >200mg) as an adjuvant to the surgical therapy and 147 cases were treated by radical or modified mastectomy alone at the same time in the author's hospital. The 10-year total local recurrence rates of two groups were 17.6% and 21.8% respectively ($P > 0.05$). When the primary tumors were T_1 - T_2 , they were 8.6% and 18.4% respectively ($P < 0.05$); When the clinical stages were I-II, they were 9.9% and 18.9% respectively ($P < 0.05$); When the axillary lymph nodes were free of metastasis, they were 6.5% and 18.5% respectively ($P < 0.05$). The results obtained in this series demonstrate that the use of perioperative adjuvant colchicine therapy is able to prevent the postoperative local recurrence of early breast cancer.

左侧精囊腺癌一例报告

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男性, 58岁, 已婚, 住院号15646, 因左侧精囊腺癌术后于1984年7月24日入院。病者十五年来反复间断性出现二便不畅伴茶红色血尿均按前列腺炎症治疗后可缓解。既往史中有右侧先天性多囊肾史。六个月前上述症状再现, 曾于外院行前列腺穿刺, 抽取出脓性液体90毫升, 涂片见大量脓球, 症状缓解仅一个月因排便排尿困难伴有高热($T 39.04$)就医某院, 经肛查发现前列腺左上方可触及约 6.4×7.2 平方厘米一肿物有囊性感并压痛, 经抗炎治疗无效。1983年3月在该院行前列腺囊性包块切开引流, 排出暗红色液体约150毫升, 涂片见脓球 $+++$, 红血球 $+$, 未发现癌细胞, 引流术后二个月上述症状复发, 故于1984年5月在该院行前列腺探查术, 见左侧精囊明显肿大, 约有 9.7×7.5 平方厘米大小, 囊腔内可触及乳头状瘤样肿物约 $6 \times 3 \times 2.5$ 立方厘米, 尚未侵犯精囊壁。术中考虑为精囊肿瘤故行左精囊切除术并探查双侧盆腔内动静脉区, 未发现肿大之淋巴结。术后病理证实为左侧精囊腺癌(武医一院切片号84—2312)。术后一个月出现左侧附睾肿物考虑为转移瘤之可能即行左侧睾丸及双侧附睾切除术, 病理证实为左睾丸及附睾

之转移瘤。转入我院行术后放疗, 设左下腹及后臀相对野照射, 射野范围包括左精囊术区、左输精管及前列腺区域, 左附睾, 睾丸以及右附睾区, Co^{60} $DT 30Gry$, 电子流 $48Gry$ 共 $DT 78Gry/69$ 天/49次。出院时情况良好, 但一个月后又因大量腹水入院, 共抽取腹水约11000毫升。腹水液离心沉淀物切片中可见大量腺癌细胞(本院片号84—422号), 先后腹腔内注入 $5Fu 2g$, $AT 1258 200mg$, 地塞米松 $15mg$, 但腹水未能控制病者每况愈下, 全身衰弱并出现尿毒症而死亡。精囊切除术后至死亡其生存期仅七个月。

讨论: 原发性精囊腺癌极为罕见, 临床症状常以血尿, 血性精液以及排尿梗阻为主, 也可出现肛周不适, 感染等。肛诊时常可触及精囊部位之肿物。精囊之转移瘤较为常见。本例长期以前列腺炎治疗, 最终经术后病理才得以证实为原发瘤。曾经手术, 放疗而未能控制, 最后出现睾丸、附睾转移以及广泛腹腔转移合并和尿毒症而死亡。此病因属少见, 尚无成熟的临床经验, 但从本例看来预后极差, 治疗手段有待进一步探讨。