因表达的变化[J]. 医学争鸣, 2009,30(24):2974-2977.
[8] ABBOTT G W, ROEPKE T K. KCNE2 and gastric cancer: bench to bedside[J]. Oncotarget, 2016,7(14):17286-17287.
[9] 孙桥, 庞剑. 非小细胞肺癌生物治疗及其联合用药[J]. 中国冶金工业医学杂志, 2016, 33(4):389-391.
[10] 彭大庆, 罗凤鸣. miRNA-30与肺癌关系的研究进展[J]. 国际呼吸杂志, 2017, 37(18):1398-1401.
[11] 蒋丽媛, 卢忠心, 宁勇. 微小RNA参与肺癌发生发展的研究进展[J]. 湖北中医药大学学报, 2018, 20(2):119-123.
[12] WANG Z, ZHENGHAO Z, YANG Y, et al. MiR-99b-5p and miR-203a-3p function as tumor suppressors by targeting IGF-1R in gastric cancer[J]. Sci Rep, 2018,8(1):10119.
[13] LIU H, ZHANG Y, ZHU B, et al. MiR-203a-3p regulates the biological behaviors of ovarian cancer cells through mediating the Akt/GSK-3β/Snail signaling pathway by targeting ATM [J]. J Ovarian Res, 2019,12(1):60.
[14] CHEN L, GAO H, LIANG J, et al. miR-203a-3p promotes colorectal cancer proliferation and migration by targeting PDE4D [J]. Am J Cancer Res, 2018,8(12):2387-2401.
[15] XU H, LAN Q, HUANG Y, et al. The mechanisms of colorectal cancer cell mesenchymal-epithelial transition induced by hepatocyte exosome-derived miR-203a-3p[J]. BMC Cancer, 2021, 21(1):718.
[16] 刘建明. p16-CyclinD1-CDK4/6-pRb通路在非小细胞肺癌中表达及其与预后关系的研究[D].长沙:中南大学, 2013.
[17] HUNG WC, TSENG WL, SHIEA J, et al. Skp2 overexpression increases the expression of MMP-2 and MMP-9 and invasion of lung cancer cells[J]. Cancer Lett, 2010,288(2):156-161.
[18] YANGLIN P, LINA Z, ZHIGUO L, et al. KCNE2, a down-regulated gene identified by in silico analysis, suppressed proliferation of gastric cancer cells[J]. Cancer Lett, 2007, 246(1/2): 129-138.
[19] WEI H, WANG J, XU Z, et al. miR-584-5p regulates hepatocellular carcinoma cell migration and invasion through targeting KCNE2[J/OL]. Mol Genet Genomic Med, 2019,7(6):e702. DOI: 10.1002/mgg3.702.
[20] 刘旭帮. 大鼠急性心肌梗死后心肌组织KCNE1和KCNE2的表达变化及比索洛尔对其影响[D].郑州:郑州大学, 2012.

(收稿日期:2019-08-15,修回日期:2019-12-04)

引用本文:王成双,宋梅,邹鹏程,等.宫颈癌鼻转移1例报告并文献复习[J].安徽医药,2021,25(10):2085-2087.
DOI:10.3969/j.issn.1009-6469.2021.10.041.

◇临床医学◇

宫颈癌鼻转移1例报告并文献复习

王成双[a],宋梅[a],邹鹏程[b],王华杰[a],王志美[a]
作者单位:青岛市中心医院,[a]肿瘤妇科,[b]病理诊断中心,山东 青岛 266042
通信作者:王志美,女,主任医师,研究方向为妇科肿瘤手术及放化疗研究,Email:qdwangzm@163.com

摘要: 目的 结合文献报告1例宫颈癌鼻转移病例。**方法** 对青岛市中心医院2018年3月22日至2018年9月4日收治的1例年轻女性宫颈癌鼻转移病例进行报道并对文献复习。**结果** 女,37岁,以阴道不规则出血1月收入院。妇科检查及彩超检查示宫颈肿物。予以行宫颈活检。病理示(宫颈)鳞状细胞癌,脉管内查见癌栓。免疫组化结果:CD34(血管+),D2-40(脉管+)。予以行同步放化疗,治疗过程中出现鼻部肿物,行鼻部肿物活检病理示:鳞状细胞癌,结合病史考虑宫颈源性鳞癌转移。免疫组化结果为抑癌基因P16(+)、P40(+)、P63(+),角蛋白7(CK7)(-)。予以行放疗,效果差,病人半年内死亡。**结论** 宫颈癌病人,鼻转移罕见,放疗效果差,病例病情进展迅速,预后差。需要加强此类病例资料收集。

关键词: 子宫肿瘤; 抗原,CD34; 角蛋白7; 鼻转移; 病例报告; 文献复习

Nasal metastasis of cervical cancer: a case report

WANG Chengshuang[a],SONG Mei[a],ZOU Pengcheng[b],WANG Huajie[a],WANG Zhimei[a]
Author Affiliation:[a]Department of Gynecologic Neoplasms,[b]Pathological Diagnostic Center, Qingdao Central Hospital, Qingdao, Shandong 266042, *China*

Abstract: Objective To report the clinical observation about a case of nasal metastasis of cervical cancer and review literature. **Methods** A case of nasal metastasis of cervical cancer in a young woman admitted to Qingdao Central Hospital from March 22, 2018 to September 4, 2018 was reported and the literature was reviewed. **Results** A 37-year-old female was admitted into Qingdao Central Hospital in complaint of Irregular vaginal bleeding for 1 month. Gynecological examination and color Doppler ultrasonography showed cervical mass. Cervical biopsy was performed to identify the mass, pathological and immunohistochemical examination showed that (cervix) squamous cell carcinoma, intravascular thrombus found, CD34(+), D2-40 (+). Nasal mass was found during concurrent radiothera-

py and chemotherapy. Biopsy of nasal neoplasms showed that squamous cell carcinoma, immunohistochemical examination showed that P16 (+) P40 (+) P63 (+) CK7 (-), and the diagnosis of nasal metastasis of cervical cancer was established based on medical history. The patient was insensitive to radiotherapy and died within six months.**Conclusion** Nasal metastasis is rare in patients with cervical cancer. Such disease develop rapidly with poor prognosis.More attention should be paid on the collection of associated clinical data.

Key words: Uterine neoplasms; Antigens, CD34; Keratin-7; Nasal metastasis; Case report; Literatures review

宫颈癌在中国女性肿瘤发病中处于第二位,仅次于乳腺癌。虽然随着诊疗技术的进步及医疗水平的提高,宫颈癌病人5年生存率显著提高,但是发生远处转移的病人预后较差,朱红荣等[1]报道,宫颈癌远处转移率为4.1%,远处转移少见且多为血性转移。鉴于宫颈癌鼻转移极其少见,临床医生可能忽视,本研究将临床中遇到的一例宫颈癌鼻转移病人报告如下。

1 病例报告

病人女,37岁,因“阴道不规则出血1月”于2018年3月22日在青岛市中心医院入院,既往体健。妇科检查:外阴(-),阴道畅,黏膜光滑,弹性可,穹窿浅在,宫颈粗大,直径约5 cm,触血(+),子宫前位,正常大小,双侧附件区未触及明显包块。左侧宫旁组织增厚,弹性差,达盆壁,右侧宫旁组织增厚,弹性欠佳,未达盆壁,肛诊:直肠进指7 cm,黏膜光滑,指套无血染。入院当日妇科彩超示:子宫平位,大小形态正常,肌层回声分布均匀,内膜居中,厚约0.8 cm,宫颈前后径约为5.0 cm,回声欠均,后唇见低回声区,大小约5.0 cm×4.0 cm,边界欠清,内见稍丰富血流信号。双侧附件区未见明显异常回声。次日盆腔CT检查示:宫颈占位,双侧附件区饱满,请结合临床。2018年3月27日行宫颈活检示:(宫颈)鳞状细胞癌,脉管内查见癌栓。免疫组化结果:CD34(血管+),D2-40(脉管+)。诊断:宫颈鳞癌ⅢB期结节型。2018年3月29日给予紫杉醇酯质体240 mg(第一天)+注射用奈达铂140 mg(第二天)静脉化疗一疗程,后予以6MV-X线体外放疗,V-MAT,盆腔PTV>95%,5次/周,180 cGy/野/次,3 240 cGy/18f,三维后装腔内放射治疗一次,DT600cGy,治疗过程中,病人出现肠穿孔,考虑肿瘤侵犯肠管。2018年5月30日出现鼻前庭肿块,逐渐增大。2018年7月9日行鼻部肿物活检病理示:鳞状细胞癌,结合病史考虑宫颈源性鳞癌转移。免疫组化结果:抑癌基因P16(+)、P40(+)、P63(+),角蛋白7(CK7)(-)。病理号1810283。2018年7月11日头颅CT示:鼻部见截面大小约为33 mm×32 mm的软组织肿块影,浅分叶,CT值约为38 HU;所示咽部、鼻窦未见明显异常,骨质未见明显骨质破坏。于我院行鼻部转移灶放射治疗,电子线,完成50 Gy/25 f,病人治疗过程中出现肝、肺、骨转移,最终多器官衰竭于2018年9月4日临床死亡,病人总生存期不足6个月。

2 讨论

宫颈癌是全球妇女最常见恶性肿瘤之一,占整个癌症患病人数的15%,每年有20万妇女死于宫颈癌,我国是最大的发展中国家,其宫颈癌发病率和死亡率占全球的1/3[2-3]。近些年,随着宫颈癌早期筛查技术的不断成熟,宫颈癌病人的早期诊断率有了较大幅度的提高。然而,宫颈癌筛查并未完全普及,农村相对落后于城市,致使一部分病人在初诊时便已是ⅡB~ⅣA期宫颈癌[4],错过了治疗时机,导致治疗方法的选择范围也在缩减。

盆腔内浸润扩散是宫颈癌的主要转移途径,其次是淋巴结转移,在晚期或者肿瘤分化较差的病人可见血行转移。远处转移部位常见的有肺、肝和骨骼等[5],不太常见的转移性部位,经报道的有脚趾[6]、眼内[7]、头皮[8]等,而鼻转移实为罕见。约1/3的晚期宫颈癌病人会在疾病的前2年复发或进展[9],而复发或远处转移者的预后较差,其1年生存率仅为15%~20%[10]。本例宫颈癌病人在确诊时已为ⅢB期,确诊后4个月即出现了肝、肺、骨及鼻等远处转移,最终因多器官衰竭死亡,总生存期不足6月,与上述报道一致。

根据NCCN指南,根治性手术和根治性放疗是宫颈癌的主要治疗手段,除顺铂同步用于根治性放疗外,其他的化疗主要用于晚期及复发转移的病人。据文献报道,同步化疗可增加放疗对肿瘤细胞的敏感性,同步放化疗可使中晚期宫颈癌病人的5年生存率至少提升6%[11]。虽然在临床工作中,同步放化疗已成为中晚期宫颈癌病人的标准治疗方案,并得到广泛认可,然而仍有部分病人存在治疗效果不佳的情况。

鼻部恶性肿瘤多为原发性,转移瘤只有1%[12]。肾脏、乳腺、甲状腺和前列腺是最常见的鼻转移瘤原发肿瘤部位[13-16],仅有的一例宫颈癌鼻转移病例发表于1993年[17]。鼻转移瘤的发生可能与鼻腔、鼻窦部血供丰富有关,肿瘤通过腔静脉-肺循环系统,Baston静脉丛和颅内静脉丛发生转移,是其可能机制[18]。病理是诊断的金标准,活检可提供肿瘤组织类型信息,免疫组化有助于鉴别组织类型相同的肿瘤。

因宫颈癌鼻转移较少见,目前尚无统一治疗标

准。本例病人特点为青年女性,疾病进展迅速,预后差。据报道,宫颈癌的病理特征在青年病人与中老年病人有显著差异,癌细胞在中老年病人表现为生长缓慢,出现转移及局部复发的概率较小,且病理检查结果多为高分化,而青年病人癌细胞的恶性程度高,且多数为低分化,容易出现淋巴结及远处的转移,预后不良,导致5年生存率较低[19]。此次病例病人确诊后,立即给予晚期宫颈癌标准治疗方案:根治性放疗+同步化疗,然而病人疾病进展迅速,治疗过程中出现难以控制的远处转移,且给予鼻部转移癌姑息放疗,肿瘤控制欠佳,最终因多发转移致全身多脏器功能衰竭而死亡。该病例显示了晚期宫颈癌的难治性和极差的预后,同时也警示广大女性(尤其青年女性)应该重视宫颈癌早期筛查、早期干预的重要性,只有早发现才能赢得更多的治疗机会和更好的预后。

参考文献

[1] 朱红荣,马德花,鲁强,等.宫颈癌远处转移37例临床分析[J].中华肿瘤防治杂志,2013,20(19):1522-1524.

[2] XIE Y,TAN X,SHAO H,et al. VIA/VILI is more suitable for cervical cancer prevention in Chinese poverty-stricken region: a health economic evaluation [J]. Bmc Public Health, 2017, 17(1):118.

[3] 张莉,冯瑞梅,胡尚英,等.细胞学检测为非典型鳞状细胞且人乳头瘤病毒阴性妇女的宫颈癌患病风险评估[J]. 中华流行病学杂志,2016,37(6):801-804.

[4] SWISHER EM,SWENSEN RE,GREER B,et al. Weekly gemcitabine and cisplatin in combination with pelvic radiation in the primary therapy of cervical cancer:a phase Ⅰ trial of the Puget sound oncology consortium[J]. Gynecol Oncol,2006,101(3):429-435.

[5] AGARWAL U, DAHIYA P, CHAUHAN A,et al. Scalp metastasis in carcinoma of the uterine cervix-A rare entity[J].Gynecologic Oncology,2002,87(3):310-312.

[6] CICCONE MA,CONTURIE CL, LEE CM,et al. Toe metastasis: a rare pattern of cervical cancer spread[J].Gynecol Oncol Case Rep,2014,8:7-9.

[7] UHRINAK AN, TIERNEY KE, DUNCUN KL, et al. Intraocular metastasis from primary cervical cancer: a case report and review of the literature[J].Gynecol Oncol Rep,2015,12:61-63.

[8] TAKAGI H,MIURA S, MATSUNAMI K, et al. Cervical cancer metastasis to the scalp: case report and literature review[J].Eur J Gynaecol Oncol,2010,31(2):217-218.

[9] MONGULA JE, BAKERS F, VÖÖ S, et al. Positron emission tomography-magnetic resonance imaging (PET-MRI) for response assessment after radiation therapy of cervical carcinoma: a pilot study[J]. EJNMMI Res, 2018,8(1):1.

[10] 沈晓燕,崔恒.复发性和转移性子宫颈癌化疗的研究进展[J].中华妇产科杂志,2013,48(10):788-791.

[11] 张丹, 李恩孝.不同化疗方案同步联合放疗治疗中晚期宫颈癌的临床观察[J/CD].世界最新医学信息文摘(连续型电子期刊), 2015, (49): 54-55, 72. DOI: 10.3969/j. issn. 1671-3141.2015.49.043.

[12] AKDEMIR F, ALDEMIR M, ÇAKAR H, et al. Metastasis of prostate adenocarcinoma to the frontal and ethmoid sinus [J]. Turk J Urol, 2016,42(4):299-302.

[13] MAHAJAN R, MAYAPPA N, PRASHANTH V. Metastatic renal cell carcinoma presenting as nasal mass: case report and review of literature [J]. Indian J Otolaryngol Head Neck Surg, 2016,68(3):374-376.

[14] ROBERTS JM, BROOK C, PARNES S. Palliative endoscopic surgery for sinonasal metastases: a case report and literature review [J/OL]. Ear Nose Throat J, 2015, 94(2): e24-26. DOI: 10.1177/014556131509400215.

[15] PRESCHER A, BRORS D. Metastases to the paranasal sinuses: case report and review of the literature [J].Laryngorhinootologie, 2001,80(10):583-594.

[16] PETERSSON F, HUI TS, LOKE D, et al. Metastasis of occult prostatic carcinoma to the sphenoid sinus: report of a rare case and a review of the literature[J]. Head Neck Pathol, 2012,6(2):258-263.

[17] DELARA FA,KAGETSU NJ,POTTER GD. Sinonasal cavity metastasis from cancer of the cervix [J]. AJR Am J Roentgenol.1993 161(2):451

[18] RALLI M, ALTISSIMI G, TURCHETTA R, et al. Metastatic renal cell carcinoma presenting as a paranasal sinus mass:the importance of differential diagnosis[J].Case Rep Otolaryngol,2017,2017:9242374.DOI:10.1155/2017/9242374.

[19] VALE DB, SAUVAGET C, MUWONGE R, et al. Disparities in time trends of cervical cancer mortality rates in Brazil[J]. Cancer Causes Control, 2016,27(7):889-896.

(收稿日期:2019-09-11,修回日期:2019-11-01)