

腎臟保留手術：治療第一期腎臟細胞癌的另一種選擇

**Nephron-Sparing surgery: an alternative
treatment for stage T1 renal cell carcinoma**

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摘要研究目的：腎臟保留手術傳統上只用於為預防造成無腎狀態的某些臨床情況之病人上。至於對側仍是正常腎臟的病人而言，是否實施此項手術，目前仍有爭議。我們做了一個回溯性的分析來研究此種治療方式的結果。材料與方法：從1992年9月到2002年3月，共有69位因單側腎臟腫瘤但其對側為正常腎臟的病人在本院接受手術治療。進入研究的標準為單側的、單獨發生的、病理檢驗為第一期的腎臟細胞癌。比較腎臟保留手術和根除性腎臟切除手術的差異，我們針對腫瘤大小、手術時間、血液流失程度、住院日數、術前和術後的血清肌酸酐值均加以分析及討論。結果：三十一位病患符合研究標準，其中六位接受腎臟保留手術而二十五位接受根除性腎臟切除手術。其平均追蹤時間分別為52.7個月及46.9個月。根據分析，在這兩組病患中，在腫瘤大小、血液流失程度、住院日數、術前和術後的血清肌酸酐值並無統計上的差異，僅手術時間此項目有顯著的統計上的不同。接受根除性腎臟切除手術的病患其術後平均血清肌酸酐值明顯高於術前。這兩組病患在追蹤時間內均存活且所有病患都沒有局部復發的情形存在。結論：對於第一期的腎臟細胞癌，腎臟保留手術似乎是一種安全、有效、可取代根除性腎臟切除手術的治療方式。對於保留功能性的腎臟實質而言，腎臟保留手術可能是一種較佳的治療方式。

Abstract

OBJECTIVE: Nephron-sparing surgery is traditionally used in patients with certain clinical situations to prevent a uremic status. There is controversy concerning its use with a normal contralateral kidney. A retrospective review was performed to determine the outcome of this treatment. MATERIALS AND METHODS: From September 1992 to March 2002 at our institution, 69 patients underwent surgical treatment for a unilateral solitary renal tumor with a normal contralateral kidney. The criterion for entry into this study was the existence of unilateral, sporadic, stage T1 renal cell carcinoma. In a comparison of

nephron-sparing surgery and radical nephrectomies, the tumor size, operative time, blood loss, hospital stay, and preoperative and postoperative serum creatinine levels were analyzed. RESULTS: Thirty-one patients met the entry criterion including 6 cases who underwent nephron-sparing surgery and 25 cases who underwent a radical nephrectomy. The mean follow-up time was 52.7 months for the nephron-sparing surgery group and 46.9 months for the radical nephrectomy group. In the 2 groups, there was no statistical difference in tumor size, blood loss, hospital stay, or preoperative or postoperative serum creatinine levels. Only operative time significantly statistically differed ($p=0.003$). The mean postoperative serum serum creatinine level was significantly higher than the mean preoperative level in the radical nephrectomy group ($p=0.02$). In both groups, all patients were alive, and no local recurrence was found at the last follow-up CONCLUSIONS: Nephron-sparing surgery appears to be a safe and effective alternative to a radical nephrectomy for stage T1 renal cell carcinoma. It may be a preferable treatment modality for preserving functioning renal parenchyma.