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会厌原发神经内分泌癌 1 例并文献复习

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摘要:目的 探讨喉神经内分泌癌的临床表现、病理类型、治疗手段及预后。**方法** 回顾 1 例会厌原发神经内分泌癌患者的临床资料并复习相关文献。**结果** 喉神经内分泌癌的确诊主要依靠病理学检查,病理类型不同,肿瘤的生物学行为、治疗方案及患者预后均存在显著差异。**结论** 喉神经内分泌癌治疗仍有争议,最佳治疗方案仍未确定,对于术后淋巴结转移阳性的患者,辅以放疗可能有助于提高患者预后,对于颈淋巴结阴性的患者,是否有必要放化疗仍值得商榷。

关键词:会厌;神经内分泌癌;喉;放射治疗
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Primary epiglottic neuroendocrine carcinoma: a case report and literature review

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Abstract: Objective This study aims to investigate the clinical manifestations, pathological types, treatment modalities, and prognosis of laryngeal neuroendocrine carcinoma. **Methods** The clinical data from a case of neuroendocrine carcinoma are presented, accompanied by a comprehensive review of related literature. **Results** A diagnosis of laryngeal neuroendocrine carcinoma was primarily established through pathological examination. The literature revealed significant differences in biological behavior, treatment approaches, and prognosis among various pathological types. **Conclusion** The best practice for treating laryngeal neuroendocrine carcinoma remains controversial, with no established gold standard treatment plan in cases where postoperative lymph nodes show metastasis, radiotherapy may contribute to an improved prognosis However, for patients with negative lymph nodes, the necessity of radiotherapy and chemotherapy remains uncertain.

Key words: Epiglottis; Neuroendocrine carcinoma; Throat; Radiotherapy

神经内分泌癌(neuroendocrine carcinoma, NEC)是一种来源于神经内分泌细胞的恶性肿瘤,头颈部的神经内分泌癌十分罕见[1],通常表现为晚期的侵袭性肿瘤,且生存率低[2],发生在喉的神经内分泌癌常见部位是会厌的喉面和杓会厌皱襞。肿瘤的外观主要与血管瘤相似,早期发现和手术治疗可以取得良好的治疗效果[3]。在喉部非鳞状细胞癌中,神经内分泌癌的发病率居于首位,由于报道病例较少或无法收集足够的样本量,喉神经内分泌癌治疗仍有争议,最佳治疗方案仍未确定,因此探讨喉神经内分泌癌的临床表现、病理类型、治疗手段及预后至关重要[4-5],本研究报道了 1 例喉非典型类癌并甲状腺髓样癌,通过复习相关文献及指南,总结分析该病的临床特点和诊疗方法,供临床借鉴。

1 资料与方法

1.1 临床资料

患者男,70 岁,吸烟史 40 年,约 20 支/d,饮酒史 40 年,约 150 g/d,患者因咽部异物感 15 天于 2023 年 7 月 23 日入院。入院后行电子纤维喉镜检

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查(图 1、2):可见会厌喉面菜花样肿物,窄带成像(narrow band imaging, NBI)内镜下见肿物棕褐色斑点及扭曲的血管。颈部 CT 平扫+增强(图 3)可见会厌不规则软组织密度肿块,长径约 2.2 cm。颈部 MRI 检查(图 4)示:会厌见不规则软组织信号肿块影,呈等 T1、稍长 T2 信号,弥散受限,左侧甲状腺明显增大,信号不均匀,弥散受限。甲状腺及颈部淋巴结彩超示:左侧叶实质内探及一实性结节,大小约 4.4 cm×2.8 cm。血常规、尿常规、肝肾功能、凝血功能、胸片、心电图、胃镜等检查及检验均未见明显异常。

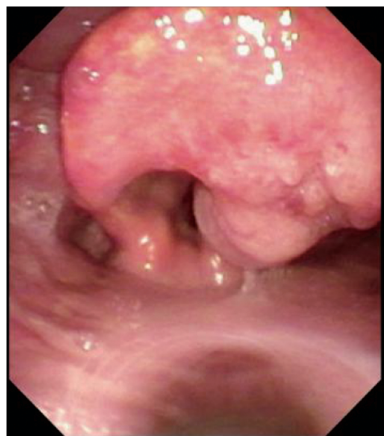

图 1 会厌喉面菜花样肿物
Figure 1 Epiglottis throat spaghetti vegetable mass

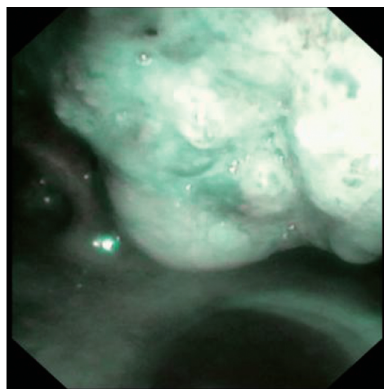

图 2 NBI 下见肿物棕褐色斑点及扭曲的血管
Figure 2 NBI showed brown blotches and twisted blood vessels

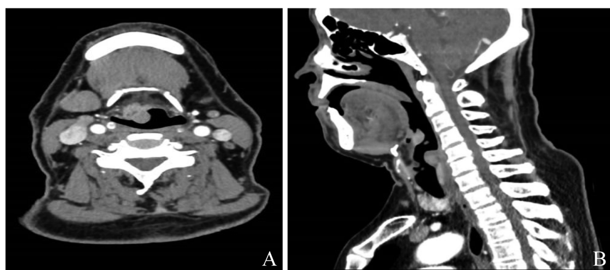

图 3 术前颈部 CT 平扫+增强
A:轴状位;B:矢状位
Figure 3 Preoperative neck CT plain scan + enhanced
A: Axial; B: Sagittal

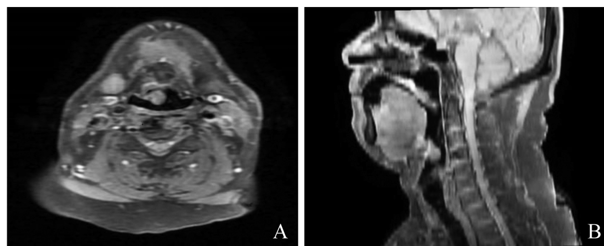

图 4 术前颈部 MRI 检查
A:轴状位;B:矢状位
Figure 4 Preoperative MRI of the neck (axial)
A: Axial; B: Sagittal

1.2 方法

气管插管全身麻醉下行声门上喉部分切除术+选择性双侧颈清扫术+左侧甲状腺叶及峡部切除术+暂时性气管切开术,术中右侧会厌喉面可见菜花样新生物,大约 2.0 cm×1.5 cm×1.0 cm,左侧甲状腺叶及峡部结节样肿物。

2 结 果

术后常规病理(图 5)提示:(会厌)神经内分泌肿瘤,结合免疫组化符合中分化神经内分泌癌,体积 3.0 cm×2.0 cm×1.3 cm,送检淋巴结内见癌转移(左颈部 2/56、右颈部 1/56)。会厌及颈部切取组织免疫组化结果:CK 广(+),CD56(+),CgA(大部分+),Syn(+),P40(-),CK5/6(-),SSTR-2(2+),S-100(-),Calcitonin(局灶+),TTF-1(部分+),TG(-),PAX-8(-),CEA(-),Ki-67(index 密集区 30%)。(甲状腺左腺叶及峡部):甲状腺髓样癌,伴纤维化、钙化及淀粉样详变,体积 4.5 cm×3.3 cm×2.4 cm。甲状腺切取组织免疫组化结果示:Calcitonin(+) TTF-1(+),TG(部分+),CgA(+),Syn(+),PAX-8(-),CEA(+), Ki-67(index 1%),术后辅以放疗,放疗剂量:PTV1:60.06 Gy/1.82 Gy/33f/6.5 周,PTV2:50.96 Gy/1.82 Gy/28f/5.5 周,患者因年龄及身体因素未接受化疗。

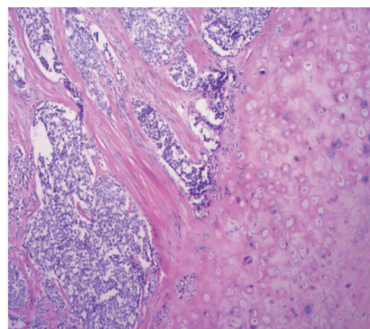

图 5 术后切除组织标本组织病理图(×200)
Figure 5 Histopathologic picture of postoperative excised tissue specimen(×200)

3 讨 论

NEC 发生率极低,具有高度侵袭性,占全部恶性肿瘤的比例不足 1%,NEC 好发于肺及消化道,极少发生在头颈部[6-7],既往有研究证实[8-9]NEC 的发病与吸烟、HPV 感染(主要为 HPV16、HPV53)等原因有关 。

喉 NEC 的临床表现与喉鳞状细胞癌相似,影像学等辅助检查无特异性,主要依靠病理学检查确诊[10-11],且 NEC 病理类型不同,肿瘤的生物学行为、治疗方案及患者预后均存在显著差异[12-13],2022 年 WHO 头颈部肿瘤分类第五版[14]将头颈神经内分泌肿瘤分为神经内分泌肿瘤及 NEC(> 10 mitoses per 2 mm^2, Ki67 > 20%, and often associated with a Ki67 > 55%),基于细胞形态学特征,NEC 进一步亚分类为小细胞和大细胞 NEC。

发生在头颈部的 NEC 根据受累的范围和程度及不同的病理亚型,其对应的治疗方案也不同,治疗选择有手术、放疗、放化疗和化疗[15],既往文献研究认为[16-19]:典型类癌预后较好,建议单纯肿瘤切除治疗;非典型类癌预后较差,建议肿瘤切除术辅以颈淋巴结清扫术,可依情况辅助放化疗;小细胞神经内分泌癌预后极差,极易复发转移,建议手术完整切除肿瘤并辅以放化疗的综合治疗。Ghosh 等[2]研究认为,喉部 NEC 患者约 63%为男性,大多数病例位于声门上(62.6%),按照美国癌症联合委员会(AJCC)TNM 分期,Tⅳ期约占(59.4%),所有 NEC 患者的总体 5 年生存率为 30.2%,接受手术治疗的患者 5 年生存率较高。有研究认为[20],对于喉非典型类癌,扩大切除可以减少术后复发的几率,肿瘤组织如能够切除干净,是否有必要放疗仍值得商榷,Gillenwater 等[21]认为,放疗和(或)化疗可能使喉非典型类癌患者获益。本例患者接受了声门上喉部分切除术及选择性双侧颈清扫术,术后病理回报示送检淋巴结内见癌转移(左颈部 2/56、右颈部 1/56),患者术后辅以放疗,目前已随访 6 个月,患者生存良好,未见复发转移,疗效有待进一步随访观察。

总之,喉非典型类癌治疗仍有争议,最佳治疗方案仍未确定,至关重要的是完整切除肿瘤,对于淋巴结转移阳性患者,术后辅以放疗可能有助于提高患者预后,对于淋巴结转移阴性患者,是否有必要放化疗仍值得商榷,但因病例报道少,其治疗方案的有效性有待更多的临床数据加以证实。

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