

膽囊癌

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簡介

膽囊癌是台灣第十二位癌症死亡原因，在女性則是第八位癌症死亡原因（2004 年衛生署統計資料）。美國資料顯示膽囊癌為膽道最常見的惡性腫瘤。膽囊癌是一種惡性極高的惡性腫瘤，且由於其早期症狀不明顯，所以往往在產生症狀而診斷出為膽囊癌時都為時已晚，而較難達成治癒性手術切除（curative resection），故預後極差。手術切除膽囊癌是目前唯一可能治癒的希望，但可惜只有約 25% 膽囊癌病人是較早發現而可考慮治癒性手術切除。全數（overall patients）膽囊癌病人的五年存活率小於 5%。若依期別來分，第 I、II、III 及 IV 期膽囊癌的五年存活率分別為 70~85%、25%、12% 及 1~2%。

臨床分期及病理分期（AJCC2002, 6th ed.）

GALLBLADDER

Primary Tumors (T)

TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in <i>situ</i>
T1	Tumor invades lamina propria or muscle layer
T1a	Tumor invades lamina propria
T1b	Tumor invades muscle layer
T2	Tumor invades perimuscular connective tissue; no extension beyond serosa or into liver
T3	Tumor perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or one other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum, or extrahepatic bile ducts
T4	Tumor invades main portal vein or hepatic artery or invades two or more extrahepatic organs or structure

Regional Lymph nodes (N)

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Regional lymph node metastasis

Distant Metastasis (M)

MX Distant metastasis cannot be assessed

M0 No distant metastasis

M1 Distant metastasis

Stage Grouping

0	Tis	N0	M0
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IA	T1	N0	M0
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IB	T2	N0	M0
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IIA	T3	N0	M0
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IIB	T1	N1	M0
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	T2	N1	M0
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	T3	N1	M0
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III	T4	Any N	M0
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IV	Any T	Any N	M1
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Histologic Grade (G)

GX Grade cannot be assessed

G1 Well differentiated

G2 Moderately differentiated

G3 poorly differentiated

G4 Undifferentiated

Residual Tumor (R)

RX Presence of residual tumor cannot be assessed

R0 No residual tumor

R1 Microscopic residual tumor

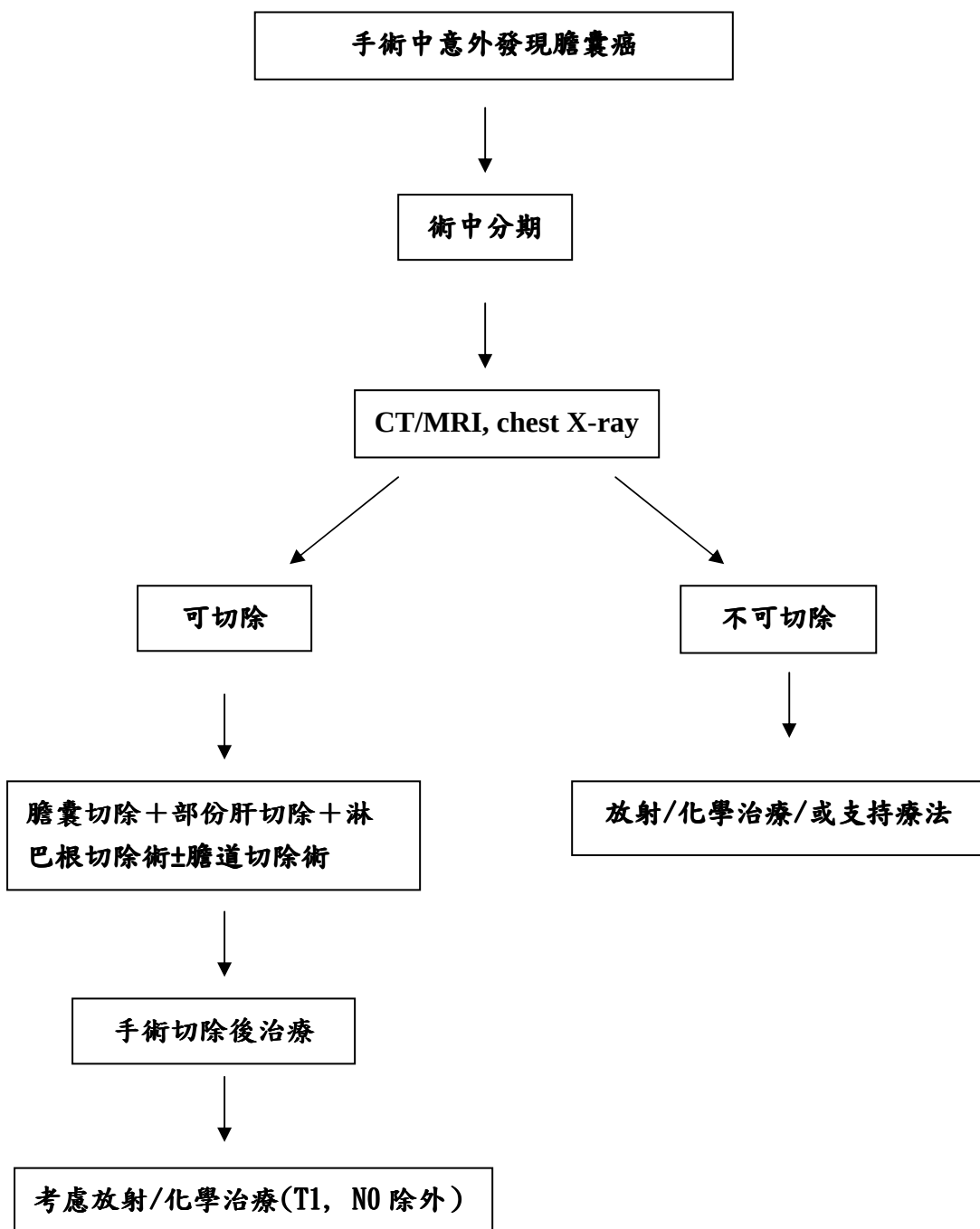
R2 Macroscopic residual tumor

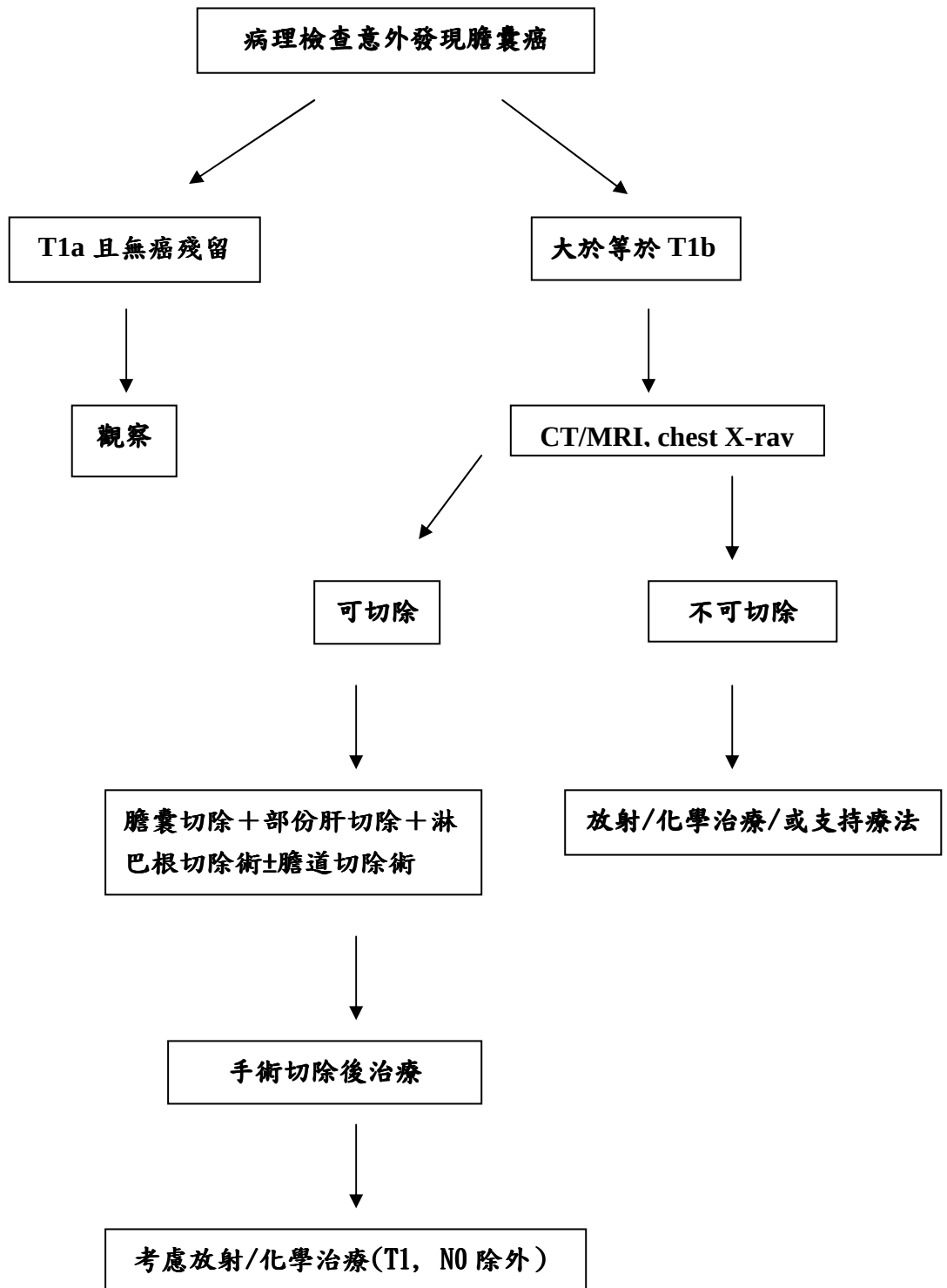
診斷與檢查

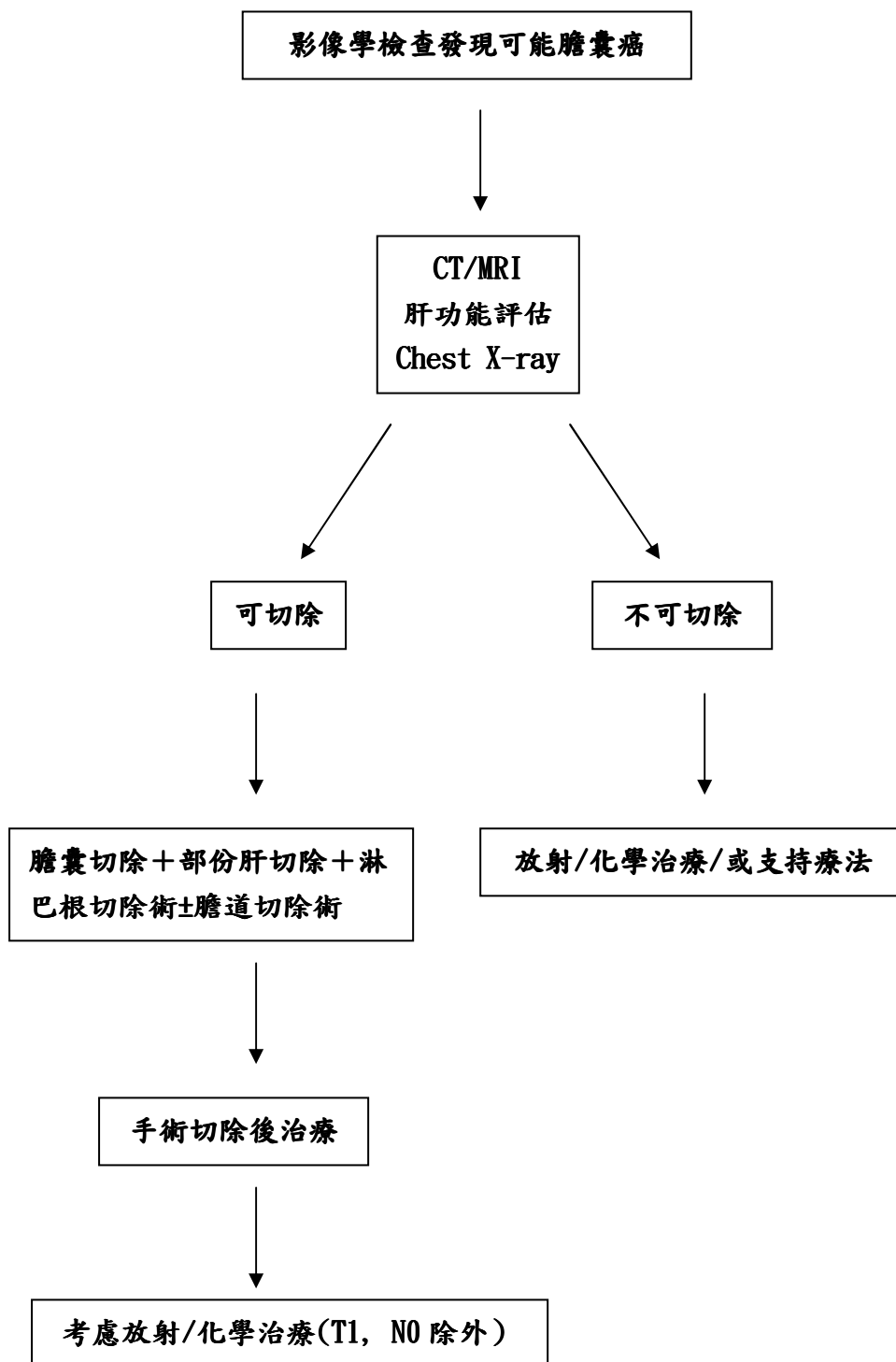
膽囊癌好發於高年齡層（70~75 歲），女多於男（3：1）。統計資料顯示膽囊癌的危險因子包括膽結石（特別是合併有慢性膽囊炎）、瓷膽囊（porcelain gallbladder）、膽息肉、傷寒帶原者（typhoid carrier）等。

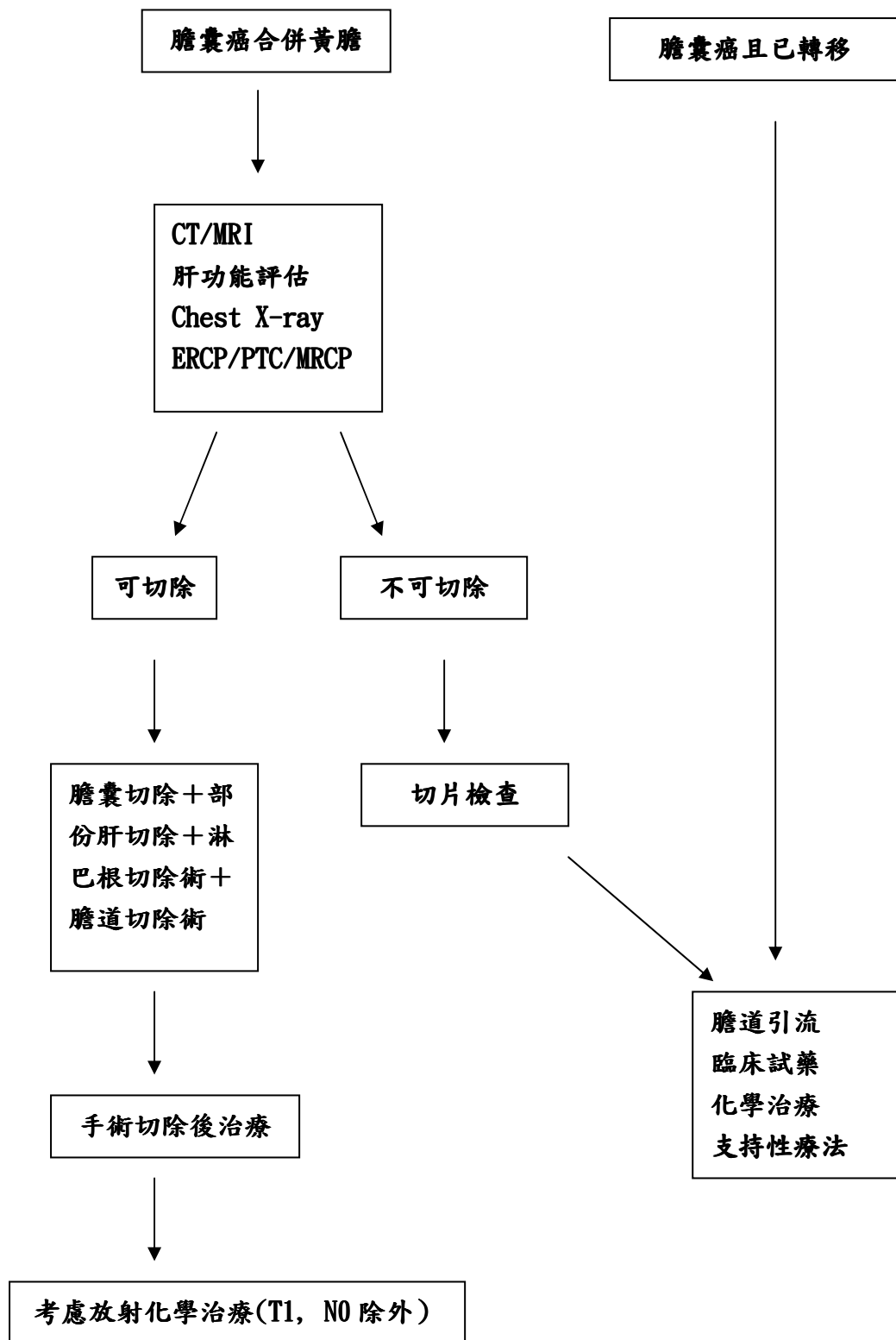
在臨床上，早期膽囊癌大都無明顯及特殊症狀，可能產生的症狀為腹痛、體重減輕、食慾不振、噁心、黃膽及急性膽囊炎等症狀。

目前尚於無特殊腫瘤標記可做為輔助診斷。約有 20% 的膽囊癌是手術意外發現。診斷上，通常先經由腹部超音波發現膽囊腫瘤或息肉而懷疑是膽囊癌，然後進一步安排電腦斷層（CT scan）或核磁共振造影（MRI）以了解腫瘤大小及可能侵犯程度。若合併有黃膽則可能需要排 PTCD 或 ERCP 來確定膽道阻塞位置及程度，以便提供手術治療計劃。









參考資料

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