Advances in Clinical Medicine 临床医学进展, 2023, 13(11), 17079-17083
Published Online November 2023 in Hans. https://www.hanspub.org/journal/acm
https://doi.org/10.12677/acm.2023.13112393

Hans汉斯

脐尿管癌1例

孟娟娟[1*]，张恩环[2#]，魏　媛[1]，古丽孜拉·拜山[1]

[1]新疆医科大学第一附属医院昌吉分院肿瘤科，新疆　昌吉
[2]福建省泉州市安溪县医院肿瘤放疗科，福建　泉州

收稿日期：2023年9月30日；录用日期：2023年10月27日；发布日期：2023年11月3日

摘　要

目的：提高对脐尿管癌(UrC)的认识。方法：回顾性分析2023年4月新疆医科大学第一附属医院昌吉分院收住的1例UrC患者的临床资料，并进行文献复习。结果：该患者以下腹部疼痛就诊，完善膀胱镜及腹壁肿物切除病检，同时完善胸腹盆平扫增强CT后，MDT讨论后诊断为脐尿管癌。术后辅助化疗1周期后，初步判断病情进展。结论：病理学检查及肿瘤多学科(MDT)分析能提高该疾病认知。早发现、早治疗能提高患者生存率。

关键词

脐尿管癌，病理学诊断，影像学表现

A Case of Urachal Carcinoma

Juanjuan Meng[1*], Enhuan Zhang[2#], Yuan Wei[1], Gulizila·Baishan[1]

[1]Department of Oncology, Changji Branch, First Affiliated Hospital of Xinjiang Medical University, Changji Xinjiang
[2]Tumor Radiotherapy Department, People's Hospital of Anxi County, Quanzhou Fujian

Received: Sep. 30th, 2023; accepted: Oct. 27th, 2023; published: Nov. 3rd, 2023

Abstract

Objective: To improve understanding of urachal carcinoma (UrC). Method: A retrospective analysis was conducted on the clinical data of one UrC patient admitted to Changji Branch of the First Affiliated Hospital of Xinjiang Medical University in April 2023, and literature review was conducted. Result: The patient sought medical attention for lower abdominal pain, and underwent

[*]第一作者。
[#]通讯作者。

文章引用: 孟娟娟, 张恩环, 魏媛, 古丽孜拉·拜山. 脐尿管癌 1 例[J]. 临床医学进展, 2023, 13(11): 17079-17083.
DOI: 10.12677/acm.2023.13112393

complete cystoscopy and abdominal wall mass removal examination. At the same time, after improving chest, abdominal, and pelvic plain scan enhanced CT, MDT was discussed and diagnosed as urachal carcinoma. After one cycle of postoperative adjuvant chemotherapy, the progression of the condition was preliminarily determined. Conclusion: Pathological examination and multidisciplinary tumor analysis (MDT) can improve the understanding of this disease. Early detection and treatment can improve patient survival rate.

Keywords

Urachal Carcinoma, Pathologic Diagnosis, Image Findings

1. 引言

脐尿管癌(UrC)是一种罕见的膀胱非尿路上皮肿瘤，于 1863 年 Hue 和 Jacquin 首次提出[1]，随着 Campbell Begg 等人[2]在后来的深入研究，奠定了目前对脐尿管肿瘤的了解，并系统描述该病，UrC 可来源于脐尿管残存的各层组织，为上皮或间质性肿瘤，并向膀胱及其周围组织浸润生长。脐尿管癌是起源于脐尿管的一种罕见的泌尿生殖系统肿瘤，年发病率约为 1/5,000,000 [3]，占膀胱癌的 0.35%~0.7% [4] [5]。其组织学类型超过 80%的是腺癌，其中黏液腺癌最为常见，另有少数鳞状细胞癌、移行上皮癌、肉瘤和未分化癌[6] [7] [8]。该病虽然发病率低，但起病隐匿，早期大多没有明显症状，大多患者在就诊时已处于中晚期，出现局部侵犯或全身转移[9] [10] [11] [12] [13]。本文报告新疆医科大学第一附属医院昌吉分院收治的 1 例脐尿管癌患者。

2. 病例资料

患者，男，55 岁，哈萨克族，因“间断下腹部疼痛 1 月余”为主诉于 2023 年 4 月 27 日就诊我院泌尿外科。既往否认高血压、否认糖尿病史，否认脑血管疾病史，无肝炎史、结核史、伤寒史，预防接种史不详。于 30 年前因急性阑尾炎行“阑尾切除术”(具体不详)。否认输血史，外伤史，否认食物或药物过敏史。查体：腹壁可触及一大小约 1*2 cm 大小肿物，质地较韧，活动度差，有压痛，与周围分界不清。完善泌尿系彩超：泌尿系 B 超 + 残余尿量：左肾囊性灶，考虑：肾囊肿 Bosniak 分级：I 级，良性单纯性囊肿，膀胱右前方混合性占位灶，性质待定，建议进一步检查前列腺增大(考虑：前列腺增生，其他待排)，建议结合 PSA 检查右肾、双侧输尿管及膀胱未见明显异常，膀胱未见残余尿。于 2023 年 4 月 25 日完善癌胚抗原 14.65 ng/ml，甲胎蛋白 3.94 ng/ml，糖类抗原 19932.64 U/ml，前列腺特异性抗原 0.82 ng/ml，游离前列腺特异性抗原 0.35 ng/ml。进一步完善膀胱镜检查可见(见图 1)：膀胱前壁可见约 5 × 4 cm 肿物凸向膀胱内，肿物表面呈滤泡状且血供丰富，给予活组织钳取 2 块送病理检查。提示(病理号 20233841)：(膀胱前壁肿物)：尿路上皮异型增生伴鳞化，建议密切随访。完善胸部 CT 示(见图 2)：左肺门区占位(大小约 3.8*3.9 cm，其内密度欠均)致右肺中叶实变不张，考虑恶性病变可能。双肺多发结节，转移瘤可能。左肺上叶钙化灶。纵膈内肿大淋巴结，右侧腋窝肿大淋巴结，淋巴结转移不除外。左侧肾上腺肿块。泌尿系增强 CT 示(见图 3)：膀胱前上方肿块(不规则肿物大小约 8.5*6 cm)，考虑转移；双肾上腺肿块(左侧显著，大小约 4.1*3 cm)，考虑转移；右肾后方、右侧髂骨前方、膀胱后壁后方软组织结节(较大者位于膀

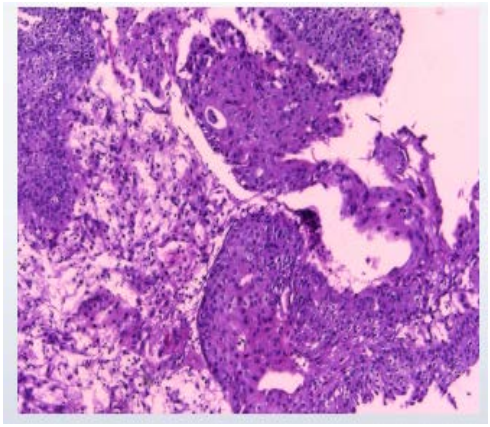

Figure 1. Cystoscopy biopsy
图 1. 膀胱镜活组织检查

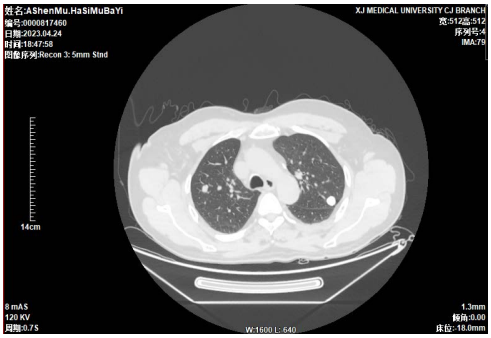

Figure 2. Multiple metastatic tumors of the lungs
图 2. 肺部多发转移瘤

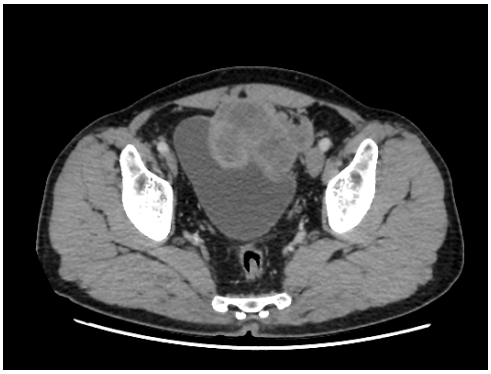

Figure 3. Urinary tract plain scan enhanced CT
图 3. 泌尿系平扫增强 CT

胱后壁后方，直径约 1.4 cm)，考虑转移灶；胰腺体部及尾部周围脂肪间隙稍浑浊并散在小淋巴结(较大者直径约 0.9 cm)，考虑炎性病变可能。左肾囊肿；前列腺肥大；左侧髂骨多发高密度结节，性质待定，建议随诊复查。盆腔平扫增强 MRI 示：膀胱前方占位并与膀胱壁分界不清(膀胱前上方见不规则异常信号，病灶大小约 6.5*8.1 cm，呈融合表现，边缘分叶状，病灶与膀胱分界不清，病灶内信号不均)，考虑转移。左侧膀胱精囊角病灶(直径约 1.6 cm 结节)，考虑转移。针对腹壁肿物行肿物切除术，术后病检(见图 4)：常规：(腹腔腹壁肿瘤)：浸润或转移低分化腺癌，伴大片坏死，送检不整形组织 2 × 1 × 0.8 cm。免疫组

化诊断结果：(腹腔腹壁肿瘤)：同常规。20234003-1：Gata-3(−)，CK(+)，CK7(−)，CK20(+)，CDX-2(+)，PSA(−)，Vim(−)，PAX-8(−)，CD20(−)，CD3(−)，TTF-1(−)，Napsin-a(−)，ki-67 (>90%+)，CD43 (血管+)。经上级医院会诊病理并 MDT 讨论后诊断：脐尿管恶性肿瘤 IV 期，肺继发恶性肿瘤，淋巴结继发恶性肿瘤，肾上腺继发恶性肿瘤，腹腔继发恶性肿瘤，右肺中叶实变不张。后在我院予以 XELOX 化疗一周期后，于 2023 年 6 月 4 日完善癌胚抗原 73.72 ng/ml，甲胎蛋白 3.45 ng/ml，糖类抗原 19941.28 U/ml，前列腺特异性抗原 1.06 ng/ml，游离前列腺特异性抗原 0.26 ng/ml。且患者出现腹部疼痛加重，考虑病情进展，患者自行停止治疗。

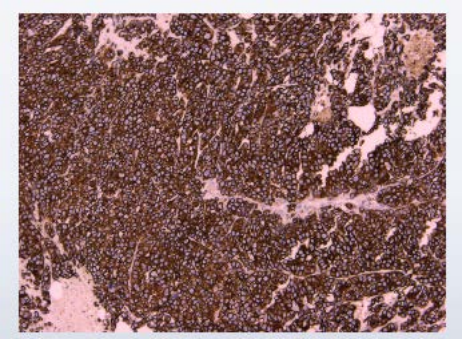

Figure 4. Immunohistochemistry of abdominal wall masses
图 4. 腹壁肿物免疫组化

UrC 是一种罕见的恶性肿瘤，由于缺乏特定的体征和症状，早期诊断通常很困难，预后差，对于 UrC 伴随转移患者手术治疗不佳，只能依赖于放化疗，但放疗对 UrC 已被证实在很大程度上是无效[14] [15] [16] [17]。放疗可以考虑用于切缘阳性和局部不可切除的 UrC，免疫组化和临床表现类似于结直肠癌，治疗方式也有相似之处[18]。目前对于脐尿管癌化疗方案无统一标准，靶向治疗研究较少，由于脐尿管癌与结直肠癌和尿路上皮癌相似，小样本研究显示，可使用贝伐单抗、西妥昔单抗或帕尼单抗[1] [6]。靶向治疗。也有研究表明脐尿管腺癌与结直肠癌具有相同的分子特征，如 KRAS 突变，部分病例 BRAF 突变[19] [20]。因此在多中心、多学科团队中进一步全面分析肿瘤生物学和基因组学，并为患者提供最佳的个体化治疗显得尤为重要[21]。

参考文献

[1] Elser, C., Sweet, J., Cheran, S.K., *et al*. (2012) A Case of Metastatic Urachal Adenocarcinoma Treated with Several Different Chemotherapeutic Regimens. *Canadian Urological Association Journal*, **6**, E27-E31. https://doi.org/10.5489/cuaj.336

[2] Willian, S., Marta, B., Marco, F., *et al*. (2018) Urachal Adenocarcinoma: A Case Report with Key Imaging Findings and Radiologic-Pathologic Correlation. *Case Reports in Radiology*, **2018**, Article ID: 4935261.

[3] Scabini, S., Rimini, E., Romairone, E., *et al*. (2009) Urachal Tumour: Case Report of a Poorly Understood Carcinoma. *World Journal of Surgical Oncology*, **7**, 82-82. https://doi.org/10.1186/1477-7819-7-82

[4] Gopalan, A. (2009) Urachal Carcinoma: A Clinicopathologic Analysis of 24 Cases with Outcome Correlation. *American Journal of Surgical Pathology*, **33**, 659-668. https://doi.org/10.1097/PAS.0b013e31819aa4ae

[5] Johnson, D.E., Hodge, G.B., Abdul-Karim, F.W., *et al*. (1985) Urachal Carcinoma. *Urology*, **26**, 218-221. https://doi.org/10.1016/0090-4295(85)90112-8

[6] Siefker-Radtke, A. (2012) Urachal Adenocarcinoma: A Clinician's Guide for Treatment. *Seminars in Oncology*, **39**, 619-624. https://doi.org/10.1053/j.seminoncol.2012.08.011

[7] Cho, S.Y., Moon, K.C., Park, J.H., *et al*. (2013) Outcomes of Korean Patients with Clinically Localized Urachal or

Non-Urachal Adenocarcinoma of the Bladder. *Urologic Oncology Seminars & Original Investigations*, **31**, 24-31. https://doi.org/10.1016/j.urolonc.2010.10.002

[8] Mardi, K. and Gupta, N. (2011) Urachal Papillary Cystadenocarcinoma: A Rare Case Report. *Journal of Cancer Research and Therapeutics*, **7**, 223-225. https://doi.org/10.4103/0973-1482.82934

[9] Besarani, D. (2003) Recurrent Urachal Adenocarcinoma. *Journal of Clinical Pathology*, **56**, Article 882. https://doi.org/10.1136/jcp.56.11.882

[10] Wei, Z., Zhang, Z., Ge, J., *et al*. (2012) Renal Mucinous Tubular and Spindle Cell Carcinoma: Two Cases Report and Review of the Literature. *The Chinese-German Journal of Clinical Oncology*, **11**, 672-675. https://doi.org/10.1007/s10330-012-1077-7

[11] 王祖恒, 刘喆, 程文. 脐尿管癌的诊疗研究进展[J]. 现代泌尿生殖肿瘤杂志, 2023, 15(2): 65-68.

[12] Beati, F., Conforti, A., Caforio, L., *et al*. (2023) A Rare Case of Patent Urachus in Association with a Giant Cystic of the Umbilical Cord. *Italian Journal of Gynaecology and Obstetrics*, **35**, 138. https://doi.org/10.36129/jog.2022.S137

[13] 陈利刚, 王国强, 张朋来, 等. 脐尿管癌诊治进展[J]. 内蒙古医科大学学报, 2023, 45(2): 209-212.

[14] Bruins, H.M., Visser, O., Ploeg, M., *et al*. (2012) The Clinical Epidemiology of Urachal Carcinoma: Results of a Large, Population Based Study. *The Journal of Urology*, **188**, 1102-1107. https://doi.org/10.1016/j.juro.2012.06.020

[15] Kouhen, F., *et al*. (2021) Primary Urachal Adenocarcinoma Treated Effectively with Surgery and Post Operative Chemoradiation Therapy: Case Report with Review of the Literature. *Radiology Case Reports*, **16**, 2252-2255. https://doi.org/10.1016/j.radcr.2021.04.084

[16] Suzuki, K., Kai, Y., Matsuda, M., *et al*. (2022) A Rare Case of Urachal Carcinoma with Multiple Lung Metastasis That Required Differentiation from Primary Lung Carcinoma. *Respirology Case Reports*, **10**, e0890. https://doi.org/10.1002/rcr2.890

[17] Findakly, D. and Wang, J. (2021) Primary Urachal Carcinoma: A Systematic Review. *Journal of Clinical Oncology*, **39**, e16502. https://doi.org/10.1200/JCO.2021.39.15_suppl.e16502

[18] Siefker-Radtke, A.O., Gee, J., Shen, Y.U., *et al*. (2003) Multimodality Management of Urachal Carcinoma: The M. D. Anderson Cancer Center Experience. *The Journal of Urology*, **169**, 1295-1298. https://doi.org/10.1097/01.ju.0000054646.49381.01

[19] Kume, H., Tomita, K., Takahashi, S., *et al*. (2006) Irinotecan as a New Agent for Urachal Cancer. *Urologia Internationalis*, **76**, 281-282. https://doi.org/10.1159/000091635

[20] Riva, G., Mian, C., Luchini, C., *et al*. (2018) Urachal Carcinoma: From Gross Specimen to Morphologic, Immunohistochemical, and Molecular Analysis. *Virchows Archiv*, **474**, 13-20. https://doi.org/10.1007/s00428-018-2467-1

[21] 罗贞波, 蔡涛浓, 梁海滔, 等. 单中心初发脐尿管癌55例诊治分析[J]. 临床泌尿外科杂志, 2022, 37(11): 857-860.