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内镜诊治基底层型鳞状细胞癌二例

周海月，蒲　柯，何　霜，杨国栋*

川北医学院附属医院，四川　南充

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摘　要

早期食管基底层型鳞状细胞癌(Basal layer type squamous cell carcinoma, BLSCC)是一类罕见的特殊类型鳞状细胞癌，与低级别上皮内瘤变很难鉴别，常误诊。川北医学院附属医院发现二例此病变，本文回顾性分析其病历资料并进行相关文献复习，探讨食管基底层鳞状细胞癌临床病理学特征，以提高对本病的认识。

关键词

食管基底层型鳞状细胞癌，病理，内镜，诊治

Endoscopic Diagnosis and Treatment of Two Cases of Basal Layer Squamous Cell Carcinoma

Haiyue Zhou, Ke Pu, Shuang He, Guodong Yang*

The Affiliated Hospital of North Sichuan Medical College, Nanchong Sichuan

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Abstract

Early Basal layer type squamous cell carcinoma (BLSCC) is a rare and special type of squamous cell carcinoma, which is difficult to distinguish from low grade intraepithelial neoplasia and often misdiagnosed. Two cases of this disease were found in the Affiliated Hospital of North Sichuan Medical College. In this paper, the clinical and pathological features of esophageal basal squamous cell carcinoma were analyzed retrospectively and relevant literatures were reviewed to improve

*通讯作者。

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the understanding of this disease.

Keywords

Esophageal Basal Layer Squamous Cell Carcinoma, Pathology, Endoscopy, Diagnosis and Treatment

1. 引言

近年来，我国大力开展食管癌“早发现、早诊断、早治疗”的精准治疗，早期食管癌内镜下微创治疗 5 年生存率可达 90%以上[1] [2]，且食管癌的预后与诊断时的临床病理分类密切相关[3] [4]。早期食管基底层型鳞状细胞癌(Basal layer type squamous cell carcinoma, BLSCC)是一种独特的 SCC 病理类型，其特征是高级增生性细胞占据了鳞状上皮细胞的下半部分[5]。川北医学院附属医院消化内科收治 2 例早期食管基底层型鳞状细胞癌患者，现结合国内外相关文献对其诊治经过进行回顾分析，以期为临床诊治提供参考，实现早期诊断，减少误诊、漏诊。

2. 病例资料

例 1 患者女，57 岁，因反酸、烧心来院。胸腹部 CT 未见明显异常；肝肾功能、血常规、尿常规、粪常规、血糖、血脂、凝血全套、甲状腺功能五项、肿瘤全项等均未见明显异常。胃镜白光下见：距门齿约 28~30 厘米食管左侧壁厚后壁见不规则茶色区域，距门齿约 30 厘米处食管后壁粘膜稍粗糙。超声内镜下见：食管粘膜病变来源于粘膜层，部分层面粘膜层内较少许低回声影响，粘膜下层连续无中断，固有肌层完整，测得切面食管壁厚 2.7 mm。胃镜诊断：食管粘膜病变累及粘膜层可能，性质请结合病理。病理回报：<距门齿约 29~30 cm>高级别上皮内瘤变(基底型)，局部浸润。遂建议患者行内镜黏膜下剥离术(ESD)切除食管病变。经患者同意，排除手术禁忌后为患者实施 ESD 手术，完整剥离病变后送病理。病理回报：“食管 ESD 标本”鳞状上皮高级别上皮内瘤变伴小灶癌变(基底层型鳞状细胞癌)，癌组织浸润粘膜固有层(T1a-LpM)，浸润模式：介于推挤式与浸润式之间(INFb) (如图 1 所示)。

例 2 患者男，62 岁，因间断饮水呛咳，吞咽梗阻来院。结核感染 T 细胞 γ 干扰 Mitogen 管 9.66 IU/mL，PPD 试验：阴性，腹部 CT 未见明显异常；肝肾功能、血常规、尿常规、粪常规、血糖、血脂、凝血全套、甲状腺功能五项、肿瘤全项等均未见明显异常。胃镜白光下见：距门齿 30~32 cm 食管后壁粘膜粗糙发红，表面凸凹不平，呈粗颗粒状。碘染后见距门齿 25~30 cm 左侧壁粘膜浅着色，未见粉红色及银染征。见距门齿 30~32 cm 食管后壁不着色，占据管腔约 1/3，粉红征(+)。胃镜诊断：食管粘膜病变：性质？病理回报：食管局灶鳞状上皮高级别上皮内瘤变。遂建议患者行内镜黏膜下剥离术(ESD)切除食管病变。经患者同意，排除手术禁忌后为患者实施 ESD 手术，完整剥离病变后送病理。病理回报：食管 ESD 标本“29~35”鳞状细胞癌。侵及粘膜固有层，局灶水平切缘低级别上皮内瘤变。“25-31”局灶鳞状上皮疑为高级别上皮内瘤变，局灶水平切缘低级别上皮内瘤变。免疫组化结果：P53 (−)；KI-67 (+，阳性细胞位于下 2/3 层)，支持“25~31”局灶鳞状上皮高级别上皮内瘤变(如图 2 所示)。

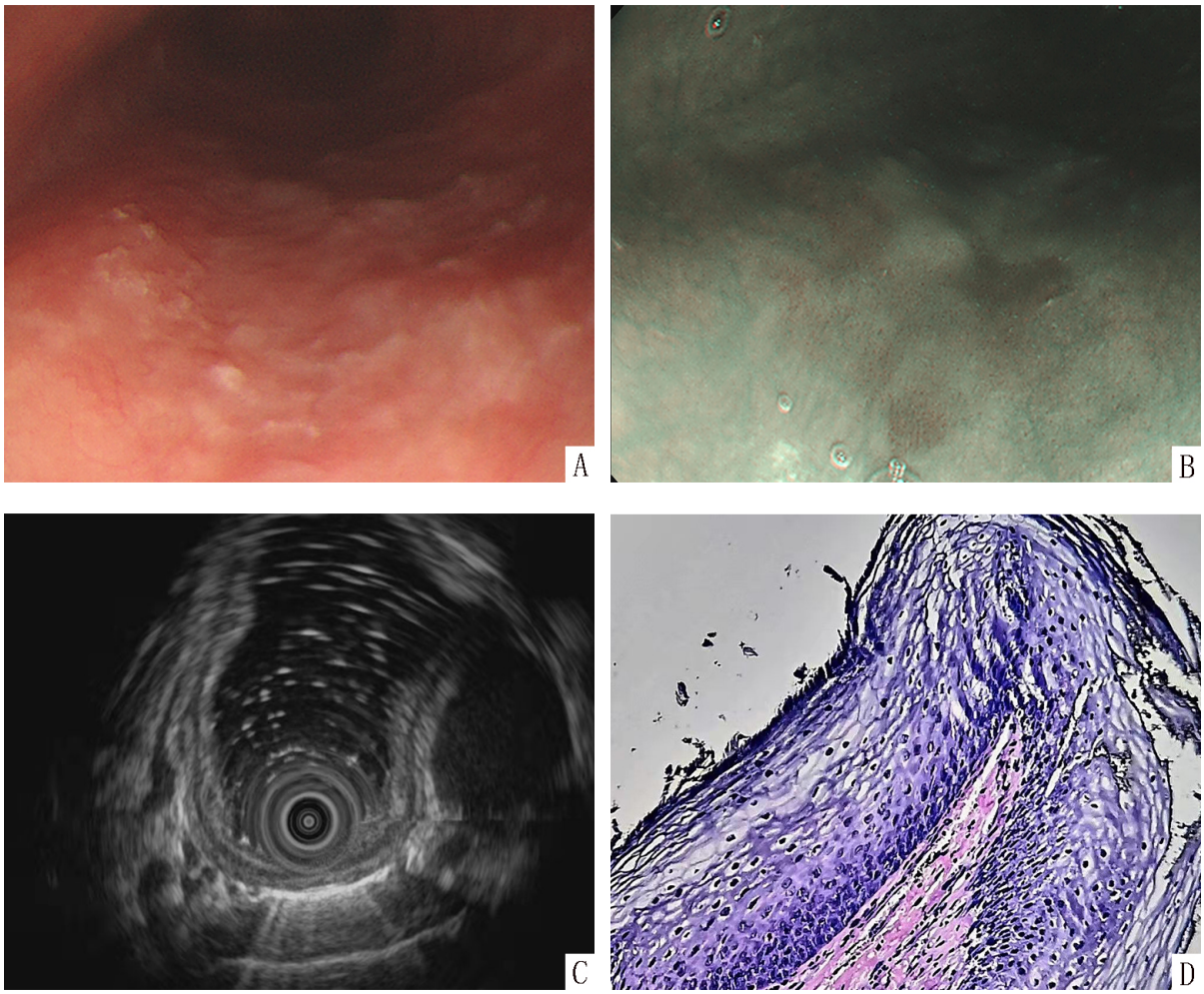
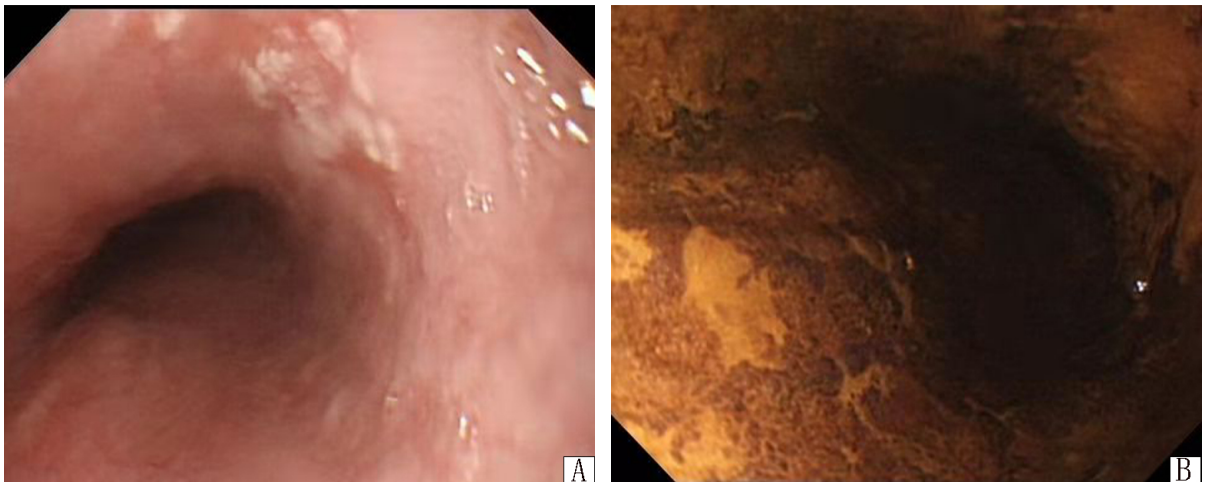


Figure 1. Endoscopic and pathological examination results of patient No. 1. Note: (A) The mucosa under white light gastroscope is rough and red in color; (B) Irregular tawny area in narrowband imaging; (C) Esophageal mucosal lesions were observed from the mucosal layer under ultrasonic gastroscopy; (D) Pathological results: Basal layer nuclei were large and hyperchromatic, and cell polarity disappeared. (H-E ×100)

图 1. 患者 1 内镜及病理检查结果。注：(A) 白光胃镜下粘膜粗糙，色泽发红；(B) 窄带成像见不规则茶色区域；(C) 图示超声胃镜下见食管粘膜病变来源于粘膜层；(D) 病理结果：基底层细胞核大、深染，细胞极性消失。(H-E ×100)



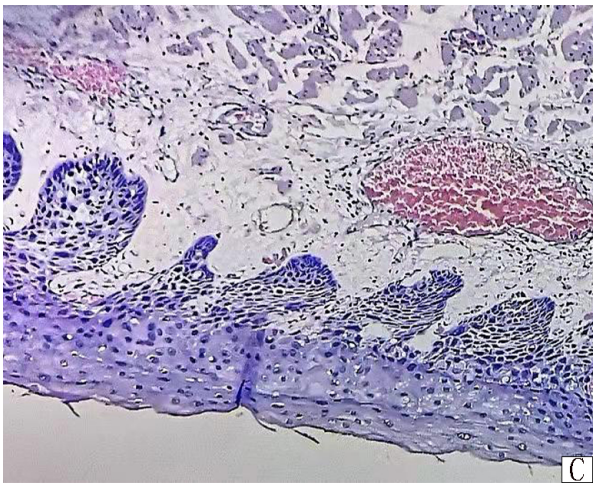


Figure 2. Endoscopic and pathological examination results of patient No. 2. Note: (A) Rough and red mucosa and uneven surface were observed under white light gastroscopy; (B) Iodine staining of the lesion shows no staining and the boundary is clear but irregular; (C) Pathological findings: The basal cells were disordered, with obvious atypia and sudden downward growth. (H-E ×100)

图 2. 患者 2 内镜及病理检查结果。注：(A) 白光胃镜下见粘膜粗糙发红，表面凸凹不平；(B) 病变处碘染色不着色，边界清晰但不规则；(C) 病理示：基底部细胞排列紊乱，异型性明显且突向下生长。(H-E ×100)

3. 讨论

现基底层鳞状细胞癌的相关概念仍不明确，西方国家和日本有不同的定义，在日本食管癌分类中，基底层型鳞状细胞癌病变局限于鳞状上皮层的下半部分，但细胞排列紊乱并且具有明显的细胞学异型性[6] [7]，其生物学特性及转归明显不同于良性的低级别异型增生，临床实践中越来越多的证据表明，这类“低级别异型增生”中有相当多的病例进展成了浸润性鳞状细胞癌[8]-[13]；2019 年第 5 版 WHO 消化系统肿瘤分类将食管此类具有高级别异型增生特征的基底层型原位鳞状细胞癌归入高级别异型增生，称其为食管(鳞状上皮)基底层型高级别异型增生[14]。我院发现的 2 例基底层鳞状细胞癌内镜下病变粘膜粗糙，色泽发红，边缘不整齐，窄带成像病变黏膜呈褐色，黏膜表面微血管异常，碘染色不着色，与其他早期食管癌内镜特征相似，进一步完善病理活检示高度异型的细胞局限在鳞状上皮的下半部分，丧失正常细胞极性，某些有不规则的延伸或侵入粘膜固有层，细胞核增大，染色加深，免疫组化 Ki-67 阳性。

此病变由于内镜下表现不典型，当肿瘤细胞仅累及鳞状上皮层的下半部分或基底层时易被误诊为食管鳞状上皮低级别上皮内瘤变，建议随访而不进行手术干预，但该疾病侵袭性强，在疾病的早期就可能快速进展为浸润性鳞状细胞癌，P53 突变及 Ki-67 表型结构异常有助于此类疾病的诊断[15] [16] [17]，因此，临床医师应该提高对本病的认识并且临床上对这类食管病变应及早采取更为积极的根除措施，以防止其发展为进润性食管癌。

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