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肺癌转移与中医脏象理论相关性分析

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摘要 目的:分析肺癌转移与中医脏象理论的相关性。**方法:**回顾性选择我院收治的 102 例晚期肺癌转移患者为研究对象,统计患者的转移灶所属部位,并参照《中医内科学》对患者的中医临床证候进行判定。分别统计各证型患者肺癌转移的单器官及首发转移器官的分布、肺癌转移各单器官及首发转移器官的证型分布情况。**结果:**各证型患者肺癌转移的单器官及首发转移器官分布率比较,差异具有统计学意义($P < 0.05$)。同时,肺癌转移各单器官及首发转移器官的证型分布率比较,差异具有统计学意义($P < 0.05$)。**结论:**根据肺癌患者的中医临床证候可判断其病灶转移方向,同时,根据肺癌患者的转移灶所属部位可判断其中医临床证型。

关键词:肺癌转移;中医脏象理论;相关性;中医临床症候

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Correlation Analysis of Lung Cancer Metastasis and the Visceral Theory of Chinese Medicine

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ABSTRACT Objective: To analyze the correlation between lung cancer metastasis and the visceral theory of chinese medicine.

Methods: 102 patients with advanced lung cancer metastasis were retrospectively selected as the research object, the site of metastasis of patients were calculated and were determined according to the " Department of internal medicine of Chinese Medicine " on the clinical syndrome of traditional Chinese medicine. The distribution of single and the first metastasis organ in various syndromes of lung cancer metastasis, and the syndromes distribution of each and the first metastasis organ of lung cancer metastasis were calculated, respectively.

Results: There was statistically significant difference in distribution rate of single and first metastasis organs among various syndromes in patients with lung cancer metastasis ($P < 0.05$), and there was statistically significant difference in the syndromes distribution rate of single and first metastasis organs among various syndromes in patients with lung cancer metastasis ($P < 0.05$). **Conclusion:** The clinical syndrome of Chinese medicine in patients with lung cancer metastasis lesions can judge the metastasis direction, and in turn, TCM syndrome type can be judged according to the site of metastasis of lung cancer patients.

Key words: Lung cancer metastasis; Visceral theory of chinese medicine; Correlation; Clinical syndrome of Chinese medicine

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前言

肿瘤转移是恶性肿瘤病情进展期的危险阶段,也是肿瘤患者致死的主要原因^[1-3]。中医脏象理论是研究人体脏腑生理功能、病理变化及其相互关系的学说,其强调不同的疾病有着不同的传变规律,并指出肿瘤传变与机体某一脏器的自身属性和五行特性相关,从而奠定了肿瘤转移器官特异性的中医脏象基础^[3-6]。本文以我院收治的 102 例晚期肺癌转移患者为研究对象,探讨肺癌转移与中医脏象理论的相关性,现报道如下。

1 资料与方法

1.1 临床资料

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回顾性选择我院 2011 年 1 月~2013 年 12 月期间收治的 102 例晚期肺癌转移患者为研究对象,所有患者均符合《中国常见恶性肿瘤诊治规范·第六分册·原发性支气管肺癌》中肺癌的诊断标准^[7]。排除标准:(1)伴有除肺部以外的其他原发性肿瘤者;(2)肿瘤多处转移顺序不清者;(3)因受某些特殊治疗,对证候变化造成影响者。其中男 68 例,女 34 例;年龄 45~76 岁,平均(67.4±5.5)岁。

1.2 方法

1.2.1 患者中医证候分类 参照《中医内科学》1997 版肺癌分证论治标准,将本组 102 例患者分为 4 证^[8]:阴虚热毒证、脾虚痰湿证、气血瘀滞证、气阴两虚证。

1.2.2 中医证候判定 各中医证候评分共分为 9 项,满分为 18 分。不符合该项者计 0 分,不完全符合者计 1 分,符合者计 2 分。患者各证候总得分≥5 分则表示该证候有效;患者各证候得分中以得分最高项为主症候;与主症候相差 2 分以内的症候

为兼次症候。主症候与兼次症候均统计为该病例的证候^[9]。

1.3 观察指标

1.3.1 各证型患者肺癌转移的单器官及首发转移器官的分布情况 观察并统计阴虚热毒证、脾虚痰湿证、气血瘀滞证、气阴两虚证 4 证型患者肺癌转移的单器官及首发转移器官的分布情况。

1.3.2 肺癌转移各单器官及首发转移器官的证型分布情况 观察并统计患者肺癌转移各单器官及首发转移器官的证型分布情况。

1.4 统计学方法

采用 SPSS10.0 统计软件,计数检测数据以率的形式表示,计数资料比较用 χ^2 检验,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 患者证型分布

本研究 102 例患者中,阴虚热毒证 28 例(27.45%),脾虚痰湿证 21 例(20.59%),气血瘀滞证 12 例(11.76%),气阴两虚证 41 例(40.20%)。

2.2 各证型患者肺癌转移的单器官及首发转移器官的分布情况 从表 1 可以看出,各证型患者肺癌转移的单器官及首发转移器官分布率比较,差异具有统计学意义($P < 0.05$)。其中,阴虚热毒证型患者肺癌转移单器官及首发转移器官以肝(39.29%)为主;脾虚痰湿证型患者以肾(42.86%)为主;气血瘀滞证型患者以肾(75%)为主;气阴两虚证型患者以肾(39.02%)为主。

表 1 各证型患者肺癌转移的单器官及首发转移器官的分布(n/%)

Table 1 Distribution of single and the first metastasis organ in various syndromes of lung cancer metastasis (n/%)

证型 Type of syndrome	脑 Brain	肝 Liver	肾 Kidne	肾上腺 Adrenal gland	心包 Pericardium	胸壁 Chest wall	皮下 Subcutaneous	下颌 Mandible
阴虚热毒证(n=28) Yin deficiency and heat toxin syndrome	5/17.86	11/39.29	9/32.14	1/3.57	1/3.57	1/3.57	0	0
脾虚痰湿证(n=21) Spleen deficiency and phlegm dampness syndrome	7/33.33	2/9.52	9/42.86	1/4.76	0	0	1/4.76	1/4.76
气血瘀滞证(n=12) Qi-blood and stasis syndrome	2/16.67	1/8.33	9/75	0	0	0	0	0
气阴两虚证(n=41) Both qi and yin deficiency syndrome	10/24.39	9/21.95	16/39.02	2/4.88	2/4.88	1/2.44	1/2.44	0
合计 Total	24	23	43	4	3	2	2	1

2.3 肺癌转移各单器官及首发转移器官的证型分布情况

从表 2 可以看出,肺癌转移各单器官及首发转移器官的证型分布率比较,差异具有统计学意义($P < 0.05$)。其中,脑转移患者以气阴两虚证为主(41.67%);肝转移以阴虚热毒证为主(47.83%);肾转移以气阴两虚证为主(37.21%);肾上腺以气阴

两虚证为主(50%);心包转移以气阴两虚证为主(66.67%);胸壁转移以阴虚热毒证和气阴两虚证为主(50%);皮下转移以脾虚痰湿证和气阴两虚证为主(50%);下颌转移以脾虚痰湿证为主(100%)。

表 2 肺癌转移各单器官及首发转移器官的证型分布(n/%)

Table 2 The syndromes distribution of each and the first metastasis organ of lung cancer metastasis (n/%)

器官 Organ	阴虚热毒证 Yin deficiency and heat toxin syndrome	脾虚痰湿证 Spleen deficiency and phlegm dampness syndrome	气血瘀滞证 Qi-blood and stasis syndrome	气阴两虚证 Both qi and yin deficiency syndrome
脑(n=24)Brain	5/20.83	7/29.17	2/8.33	10/41.67
肝(n=23)Liver	11/47.83	2/8.70	1/4.35	9/39.13
肾(n=43)Kidne	9/20.93	9/20.93	9/20.93	16/37.21
肾上腺(n=4)Adrenal gland	1/25	1/25	0	2/50
心包(n=3)Pericardium	1/33.33	0	0	2/66.67
胸壁(n=2)Chest wall	1/50	0	0	1/50
皮下(n=2)Subcutaneous	0	1/50	0	1/50
下颌(n=1)Mandible	0	1/100	0	0

3 讨论

脏象学说是中医学理论基础的重要组成部分,中医学认为人体属于一个有机的整体,机体各脏腑之间通过经络而实现相互络属^[10-12]。同时,通过五行生克制化规律,脏腑相互之间的络属共同维持着"阴阳平衡",且不同脏腑具有不同的五行属性,从而构成了各脏腑特定的内环境,也形成了肿瘤转移器官特异性的中医脏象基础^[13-15]。临床上,肿瘤转移是一个多因素共同参与的复杂过程,其中在中医脏腑理论上,中医临床症状是肿瘤转移的关键因素^[16-18]。

本研究主要探讨肺癌转移与中医脏象理论的相关性,结果各证型患者肺癌转移的单器官及首发转移器官分布率比较,差异较大。其中,阴虚热毒证型患者肺癌转移单器官及首发转移器官以肝为主;脾虚痰湿证型、气血瘀滞证型、气阴两虚证型患者以肾为主。同时,肺癌转移各单器官及首发转移器官的证型分布率比较,差异较大。其中,脑转移患者以气阴两虚证为主,肝转移以阴虚热毒证为主,肾转移以气阴两虚证为主,肾上腺以气阴两虚证为主,心包转移以气阴两虚证为主,胸壁转移以阴虚热毒证和气阴两虚证为主,皮下转移以脾虚痰湿证和气阴两虚证为主,下颌转移以脾虚痰湿证为主。因此,初步证实肺癌转移与中医脏象理论有着一定的关系,与相关报道一致^[19,20]。临床上,可根据肺癌患者的中医临床证候可判断其病灶转移方向,同时,根据肺癌患者的转移灶所属部位可判断其中医临床证型。

此思路,再辅以中医五行生克乘侮关系及相应治则,或许为我们以中医方法有目的的提前介入肿瘤转移,提高恶性肿瘤患者无疾病进展期、有效改善患者生存质量打开了一扇希望之窗。

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