

放射性食管疾病的临床观察

刘丽波¹ 王剑锋² 吴镇凤²

¹ (吉林大学公共卫生学院 长春 130021)

² (吉林大学第二临床学院 长春 130021)

采用临床病例分析方法探讨了胸部肿瘤放射治疗时引起的放射性食管损伤的临床特点、诊断和治疗措施。根据损伤反应出现的时间早晚,临床上将放射性食管损伤分为急性放射性食管损伤和慢性放射性食管损伤。急性放射性食管损伤在临床上最为多见,主要表现为吞咽困难、吞咽疼痛、胸骨后烧灼感^[1]。28例肺癌病人放射治疗后,急性放射性食管损伤发生率为18%,均为3级以下急性损伤,无3级以上急性损伤发生;3级以下远期放射性食管损伤的发生率为5%,无3级以上远期损伤发生。急性食管反应的发生时间通常在开始放疗后2周,剂量相当于16—20 Gy;后期反应通常是在开始放疗90 d后出现^[2]。放射性食管损伤的诊断应有明确的射线接触史,并超过剂量阈值,出现典型的临床特征。但因照射条件和个人敏感性不同,剂量阈值仅为参考。食管镜检查可作为诊断的主要手段。对于急性食管反应的处理多采取保守措施。对于后期反应主要采用食管扩张治疗措施。分析放射性食管疾病的临床特点、分型、诊断依据可为拟定诊断标准提供参考。

关键词 放射性食管疾病, 发病率, 剂量, 诊断, 治疗

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Clinical observation of radiation esophageal disease

LIU Libo¹ WANG Jianfeng² WU Zhengfeng²

¹(School of Public Health, Jilin University, Changchun 130021)

²(No.2 Hospital, Jilin University, Changchun 130021)

The work is to inquire clinical characteristic, diagnosis and treatment of radiation esophageal disease induced by radiation therapy for cancers in the thorax. Radiation esophageal disease is divided into acute radiation esophagitis and chronic radiation esophagitis. Acute radiation esophagitis is seen most often in the clinic and its main clinical symptoms are dysphagia, odynophagia and substernal chest pain. Acute esophageal effect was observed in 5 of 28 patients (18%) of lung cancer during or after radiotherapy, there was no acute grade 4 or 5 esophageal effect. Less than or equal to grade 3 chronic effects were observed in 2 of 28 patients (5%), there was no chronic grade 4 or 5 esophageal effect. Acute radiation esophagitis usually happens in two weeks after the beginning of treatment, total dose is about 16—20 Gy. Chronic radiation esophagitis usually appears in 90 days after the beginning of treatment. Diagnosis should include history of exposure to radiation, which dose exceed the dose threshold and typical clinical characteristics, but the dose threshold is only the reference because of variance of radiotherapy and the difference of individual sensitivity. Endoscopic finding of esophagus is the main way to diagnosis. The conservative measure is used for acute esophageal effect, and dilatation is required for chronic esophageal effect. The analysis of clinical characteristic, type and diagnostic basis can provide the reference for drawing up diagnostic standard.

KEYWORDS Radiation esophageal disease, Incidence, Dose, Diagnosis, Therapy

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第一作者: 刘丽波, 女, 1963年8月出生, 1991年在原白求恩医科大学获硕士学位, 环境医学专业, 现为吉林大学公共卫生学院在读博士, 教授