

普通科門診肝病外科治療概況

Surgical approach to liver disorder in
general practice

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乙肝 - 肝癌

肝囊腫

膽石

膽瘻肉

肝癌

- 原發性癌
- 轉移癌(多由腸及胃部擴散到肝)

肝癌的預防、及早察覺及普查指引

本地的考慮及建議:

1. 乙型肝炎流行
2. 偵測早期小腫瘤，減低死亡率



癌症指標的甲胎 蛋白(AFP)血液測試

- 在早期肝癌中的甲胎蛋白的指標可能是正常。
- 單獨的甲胎蛋白血清測試並不能診斷肝癌。
- 在急性惡化的慢性肝炎病人中有“假陽性的結果”。
- 甲胎蛋白測試 $>500\text{mcg/l}$ 。



甲胎蛋白測試

- 偵測肝癌的敏感性的報告差異極大。當普查高危的人士，如乙型肝炎帶菌者及肝硬化的病人，
- Sensitivity 39 - 97%
- Specificity 76 - 95%



超聲波檢查

- 由於單獨甲胎蛋白血清測試的局限，超聲波檢查同時會應用於早期偵測肝癌。
- 健康正常的乙型肝炎帶菌者及肝硬化的病人
- Sensitivity 71-78%
- Specificity 93%
- 超聲波檢查可以檢查到小至 1-2cm 的腫瘤，但往往未必能識別到來自於血管瘤及硬化了的肝結節。



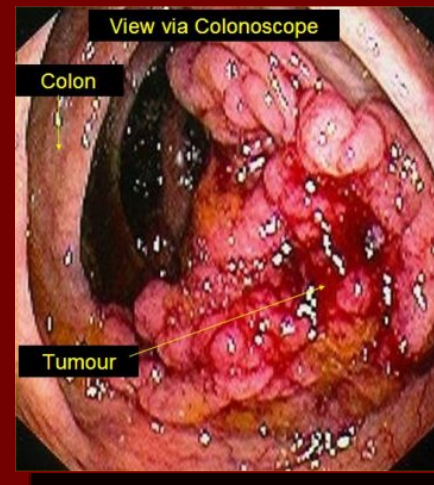
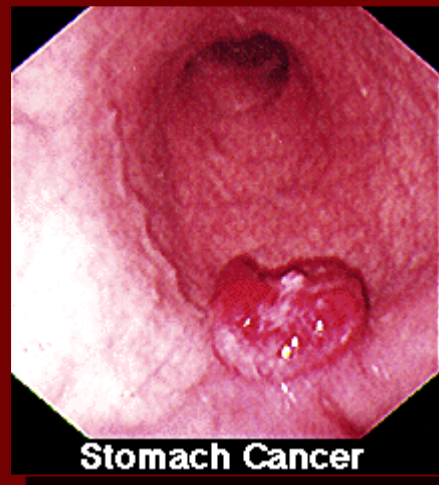
每年做

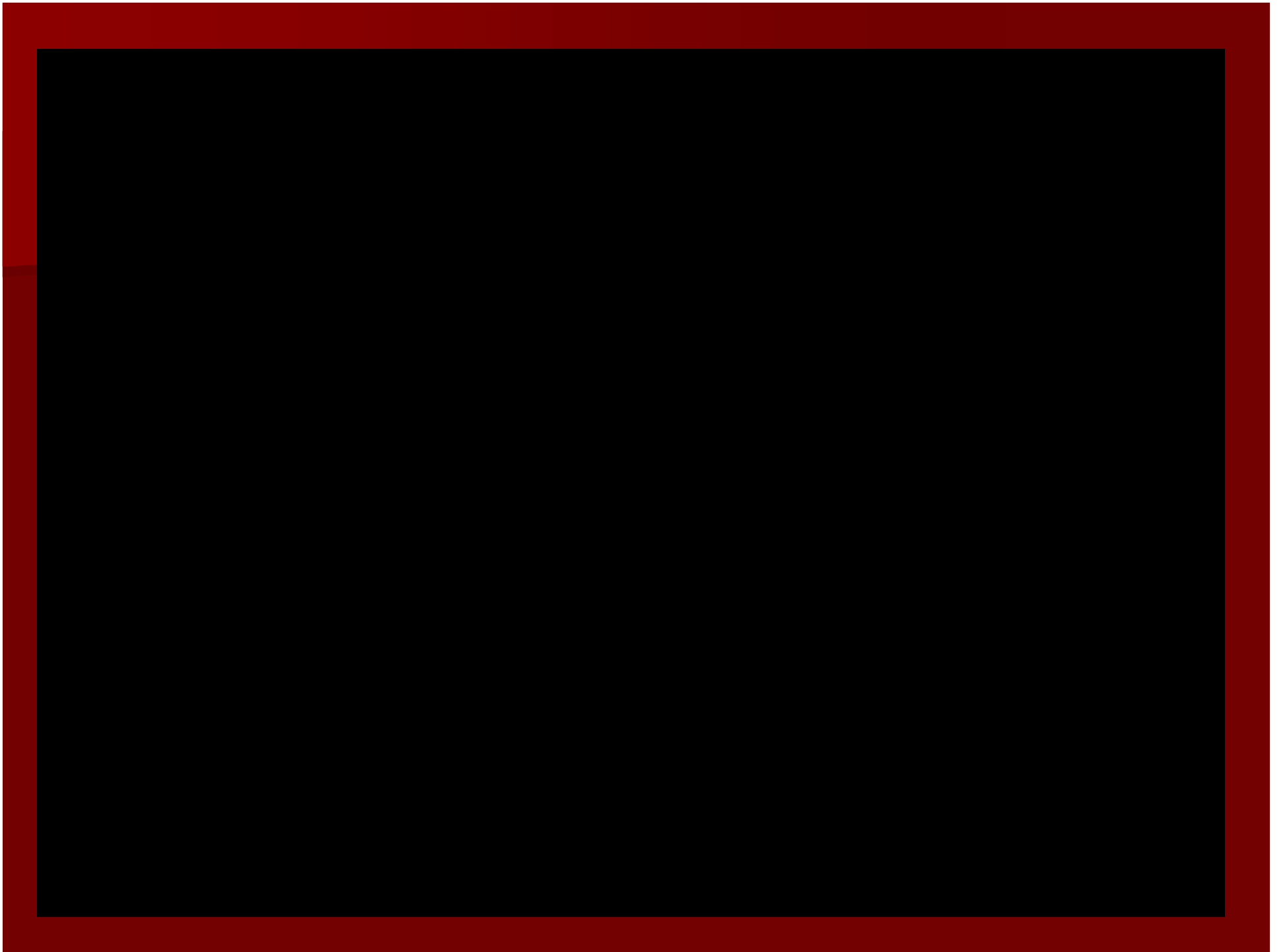
- 肝超聲波
- 甲胎蛋白

是最合乎成本效益.

轉移癌

- CT scan, PET scan
- 胃鏡
- 腸鏡







膽瘕肉

- Cholesterol polyp 70%
- Adenoma polyp 8%
- Adenocarcinoma 5.6%
- Inflammatory polyp 13%
- Gallstones 2%

膽瘕肉

Imaging

* Ultrasound

- ◆ Sensitivity 90.1%
- ◆ Specificity 93.9%
- ◆ Gallstones accompany polyps in 40%+

* EUS- preferred for polyps because of accuracy of GB wall imaging

- ◆ Non-neoplastic lesions- aggregation of hyperechoic spots and multiple microcysts
- ◆ Scoring systems for neoplastic polyps-
 - ◆ Maximum diameter
 - ◆ Internal echo pattern- heterogeneous vs. homogeneous
 - ◆ Hyperechoic spots
 - ◆ Sensitivity 78%, specificity 83%, accuracy 83% for neoplasia

* Contrast enhanced CT

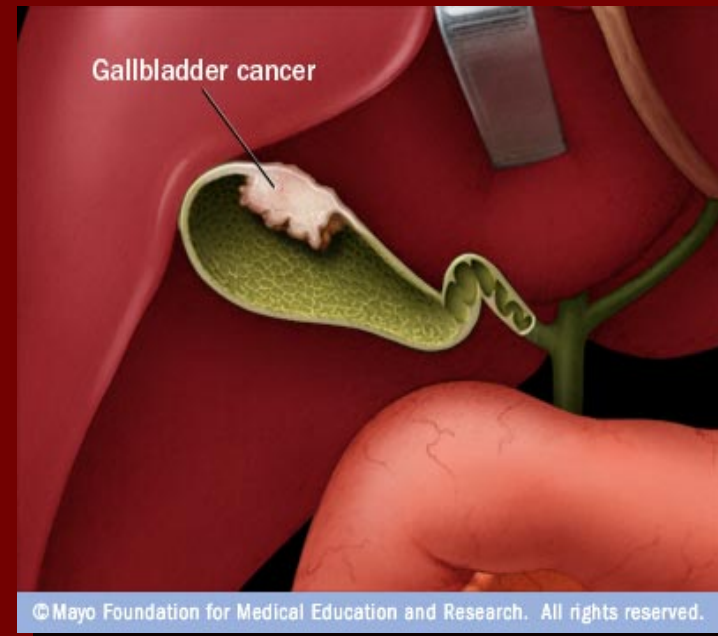
- ◆ Sensitivity 88%, specificity 87%, positive predictive value 88%, negative predictive value 87%, overall accuracy 87% for neoplastic lesions (*Arch Surg 1998;133:735*)

* FDG-PET

- ◆ 1 false positive in 8 patients with benign gallbladder lesions

膽瘕肉

- 瘕肉 >1cm比<1cm的有24倍的癌變風險



膽瘻肉處理流程

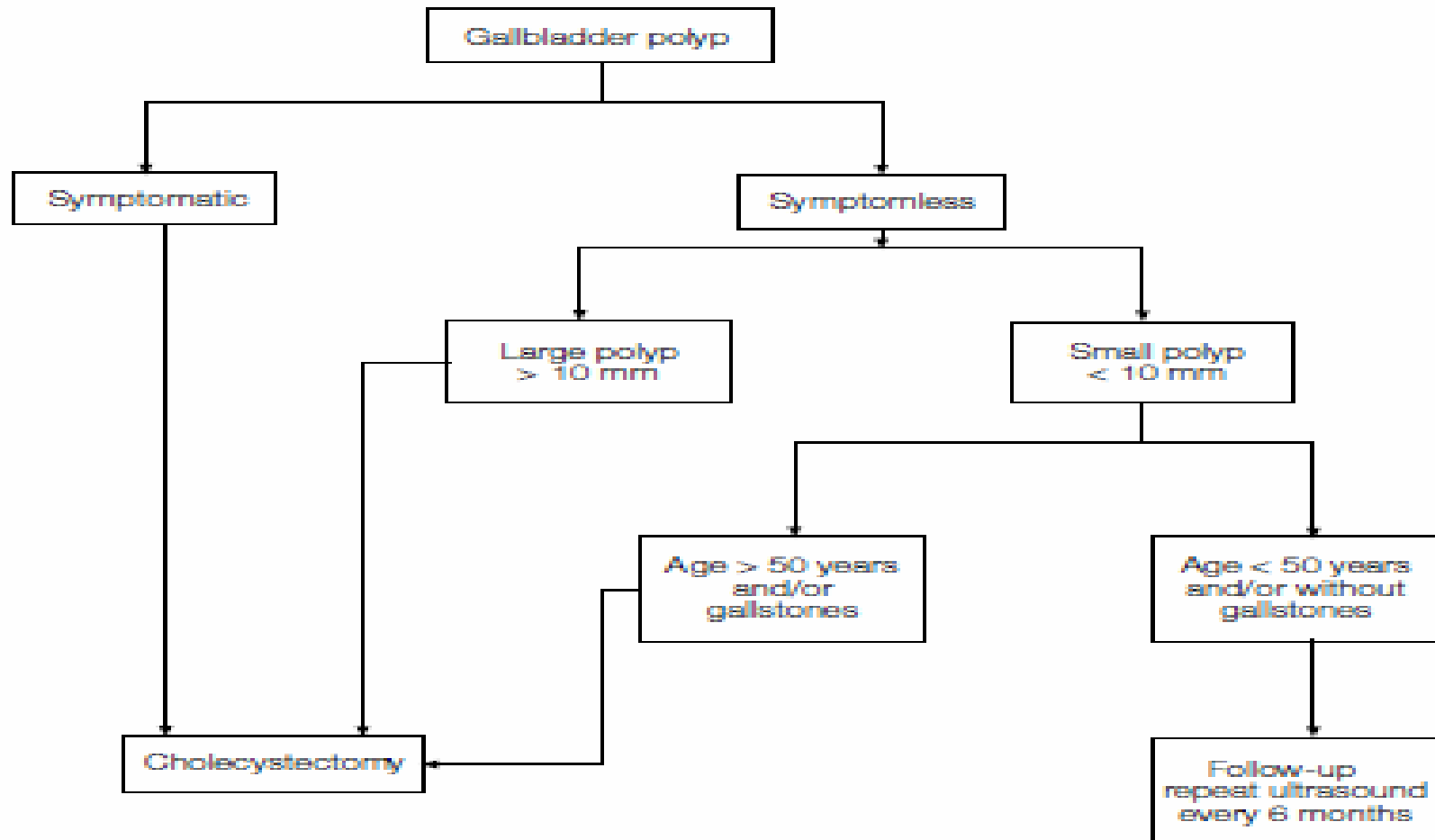


Fig.1. Optimal strategy for the management of gallbladder polyps

肝囊腫

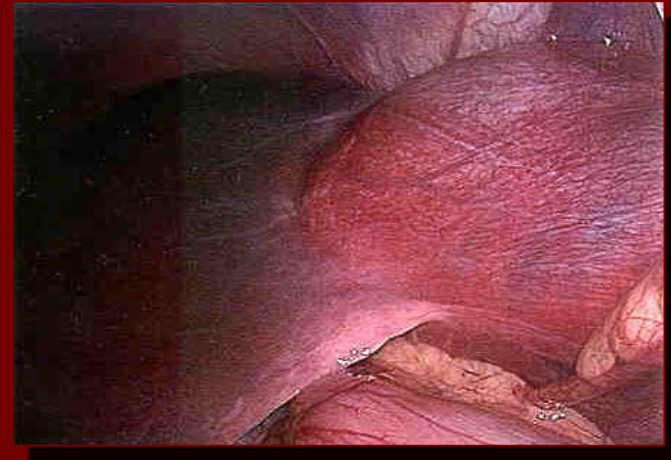
- 肝囊腫是非常常見的肝狀問題,大約有5%的人口有這問題
- 肝囊腫:大多是原發性及先天性的,由先天性異常的膽管發展出來
- 少數由多發性肝囊腫,肝癌,肝纖維化,演變而成。



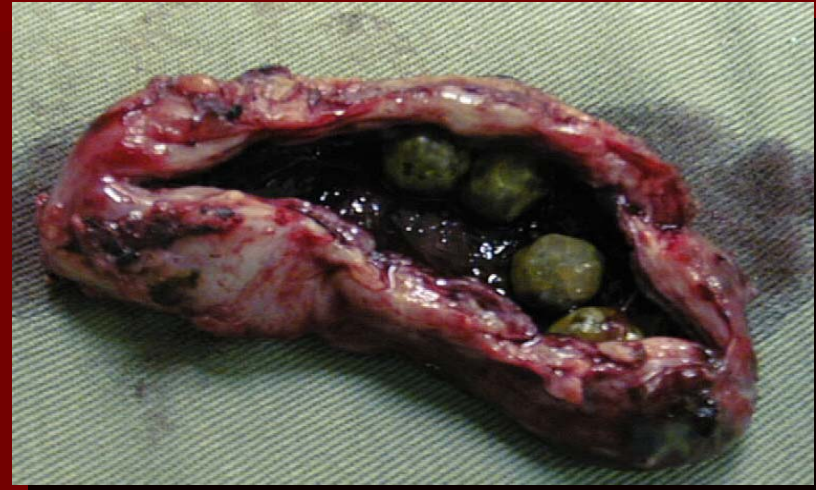
肝囊腫

- 上腹痛
- 作悶
- 消化不良的感覺

>3cm Q 1 Year USG



膽石



Open procedure incision



Laparoscopic incisions



膽石

TABLE 4

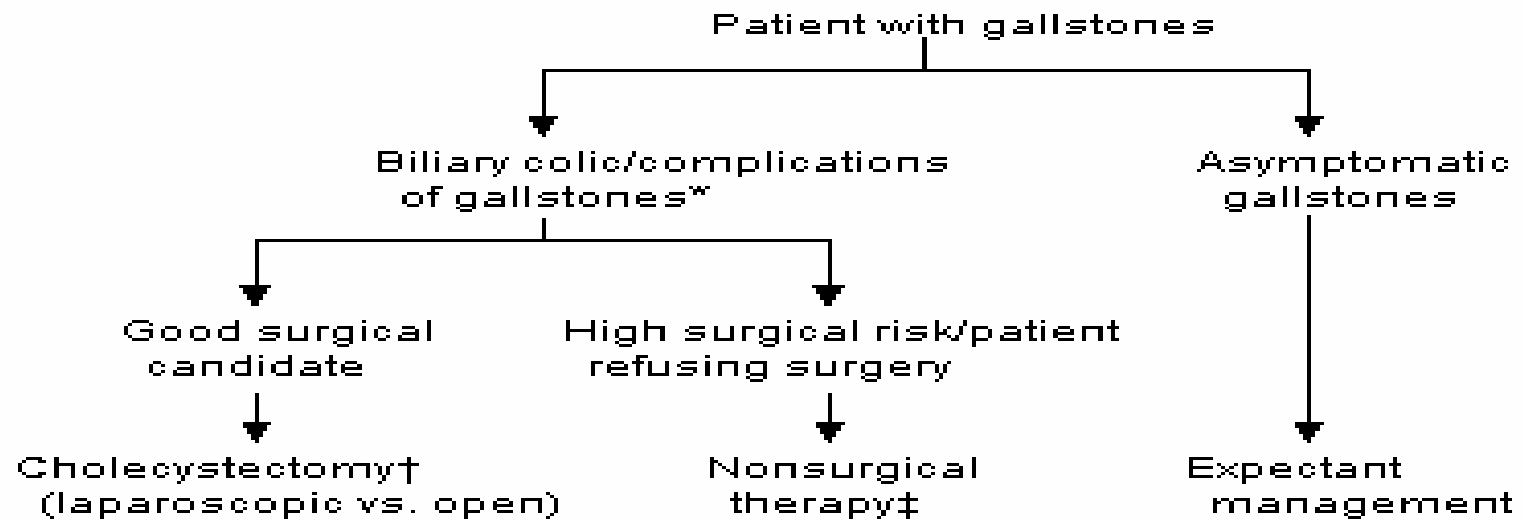
Nonoperative Therapies for Symptomatic Gallstones

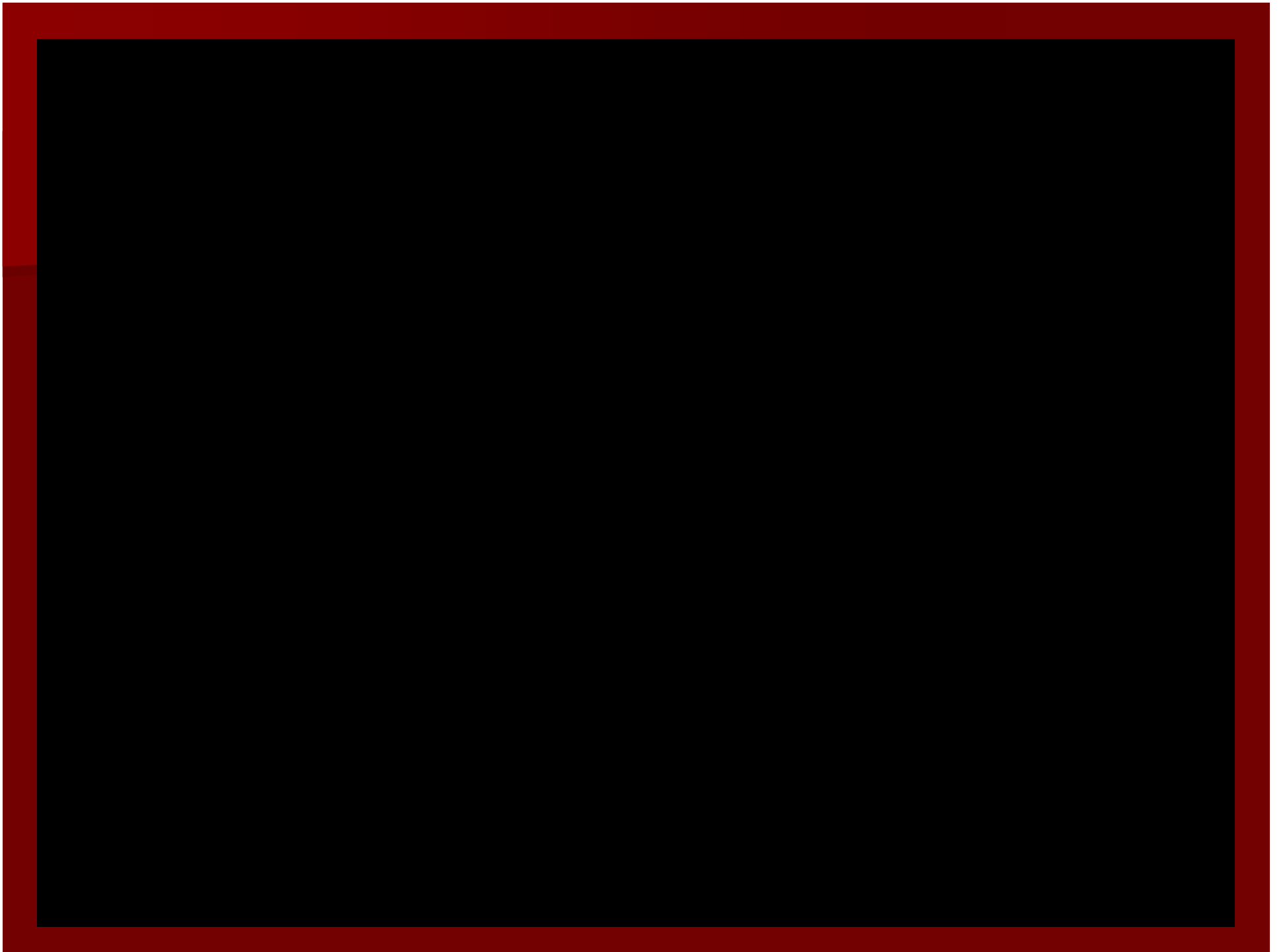
Agent	Advantages	Disadvantages
<u>Oral bile acid dissolution:</u> ursodeoxycholic acid (Actigall), at 8 to 10 mg per kg per day	Stone clearance: 30 to 90 percent with zero percent mortality	<u>50 percent recurrence of stones</u> ; dissolves noncalcified cholesterol stones; optimal for stones <5 mm; symptom relief does not start for 3 to 6 weeks; may take 6 to 24 months for results
<u>Contact solvents:</u> methyl <i>tert</i> -butyl ether/ <i>n</i> -propyl acetate	Stone clearance: 50 to 90 percent	<u>70 percent recurrence of stones</u> ; experimental, with insufficient data; duodenitis; hemolysis; nephrotoxicity; mild sedation
<u>Extracorporeal shock-wave lithotripsy:</u> electrohydraulic/ electromagnetic	Stone clearance: 70 to 90 percent with <0.1 percent mortality	<u>70 percent recurrence</u> ; not approved by FDA; performed only at centers with expertise; selection criteria require no more than one radiolucent stone (<20 mm in diameter), patent cystic duct, functioning gallbladder in a patient with symptomatic gallstones without complications

FDA = U.S. Food and Drug Administration.

膽石

膽結石的管理





Thank You

謝家豪 醫生