中文題目:內視鏡超音波於食道鱗狀上皮細胞癌分期之運用

英文題目: Accuracy of endoscopic ultrasound in staging of esophageal squamous cell carcinoma

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Background and aim: Endoscopic ultrasound (EUS) has been used as the staging tool in esophageal cancer. Staging results have a strong impact on the decision as to whether a patient should undergo endoscopic treatment, surgery alone, or neoadjuvant therapy. This retrospective study was conducted to analyze the accuracy of esophageal squamous cell carcinoma staging using EUS.

Methods: All patients who received EUS for staging of esophageal squamous cell carcinoma before endoscopic submucosal dissection or surgical esophagectomy from January 2007 to August 2011 at a high volume academic tertiary care center were included.

Results: total 35 consecutive patients (mean age 64.4 ± 9.5 years; 142 men) underwent endoscopic submucosal dissection or surgical resection for esophageal squamous cell carcinoma. 22 patients received surgical esophagectomy and 13 patients received endoscopic submucosal dissection. All these patients achieved R0 resection with endoscopic mucosectomy or extensive esophagectomy. Postoperatively, 20 patients were staged as having T1 cancers (57.1 %), 30 patients T2 (22.9 %), 6 patients T3 (17.1 %), and 1 patient T4 (2.9 %). The sensitivity and specificity of EUS relative to the T stage were 90.0% and 93.3%, respectively, for T1; 37.5% and 81.5% for T2; and 0% and 9.6.% for T3. The overall accuracy for EUS in identifying the correct T stage was 62.9%. Positive lymph nodes were diagnosed histologically in 4 patients among 22 extensive esophagectomy patients (18.2 %). The sensitivity, specificity of EUS for the diagnosis of lymph node were 100%, 39.9%, respectively.

Conclusions: The diagnostic accuracy of EUS in patients with esophageal squamous cell carcinoma was reliable in T1 cancer. However, the lymph node was frequently overstaged.