

原発性十二指腸癌 7 症例の検討

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今回我々は消化管癌の中でも稀とされる十二指腸癌の7例を経験した。年齢は平均61歳(48~79歳), 男女比は6:1であった。初発症状は心窩部痛が3例, 黄疸が1例, 無症状が3例で, 診断には上部消化管内視鏡検査, 低緊張性十二指腸造影が有効であった。発生部位は乳頭上部が2例, 乳頭下部が5例で, 手術は4例に膵頭十二指腸切除を, 2例に局所切除を施行し, 1例は切除不能例であった。組織型は高分化型腺癌6例, 粘液癌1例であり, 粘膜上皮までに留まる早期癌であれば内視鏡的切除も可能であることから, 正確な術前診断を行的確な術式の選択をすべきと考えられた。(平成14年6月28日受理)

Seven Cases of Primary Carcinoma of the Duodenum

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Primary carcinoma of the duodenum is rare compared with gastric or colorectal cancer and it is also a type of cancer for which it is difficult to make a preoperative diagnosis because it has no specific symptoms. In the last eight years, we treated seven cases (male 6, female 1) of primary carcinoma of the duodenum. Their mean age was 61 years old. As for the initial symptoms, three cases had epigastric pain, one case had jaundice and three cases were asymptomatic. Endoscopy and hypotonic duodenography were useful for the preoperative diagnosis in these cases. The tumors were located in the suprapapillary region in two cases, and in the infrapapillary region in five cases. All patients underwent surgery. Four cases underwent a pancreatoduodenectomy, two cases underwent local excision and one patient was unresectable. Histological examination revealed that six cases were well-differentiated adenocarcinomas, and one was a mucinous adenocarcinoma. Five of the seven patients had early stage duodenal cancer, resulting in a good prognosis. It is difficult to make an early diagnosis because carcinoma of the duodenum has no specific symptoms. Endoscopic screening of the second or third portion of the duodenum by gastroduodenoscopy would be useful to find early stage duodenal cancer. A precise preoperative diagnosis which determines the depth of cancer invasion is necessary for the choice of treatment. (Accepted on June 28, 2002) *Kawasaki Igakkaishi* 28(3): 137-142, 2002

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