

# 糖类抗原 125 在子宫浆液性癌诊断和预测中的价值

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**【摘要】 目的** 探讨血清肿瘤标志物糖类抗原 125 (CA125) 水平与子宫浆液性癌患者的临床病理因素和预后的关系。**方法** 收集经术后病理活组织检查确诊的 66 例子宫浆液性癌患者临床资料, 记录其术前 CA125 检查结果, 分析子宫浆液性癌患者术前 CA125 阳性与临床病理因素间的关系及其对预后的影响。**结果** 病理分期为 I ~ II 期和 III ~ IV 期子宫浆液性癌患者的术前血清 CA125 阳性率分别为 22% (8/37) 和 72% (21/29)。III ~ IV 期子宫浆液性癌患者的血清 CA125 阳性率高于 I ~ II 期者 ( $P < 0.001$ )。有深肌层浸润、附件转移、淋巴结转移患者的术前血清 CA125 阳性率分别高于无或浅肌层浸润、无附件转移、无淋巴结转移患者 ( $P$  均  $< 0.05$ )。术前血清 CA125 阳性与淋巴血管间隙受累无关 ( $P > 0.05$ )。将病理分期、深肌层浸润、附件转移、淋巴结转移与血清 CA125 阳性率进行多因素分析, 显示病理分期 III ~ IV 期是 CA125 阳性的危险因素 ( $OR = 14.476, P = 0.001$ )。术前血清 CA125 阳性和阴性的子宫浆液性癌患者间的无进展生存率和总体生存率比较差异均无统计学意义 ( $P$  均  $> 0.05$ )。**结论** 子宫浆液性癌患者的术前血清 CA125 水平有助于预测其病理分期。

**【关键词】** 子宫内膜癌; 浆液性癌; 糖类抗原 125; 高危因素; 预后

## Value of serum carbohydrate antigen 125 in the diagnosis and prediction of uterine serous carcinoma

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**【Abstract】 Objective** To investigate the relationship between of preoperative serum level of carbohydrate antigen 125 (CA125) and clinicopathological factors and prognosis of patients diagnosed with uterine serous carcinoma (USC). **Methods** Clinical data of 66 patients diagnosed with USC by postoperative pathological biopsy were collected. The results of preoperative CA125 test were recorded to analyze the relationship between preoperative positive rate of serum CA125 and clinicopathological factors and its effect on clinical prognosis of USC patients. **Results** The preoperative positive rates of serum CA125 in USC patients who were pathologically graded as stage I to II and III to IV were 22% (8/37) and 72% (21/29). The positive rate of serum CA125 in patients with stage III-IV USC was significantly higher than that in the stage I-II counterparts ( $P < 0.001$ ). The preoperative positive rates of serum CA125 in patients with deep muscular layer infiltration, adnexal metastasis and lymph node metastasis were considerably higher compared with the data in those without these signs (all  $P < 0.05$ ). Preoperative positive serum CA125 was not associated with lymphatic vessel involvement ( $P > 0.05$ ). Multivariate analysis of pathological staging, deep muscular infiltration, adnexal metastasis, lymph node metastasis, and positive rate of serum CA125 revealed that III-IV pathological stage was a risk factor for positive serum CA125 ( $OR = 14.476, P = 0.001$ ). There was no significant difference in the progression-free survival and overall survival rates between USC patients with positive and negative preoperative serum CA125 (all  $P > 0.05$ ). **Conclusion** Preoperative serum CA125 level contributes to predicting the pathological staging of patients diagnosed with USC.

**【Key words】** Endometrial carcinoma; Uterine serous carcinoma; CA125; High-risk factor; Prognosis



表 1	术前血清 CA125 水平与子宫浆液性癌病理特征关系			例 ( % )
病理特征	CA125 阳性 ( 29 例 )	CA125 阴性 ( 37 例 )	$\chi^2$ 值	<i>P</i> 值
肌层浸润			5. 274	0. 022
无或浅	14 ( 33 )	28 ( 67 )		
深	15 ( 63 )	9 ( 38 )		
淋巴脉管间隙受累			2. 079	0. 149
是	7 ( 64 )	4 ( 36 )		
否	22 ( 40 )	33 ( 60 )		
附件转移			8. 037	0. 005
是	13 ( 72 )	5 ( 28 )		
否	16 ( 33 )	32 ( 67 )		
淋巴结转移			13. 717	<0. 001
是	14 ( 82 )	3 ( 18 )		
否	15 ( 28 )	34 ( 72 )		

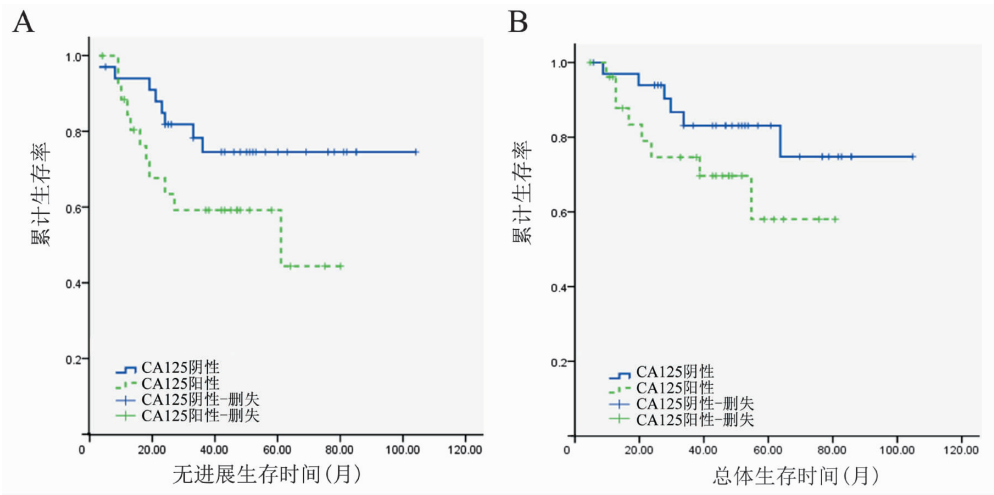


图 1 术前血清 CA125 阳性和阴性子宫浆液性癌患者的生存曲线分析

A：无进展生存曲线；B：总体生存曲线

子宫浆液性癌是一种少见的子宫内膜癌亚型，1982 年 Hendrickson 等提出“子宫乳头状浆液性癌 (USPC)”的名称及诊断标准：①肿瘤组织的主要构成部分是复杂分支的乳头，其纤维血管轴心宽阔而粗糙，其表面被覆的上皮细胞有明显异型性；②乳头表面有上皮细胞“出芽”现象和散在或成团的游离细胞；③部分肿瘤组织含有砂粒体。确定肿瘤原发于子宫并非卵巢的依据为：①肿瘤主要位于子宫；②卵巢的浸润仅表现为卵巢门淋巴管内有瘤栓，或在广泛腹膜播散的同时，卵巢皮质有微小浸润灶。之后病理学家发现，UPSC 的结构除了典型的分支乳头状结构，还可表现为腺管状结构。故 1988 年国际妇科病理协会 (ISGP) 在子宫内膜癌的分类中，将 UPSC 定名为“子宫内膜浆液性腺

癌”。2003 年 WHO 在子宫内膜癌分类采用“浆液性癌”这一名称。

子宫浆液性癌是Ⅱ型子宫内膜癌的典型代表，与Ⅰ型子宫内膜癌相比，确诊时多为晚期，深肌层浸润、淋巴血管间隙受累、附件转移和淋巴结转移更为常见。研究发现，38.1% 临床Ⅰ期患者术后分期升高。38.5% 无肌层浸润的患者发生子宫外转移<sup>[7]</sup>。由于发病率低，CA125 与子宫浆液性癌在诊断中的作用研究较少。

本研究中，子宫浆液性癌患者手术病理分期越高，术前血清 CA125 阳性率越高。单因素分析发现，有病理高危因素 (深肌层浸润、附件转移、淋巴结转移) 的子宫浆液性癌患者术前血清 CA125 阳性率高于无病理高危因素者。多因素分析中，手术

病理分期Ⅲ~Ⅳ期是术前血清 CA125 阳性的危险因素。预后分析中,术前血清 CA125 阳性的子宫浆液性癌者比术前 CA125 阴性者的无进展生存率和总体生存率均低,但组间比较差异无统计学意义,不排除由本研究样本量少,检验功效较低所致。结果提示,术前检测 CA125 水平对预测子宫浆液性癌的病理高危因素有一定帮助,至于术前血清 CA125 水平与子宫浆液性癌预后的关系,未来需更大样本量的研究加以探讨。

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