手輔助腹腔鏡兩側部分腎上腺切除術治療第二型多發性內分泌瘤併兩側嗜鉻細胞瘤

Hand-assisted laparoscopic bilateral partial adrenalectomy for pheochromocytomas with multiple endocrine neoplasia (MEN) type II

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摘要

第二型多發性內分泌瘤的病患多併有發生兩側嗜鉻細胞瘤，傳統治療方法爲兩側腎上腺切除術。而腎上腺部分切除手術可保留腎上腺皮質功能，因而可避免術後因荷爾蒙藥物補充治療可能發生的不良症狀。但腎上腺部分切除手術的治療成效則尚須進一步追蹤評估。腹腔鏡腎上腺切除術目前已成爲治療良性腎上腺腫瘤的標準方式。若以腹腔鏡方式切除腎上腺嗜鉻細胞瘤，必須特別注意手術中可能發生的血液動力學變化及此類腫瘤通常體積較大，而增加手術的危險與困難性。文獻上以腹腔鏡無併發症成功的切除腎上腺嗜鉻細胞瘤的病例報告僅佔少數。我們報告一位患有第二型多發性內分泌瘤的三十九歲女性病患，因併有兩側嗜鉻細胞瘤，而以腹腔鏡手術方式，成功且無併發症的完成兩側部分腎上腺切除術的治療經驗。

Abstract

Patients with multiple endocrine neoplasia (MEN) type II disease are predisposed to develop bilateral adrenal pheochromocytomas. The standard treatment is a bilateral adrenalectomy in these patients. However, an adrenal-sparing operation preserves adrenocortical function and avoids the morbidity associated with cortisol replacement therapy. The issue of partial adrenal resection in these patients needs further evaluation. Since the first report on laparoscopic adrenalectomy, laparoscopy has become the gold standard technique for surgical treatment of benign adrenal tumors. Laparoscopic resection of pheochromocytomas is feasible but potentially more challenging because of the risks for intraoperative hemodynamic instability and the usually large size of these tumors. Only a few reports have shown that a laparoscopic partial adrenalectomy is feasible and has few perioperative complications. We report our method and how we managed the bilateral pheochromocytomas in a 39-year-old women with MEN type II disease by laparoscopic

technology. This case was successfully treated, and neither intraoperative nor postoperative complications occurred.