

胃恶性间质瘤合并继发性血小板增多症1例

马向涛, 余力伟, 付静

■背景资料

血小板增多症分原发性和继发性两类, 原发性血小板增多症原因不明, 多见于成人。继发性血小板增多症的原因包括: 病毒、细菌感染、外伤、出血、营养缺乏、肾病、肿瘤与遗传性疾病等。GIST发病与转移机制是近期研究的重点。

北京市海淀医院外科 北京市 100080
北京市海淀医院病理科 北京市 100080
通讯作者: 马向涛, 100080, 北京市海淀区中关村大街29号, 北京市海淀医院外科. xiangtao_ma@pku.org.cn
电话: 010-62583013 传真: 010-62653601
收稿日期: 2006-04-28 接受日期: 2006-05-24

摘要

胃恶性间质瘤患者1例, 临床表现为继发性血小板增多症。手术后血小板数量恢复正常, 血小板增多症可能是反应肿瘤负荷的重要指标。

关键词: 血小板增多症; 胃肠道间质瘤

马向涛, 余力伟, 付静. 胃恶性间质瘤合并继发性血小板增多症1例. 世界华人消化杂志 2006;14(21):2146-2148
<http://www.wjgnet.com/1009-3079/14/2146.asp>

0 引言

(thrombocytopenia)

$800 \times 10^9/L - 1000 \times 10^9/L$

[1-3]

1

1 病例报告

患者, 56岁, 男性, 8 wk, 2005-07-13, 8 wk, 4.2 $\times 10^9/L$, 0.553, 126 g/L, 623 $\times 10^9/L$, PT 12.8 s, APTT 40.6 s, 68.3 g/L, 41 g/L, CEA 0.45 $\mu g/L$ (0-3.4 $\mu g/L$), CA19-9 4.6 kU/L

(0-35 kU/L). B超: 18 cm \times 15 cm \times 13 cm, MRI: 2005-07-18, 18 cm, 3 cm, 18 cm, 2000 g, 224 $\times 10^9/L$,

2 讨论

(gastrointestinal stromal tumor, GIST) GIST Cajal [12-14], 400 $\times 10^9/L - 1000 \times 10^9/L$ [15-16], 623 $\times 10^9/L$, 224 $\times 10^9/L$. (paraneoplastic syndrome).

[17-19]
 (TPO) IL-6
 [20-23]
 TPO. TPO
 TPO
 [24-25], TPO, TPO
 (platelet-derived growth factor,
 PDGF)
 [26-27] PDGF
 (urokinase-type plasminogen activator)
 [28-30]
 TPO
 TPO
 [31-33]

3 参考文献

- 1 Weiser MA, Cabanillas M, Vu K, Tamm EP, Wallace MJ, Escalante CP, Bresalier RS. Diagnostic evaluation of patients with a high suspicion of malignancy: comorbidities and clinical predictors of cancer. *Am J Med Sci* 2005; 330: 11-18
- 2 Finazzi G, Harrison C. Essential thrombocythemia. *Semin Hematol* 2005; 42: 230-238
- 3 Elliott MA, Tefferi A. Thrombosis and haemorrhage in polycythaemia vera and essential thrombocythemia. *Br J Haematol* 2005; 128: 275-290
- 4 Shimada H, Oohira G, Okazumi S, Matsubara H, Nabeya Y, Hayashi H, Takeda A, Gunji Y, Ochiai T. Thrombocytosis associated with poor prognosis in patients with esophageal carcinoma. *J Am Coll Surg* 2004; 198: 737-741
- 5 Gucer F, Tamussino K, Keil F, Balkanli-Kaplan P, Yuce MA. Thrombocytosis in gynecologic malignancies. *Anticancer Res* 2004; 24: 2053-2059
- 6 Kandemir EG, Mayadagli A, Karagoz B, Bilgi O, Turken O, Yaylaci M. Prognostic significance of thrombocytosis in node-negative colon cancer. *J Int Med Res* 2005; 33: 228-235
- 7 Aoe K, Hiraki A, Ueoka H, Kiura K, Tabata M, Tanaka M, Tanimoto M. Thrombocytosis as a useful prognostic indicator in patients with lung cancer. *Respiration* 2004; 71: 170-173
- 8 Inoue K, Kohashikawa K, Suzuki S, Shimada M, Yoshida H. Prognostic significance of thrombocytosis in renal cell carcinoma patients. *Int J Urol* 2004; 11: 364-367
- 9 Taucher S, Salat A, Gnant M, Kwasny W, Mlineritsch B, Menzel RC, Schmid M, Smola MG, Stierer M, Tausch C, Galid A, Steger G, Jakesz R. Impact of pretreatment thrombocytosis on survival in primary breast cancer. *Thromb Haemost* 2003; 89: 1098-1106
- 10 Li AJ, Madden AC, Cass I, Leuchter RS, Lagasse LD, Karlan BY. The prognostic significance of thrombocytosis in epithelial ovarian carcinoma. *Gynecol Oncol* 2004; 92: 211-214
- 11 Martin SE, DellaValla J. Untreated essential thrombocythemia evolving to biphenotypic leukemia, Philadelphia chromosome positive with monosomy 7: response to imatinib and reduced-intensity allogeneic stem cell transplant. *Leukemia* 2005; 19: 1095-1096
- 12 Hirota S, Isozaki K. Pathology of gastrointestinal stromal tumors. *Pathol Int* 2006; 56: 1-9
- 13 Rubin BP. Gastrointestinal stromal tumours: an update. *Histopathology* 2006; 48: 83-96
- 14 Tarn C, Godwin AK. Molecular research directions in the management of gastrointestinal stromal tumors. *Curr Treat Options Oncol* 2005; 6: 473-486
- 15 Kaftan O, Balcik OS, Cipil H, Ozet G, Bavbek N, Kosar A, Dagdas S. Plasma levels of thrombin-activatable fibrinolysis inhibitor in primary and secondary thrombocytosis. *Clin Appl Thromb Hemost* 2005; 11: 449-454
- 16 Prchal JT. Classification and molecular biology of polycythemia (erythrocytoses) and thrombocytosis. *Hematol Oncol Clin North Am* 2003; 17: 1151-1158
- 17 Dropcho EJ. Update on paraneoplastic syndromes. *Curr Opin Neurol* 2005; 18: 331-336
- 18 Posner JB. Immunology of paraneoplastic syndromes: overview. *Ann NY Acad Sci* 2003; 998: 178-186
- 19 Kato N, Yasukawa K, Onozuka T, Kimura K. Paraneoplastic syndromes of leukocytosis, thrombocytosis, and hypercalcemia associated with squamous cell carcinoma. *J Dermatol* 1999; 26: 352-358
- 20 Werynska B, Ramlau R, Podolak-Dawidziak M, Jankowska R, Prajs I, Usnarska-Zubkiewicz L, Kuliczowski K. Serum thrombopoietin levels in patients with reactive thrombocytosis due to lung cancer and in patients with essential thrombocythemia. *Neoplasma* 2003; 50: 447-451
- 21 Douglas VK, Tallman MS, Cripe LD, Peterson LC. Thrombopoietin administered during induction chemotherapy to patients with acute myeloid leukemia induces transient morphologic changes that may resemble chronic myeloproliferative disorders. *Am J Clin Pathol* 2002; 117: 844-850
- 22 Kaser A, Brandacher G, Steurer W, Kaser S, Offner FA, Zoller H, Theurl I, Widder W, Molnar C, Ludwiczek O, Atkins MB, Mier JW, Tilg H. Interleukin-6 stimulates thrombopoiesis through thrombopoietin: role in inflammatory thrombocytosis. *Blood* 2001; 98: 2720-2725
- 23 Tate J, Olencki T, Finke J, Kottke-Marchant K, Rybicki LA, Bukowski RM. Phase I trial of simultaneously administered GM-CSF and IL-6 in patients with renal-cell carcinoma: clinical and laboratory effects. *Ann Oncol* 2001; 12: 655-659
- 24 Randi ML, Putti MC, Pacquola E, Luzzatto G, Zanesco L, Fabris F. Normal thrombopoietin and its receptor (c-mpl) genes in children with essential thrombocythemia. *Pediatr Blood Cancer* 2005; 44: 47-50
- 25 Verbeek W, Faulhaber M, Griesinger F, Brittinger G. Measurement of thrombopoietic levels: clinical and biological relationships. *Curr Opin Hematol* 2000; 7:

■应用要点

血小板增多症可能是反应GIST肿瘤负荷的重要指标。

■同行评价

GIST报道逐年增多,但是合并血小板增多症的病例尚不多见,对临床有一定参考价值.

- 143-149
- 26 Rao AK, Jalagadugula G, Sun L. Inherited defects in platelet signaling mechanisms. *Semin Thromb Hemost* 2004; 30: 525-535
- 27 Kaushansky K. The molecular mechanisms that control thrombopoiesis. *J Clin Invest* 2005; 115: 3339-3347
- 28 Zhang L, Zhao ZS, Ru GQ, Ma J. Correlative studies on uPA mRNA and uPAR mRNA expression with vascular endothelial growth factor, microvessel density, progression and survival time of patients with gastric cancer. *World J Gastroenterol* 2006; 12: 3970-3976
- 29 Beyer BC, Heiss MM, Simon EH, Gruetzner KU, Babic R, Jauch KW, Schildberg FW, Allgayer H. Urokinase system expression in gastric carcinoma: prognostic impact in an independent patient series and first evidence of predictive value in preoperative biopsy and intestinal metaplasia specimens. *Cancer* 2006; 106: 1026-1035
- 30 Amir S, Margaryan NV, Otero-Marah V, Khalkhali-Ellis Z, Hendrix MJ. Maspin regulates hypoxia-mediated stimulation of uPA/uPAR complex in invasive breast cancer cells. *Cancer Biol Ther* 2005; 4: 400-406
- 31 Hwang SJ, Luo JC, Li CP, Chu CW, Wu JC, Lai CR, Chiang JH, Chau GY, Lui WY, Lee CC, Chang FY, Lee SD. Thrombocytosis: a paraneoplastic syndrome in patients with hepatocellular carcinoma. *World J Gastroenterol* 2004; 10: 2472-2477
- 32 Suzuki K, Aiura K, Kitagou M, Hoshimoto S, Takahashi S, Ueda M, Kitajima M. Platelets counts closely correlate with the disease-free survival interval of pancreatic cancer patients. *Hepatogastroenterology* 2004; 51: 847-853
- 33 Bensalah K, Leray E, Fergelot P, Rioux-Leclercq N, Tostain J, Guille F, Patard JJ. Prognostic value of thrombocytosis in renal cell carcinoma. *J Urol* 2006; 175: 859-863

电编 李琪 编辑 潘伯荣

ISSN 1009-3079 CN 14-1260/R 2006

• 消息 •

国际肝胆胰协会中国分会第二届全国学术研讨会
暨第三届全国普通外科主任论坛通知

本刊讯

2006-10

2004-12

Jim Tooli

Büechler

Broelsch

2006

10

500-800

chenxp@medmail.com.cn,

1095

(), : 430030;

: 027-83662599.