



核心課程編號：F11

# 生殖器良性腫瘤的診斷與治療方法

第六版

李易良醫師/林宜欣醫師

109年02月25日

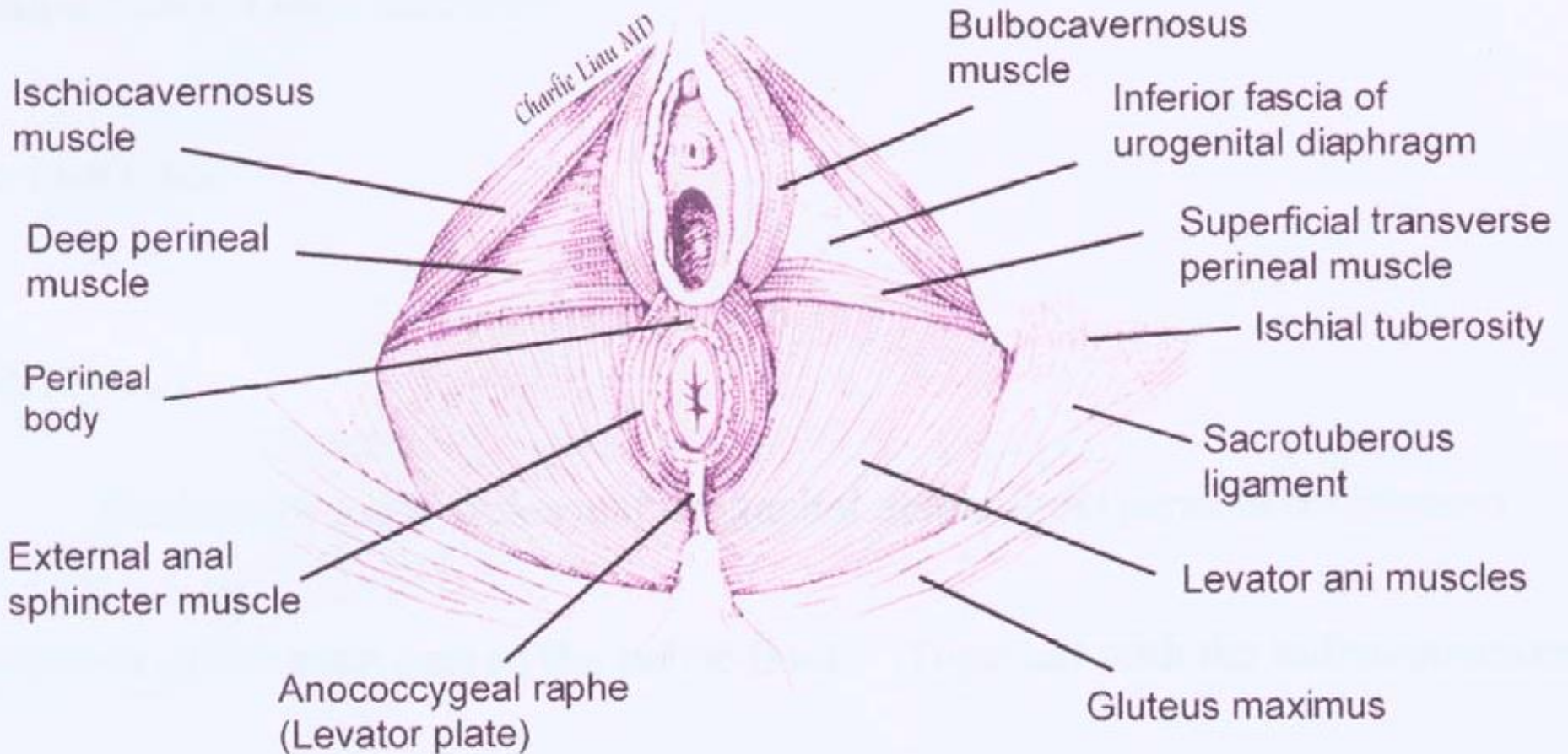


# 學習目標

PGY	UGY
<p><u>知識</u></p> <ol style="list-style-type: none"><li>1. 女性骨盆器官的解剖結構。</li><li>2. 生殖器良性腫瘤的診斷和治療方法。</li></ol>	<p><u>知識</u></p> <ol style="list-style-type: none"><li>1. 女性骨盆器官的功能及生理結構。</li><li>2. 良性腫瘤的病因、症狀及鑑別診斷。</li><li>3. 婦科卵巢以及子宮腫瘤手術的適應症，及方法。</li></ol>
<p><u>技能</u></p> <ol style="list-style-type: none"><li>1. 與病人溝通並共同決定治療計畫。</li><li>2. 認識腫瘤影像判讀及腫瘤指標的運用。</li><li>3. 婦科手術後常見併發症及其處理。</li></ol>	<p><u>技能</u></p> <ol style="list-style-type: none"><li>1. 骨盆腔檢查以及使用婦產科檢查器械技能。</li><li>2. 骨盆腔檢查以及使用婦產科檢查器械技能。</li><li>3. 診斷良性腫瘤的方法。</li><li>4. 一般婦科術後照顧及衛教。</li></ol>
<p><u>態度與專業素養</u></p> <ol style="list-style-type: none"><li>1. 應用實證醫學知識於診斷及治療病人的良性腫瘤。</li><li>2. 適時利用跨科會診及共同照顧達成治療目的。</li></ol>	<p><u>態度與專業素養</u></p> <ol style="list-style-type: none"><li>1. 搜尋與婦科腫瘤治療相關的實證醫學知識。</li><li>2. 對病人因良性腫瘤引起之疼痛和不適，展現同理心。</li><li>3. 會診其他科別醫師的時機。</li></ol>

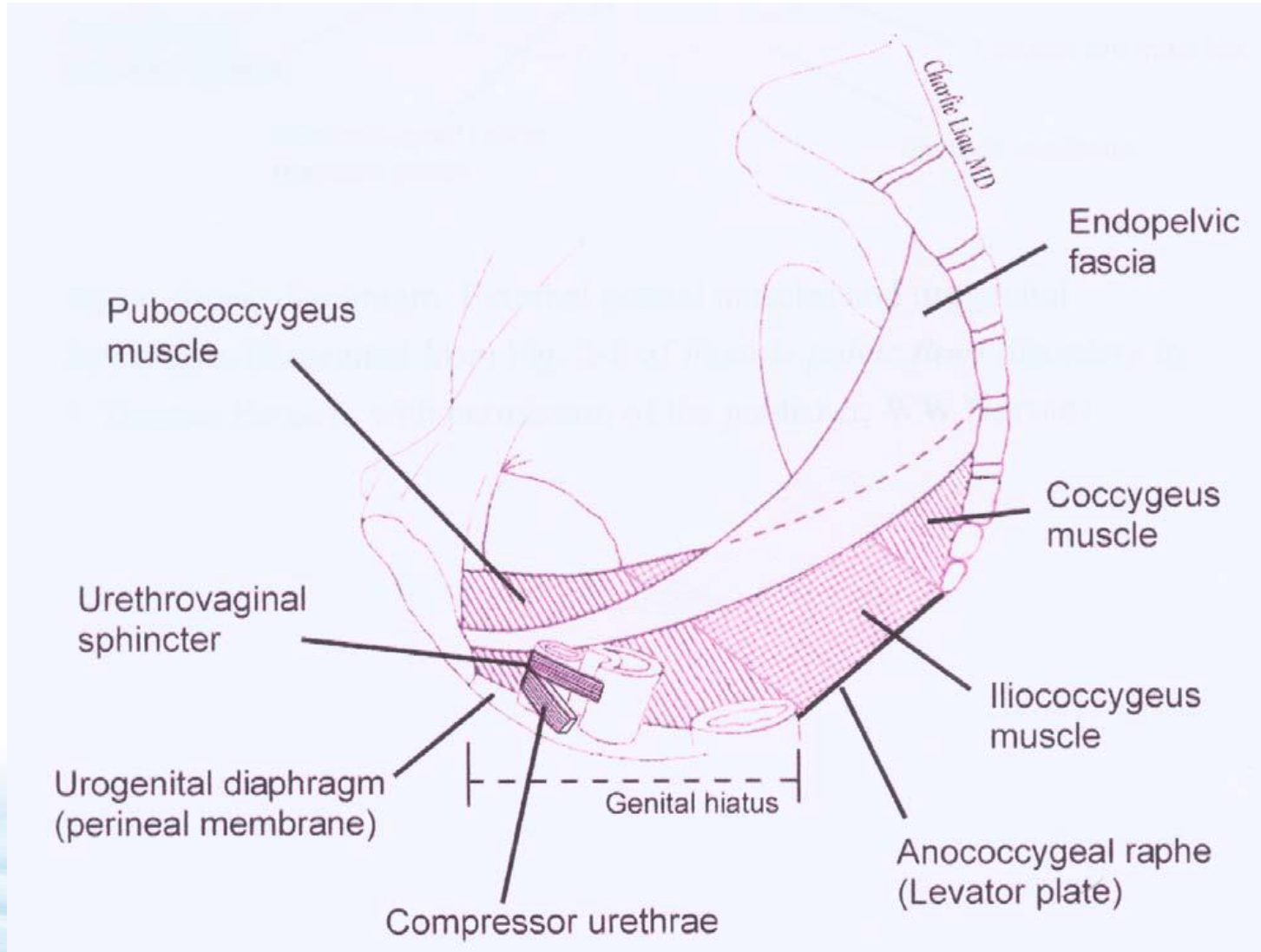


# 女性骨盆器官的生理功能與解剖結構



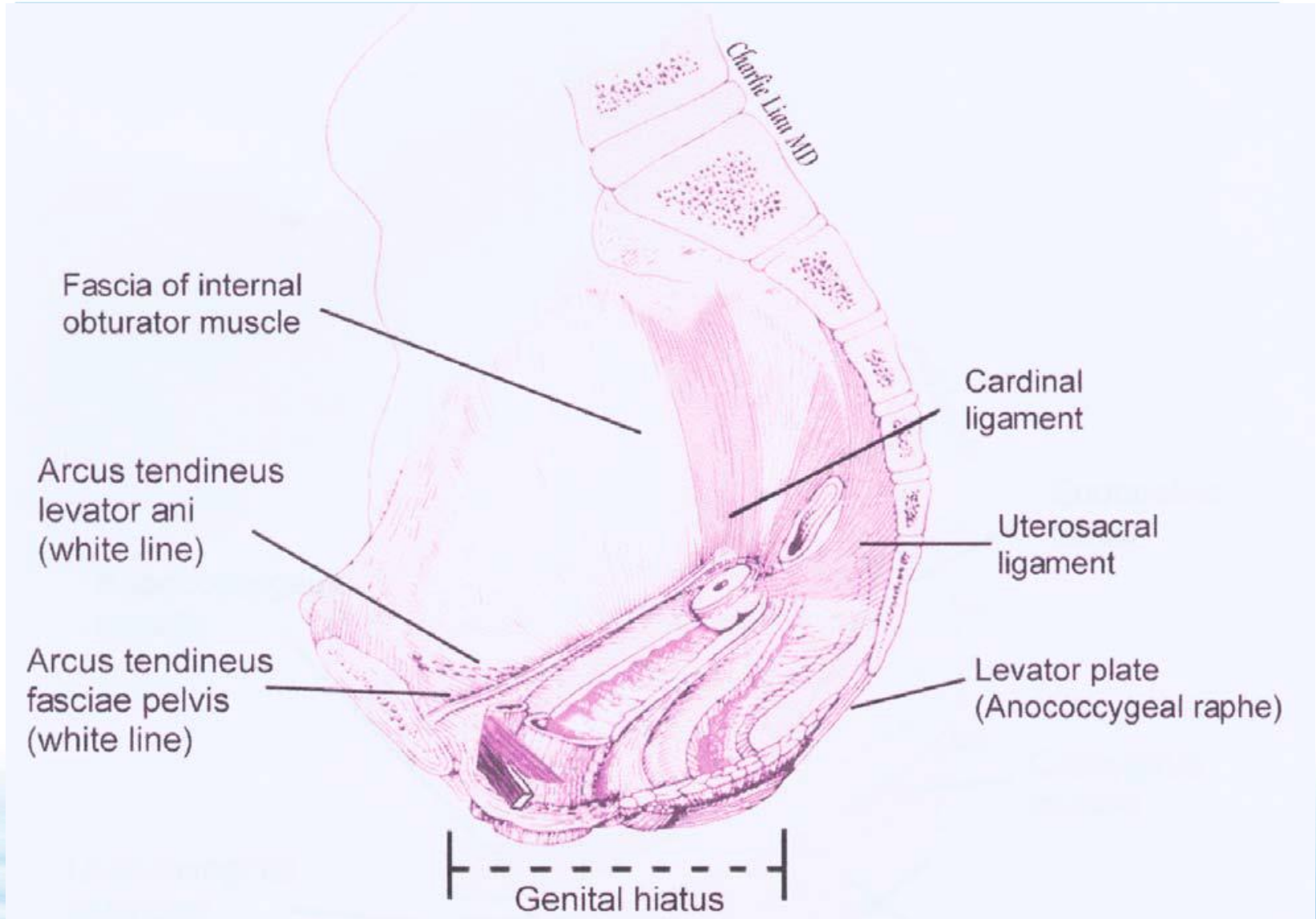


# 女性骨盆器官的生理功能與解剖結構





# 女性骨盆器官的生理功能與解剖結構



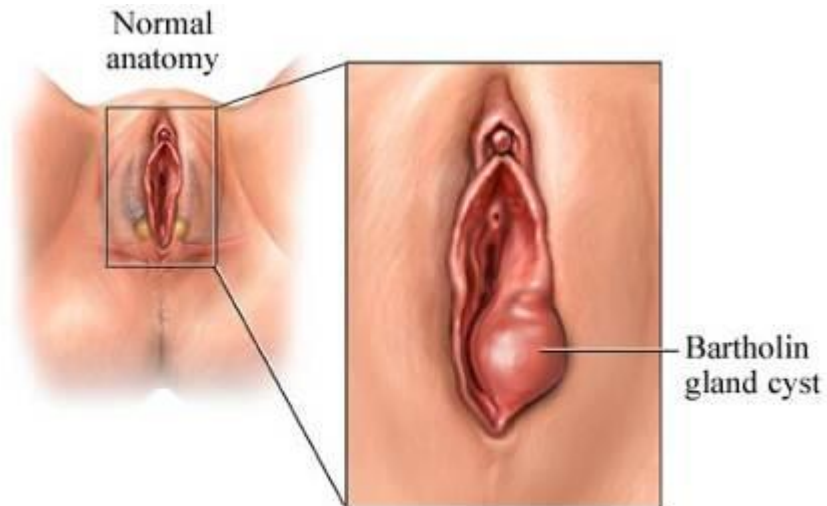


# 生殖器良性腫瘤的診斷、症狀和治療方法

- ❖ Skin conditions
- ❖ Pigmented lesions
- ❖ Tumors and cysts
- ❖ Ulcers
- ❖ Nonneoplastic epithelial disorders



# Bartholin's cyst



**Marsupialization**  
造袋術



# Genital warts (condyloma acuminatum)

- ❖ 電燒或雷射燒灼手術，將看的到的“疣”燒掉，或是用藥水點掉。







# Genital herpes simplex virus infection

❖ Valaciclovir, 500mg, 12 hourly, for 5 days





# Benign conditions of the vagina-手術

- ❖ Embryonic origin
- ❖ Disorders of pelvic support



# Embryonic origin (Gartner duct cyst)





# Anterior vaginal wall defect, stage IIBa (Cystocele)





# Posterior vaginal wall defect, stage IIBp (Rectocele)





# Endocervical polyp





# Cervix

## ❖ Infectious

- Condyloma
- Herpes simplex virus ulceration
- Chlamydia cervicitis

## ❖ Other

- Endocervical polyps
- Nabothian cysts
- Columnar epithelium eversion



# Uterine leiomyomas

❖ The most common benign uterine tumors

❖ Location

- Uterus

- Subserosal

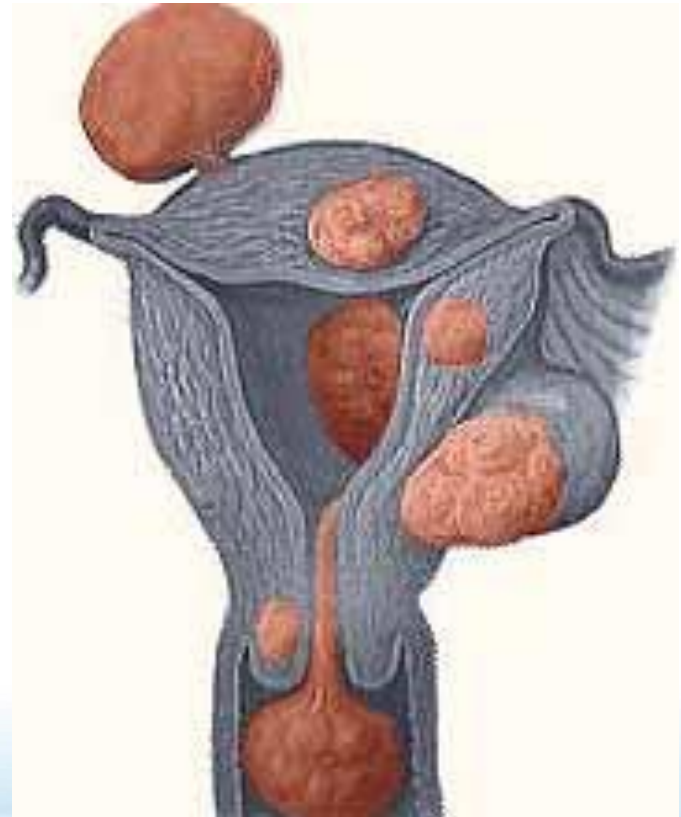
- Intramural

- Submucosal

- Cervix

- Broad ligament

- pedicle







# Uterine leiomyomas

- ❖ A benign tumor formed from smooth muscle and connective tissues
- ❖ At least 20% of all women of reproductive age
- ❖ The cause is unknown
- ❖ Frequently diagnosed by pelvic examination
  - Enlarged, irregular uterus
- ❖ may be an incidental findings of ultrasonography



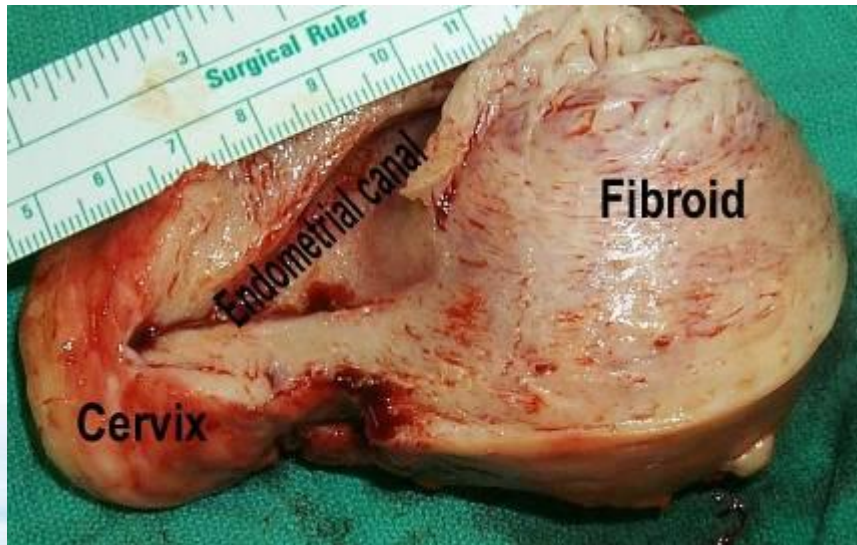


# Symptoms

- ❖ Menorrhagia
  - The most common initial symptom and frequently leads to surgical intervention
- ❖ Chronic pelvic pain
- ❖ Dysmenorrhea
- ❖ Dyspareunia
- ❖ Pelvic pressure (Frequency, constipation)
- ❖ Acute pain
  - Torsion of a pedunculated leiomyoma or infarction and degeneration



- ❖ The margins of the tumor are blunt, noninfiltrating, and pushing (**pseudocapsule** of connective tissue)
- ❖ Easy enucleation at the time of surgery





# Adenomyosis of uterus



Adenomyosis. Note thickened wall of uterus which can be mistaken for fibroids.





# 卵巢良性腫瘤分類

## ❖ Functional

- Follicular
- Corpus luteum
- Theca lutein

## ❖ Inflammatory

- Tuboovarian abscess or complex

## ❖ Neoplastic

- Germ cell
- Benign cystic teratoma
- Other and mixed

## ❖ Epithelial

- Serous cystadenoma
- Mucinous cystadenoma
- Fibroma
- Cystadenofibroma
- Brenner tumor
- Mixed tumor

## ❖ Other

- endometrioma



# Functional ovarian cysts

❖ All are benign and usually do not cause symptoms or require surgical treatment, including

- Follicular cysts
- Corpus luteum cysts
- Theca lutein cysts



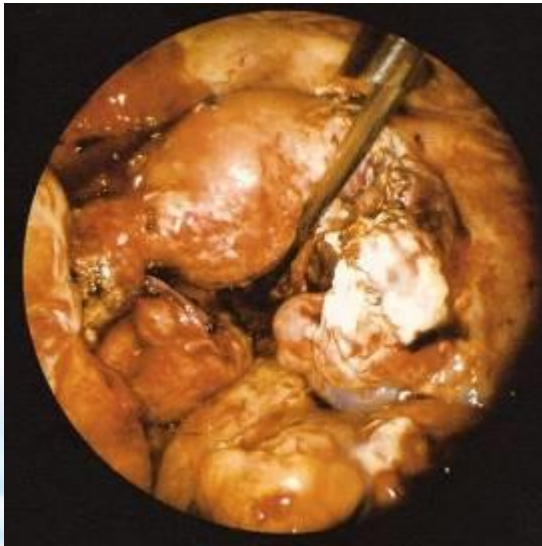
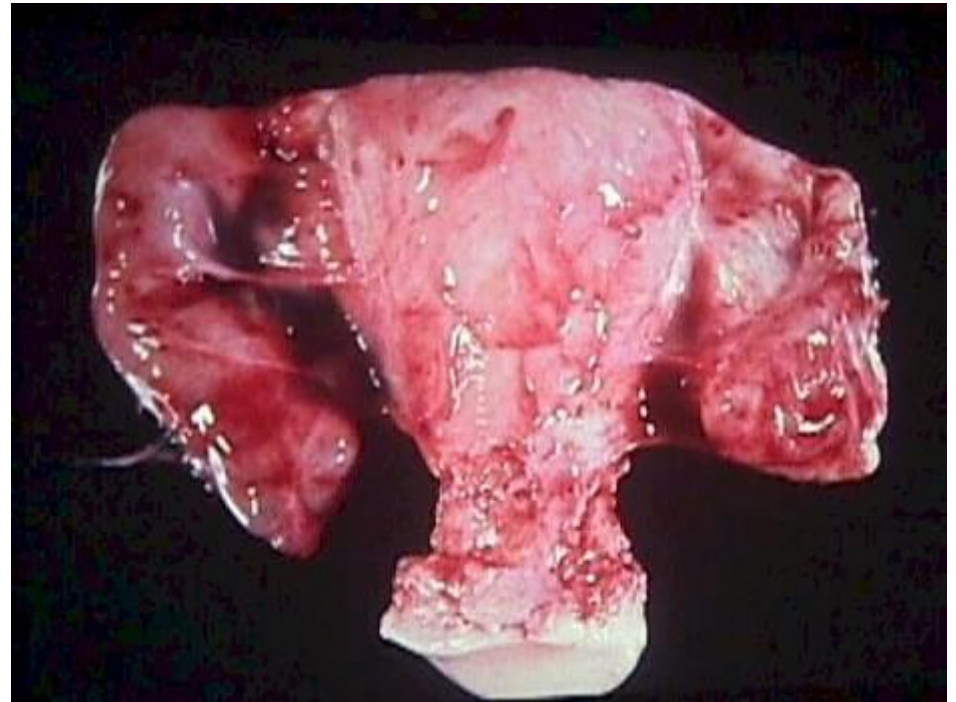
Corpus luteum cyst



Follicular cyst (Simple cyst)

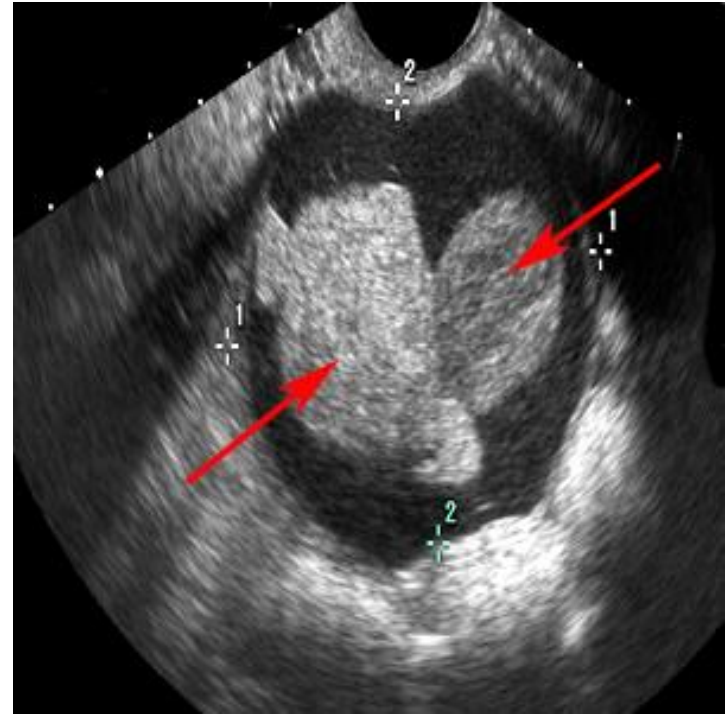


# Tubo-ovarian abscess





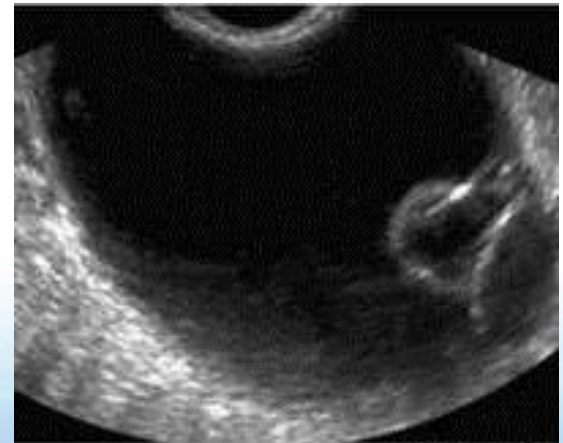
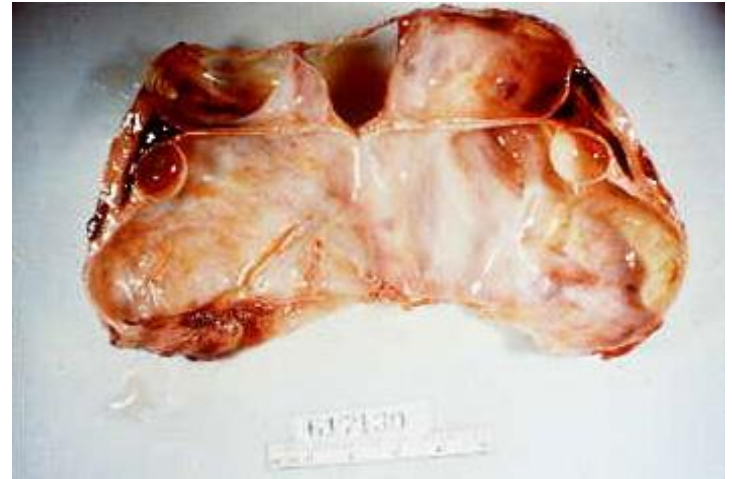
# Teratoma of ovary





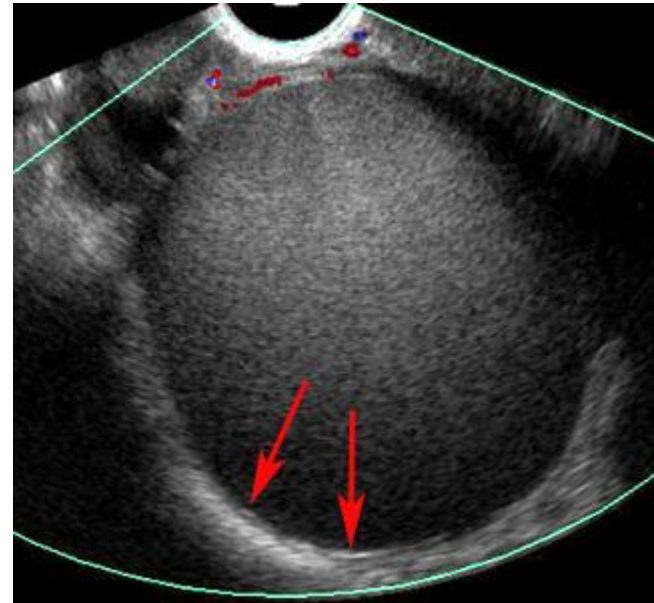


# Cystadenoma of ovary



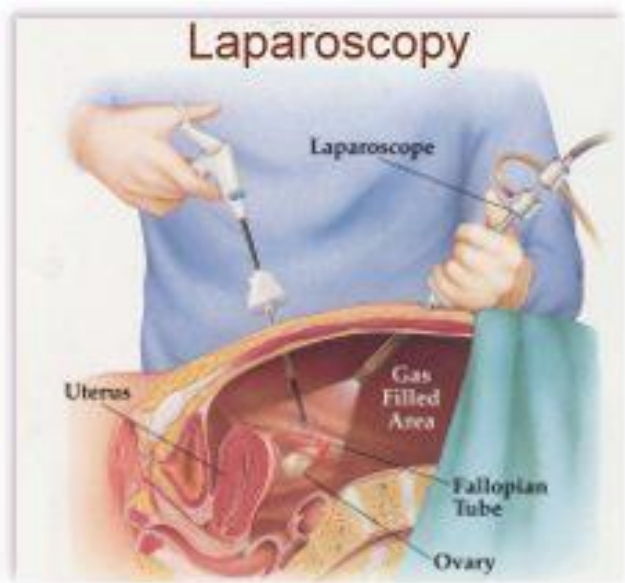


# Endometrioma of ovary

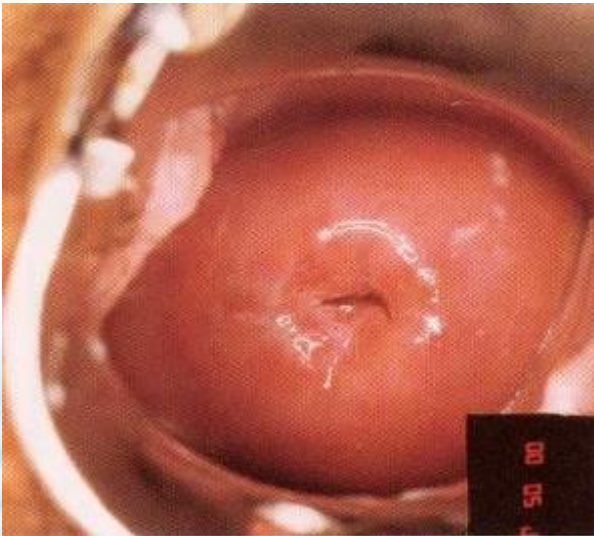




# 卵巢或子宮良性腫瘤手術適應症與方式

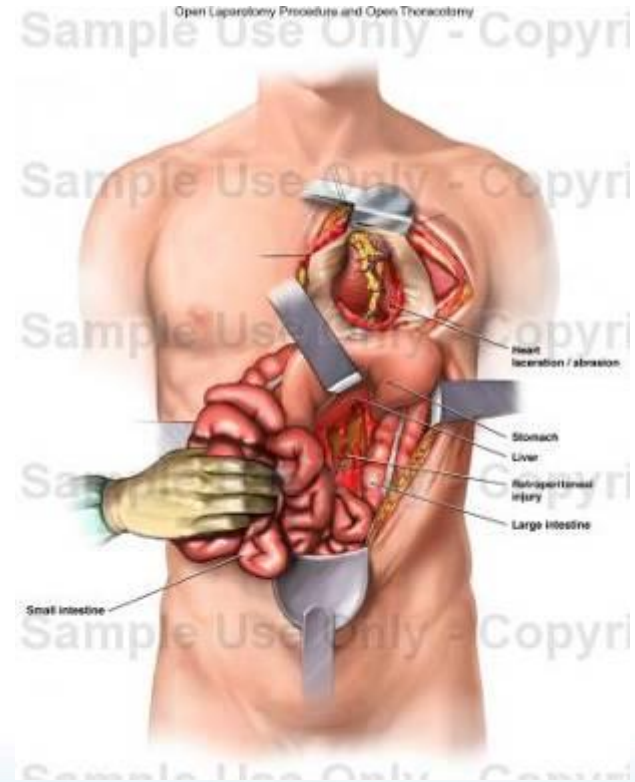


腹腔鏡



陰道手術

傳統剖腹





# 卵巢或子宮良性腫瘤手術適應症與方式

- ❖ Conservative medical treatment, including administration of hormones and analgesics.
- ❖ Surgical treatments include endometrial ablation, laparoscopy, or lesion excision.
- ❖ Uterine artery embolization is a recent, emerging therapy for adenomyosis as well.
- ❖ The only definitive treatment for adenomyosis, however, is total hysterectomy



# 婦產科骨盆腔檢查

## 內診及窺陰器之擺放

### ❖ 內診是一切婦產科檢查的基礎

- 觀察外陰部有無異狀（例如異常的色素沈積、破皮、水泡、潰瘍、隆起、白化等）
- 觀察是否有陰道的前後壁膨出
- 觀察子宮頸
  - 外觀、形狀、顏色、不正常的贅生物
  - 分泌的液體（分泌物顏色，特性）
  - 若需要作抹片檢查者可於內診時同時完成
- 觸摸子宮底部，可以得知子宮的大小、順便得知子宮表面是否光滑或有突起、以及子宮是前傾或後傾
- 向兩邊觸摸卵巢，可以得知是否有不正常的卵巢瘤



# 診斷良性腫瘤-超音波檢查

## ❖ 依照所用的探頭不同，可分

- 經陰道超音波：適用於婦科患者，有性經驗的婦女，影像較清楚，不必漲尿，缺點是過大的子宮及卵巢腫瘤不容易看清楚
- 經腹部超音波：適用於產科患者，或是無性經驗的婦科患者（婦科患者需漲尿之後才能作）

## ❖ 主要可以得知子宮大小、內膜厚度、是否有肌瘤、卵巢瘤

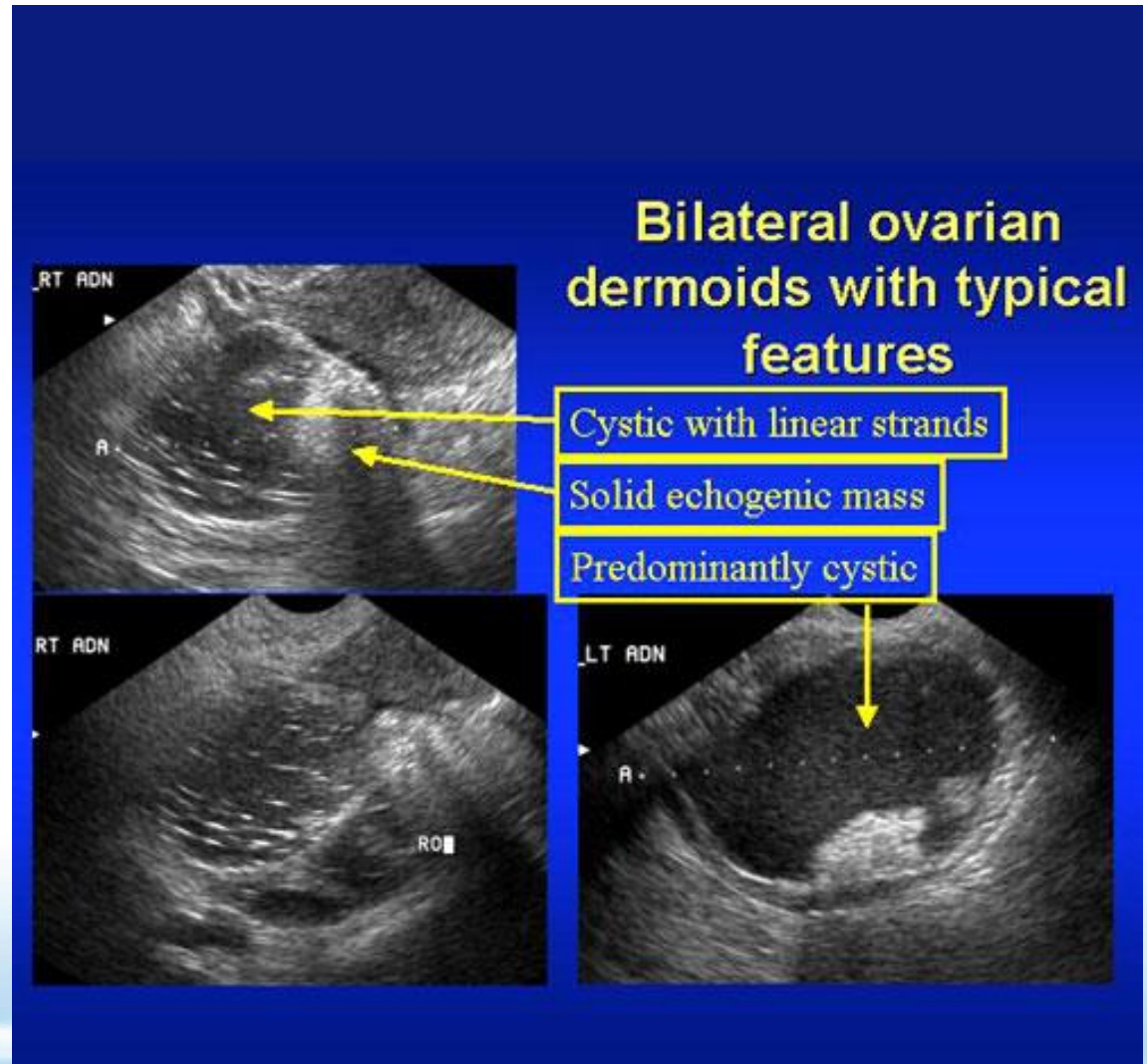
## ❖ 但對於子宮頸的部分顯影較不清楚



# 腫瘤影像判讀與腫瘤指標運用

## Teratomas

- ❖ Most teratomas were benign
- ❖ More common in young adult and children

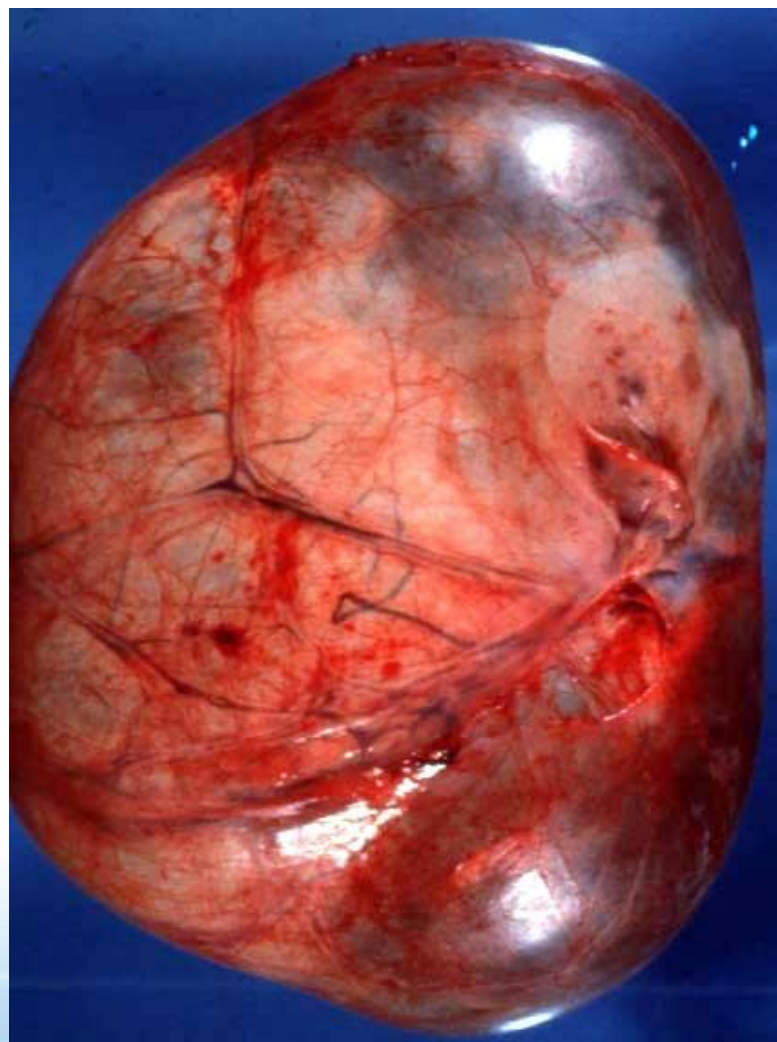
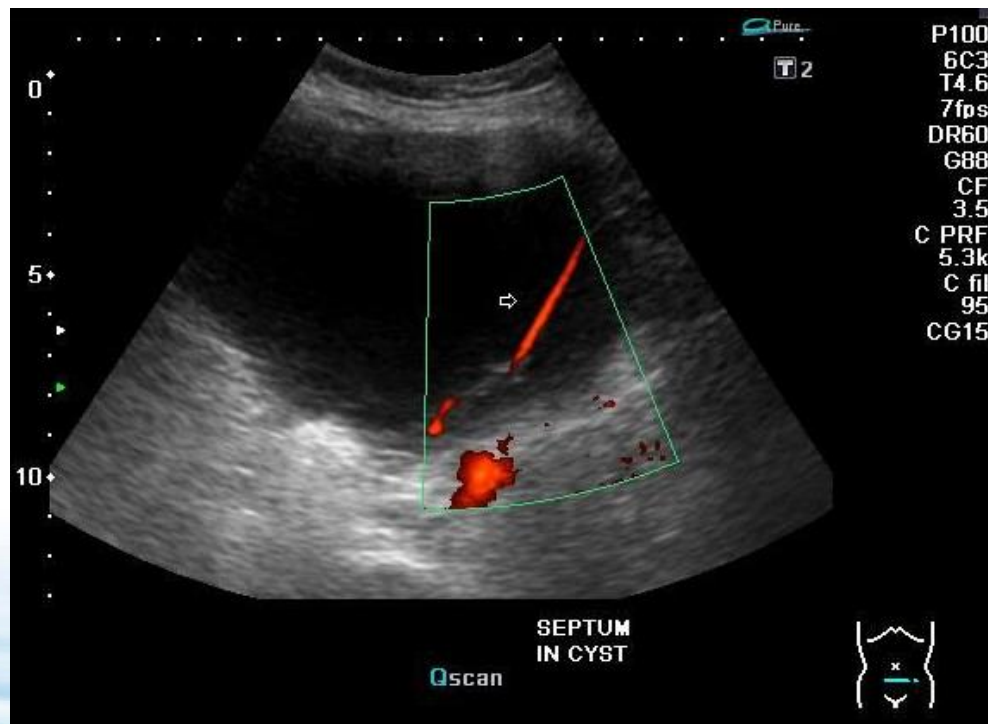




# 腫瘤影像判讀與腫瘤指標運用

## Cystoadenoma

- ❖ May be large
- ❖ Serous / mucinous
- ❖ Check tumor marker CA-125



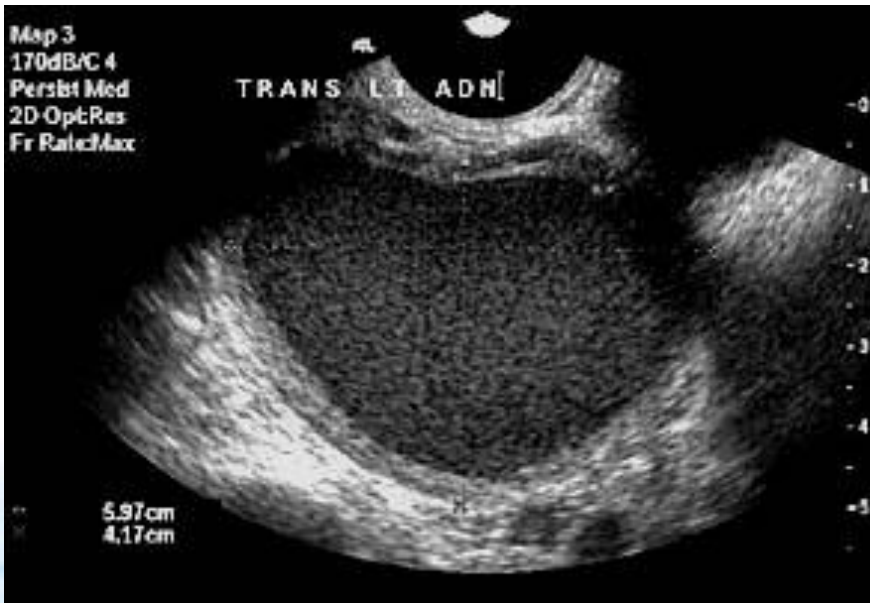




# 腫瘤影像判讀與腫瘤指標運用

## Endometrioma

- ❖ Endometriosis within the ovary
- ❖ Chocolate-like content
- ❖ CA-125

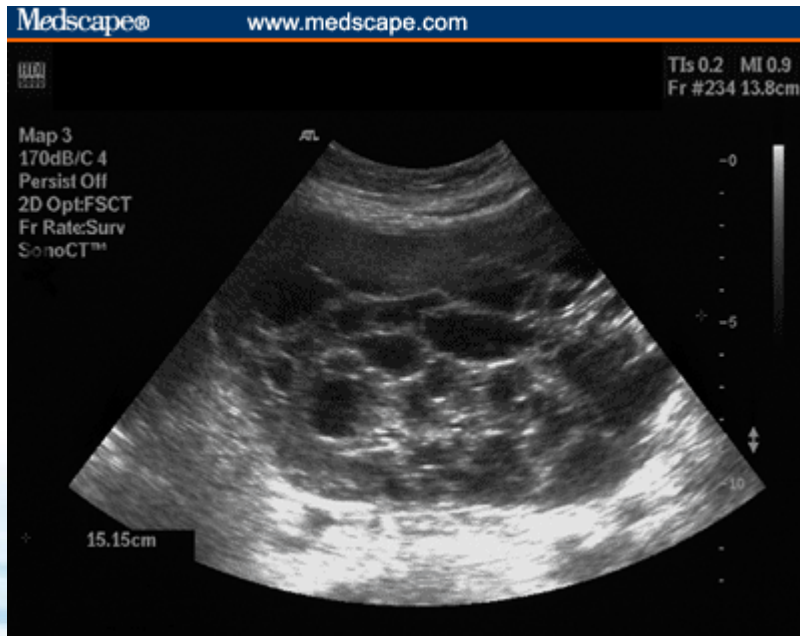




# 腫瘤影像判讀與腫瘤指標運用

## Ovarian cancer – epithelial cell carcinoma

- ❖ Delayed diagnosis due to large abdominal capacity
- ❖ Most are epithelial type- serous, mucinous, clear cell, endometrioid
- ❖ CA-125

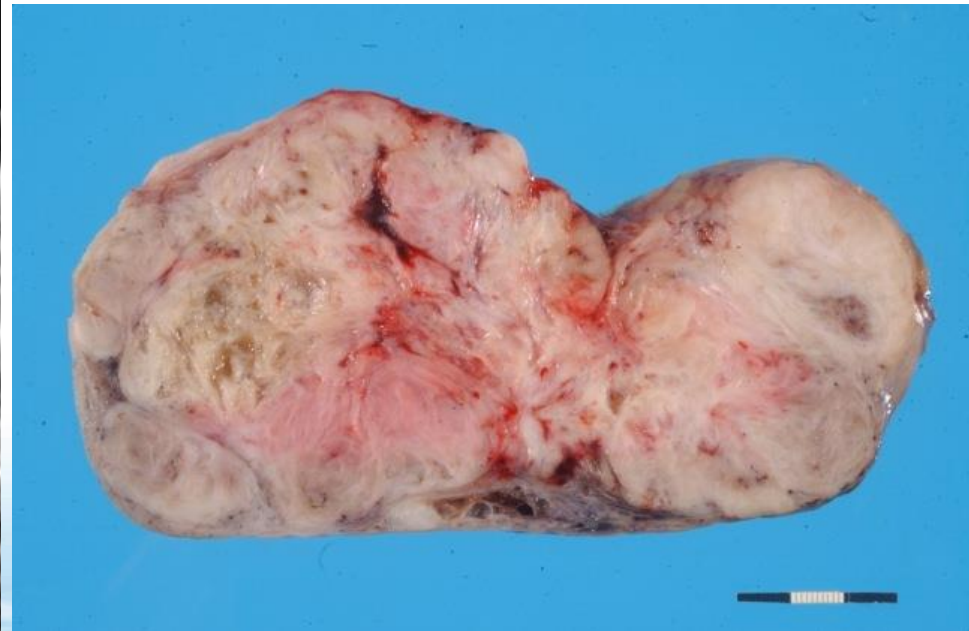
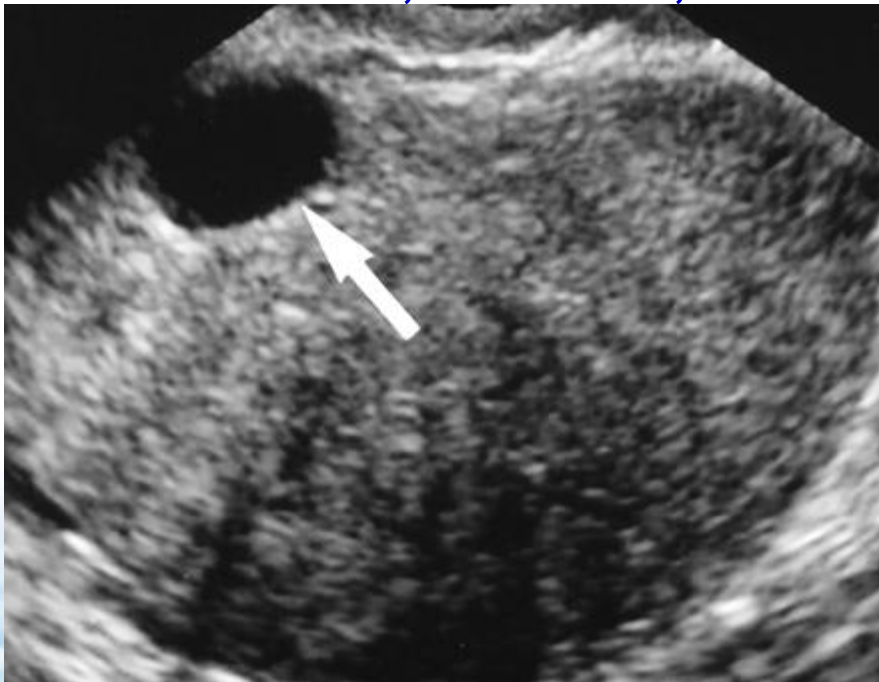




# 腫瘤影像判讀與腫瘤指標運用

## Ovarian cancer – stromal cell tumor

- ❖ Most sex-cord stromal tumors are solid
- ❖ Granulosa cell tumor, Theca cell tumor, Thecoma...
- ❖ CA-125, B-HCG, AFP





# 與病人溝通並共同決定治療計畫

- ❖ 一般婦科手術可以分為兩類
  - 挽救生命、疾病治療
  - 改善生活品質：婦科癌症或某些嚴重大出血即將危及生命、保守治療又無效時，手術可能是惟一可行之姑息療法。
- ❖ 術前原則：完善評估、充分說明（請參考婦產部網站各項手術說明書）、詳細紀錄（請參考婦產部網站手術前評估單）。
- ❖ 術中原則：無菌觀念、各項手術有其特定之原則。
- ❖ 術後原則：病情紀錄、術後照護。



# 一般婦科術後照顧及衛教

- ❖ Postoperative fluid management :  
2500ml of water per day + insensible loss 大概1000ml，所以一天大概要給3500ml才夠，每給1L的fluid需補20meq的KCL。
- ❖ PCA for pain control：對於怕疼痛的病人可以給予PCA for pain control，PCA的好處有：  
統一麻醉藥的劑量，對疼痛的控制較好。  
讓病人有控制自己疼痛緩解的能力，比較不會焦慮。  
減少護理人員的辛勞。
- ❖ Post OP schedule  
Day 0：注意U/O，PCA因為是morphine要考慮N/V, dizziness。  
Day 1：vital sign，BP，要看I/O、drain的量，mild fever最常見的原因是atelectasis，一般infection不會這麼快引起。  
Day 3：fever persisted  $>38.5^{\circ}\text{C}$ →local inflammation or infection產生，要小心septic thrombophlebitis，若無fever超過48hrs，則可以吃東西→MBD  
Day 4~5：不fever，MBD



# Reference

- ❖ Up-to-date
- ❖ Berek & Novak's Gynecology, 16ed.