Oncology department of Shanghai Shuguang Hospital Affiliated to shanghai University of Traditional Chinese Medicine

The scripts of Ward Round in English——Rectal Adenocarcinoma

上海中医药大学附属曙光医院——肿瘤科

英语查房剧本——直肠腺癌

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Patient Shu Jia He 束家和

A． Morning shift

情景 A：交班

OFFICE:办公室

Chief: ok! let's begin our morning shift.

主任：好，现在开始晨交班。

Intern: DEC 10th 2007,morning shift. total number of the patients is 34,including 1 new admission, no critical patients. all the patients are in stable condition.

the new admission in Bed No.12 is Mr. Wang yong,,male,61y.Who's chief complaint: low rectal adenocarcinoma ,received Mile’s operation 20days ago. diagnosis at present: low rectal adenocarcinoma.That's all for today's morning shift.

实习医生：2007 年 12 月 10 日晨交班，病人总数 34 人，新病人 1 人，危重病人 0 人，病人病情稳定。

新病人 12 床，王勇，男性，61 岁，因“低位直肠腺癌，Mile’s 术后 20 天”入院.目前诊断：直肠癌。

Chief: I'm glad to see all the patient in stable condition. Since we have new admission today, I would like to choose Mr. Wang for today's director ward around. Doctor chen, please give us a case report for newly admitted patient.

主任：患者大都病情稳定，我很高兴，我们收了新病人，那我就选这位王先生作为今天主任查房的对象。陈医生请你给大家汇报一下病史。

B．Case Presentation

情景 B: 病史汇报

Intern: the new admission in Bed No.12 is Mr. Wang yong,,male,61y.

实习医生：新病人 12 床，王勇，男，61 岁。

Chief complaint: low rectal adenocarcinoma ,received Mile’s operation 20days ago.

主诉：低位直肠腺癌，Mile’s 术后 20 天。

History of present illness: More than 2 years ago, the patient began to suffer from inferior and umbilical abdominal pain. The pain was accompanied by intermittent fecal incontinence for more than 6 times a day without any reason. The stool was in semi-formed and liquid-mucoid form. The pain can be alleviated after bowel movement without any associated fever, nausea or vomiting. Six months ago, the patient occasionally noted blood in his stool. Five month ago he went to the local clinic and was diagnosed with hemorrhoids. But with no subsequent relief after some undetailed treatment. Five days ago, he came to our hospital for further exam. The doctor at our-patient department gave him a colonoscopy exam. Under the colonoscopy , A friable, sessile lesion, 15 to 20 mm in diameter, was identified very low in the rectum; examination of a biopsy specimen of the lesion disclosed adenocarcinoma. And he received abdominoperineal resection nineteen days ago in our hospital. He was admitted on Dec 9th for further exam and treatment.

现病史：患者两年余前出现下腹部及脐周疼痛伴有间歇性大便失禁，每日 6 次左右，大便夹有黏液，质地稀。泻后痛减。发病期间未见发热、恶心、呕吐。6 月前患者偶然发现便中带血。并于 5 月前前往就近医院诊治，当时诊断为“痔疮”，经过一些治疗，具体不祥，未见明显改善。患者 5 天前，来我院做了进一步检查。我院门诊予以直肠镜检查。在直肠镜下，在直肠下段近肛门处发现一个易出血的息肉，直径在 15 -20mm，病理提示为腺癌。19 天前患者于我院接受了经腹会阴直肠切除术。患者为求进一步诊治收治入院。

History of past illness: There was a 10 year history of diabetes that was controlled with diet and Glucophage.

既往史：患者右糖尿病史 10 年，口服格华止 250mg tid 及饮食控制。10 年前行肾结石体外碎石术。

Personal history: He had a 40-pack-year smoking history but had discontinued smoking five years.

个人史：他有 40 年吸烟史，最近 5 年中断吸烟。

Physical exam:

体格检查：

T: 37.2　　P:86bpm　　R:18/min　　BP:115/70mmHg

The patient was awake alert ,moderately obese, no anemic appearance, no jaundice, An examination of his heart and lungs showed no abnormalities.

患者神情，中度肥胖，无贫血貌，无黄染，心肺听诊无殊。

Abdomen: flat，an operative scar and the praeternaturalis **anus** in lateral abdomen. no mass was dictated through both deep and superficial palpation, no voluntary muscle guard, no rebound tenderness. The liver and spleen couldn’t be palpated.

The lower limbs were no edematous.

腹部检查：腹部平坦，腹部手术疤痕、侧腹部人工肛门，腹部潜触诊及深触诊未及肿块，无肌卫，无反跳痛，肝脾肋下未及。下肢无浮肿。

Laboratory test: Labortary test: blood routine test: Hb: 98g /l, WBC:8.9*10 9/l; stool culture: (-); stool routine test: normal; OB : normal. Liver and kidney function: was within normal ranges.

试验：血常规：血红蛋白：98g/l，白细胞 3.7×10^{9}/l.。大便培养：（-），大便常规：正常，OB：正常，肝肾功能：未见明显异常。

A chest radiograph showed that the lungs were clear, without evidence of metastases, and that the cardiac, hilar , mediastinal pleural , and bony structures were normal.

胸部 X 线：双肺清晰，没有转移灶，心脏、肺门、纵隔、胸膜和骨骼正常。

C. Discussion

情景 C：病例讨论

Chief: thank you Doctor chen. Doctor Zhang(resident) did the patient had any sign of lymph node or organ metastasis ? What is his tumor–node–metastasis classification?

主任：谢谢陈医生。张医生病人有什么淋巴和器官转移证像吗？他的 TNM 分期是什么？

Resident: The patient’s Diagnosis: Adenocarcinoma of the rectum, stage T2N 0M 0.

住院：病人诊断可以是直肠癌 T2N 0M 0 期。

Chief: Do you know what does T2N 0M 0 mean ?

主任：你知道 T2N 0M 0 代表什么吗？

Attending: T2might refer to a moderate tumor invation; N0 indicats the cancer cell lesions without the lmpth nods beside the rectum. M0 is refer to the no metastsis to the other organs.

主治：T2 代表的是中等程度的肿瘤转移，N2 代表淋巴转移到直肠以外，M0 代表没有器官转移灶。

Chief: Not exactly. The staging of rectal cancers the tumor–node–metastasis classification system is according to WHO. T refer to the tumor. T1 lesions involve the mucosa with variable invasion into the submucosa ; T2 lesions invade, but do not completely penetrate, the muscularis propria; T3 lesions are transmural and involve all layers of the rectum, including the serosa ; and T4 lesions involve adjacent structures, such as the bladder. N is refer to the lymph nod. N1 indicts the cancer cell lesions the lymphnods beside the cancer leveal;N2 indicts the cancer cell lesions the lymphnods at mesenterium ;N3

indicts the cancer cell lesions the lymph nods at abdominal aorta. M is refer to the metasis to the other organs.

主任：不完全正确。根据 WHO 直肠癌 TNM 分型，T1 代表癌症侵犯粘膜并破坏粘膜下层；T2 代表癌症侵犯范围未穿透固有肌层；T3 代表癌症透壁型的侵犯所有层面，包括浆膜层，T4 代表癌症侵犯已侵犯邻近组织，例如膀胱。N 代表淋巴结，N1 肿瘤层面的淋巴转移，N2 代表肠系膜淋巴转移，N3 代表腹主动脉周围淋巴结转移。M 代表了邻近器官转移。

Chief: What kind of exam exam that the patient had took can support this T2N 0M 0 diagnosis ?

主任：有什么检查可以支持你的 T2N 0M 0 诊断吗？

Resident: Endoscopic ultrasonographic examination performed at this hospital shows an infiltrative mass, 8 mm thick, in the rectum. The tumor has invaded the mucosa, submucosa, and muscularis propria. However, the outside border of the muscularis propria appears smooth. Several lymph nodes are visible, but they are not enlarged and have normal echogenicity.

Endoscopic ultrasonographic staged lymph nodes.It is based on their size and echotexture. In this patient, The lymph nodes we saw on ultrasonographic examination were not enlarged and had normal echogenicity.

住院医生：在该医院行经肛周内镜超声检查显示为厚约 8 mm 的直肠浸润肿块。肿瘤浸润粘膜、粘膜下层与固有肌层。然而，固有肌层外缘似光滑。见数个淋巴结，但不肿大，超声表现正常。淋巴结的内镜超声分期取决于大小与声像图特征。该病例为显微淋巴结累及，不肿大。超声所见淋巴结不肿大，声像图正常。

Chief: This is inpartly true. But it is important to remember that in rectal cancers, there can be microscopic involvement of the lymph nodes. Better methods for assessing lymph-node involvement are clearly needed; new agents that allow the evaluation of internal lymph-node architecture on MRI scanning may be helpful in cases such as this one. Doctor Liu do you know which examation is the most correct and easily accepted in the clinical?

主任：你说得没错。重要的是要记住，在直肠癌中会出现淋巴结的显微累及。显然需要较好的方法来评估淋巴结累及；MRI 扫描评估肠道淋巴结结构新因素将有助于诸如本病例的评价。刘医生什么样的检查在临床上是准确率最高最易被接受的吗？

Attending:The pathological diagnoses is the most important .Examination of the resected rectum and sigmoid showed a mass, 3 by 2 by 0.5 cm , that was a moderately differentiated adenocarcinoma with transmural invasion into the perirectal fat,There was invasion of blood and lymphatic vessels in the submucosa and extramurally, and four of nine lymph nodes contained cancer. So the pathological diagnoses is T3N2M0.

主治医生：病理学诊断是最重要的。通过对患者切除的直肠和乙状结肠检查，发现一个 3*2*0.5cm 肿块。提示未一中等分化的腺癌。透壁侵入肛周脂肪组织，延伸到切除范围内 0.2cm。伴有粘膜下层和肠壁外的血液和淋巴侵犯。4/9 淋巴结中发现癌细胞。原位癌分级为 T3N2M0。

Chief: Yes,you are right.And what's the further therapy for this patient?

主任：那么这位病人进一步的治疗是什么呢？

Resident: The current patient is to offer postoperative radiation with the administration of concurrent and maintenance 5FU-based chemotherapy

住院医生：当前实际处理切除后分期 T2 或 T3 病例的方法是，术后放疗同时服用与维持氟尿嘧啶类的化疗。

Chief: I agree with you. A number of prospective and respective randomized trials have confirmed the value of postoperative chemotherapy for patients with resected stage T2 or T3 rectal carcinomas. The resent study showed benefit in terms of survival or local control with the oxaliplatin and fluorouracil based regimen.. Doctor Chen do you know the pharmacologic action of fluorouracil?

主任：我同意你的看法。许多前瞻性和回顾性随机试验肯定术后化疗对切除分期 T2 与 T3 直肠癌的价值。早期研究显示术后联合放疗与化疗优于单独切除、放疗或化疗。另一研究结果显示，根据生存率或局部控制评价，加甲酰四氢叶酸钙或左旋四咪唑或两者无效应。陈医生你知道氟尿嘧啶的药理作用吗？

Intern: It inhibits the thymidylate synthetase decreases the intracellular concentration of thymidine monophosphate, which in turn leads to the inhibition of DNA synthesis.

实习医生：氟脲嘧啶抑制胸腺核苷酸合成酶减少细胞内胸腺嘧啶核苷一磷酸浓度，从而抑制 DNA 合成。

Attending: 5FU combining oxaliplatin is the current standard chemotherapeutic agent used in the adjuvant treatment of rectal cancer. 5FU inhibits thymidylate synthetase, an enzyme that is critical in the conversion of uridine to thymidine. And what dosage do you choose for this patient?

主治：氟尿嘧啶联合奥沙利铂是当前辅助治疗直肠癌的标准化疗药物。氟尿嘧啶抑制胸腺核苷酸合成酶，是尿嘧啶转变成胸腺嘧啶的关键酶。那么你们将为这位病人选择什么合适的剂型？

Resident: Xeloda, an oral prodrug of 5FU, allows the delivery of fluorouracil dosing similar to that achieved with an infusion schedule without the risk of morbidity from central ,oxaliplatin, forms interstrand and intrastrand DNA cross-links and DNA have been shown to improve survival in patients with metastatic colorectal cancer when used in combination with 5FUand CF

住院医生：卡培他滨（希罗达 xeloda）是氟尿嘧啶前药，其释出剂量可与静脉注射相仿但无中枢神经导管与注射泵并发症。依连洛特肯（定位异构转化酶 II 抑制剂）与奥沙利铂，其形成 DNA 股间与股内交联与 DNA 加合物类似于其他铂化合形成物，在联合氟尿嘧啶与亚叶酸应用中，均显示改善转移结肠癌患者的生存期的作用。

Attending：The platinum has the 3 generations ,which are cisplatin ,carboplatin and the oxaliplatin. The side effects of the platinums are nearly same.

主治医生：白金有三种衍化物：顺铂，伯尔定和奥沙利铂。其副作用是几乎相同的。

Chief: I do not agree with your. The severity of toxic effects varies with the dose and dosing schedule.The side-effect of Platinum is totally different. Such as the cisplatin is vomite ,carbinplatin blood disc depress and the oxaliplatin periphery neuritis.

Since Fluorouracil can be toxic to the rapidly dividing tissues of the gastrointestinal tract and, to a lesser extent, the skin and bone marrow.

The best way of avoiding the side effect of the oxaliplatin is to keep in touch of the cold objects. So we must pay much attention to such gastrointestinal toxic effects like: nausea ,vomiting and periphery neuritis. We know in this case, identified cancer very low in the rectum. Doctor Chen what the colon and rectal cancer was regarded as in our TCM ?

主任：我不同意你的看法，氟尿嘧啶对细胞迅速分裂的胃肠道组织具有毒性作用，对皮肤与骨髓毒性作用次之。避免奥沙利铂副作用的最好方法是不要接触冷物体。所以我们必须对于消化道例如恶心呕吐等毒性作用引起足够的重视。在这个病例中，患者有直肠下段息肉，那么这个直肠癌的中医病名是什么？

Intern: According to his history is it diarrhea ?

实习医生：根据他的病史是不是泄泻？

Chief: I'm not quite agree with you，It can be regard as anus-stopping hemorrhoids. Now I have a general impression of this patient, let's go to the ward to make some further inquire and exam.

主任：我不是很同意你的看法，这个中医病名为"锁肛痔"。现在我对病人病情有整体印象了，让我们去病房进一步问诊和检查。

D．Professor's round

情景 D：主任查房

WARDS: 病房

Chief : good morning ,I'm doctor zhong, the chief of this department. How do you feel today?

主任：早上好，我是钟医生，肿瘤科主任，你感觉怎样？

Patient: good morning! I have an abdominal pain

病人：早上好，我下腹还有点痛

chief: I will need to make some exam on you abdomen.

主任：我要在你的腹部作一些检查

Chief: The examation is negative .please show me your tongue ? (the patient shows his tongue) oh! He has a red-purple tongue with slight yellow tongue fur. (Pulse taking)he has a rough-fin pulse.

主任：请给我看一下舌头（病人伸舌）他有紫红色的舌头薄黄苔，（搭脉）脉细涩。

Chief: do you have abdominal distention?

主任：你有腹胀吗？

Patient: yes.

病人：有的

Chief: do you have anorexia?

主任：你有恶心吗？

Patient:no

病人：没有

Chief: what colour of the blood in the stool? Is it bright red or purple-red?

病人：你大便中血是什么颜色的？是鲜红的还是紫红的

Patient:sometime ispurple-red.

病人：有时是紫红的

Chief: do you have a intense urge to defecate, with straining? feeling of incomplete evacuation?

主任：你有里急后重，和泻下不爽吗？

Patient: yes.

病人：是的

Chief: do you fear of cold and have cold limbs?

主任：你有畏寒肢冷。

Patient: no.

病人：没有

Chief: do you have dizziness or tidal fever?

主任：你有头晕和盗汗吗？

Patint: no.

病人：没有。

E. Discussion

情景 E：病例讨论

OFFICE： 办公室

Chief: And what's the pattern identification of this patient according to TCM and what is his principle of treatment ?

主任：患者辨证分型和治则是什么？

Attending: according to the inspection ,listening and smelling, inquiring, palpation. The patient has purple-red color blood in the stool; a intense urge to defecate, with straining feeling of incomplete evacuation; red-purple tongue with slight yellow tongue fur; a rough-fin pulse. Correlated all four exam, the patient can be identified as accumulation of stagnant toxin-heat in the interior. The treatment principle will be removing blood stasis and promoting Qi.

主治医生：通过望闻问切，患者腹胀腹痛，痛有定处，泻下色紫，里急后重，舌紫暗，苔黄，脉细涩。四诊合参，证属瘀毒内阻证。治拟化瘀行气。

Chief: I'm quite agree with you? Doctor Chen what herb formula will you choose to treat this patient.

主任：我比较同意你的看法. 陈医生你会给这位病人选择什么方子？

Intern: I will choose Infradiaphragmatic Stasis-Expelling Decoction.

实习医生：我会选择膈下逐瘀汤。

Chief: well done. I suggest that the patient have received upper abdominal, pelvic cavity CT scan,the exam of the blood serum tumor marker, periphery blood test , metabolism,and EKG.The intimate observation should be taken in the chemotherapy. The follow-up period is about 2years,because the rate of the recurrence and the matastais is about 60_80% in the colon and rectal cancer.That's all for today's professor around.

主任：很好。我建议病人再接受上腹部及盆腔 CT 扫描，血清肿瘤标志物，外周血，新陈代谢，心电图。在化疗期间患者必须接受严密观察。随访期为两年，因为直肠和结肠癌发病率为 60-80％。今天的主任查房到此结束。