Clinical analysis of misdiagnosis for lung cancer: a report of 31 cases  

SUN Changming, YU Jiwei, LIU Zhibang, Department of Internal Medicine, Datong Railway Central Hospital, Datong, Shanxi 037005, P. R. China

Corresponding author: SUN Changming

【Abstract】 Background and objective  In grass-roots hospitals, the rate of misdiagnosis for lung cancer is rather high. The aim of this study is to investigate the reasons of misdiagnosis for lung cancer. Methods  A total of 31 patients with signs out of lung from 1987 to 2004 were analyzed retrospectively. Results  There were different degrees of misdiagnosis in these 31 patients. One half of misdiagnostic reasons were medical factors, and the other half were due to patients’ carelessness (15 cases/16 cases, 48%/52%). The medical factors included lack of knowledge of medical workers about tumor and limited conditions in grass-roots hospitals. The patient factor was mainly that they did not receive medical treatment in time. Conclusion  The key point of reducing the misdiagnostic rate of lung cancer is to improve the professional level of medical workers and popularize peoples’ knowledge about lung cancer.

【Key words】 Lung neoplasms  Misdiagnosis
1.4 肺癌的分期标准

1.5 1997年国际抗癌联盟(UICC)提出的肺癌分期标准如下：

0期：局限于原发部位
1期：同侧肺门淋巴结转移
2期：同侧锁骨上淋巴结转移
3期：远处转移
4期：广泛转移

局限期、广泛期和转移瘤的划分：
限于肺癌本身的范围

转移瘤的生长速度也受到重视。

有统计报告，恶性肿瘤患者初诊时已发现有转移灶的人数为多。

转移瘤往往比原发瘤有更强的生长能力。

中心型肺癌出现呼吸道症状体征早而明显，而确诊时已属晚期的多为周围型。

其次，要对肺癌有一定的警惕性。

吸烟这一高危因素已成定论。

局限期、广泛期和转移瘤的划分：

1期：同侧肺门淋巴结转移
2期：同侧锁骨上淋巴结转移
3期：远处转移
4期：广泛转移

转移瘤的生长速度也受到重视。

有统计报告，恶性肿瘤患者初诊时已发现有转移灶的人数为多。

转移瘤往往比原发瘤有更强的生长能力。

中心型肺癌出现呼吸道症状体征早而明显，而确诊时已属晚期的多为周围型。