

認識子宮頸癌 Cervical Cancer



病徵與風險

Symptoms & Risk

早期子宮頸癌的常見病徵為性行為後、兩次月經之間、收經後出血，但部分患者沒有任何病徵。後期症狀包括背痛、腳水腫、泌尿或排便困難、腹股溝或頸部淋巴核腫大。

無病徵的子宮頸癌通常透過子宮頸抹片檢測出現異常後，配合陰道鏡檢查和子宮頸活組織檢驗才被診斷出來。因此，年過25歲且有性經驗的女士定期接受子宮頸檢查至關重要。

Early signs of cervical cancer include bleeding between menstrual periods after sexual intercourse and after menopause, though some women may show no symptoms. Late-stage symptoms include back pain, leg swelling, difficulties with urination or bowel movements, and swollen lymph nodes in the groin or neck.

Asymptomatic cases are often diagnosed through abnormal cervical smear test results, followed by colposcopy and tissue examination. Therefore, regular cervical screening is crucial for women over 25 with a history of sexual activity.

高風險人群

High-Risk Groups

- 1 感染HPV16和18型病毒（大部分患子宮頸癌的個案因持續感染高風險HPV病毒而致）
Persistent infection with HPV types 16 and 18 (Most cases of cervical cancer are caused by persistent infection with high-risk HPV).
- 2 過早開始有性行為、有多個性伴侶或曾感染性病
Early sexual debut, multiple partners, or history of Sexually Transmitted Infections
- 3 多次生育或第一次懷孕時年齡較輕
High parity (multiple births) or young age at first pregnancy
- 4 吸煙人士
Smokers
- 5 免疫力低或長期服避孕丸（超過5年）
Weakened immunity, or long-term use of contraceptive pills (over 5 years).



子宮頸癌篩查種類

Screening Types



子宮頸抹片檢測：檢測子宮頸細胞是否有早期變異。

Cervical smear test: Detects early cell changes.



HPV檢測（適用於30歲以上女士）：偵測致癌高風險型病毒。

HPV Testing HPV Testing (women aged 30 and above): Detects high-risk cancer-causing viruses.

診斷方法

Diagnosis

當子宮頸抹片檢測出現異常，醫生會進行陰道鏡檢查配合切片化驗，觀察子宮頸病變表徵。檢查結果會以子宮頸上皮內瘤樣病變(CIN)來分級：

When a Cervical smear test shows abnormal results, the doctor will perform a colposcopy and biopsy to examine the cervical lesions. The findings will be categorized using CIN (Cervical Intraepithelial Neoplasia) grading. This includes

CIN I



輕度子宮頸上皮內瘤樣病變(CIN I)：細胞有輕微變化，通常會自行修復，只需定期監測。如果情況持續，亦可選擇進行治療。

CIN I (Mild Cervical Intraepithelial Neoplasia), where the cells show slight changes and usually recover on their own, requiring only regular monitoring. If the condition persists, treatment may be considered.

CIN II & III



中至重度子宮頸上皮內瘤樣病變(CIN II & III)：而CIN II 及III 則需盡快處理，不及時治療，可能演變成子宮頸癌。以CIN III 3為例，10年內演變成子宮頸癌的機會率約12%

CIN II and III (Moderate to Severe Cervical Intraepithelial Neoplasia) require prompt attention; if not treated timely, they may develop into cervical cancer. For example, in the case of CIN III, the likelihood of progression to cervical cancer within 10 years is approximately 12%.

預防勝於治療

Prevention is Key

- **接種疫苗：**適齡人士應儘早接種HPV疫苗，預防病毒感染。
Vaccination: Eligible individuals should receive the HPV vaccine as early as possible to prevent viral infection.
- **定期篩查：**年過 25 歲且有性經驗的女性需定期接受篩查，及早偵測癌前病變，防止演變為癌症。
Regular Screening: Women over 25 years old with sexual experience should undergo regular screenings to detect of any precancerous lesions early and to prevent progression to cancer
- **健康生活：**避免吸煙、採取安全性行為。
Healthy Lifestyle: Avoid smoking and practice safe sex.



如閣下對子宮頸癌有疑問，或已到期進行覆檢，請即向我們的醫護人員諮詢。

If you have any questions or are due for a follow-up examination, please consult our medical staff immediately.

聯絡我們

Contact Us



尖沙咀 Tsim Sha Tsui

九龍尖沙咀河內道5號普基商業中心2樓及3樓A室
2/F & 3A, Podium Plaza, No.5 Hanoi Road, Tsim Sha Tsui, Kowloon
2157 3840 (專科中心 Specialist Centre)
3619 0835 (普通科醫務中心 General Practice Clinic)



中環 Central

香港中環皇后大道中9號26樓2601-04 & 06-08室
Room 2601-04 & 06-08, 26/F, 9 Queen's Road Central, Central, Hong Kong
2530 0006 (專科中心 Specialist Centre)
2155 2355 (普通科醫務中心 General Practice Clinic)



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確診癌症後的影像診斷

Post-Diagnosis Imaging



若證實患有子宮頸癌，醫生會先進行詳細的影像診斷，透過電腦掃描 (CT)、磁力共振 (MRI) 或正電子掃描 (PET-CT) 等，確定癌細胞的受影響範圍、大小以及是否有轉移至淋巴或其它器官及臨床檢查，配合病人的意願，生育計劃等等，建議最合適的治療方案。

If cervical cancer is diagnosed, detailed diagnostic imaging (eg: CT, MRI, PET-CT) would be performed. Patient's wish, fertility plan will be taken into account to formulate the most appropriate treatment plan.

手術的處理方法

Surgical approaches



錐形活組織檢查：若病變範圍小，只需切除後子宮頸的一部分，若有癌細胞殘留或擴散，則需搭配其他治療如

子宮切除術、放療或化療。

Conization: If the lesion is small, only a cone-shaped portion of the cervix is removed. If residual cancer cells are found or if the cancer has spread, additional treatments such as a hysterectomy, radiotherapy, or chemotherapy may be required.



子宮頸切除術 (Trachelectomy)：對於希望保留生育能力的年輕女性，醫生可選擇切除子宮頸及周圍組織，但保留

子宮主體。

Trachelectomy: Young women who wish to preserve their fertility, may opt to remove the cervix and surrounding tissues while preserving the main body of the uterus.



根治性子宮切除術 (Radical Hysterectomy)：這是最常用的治療方式。醫生會切除子宮、子宮頸、上陰道、周圍組織及盆腔淋巴結，以確保徹底清除癌細胞。

Radical Hysterectomy: Radical hysterectomy is the most commonly used treatment method. The doctor will remove the uterus, cervix, upper vagina, surrounding tissues, and pelvic lymph nodes.

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手術以外的治療

Non-surgical treatments

如果手術後的病理報告顯示有淋巴轉移或高復發風險，醫生會建議進行輔助治療。又或者病人身體條件或病情不適合做手術，醫生亦會考慮以下方案：

If post-surgery pathology reports indicate lymph node spread or a high risk of recurrence, the doctor will recommend adjuvant therapy. Alternatively, if the patient's physical condition or disease state is not suitable for surgery, the doctor will consider the following options:



放射治療 (電療)：利用高能量射線殺死癌細胞。

Radiation therapy: Utilizing high-energy rays to kill cancer cells.



化學治療：通常與電療併行，以提高療效。

Chemotherapy: Typically administered concurrently with radiation therapy to enhance effectiveness.



標靶及免疫治療：適用於較複雜或晚期的個案。

Targeted therapy and immunotherapy: For more complex or advanced cases.