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个案与短篇

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迁徙性咽部异物致颈部包块1例

A case report of cervical mass caused by erratic foreign material

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对我院2001年诊治的1例迁徙性咽部异物(鱼刺)导致颈部包块的患者进行回顾性分析,目的是总结经验,提高对该病的诊治。

1 资料与方法

患者女,55岁,诉"右颈部吞咽疼痛,右颈部包块3个月"。曾在外院抗炎治疗多次,疼痛稍缓解,但包块未消退,即于2001年3月29日入合川市人民医院耳鼻喉科。查体:心肺(-),神经系统未见异常,右胸锁乳突肌中1/3处自其后缘向后下方有一长约3.5 cm×0.3 cm条状硬包块,其上端表浅,位于皮下;下端较深,且有压痛,质硬、活动度较好,咽喉腔粘膜无充血及糜烂、窦道。

入院后诊断为"右颈部包块",于次日局麻下行"右颈部包块探查取出术"。2%利多卡因包块区局麻浸润下,于右胸锁乳突肌中1/3处该肌后缘,沿"包块"走形,向后下切开长约1 cm的皮肤切口,分离其下皮下组织,即暴露出其上端(较粗),见是一白色鱼刺,用血管钳夹住其上端头部,顺利拔除一长约3.0 cm×0.2 cm×0.1 cm光滑的鱼刺,缝合切口。术后第1天,换药时几乎无疼痛。追问病史:患者半年前吃鱼时,曾有被鱼刺卡住右咽喉史,偶有吞咽进食疼痛及异物感,之后咽异物感消退,而未引起重视。术后7 d拆线,切口愈合好。门诊随访1年半,无疼痛及异物感等表现。

2 讨论

咽及食道异物为常见病,但异物穿透咽、食道壁至腔外者少见,称迁徙性咽食道异物,亦称咽食道腔外异物,常易误诊、漏诊。若异物较深,治疗不及时,或刺伤重要器官,可造成致命的危险。迁徙性异物在体内迁移的程度及远近,常与异物的形状、肌肉的挤压等因素有关,如锋利针尖状异物、鱼刺等,在体内则易于迁移,多见于老年患者。患者误吞鱼刺等异物后,往往吞菜饭团,试图咽入胃内,结果导致腔壁损伤,异物迁移;异物本身引起局部感染或脓肿形成,亦可促使异物穿透腔壁迁移它处。迁徙性异物诊断较困难,应详细询问病史。该患者多有异物史,有吞咽进食后疼痛、发热及痰中带血史,怀疑者需做X线片及CT等进一步辅助检查。迁徙性异物一旦确诊,应及时取出。

关键词:咽部异物;颈部包块
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