胖)、脂代谢紊乱、胰岛素抵抗有关,推测 FGF21 可能在脂肪肝的发生、发展过程中起了一定的作用。

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个案与短篇

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125 例大子宫肌瘤阴式手术临床分析

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[关键词] 子宫肿瘤;平滑肌瘤;子宫切除术,阴道式

[中图法分类号] R737.33 **[文献标志码]** B

子宫切除术(transvaginal hysterectomy, TVH)是妇科常见的手术之一,但对于子宫大于 12 孕周的大子宫而言,采用传统术式操作难度大、术中出血多、手术时间长[1]。本科研究设计出"两快一游离"大子宫肌瘤阴式手术新方法,对 125 例大子宫施阴式子宫切除术,疗效满意。现报告如下。

1 资料与方法

1.1 一般资料

本组病例均来自本科自 2006 年 5 月至 2009 年 10 月收治的子宫肌瘤患者 209 例。研究组 125 例,行"两快一游离"TVH 新方法;对照组 84 例,行传统 TVH。手术指征:①有手术切除子宫指征;②子宫活动度好,无粘连;③子宫增大如 18 ~ 23 孕周;④无附件病变;⑤ 排除外恶性变及阴道炎症。全部病例均经 B 超及常规妇科检查,准确测量子宫大小、肌瘤数目及部位,符合临床手术指征,并取得患者知情同意。2 种术式分别对患者一般情况进行比较,差异无统计学意义($P>0.05$,表 1)。

表 1 2 组患者一般情况比较

组别	例数	年龄(岁)	孕次	产次	子宫大小(孕周)	血红蛋白(g/L)	腹部手术史[例数(%)]
研究组	125	44.86 ± 4.82	2.91 ± 0.95	2.32 ± 1.54	17.82 ± 5.14	124.47 ± 15.94	41(32.80)
对照组	84	45.21 ± 5.16	2.85 ± 1.51	2.20 ± 1.62	17.47 ± 5.34	118.32 ± 17.46	12(14.29)

1.2 手术方法

2 组均采用腰硬联合麻醉。研究组行"两快一游离"方法:① 快速分离膀胱宫颈和子宫直肠间隙:先后以刀柄、食中指钝性分离,配合小"s"拉钩充分分离,摒弃以往需剪开两个间隙腹膜进腹。② 快速自然打开腹膜:依次处理各组韧带及子宫血管,紧贴宫颈及子宫体,以便前后腹膜自然打开入腹。③子宫游

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离、分碎:紧贴子宫将宫颈至宫体对半切开,使子宫及瘤体处于半游离状态,分碎瘤体。对照组采用传统 TVH 方法:①将 2 个间隙腹膜剪开入腹。②处理各组韧带和子宫动静脉。③将子宫完全从阴道穹窿牵出切除子宫。

2 结果

2 组围手术期一般情况差异均有统计学意义($P<0.01$,表 2)。研究组中无副损伤,无中转开腹,手术成功率 100%,对照组中有 6 例副损伤,7 例中转开腹,手术成功率 92%。

表 2 2 组 TVH 围手术期一般情况比较($\bar{x}\pm s$)

组别	例数	间隙分离时间 (min)	手术时间 (min)	出血量 (ml)	排气时间 (h)
研究组	125	3.25 ± 1.16[a]	53.12 ± 12.32[a]	83.75 ± 34.12[a]	10.56 ± 5.01[a]
对照组	84	37.15 ± 12.63	115.23 ± 25.42	212.71 ± 93.01	36.42 ± 7.06

a:$P<0.01$,与对照组比较

3 讨论

TVH 具有创伤小,腹腔不受干扰,出血少,术后疼痛轻等优点的微创手术[2,3]。传统的 TVH 尤其是大子宫 TVH,手术难度大,对术者技术要求高,且易造成脏器等副损伤,尽管具有腹腔镜使 TVH 的普及受到阻碍[4]。在英国,55 岁以下的妇女中子宫切除者占 1/5[5]。在我国手术量远高于英、美等国,开创新的 TVH 方法势在必行。近几年,国内外已陆续开展 TVH[3,6,7]。据此,我们改变传统的 TVH 手术方法,建立一种新的 TVH "两快一游离"术式,以降低手术难度、扩大手术指征,提高患者术后生活质量。

大子宫 TVH 的难度主要在于 2 个方面:①子宫下降困难,巨大子宫位置前倾,嵌顿在耻骨联合上方,加之术野小,导致子宫难以下降。②宫旁张力大,极易造成钳夹滑脱、结扎不牢靠,导致出血。本研究表明,"两快一游离"大子宫肌瘤阴式手术新方法可解决大子宫 TVH 中的关键技术难题简化手术步骤,降低手术难度、减少术中出血、缩短手术时间、降低副损伤率、增加手术安全性,利于更多的妇科医师掌握 TVH 技术,促进大子宫 TVH 在我国快速推广、普及,越来越多的患者受益。

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