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个案与短篇

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奥曲肽治疗肝硬化乳糜性腹水1例

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【关键词】 奥曲肽; 肝硬化; 乳糜性腹水
【中图法分类号】 R572.2 【文献标志码】 B

1 临床资料

患者, 男性, 64岁, 因"确诊肝硬化12年, 黑便1 d, 意识障碍1 h"于2010年5月11日入院。12年前患者诊断为酒精性肝硬化, 2年前和1年前因食管胃底静脉曲张破裂出血, 2次行内镜下食管静脉曲张套扎术, 1年前患者出现乳糜性腹水, 予以保肝、利尿、输注白蛋白等对症支持治疗, 乳糜性腹水无明显好转, 腹水生长速度快, 需定期大量腹腔穿刺放液治疗, 此次入院前1天患者自行腹腔穿刺放液5 000 ml, 意识障碍1 h入院。患者有长期饮酒史, 饮酒30$^+$年, 1 d 500 g白酒, 抽烟50$^+$年, 1 d 10支。入院查体: T 36.5 ℃, P114/min, R18/min, BP 118/78 mmHg, 慢性肝病病容, 昏迷状态, 呼之不应, 全身皮肤巩膜无黄染, 全身浅表淋巴结未扪及肿大, 心肺无异常, 腹膨隆, 无压痛、反跳痛、肌紧张, 肝脾扪诊不满意, 移动性浊音阳性, 双下肢无水肿。辅助检查: 血常规示: WBC 5.14×10^9/L, N 83%, RBC 2.73×10^{12}/L, HGB 92 g/L, PLT 51×10^{12}/L。大便隐血阳性, 肝功示: ALT 28 IU/L, AST 38 IU/L, ALB 35.1 g/L, TBIL 29.3 μmol/L, DBIL 11 μmol/L, Pre-ALB 106.9 g/L。肾功示: UREA 1703 mmol/L, CREA 111 μmol/L, UA 525 μmol/L, Na 132.1 mmol/L, K 4.63 mmol/L, 凝血时间示: PT 14.5 s, APTT 27.8 s, INR 1.21. 血氨57.5 μmol/L。腹水示白色浑浊乳糜性腹水, 腹水常规+生化示蛋白质为6.2 g/L, 白细胞为3.6×10^6/L, 李凡他(Rivalta)试验阳性, 乳糜试验阳性。入院后予以抑酸、保肝、降低门静脉压力等对症支持治疗, 患者神志清醒, 入院后予以奥曲肽50 μg/h持续微泵输入降低门静脉压力, 控制出血, 前7天予以奥曲肽50 μg/h持续输注, 随后予以25 μg/h持续泵入4 d, 最后予以奥曲肽0.1 mg, 皮下注射, 3次/d治疗3 d。患者腹水由白色浑浊乳糜样腹水逐渐变黄、透明, 腹水生长速度明显减慢, 患者腹胀程度较之前明显好转出院。随访半年患者仍有腹水, 但腹水生长速度较之前明显减慢, 患者腹胀能忍受, 不需要每周定期大量腹腔穿刺抽液。

2 讨论

乳糜性腹水指乳状或奶油状富含三酰甘油的腹腔渗液, 白色不透明, 是由胸导管、腹腔淋巴管及其分支的损伤、破裂或阻塞致淋巴液溢入腹腔形成的。乳糜性腹水发病率低, 临床上少见, 王秀茹[1]分析了我国247例乳糜性腹水病例, 发现肝硬化引起的乳糜性腹水最常见, 发病率约23.48%, 其它病因包括肿瘤、结核、手术、肾病综合征、先天发育异常等。

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肝硬化乳糜性腹水的发病机制目前尚不明确,现研究显示可能为肝硬化门静脉压力升高致使淋巴液产生增多和胸导管压力增高导致淋巴管破裂,淋巴液溢入腹腔形成。也有报道与肝硬化结节直接压迫胸导管,侧枝淋巴管通路的缺乏,毛细淋巴管的特殊结构有一定关系[2-4]。

肝硬化乳糜性腹水无规范有效的治疗方法,常用的治疗措施为低脂饮食配合保肝、利尿等对症治疗,治疗效果不明显。在本例病案中,患者开始应用奥曲肽持续微泵输注控制食管胃底静脉曲张破裂出血,在治疗上消化道出血的过程中发现患者乳糜性腹水逐渐转黄,透明,腹水生长速度明显减慢,持续应用奥曲肽治疗14 d,患者乳糜性腹水明显好转。因此认为奥曲肽在治疗肝硬化乳糜性腹水中有一定效果,但奥曲肽的具体用法及疗程尚需进一步研究。上海东方肝胆医院也有报道应用合理膳食配合善宁治疗了12例肝硬化乳糜性腹水,8例腹水完全消失[5],Berzigotti等[6]也有报道应用善宁并配合饮食、利尿等成功治愈肝硬化乳糜性腹水的病例。

奥曲肽治疗肝硬化乳糜性腹水可能与其降低门静脉压力导致淋巴液的产生减少,同时作用于肠系膜和肠道的生长抑素受体抑制胃肠胰内分泌系统的肽及生长激素的分泌有关。

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