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(**收稿**:2013-02-22;**修回**:2013-05-22)
(编辑 栾 嘉)

个案与短篇

文章编号:1000-5404(2013)12-1214-01

阴股沟皮瓣治疗外伤后会阴部瘢痕、尿道断裂1例

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[**关键词**] 会阴;瘢痕;阴股沟皮瓣;尿道断裂
[**中图法分类号**] R699.6 [**文献标志码**] B

1 临床资料

患者,男性,45岁,主因1年前于工作时被炸伤阴囊,当时不能自行排尿,出现尿潴留。偶有血性尿液滴出,当地医院行清创、留置造瘘管,未行其他处理。6月前于北京大学第一医院行尿道造影(图1A),发现:"尿道球部狭窄闭锁,长约3.0 cm。未给予处理。入我科诊断为:"外伤性尿道狭窄"。专科情况见:造瘘口通畅。会阴部于阴囊与肛门之间可见约10 cm×6 cm不规则瘢痕,质硬,动度差,与深层组织粘连,双侧阴囊内睾丸及附睾界限不清,无压痛。入我科后行尿道狭窄切除吻合+会阴部瘢痕松解(部分切除)+带蒂阴股沟皮瓣转移术,术中探查见会阴部瘢痕增生明显,最厚可达8 cm。与尿道前、后二断端广泛粘连,组织结构紊乱,分离出尿道断端后于瘢痕与尿道之间广泛分离,充分松解尿道后给予吻合。于左大腿内侧设计以坐骨结节为转移点之阴股沟皮瓣,包含部分深筋膜,长约18 cm,宽约5 cm。充分利用皮瓣深部脂肪组织填充瘢痕切除后组织缺损所形成之凹陷(图1B)。术后放置负压引流管。术后皮瓣成活好(图1C),术后10 d拆线,术后3周拔除膀胱造瘘管,排尿良好(图1C)。继续行尿道扩张,防止尿道再次狭窄。



A:术前尿道造影;B:皮瓣转移后即刻;C:术后2周
图1 阴股沟皮瓣治疗外伤后会阴部瘢痕、尿道断裂术前与术后观察

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[**优先出版**] http://www.cnki.net/kcms/detail/51.1095.R.20130515.1354.004.html(2013-05-15)
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示:灌胃组大鼠睾丸间质细胞厚度得到了明显的恢复,氧化损伤造成的细胞空泡化、结构紊乱等表现得到了缓解。综上所述,我们认为,γ射线可对大鼠睾丸间质细胞产生损伤,导致细胞结构与功能上的变化,雄激素合成减少。而应用淫羊藿苷单体灌胃可明显缓解这一损伤,对暴露在射线下的睾丸间质细胞有一定的保护作用,且以15 d灌胃组效果最佳。

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(**收稿**:2012-12-04;**修回**:2013-02-20)

(编辑 张 维)

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2 讨论

自Wee等[1]1989年报道阴股沟皮瓣的诸多优点以来,该皮瓣在阴茎、阴囊、阴道再造术中得到广泛应用。阴股沟皮瓣位于股内侧上方与会阴部之间,上界平耻骨联合上缘、下界为两侧坐骨结节连线、内侧界为阴囊或大阴唇外侧缘、外侧界为股内侧皱襞。该皮瓣具有良好的感觉功能。会阴部骑跨伤导致尿道断裂患者于泌尿外科较为常见,此类患者局部皮肤软组织保留较好,仅行尿道吻合即可。爆炸致伤后重度瘢痕增生合并尿道断裂者罕见,此伤情严重影响患者正常排尿及性生活,患者心理及生理受到巨大伤害。术前设计行阴股沟皮瓣转移,考虑有以下优点[2]:①皮瓣血运丰富,成活率高;②皮瓣薄而柔软。塑造阴囊后外形接近正常;③皮瓣神经呈网状分布,可保留感觉功能;④供区隐蔽;⑤手术操作较为简便。本例术中会阴部瘢痕组织增生厚达8 cm,经分离去处瘢痕组织后充分松解尿道断端并给予吻合,以阴股沟皮瓣转移覆盖原瘢痕组织切除后缺损,取得了良好的手术效果,术后半年随访,患者排尿通畅,效果满意。

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(**收稿**:2013-02-25;**修回**:2013-04-25)

(编辑 栾 嘉)