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个案与短篇

经纤支镜钬激光辅助取支气管异物 1 例

吴 娇,杨再兴,胡建林,沈渝菊 （400038 重庆,第三军医大学西南医院呼吸内科）

[**关键词**] 钬激光; 支气管异物
[**中图法分类号**] R768.1 [**文献标志码**] B

1 临床资料

患者,男性,78 岁,有“高血压、糖尿病、冠心病”既往史,于 2014 年 12 月 10 日服药时不慎将盛药塑料容器(图 1)吸入气道,随即呛咳、伴胸闷、呼吸困难,后出现少量白痰。就诊当地医院,行胃镜、喉镜等检查未见明显异常,胸部 CT 见双肺纹理增多、增粗、紊乱,予抗感染、舒张支气管等治疗后症状无明显好转,来我院就诊。于 2015 年 1 月 4 日门诊纤支镜见右主支气管开口一透明异物阻塞管腔,异物为塑料呈“U”型凹槽,开口朝上,予异物钳反复钳取,异物被钳夹至声门时,因患者咳嗽剧烈,将异物振落,进入左主支气管。遂重新钳夹,但因异物光滑,嵌顿紧密,无法钳取。尝试高频电凝在容器远端打孔,因塑料绝缘,无法实现。后以冷冻方法将异物与冷冻探头连接,因连接不够牢固,也未能取出,为继续治疗于当天收入院。入院查体左肺呼吸音低,无其他异常体征。2014 年 1 月 5 日于手术室静注射丙泊酚,并结合环甲膜穿刺注射利多卡因,经喉罩插入纤支镜,见左主远端支气管异物嵌顿,无法钳牢异物,故以钬激光对异物盲端进行反复烧灼,将底部灼出一小口,可见黄色黏稠分泌物自小口不断溢出,用生理盐水反复冲洗吸引清除分泌物,随后将活检钳通过小孔插入,将活检钳张开回拉,将异物固定在纤支镜远端(图 1),退出纤支镜将异物顺利带出,可见异物为一长 1.9 cm,直径 1.5 cm,壁厚为 0.1 cm 透明“U”型塑料盖,术后患者未述特殊不适,术后见左主支气管远端充血水肿,并吸出较多脓性分泌物,术后使用抗生素 5 d 出院,现随访未诉特殊不适。

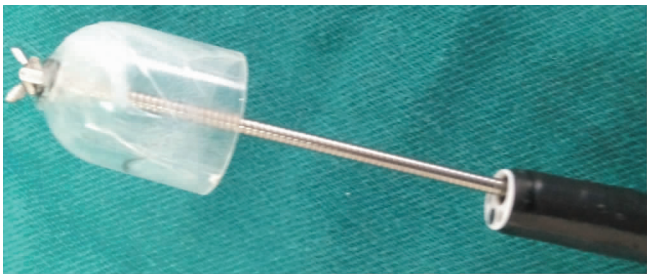


图 1 经纤支镜钬激光辅助取出支气管异物大体观察

[**通信作者**] 胡建林,电话:(023)68765177,E-mail: jianlinhu63@163.com
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2 讨论

支气管异物是临床常见急症。异物可存留在喉咽腔、喉腔、气管和支气管内,引起声嘶、呼吸困难等,因右支气管较粗、短,故异物易落入右主支气管。支气管异物可引起剧烈呛咳,并有憋气、呼吸不畅等症状,呼吸困难程度与异物部位及阻塞程度有关。常见支气管异物及气管异物多使用直接喉镜及支气管镜取出,个别支气管镜钳取有困难者需开胸取出。该患者吸入异物为塑料容器,牢牢嵌顿于左主支气管,无法以异物钳及冷冻等常规方法取出,因塑料类为绝缘体,使用高频电刀未能形成有效回路,不能达到高温烧穿异物;最终经纤支镜以钬激光对异物盲端打孔,再以活检钳经孔伸入远端,张开活检钳将异物固定于纤支镜远端后成功取出,避免开胸手术。今后类似气道内异物可借鉴此方法。在使用钬激光烧灼时,吸入氧气浓度必须严格控制在40%以下,避免氧气助燃使气道内异物、导管及内镜等发生燃烧,损伤气道壁及内镜。支气管异物取出后,因存在肺部阻塞性炎症,术后使用抗生素等对症治疗。

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