[3] Tsimoyiannis E C, Tsimogiannis K E, Pappas-Gogos G, *et al*. Different pain scores in single transumbilical incision laparoscopic cholecystectomy versus classic laparoscopic cholecystectomy: a randomized controlled trial[J]. Surg Endosc, 2010, 24(8): 1842 - 1848.

[4] Ma J, Cassera M A, Spaun G O, *et al*. Randomized controlled trial comparing single-port laparoscopic cholecystectomy and four-port laparoscopic cholecystectomy [J]. Ann Surg, 2011, 254(1): 22 - 27.

[5] Joseph M, Phillips M R, Farrell T M, *et al*. Single incision laparoscopic cholecystectomy is associated with a higher bile duct injury rate: a review and a word of caution[J]. Ann Surg, 2012, 256(1): 1 - 6.

[6] Hall T C, Dennison A R, Bilku D K, *et al*. Single-incision laparoscopic cholecystectomy: a systematic review[J]. Arch Surg, 2012, 147(7): 657 - 666.

[7] Romanelli J R, Roshek T B 3rd, Lynn D C, *et al*. Single-port laparoscopic cholecystectomy: initial experience [J]. Surg Endosc, 2010, 24(6): 1374 - 1379.

[8] Ersin S, Firat O, Sozbilen M. Single-incision laparoscopic cholecystectomy: is it more than a challenge? [J]. Surg Endosc, 2010, 24(1): 68 - 71.

[9] Choi S H, Hwang H K, Kang C M, *et al*. Single-fulcrum laparoscopic cholecystectomy: a single-incision and multi-port technique[J]. ANZ J Surg, 2012, 82(7/8): 529 - 534.

[10] Hodgett S E, Hernandez J M, Morton C A, *et al*. Laparoendoscopic single site (LESS) cholecystectomy[J]. J Gastrointest Surg, 2009, 13(2): 188 - 192.

[11] Lirici M M, Califano A D, Angelini P, *et al*. Laparo-endoscopic single site cholecystectomy versus standard laparoscopic cholecystectomy: results of a pilot randomized trial [J]. Am J Surg, 2011, 202(1): 45 - 52.

(**收稿**:2015-01-26;**修回**:2015-04-16)

(编辑 邓强庭)

个案与短篇

DOI:10.16016/j.1000-5404.201507131

胃窦毛细血管扩张症1例

杨小军 (400022 重庆,重庆市中医院消化内科)

[**关键词**] 胃窦毛细血管扩张症;内镜

[**中图法分类号**] R573 [**文献标志码**] B

胃窦毛细血管扩张症(gastric antral vascular ectasias, GAVE)主要表现为在胃窦或是胃体部位扩张的小血管,可导致难治性胃肠道出血。GAVE常常合并肝门静脉高压、慢性肾功能损伤以及胶原血管病等疾病[1]。其典型临床表现从缺铁性贫血到急性胃肠道出血均可发生。GAVE临床少见,多依据内镜的典型表现——"西瓜胃"[2]诊断。我院收治1例,报告如下。

1 临床资料

患者,女性,70岁,2012年1月因反复心悸气促、头晕乏力7年余入本院。伴有间断性上腹痛,常每周1次,可自行缓解,伴间断黑便,便后头昏乏力明显,或伴黑矇。近7年内,患者曾因反复发生贫血而多次入院治疗。既往多次内镜检查提示:慢性非萎缩性胃窦炎伴糜烂。曾予奥美拉唑、柠檬酸铁、输注浓缩红细胞等治疗,但其贫血仍反复发生,并伴大便隐血阳性。否认肝硬化以及肾衰竭病史。体检:贫血貌,皮肤以及睑结膜苍白,HR 90/min,心脏各瓣膜区听诊未闻及病理性杂音,双肺呼吸音清晰,肝脾肋下未触及。血常规:RBC 2.4×10^{12}/L; MCV 68 fL; MCHC 256 g/L; Hb 45 g/L; Hct 19%; WBC 4.2×10^{9}/L; PLT 140.00×10^{9}/L;纤溶酶7 μmol/L;血清铁蛋白7.5 ng/dL。骨髓象:缺铁性贫血。结肠镜示直肠黏膜少量点状糜烂。小便常规,肝功、肾功、乙肝5项、^{14}C呼气试验、腹部CT、腹部彩超均无明显异常。胃镜示胃体小弯、胃窦可见高出黏膜皱襞呈放射状平行排列的红色条纹,有接触性出血,胃窦黏膜充血水肿略隆起,黏膜欠光滑呈鲜红色(图1);初步诊断为胃窦毛细血管扩张症。胃镜下黏膜剥离小块胃窦病变组织行病理学检查,可见病变呈多灶性分布,主要表现为病变区黏膜糜烂,黏膜层毛细血管显著增生、充血扩张明显。周围未受累黏膜表现为慢性轻度浅表性炎症(图2)。经行多次氩气电凝及抑酸止血等对症处理后,患者治愈出院。随访至2014年5月尚未复发。

(下转1996页)

[**通信作者**] 杨小军,E-mail: yangxj88@126.com

[**优先出版**] http://www.cnki.net/kcms/detail/51.1095.R.20150915.1516.001.html(2015-09-15)

参考文献：

[1] Graziano A, Lo-Monte G, Piva I, *et al*. Diagnostic findings in adenomyosis: a pictorial review on the major concerns[J]. Eur Rev Med Pharmacol Sci, 2015, 19(7): 1146－1154.

[2] 中华医学会. 临床技术操作规范·计划生育学分册[M]. 北京：人民军医出版社, 2004: 1－7.

[3] 中华医学会妇产科学分会子宫内膜异位症协作组. 子宫内膜异位症的诊治指南[J]. 中华妇产科杂志, 2015, 50(3): 161－169.

[4] Shelkovnikova N V, Lushnikova E L, Pichigina A K, *et al*. Structural and Functional Basis of Chronic Pelvic Pain Syndrome during Combined Chronic Cystitis and Adenomyosis [J]. Bull Exp Biol Med, 2015, 158(6): 742－747.

[5] Wan Y L, Holland C. The efficacy of levonorgestrel intrauterine systems for endometrial protection: a systematic review [J]. Climacteric, 2011, 14(6): 622－632.

[6] Tsui K H, Lee W L, Chen C Y, *et al*. Medical treatment for adenomyosis and/or adenomyoma [J]. Taiwan J Obstet Gynecol, 2014, 53(4): 459－465.

[7] 常青, 杨合荣, 王江, 等. 人工流产术后即时放置左炔诺孕酮宫内缓释系统的临床观察[J]. 中华妇产科杂志, 2008, 43(5): 385－387.

[8] Mansukhani N, Unni J, Dua M, *et al*. Are women satisfied when using levonorgestrel-releasing intrauterine system for treatment of abnormal uterine bleeding? [J]. J Midlife Health, 2013, 4(1): 31－35.

[9] Cihangir U, Ebru A, Murat E, *et al*. Mechanism of action of the levonorgestrel-releasing intrauterine system in the treatment of heavy menstrual bleeding[J]. Int J Gynaecol Obstet, 2013, 123(2): 146－149.

（收稿：2015-05-14；修回：2015-06-11）

（编辑　吴培红）

（上接1992页）

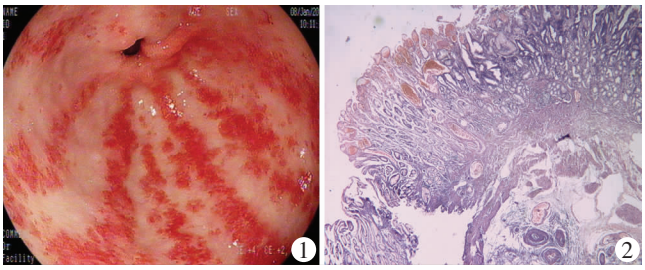


图1　胃窦血管扩张症白光内镜下表现

图2　胃窦血管扩张症胃窦病变组织病理学变化　（HE ×400）

2　讨论

GAVE发病率较低，其病因尚未完全明确。据既往散在病例报道，GAVE的病因常与门静脉高压、胃黏膜脱垂、肠系膜血管阻塞、萎缩性胃炎以及幽门螺杆菌感染相关。胃镜表现：胃窦部多个类似黏膜皱襞的长条形红色隆起，沿胃长轴自幽门口向胃窦部呈辐射状排列，条状隆起部表面布满连续排列的鲜红色红斑，形成西瓜皮样的条纹状外观。病理学表现：胃窦黏膜病理提示黏膜增生肥大、毛细血管扩张伴血栓形成、固有层纤维肌性增生。本例患者根据其胃镜及病理学检查结果可明确诊断为GAVE。

激光可切除胃窦部分的血管扩张，但其治疗结果并未得到广泛的传播[3]。McCormick等[4]报道，用止血芳酸治疗1例合并有肝硬化的GAVE患者30个月中虽然不需要输注红细胞，但是GAVE仍然存在。尽管胃窦切除术可以彻底地治愈GAVE，但如合并门静脉高压症和肝硬化，其术后死亡率明显增加[5]。Nardone等[6]研究表明，奥曲肽也可以长期治疗GAVE，但奥曲肽只能改善部分隐性出血。有研究结果显示氩离子束凝固术（argon plasma coagulation, APC）主要用于控制胃肠道中特定的病变出血。喷射的高频电流电离氩气可以使出血凝固。由于没有直接接触病变，APC可以用于治疗较薄的胃肠道出血部位。

参考文献：

[1] Ingraham K M, O'Brien, M S, Shenin, M, *et al*. Gastric antral vascular ectasia in systemic sclerosis: demographics and disease predictors[J]. J Rheumatol, 2010,37(3): 603－607.

[2] Jabbari M, Cherry R, Lough J O, *et al*. Gastric antral vascular ectasia: the watermelon stomach[J]. Gastroenterology, 1984, 87(5): 1165－1170.

[3] Bjorkman D J, Buchi K N. Endoscopic laser therapy of the watermelon stomach[J]. Lasers Surg Med, 1992, 12(5): 478－481.

[4] McCormick P A, Ooi H, Crosbie O. Tranexamic acid for severe bleeding gastric antral vascular ectasia in cirrhosis[J]. Gut, 1998, 42(5): 750－752.

[5] Mann N S, Rachut E. Gastric antral vascular ectasia causing severe hypoalbuminemia and anemia cured by antrectomy [J]. J Clin Gastroenterol, 2002, 34(3): 284－286.

[6] Nardone G, Rocco A, Balzano T, *et al*. The efficacy of octrotide therapy in chronic bleeding due to vascular abnormalities of the gastrointestinal tract[J]. Aliment Pharmacol Ther, 1999, 13(11): 1429－1436.

（收稿：2015-07-22；修回：2015-08-23）

（编辑　王　红）