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·畸形与变异·

腹主动脉异位伴肠系膜下动脉变异1例

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Ectopia of the abdominal aorta with variation of the inferior mesenteric artery: a case report

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[关键词]腹主动脉;肠系膜下动脉;异位;变异
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腹主动脉在膈的主动脉裂孔处续于胸主动脉,正常情况下在下腔静脉的左侧沿腰椎脊柱的左前方下降,在L_4下缘处分为左、右髂总动脉。肠系膜下动脉在约平L_3高度发自腹主动脉的前壁,向左下方走行,其分支左结肠动脉、乙状结肠动脉和直肠上动脉分布于降结肠、乙状结肠和直肠上部[1]。笔者在进行局部解剖时发现1具标本的腹主动脉走行及肠系膜下动脉分支的分型存在变异,这种变异对腹部脏器及大血管手术有一定参考价值,现报道如下。

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1　资料与方法

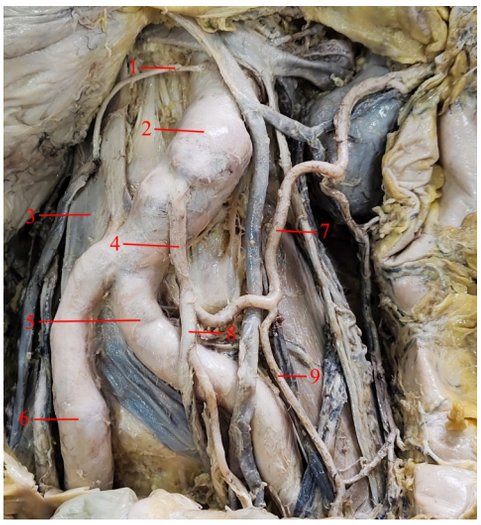
78岁成年男性标本1具,10%甲醛溶液固定。标本腹部、背部无明显创口,整体性完好,未见手术或外伤痕迹。剥离腹部皮肤,去除筋膜,打开腹腔,在脊柱左前方观察腹主动脉的走行及肠系膜下动脉的分支。用游标卡尺(精度为0.02 mm)和量角器进行测量,并拍照记录。

2　结果

标本的腹主动脉(管径为2.38 cm)约在T_{12}前方续于胸主动脉,前壁有左肾静脉跨过;左侧有肾、左肾动脉、左肾静脉、输尿管和肠系膜下静脉分布;右侧有下腔静脉、输尿管、睾丸动脉和睾丸静脉分布,其中下腔静脉与腹主动脉相距2.37 cm。腹主动脉下降过程中经脊柱左前方L_3上缘附近呈36°斜向右下走行5.88 cm达脊柱右前方(L_4下缘),并呈27°分为左、右髂总动脉。左髂总动脉走行于左髂总静脉的左上方,呈弧形(凸向右下方)走行5.25 cm后,向左下方斜行至骶髂关节前方;右髂总动脉斜跨下腔静脉正前方,走行于右髂总静脉前面,向右下方斜行至骶髂关节前方。肠系膜下动脉从腹主动脉的前壁发出,向下走行3.82 cm后发出2个分支,其中直肠上动脉由肠系膜下动脉单独发出,另一分支共干走行3.26 cm后分为左结肠动脉和乙状结肠动脉,分支走行呈H型(图1)。

3　讨论

本例腹主动脉在脊柱左前方下降过程中向右下弯曲走行后分为左、右髂总动脉。笔者经查阅资料发现类似的案例,腹主动脉于左肾动脉水平走行变异下降过程中横向左移后再折向下移[2],但本例变异走行方向、长度和角度与以往变异不同。耿莉娟[3]的研究也发现肠系膜下动脉分支变异,即左结肠动脉与乙状结肠动脉共干,本例属于其中的Ⅱ型(共干型),但该研究并未阐述腹主动脉异位的情况。本例变异存在腹主动脉异位与肠系膜下动脉变异,在腹部体格检查、影像学检查中具有重要意义。腹主动脉异位对腹部及血管介入手术(如血管造影、支架置入等)有指导价值,在诊断主动脉瘤、主动脉夹层等相关疾病时可减少误诊;肠系膜下动脉变异对腹部、结直肠外科及血管介入治疗也具有指导意义,可减少肠道疾病误诊。本例变异能丰富国人解剖学资料,为临床手术与影像分析提供一定参考。



1:睾丸动脉;2:腹主动脉;3:下腔静脉;4:肠系膜下动脉;5:左髂总动脉;6:右髂总动脉;7:左结肠动脉;8:直肠上动脉;9:乙状结肠动脉

图1　腹主动脉异位伴肠系膜下动脉变异

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