肱动脉变异及对上臂软组织肿瘤切除的启示

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[摘 要] **目的** 探讨肱动脉变异及其对上臂软组织肿瘤切除手术的影响。**方法** 对 1 例肱动脉变异行局部封闭后拇、示指坏死病例及 16 例上臂软组织低度恶性肿瘤病例进行回顾分析。16 例上臂软组织低度恶性肿瘤病例行包括粘连皮肤、受侵血管在内的肿瘤扩大切除、血管移植时,仔细观察术中肱动脉解剖情况;术中先从肿瘤远近端 3 ~ 5 cm 以上血管正常部分解剖并上血管夹,再向病变区解剖、切除肿瘤,血管缺损行大隐静脉移植,阻断血管前后及血管移植前后观察患指血运。**结果** 1 例因疼痛行局部封闭后拇、示指坏死,术中发现肱动脉有 2 支,1 支肱浅动脉延续为前臂桡动脉,另 1 支肱动脉延续为尺动脉;16 例上臂软组织肿瘤患者中有 1 例肱动脉分为尺、桡动脉处位于肱骨中段,其余 15 例位于桡骨颈水平;血管移植者,均一次性通血良好,寒冷季节无肢端苍白及怕冷。**结论** 封闭药物切勿注入血管,对侵犯血管的软组织低度恶性肿瘤行扩大切除、血管移植时,必须注意血管可能变异的情况。

[关键词] 肱动脉变异;低度恶性;软组织肿瘤;外科治疗

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Brachial artery variation: a case report and its enlightenment on surgical resection of soft tissue neoplasms of upper arms

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Abstract: Objective To report the variation of brachial artery and to conclude the experience and lesson of this variation to surgical therapy after the literature review. **Methods** The necrosis reason of thumb and index finger after giving local blocking in one case with brachial artery variation was analyzed. While taking references of 16 patients with soft tissue neoplasms of low potential malignancy in upper arms, the anatomy of the brachial artery was observed when the tumors were resected in a wide range and vessel graft was conducted. The dissection was conducted first in the normal segments of the vascular nerves 3 ~ 5 cm above the tumor distantly and proximally with vessel clamp, then the lesion was disconnected for excision of tumors completely. At the same time, vessel graft of great saphenous vein in leg was performed for arterial defect and observation on circulation of the troubled finger was necessary. **Results** Thumb and index finger of one patient necrotized after giving local blocking and the brachial artery variation were observed in operation: arteriae brachialis superficialis to continue radial artery of forearm while brachial artery to continue ulnar artery of forearm. For 16 cases with soft tissue neoplasms of low potential malignancy in upper arms, the bifurcation of brachial artery to continue ulnar and radial artery of forearm was found in one case, which was located in the middle of the humerus while the rest was located in the neck of radius plane. For the patients with vessel grafts, troubled fingers had fine circulation and were not afraid of coldness. **Conclusion** Blocking drugs should never be injected into the vessels. For the soft tissue neoplasms of low potential malignancy involving vessels, vascular variation should be cautioned when performing wide resection and vascular graft.

Keywords: brachial artery variation; low potential malignancy; soft tissue neoplasms; surgical treatment

肱动脉变异在临床中约占 11.3%,因无临床症状,大多在尸体解剖、血管造影或手术中偶然发现[1]。肱动脉变异对手术部位会有较大影响。本文回顾性分析 1 例肘关节疼痛行封闭治疗导致拇、示指循环障碍的病例,以及 16 例上臂低度恶性软组织肿瘤切除的病例,通过术中探查肱动脉变异情况,及早发现变异而防止意外发生,同时又使肿瘤切除容易而彻底[2-3],获得了较好的治疗效果。

1 资料与方法

1.1 临床资料

肱动脉变异病例,男,32 岁,因右侧肘关节反复疼痛 3 个月,在私人诊所行 2 次局部封闭治疗后拇、示指变紫 6 d 及中、环、小指苍白 5 d 后入院。患者自述 2 次封闭时,注射器均有鲜红血液涌入,局部疼痛症状稍有缓解,而拇、示指逐渐变紫,中、环、小指逐渐变苍白。入院时查体:患侧肘关节前正中及前内侧各有一针孔,拇、示指发紫、针刺无血运,中、环、小指苍白而针刺渗血缓慢。诊断为肱动脉损伤。

我科在 2001 年 1 月至 2011 年 1 月,共处理上肢低度恶性软组织肿瘤 16 例,其中男 7 例,女 9 例,年龄 32 ~ 73 岁,平均 49 岁。16

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