醋酸曲安奈德局部注射联合手术切除治疗耳部瘢痕疙瘩

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[摘 要] **目的** 总结注射醋酸曲安奈德控制瘢痕疙瘩生长后联合手术切除耳垂瘢痕疙瘩的临床经验。**方法** 采用耳垂瘢痕疙瘩局部注射醋酸曲安奈德治疗 3 ~ 4 次后,手术切除耳垂瘢痕疙瘩,术中保留部分瘢痕疙瘩边缘皮肤并行无张力缝合,术后观察 6 ~ 24 个月。**结果** 本组 31 只耳手术切口全部一期愈合,随访 6 ~ 24 个月,26 只耳治愈,4 只耳有效,1 只耳无效,有效治愈率约 96.8%。**结论** 醋酸曲安奈德局部注射后手术切除能有效治疗耳部瘢痕疙瘩。

[关键词] 醋酸曲安奈德;手术切除;瘢痕疙瘩
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Combination of triamcinolone acetonide acetate injection and surgical resection for ear keloid

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Abstract: Objective To summarize the clinical experience about therapy for ear keloid by local injection of triamcinolone acetonide acetate combined with surgical resection to control the growth of keloid. **Methods** After 3 ~ 4 times injecting the triamcinolone acetonide acetate, the keloid was removed by surgery, some edge of keloid skin was kept and sutured without tension. **Results** The patients were followed up for 6 ~ 24 months, all of 31 ears were primary healing, 26 ears were cured, 4 ears were effective, only one ear was invalid, the effective cure rate was about 96.8%. **Conclusion** Local injection with triamcinolone acetonide acetate combined with surgical resection can treat ear keloid.

Keywords: triamcinolone acetonide acetate; surgical resection; keloid

瘢痕疙瘩是由大量胶原纤维增生、堆积,表现为过度生长的一种病理性瘢痕,耳垂是其好发部位之一,常因耳垂穿孔或外伤等引起,单纯手术切除术后易复发。本文回顾 2009 年至 2012 年 25 例女性患者采用醋酸曲安奈德局部注射联合手术切除治疗耳部瘢痕疙瘩的治疗经验,现报告如下。

1 资料与方法

1.1 临床资料

选取我科 2009 年至 2012 年收治的 25 例女性患者,年龄 17 ~ 41 岁,共 31 只耳,均为穿耳洞后引起的瘢痕疙瘩,其瘢痕疙瘩呈球形或结节状凸出于耳垂,大小为(0.3 cm × 0.2 cm) ~ (2.5 cm × 3 cm),质韧,瘢痕疙瘩表面皮肤与其深面瘢痕组织之间不易推动,患者局部有明显瘙痒或刺痛不适。

1.2 治疗方法

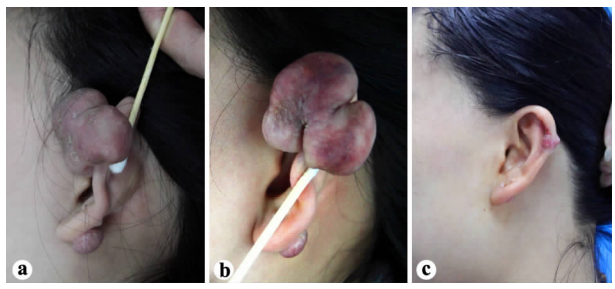
术前常规使用醋酸曲安奈德注射液行瘢痕疙瘩局部注射,注射频次为每 3 周 1 次;注射 3 ~ 4 次后,瘢痕疙瘩表面皮肤充血症状好转,且皮肤与深面瘢痕球推动时出现明显活动度,选择为手术时机。手术时常规消毒、铺巾,局部浸润麻醉,顺皮纹方向设计保留部分瘢痕皮肤的手术切口线,锐性分离并切除瘢痕硬结至周围正常柔软组织,彻底止血后,无张力缝合切缘两侧,术区适度加压包扎,术后 3 d 换药,7 d 拆线。术后 1 个月、3 个月、6 个月、12 个月、18 个月及 2 年常规随访。

1.3 疗效判定

治愈:耳垂皮肤平软,无瘢痕硬结,无痒、痛感;有效:耳垂皮肤平,但可触及瘢痕硬结或有痒、痛感;无效:可触及突出于皮肤表面的瘢痕硬结。

2 结果

本组 31 只耳手术切口全部一期愈合,随访 6 ~ 24 个月,26 只耳治愈,4 只耳有效,1 只耳无效,有效治愈率约 96.8%。典型病例见图 1。



a:耳垂瘢痕疙瘩局部注射醋酸曲安奈德前;b:耳垂瘢痕疙瘩局部注射醋酸曲安奈德后;c:手术后

图 1 耳部瘢痕疙瘩典型病例

3 讨论

瘢痕疙瘩为人类特有的一种病理变化,据报道及

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组织病理特点推测,该病的发生可能与遗传和免疫有关,好发于耳垂、胸骨前区、三角肌区等,由皮肤损害后大量结缔组织过度增生和透明变性引起的皮肤病变[1-3]。耳垂瘢痕疙瘩常由穿耳洞导致,也可能因耳部创伤、烧伤后愈合过程中瘢痕过度生长呈瘤样所致,常伴有瘙痒、疼痛等不适症状。单纯行手术切除复发率高,且有随手术损伤刺激而使病变进一步扩展的倾向[4]。采用手术切除加局部放射治疗可以取得一定疗效,但局部损伤大、放射治疗会产生全身不良反应,且术后较易复发,疗效仍欠满意[5],大量的临床研究均提倡应用多种方法复合治疗耳垂瘢痕疙瘩。

研究证实,激素能通过抑制瘢痕疙瘩成纤维细胞增殖及Ⅰ、Ⅲ胶原的合成,促进细胞凋亡使瘢痕变平变薄,其代表药物有被广泛应用的中长效激素曲安奈德[6]。我们通过局部注射曲安奈德,减轻患者瘙痒及疼痛症状,且瘢痕疙瘩表面皮肤充血症状好转,瘢痕质地得到一定程度的软化。

手术切除是本治疗的重要环节,而手术方式的选择及术中操作是减少瘢痕疙瘩切除后复发的重要因素[7-8]。基于整形外科手术中要求“无创、无张力、无死腔”的原则,我们对瘢痕组织采取锐性分离的方法,有效降低了对周围组织的损伤,同时保留部分瘢痕疙瘩表面皮肤组织并于皮下适当固定数针,从而达到切口位置的无张力缝合;术后妥当加压包扎能有效消灭术区死腔,通过以上操作,大部分患者都得到了良好的治疗。

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用。研究发现马尿酸水平减少,提示长期缺氧婴幼儿肠道菌群组成发生变化,肠道微生物组成及其代谢仍需进一步研究。

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