[2] Sherlock S. Esophageal varices[J]. Am J Surg, 1990, 160(1): 9-13.
[3] Westaby D, Willams R. Status of sclerotherapy for variceal bleeding[J]. Am J Surg, 1990, 160(1): 32-36.
[4] Larson D E, Farnell M B. Upper gastrointestinal hemorrage[J]. Mayo Clin Proc, 1983, 8(1): 371-387.
[5] 蔡润之,蔡德友,沈善秀,等.门静脉高压症术后出血再手术治疗体会[J].中华外科杂志, 1990, 28(4): 201-205.
[6] 蔡景修,董家鸿,王敖川,等.肠系膜下静脉-腔静脉分流术治疗门静脉高压症[J].中华外科杂志, 1996, 34(3): 151-153.

(编辑 王 红)

Surgical management of hemorrhage after operation in portal hypertension: An analysis of 65 cases

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Abstract Objective: To explore the selection of surgical interventions for hemorrhage after operation in portal hypertension. Methods: The data of the surgical interventions for hemorrhage after operation in 65 cases of portal hypertension were summarized. Results: The operation was done again in 47 out of the 65 cases. Of the 47 cases, 29 were treated with side-to-side anastomosis of intestinal vein to vena cava, 6 with anastomosis of inferior mesenteric vein to vena cava, 4 with anastomosis of superior mesenteric vein to vena cava, 2 with anastomosis of superior mesenteric vein branch to left renal vein and 6 with portal ligation. Among these patients, 5 died during hospitalization. Conclusion: Surgical management, especially the selective operation, s still the major therapy for hemorrhage after operation in portal hypertension. The anastomosis of intestinal vein to vena cava is the first choice for hemorrhage after portaazygous disconnection. Splenectomy in combination with portaazygous disconnection is the important measure for hemorrhage after selective shunt. For the hemorrhage after anastomosis of intestinal vein to vena cava, it is appropriate to conduct anastomosis of inferior mesenteric vein to left renal vein or anastomosis of superior mesenteric vein branch to vena cava for the two cause mild trauma and have definite therapeutic effects.

Key words hypertension; portal vein; surgery

文章编号: 1000-5404(1999)11-0836-01

血管球瘤 9例报告

A repot of 9 cases of glomus tumor

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血管球瘤是一种少见的良性小型血管瘤,多生长于肢端的皮下组织内,尤以手和足的甲床下为最多见[1]。此病往往未能及时明确诊断和正确治疗而使患者蒙受长期病痛。自1980年以来我们共收治了9例,均经手术切除及组织病理学检查证实。现将其临床特点及治疗方法报告如下。

1 临床资料

本组9例,女8例,男1例。年龄27~70岁。肿瘤所在部位,手指7例(其中指腹3例,甲下4例),足趾1例,足背1例,发病最短8个月,最长达14年。

本组病例局部诱发因素不明显,仅有2例有外伤史。局部疼痛是本组9例患者就诊的主要原因。常因无意中撞压肿瘤所在部位引起局部剧烈疼痛,并可在睡眠中因此而惊醒。所有病例均对温度敏感。遇冷诱发或加重疼痛。1例甲下者后期遇热也引发疼痛。疼痛为针刺样、烧灼样剧痛,呈间歇性,可瞬间消失,也可持续数分钟或更长时间。4例甲下者疼痛均向上肢方射,一般止痛药不能奏效。透过皮肤或指甲可见红、紫、蓝色斑点者6例,指(趾)末端指腹轻工膨隆者3例。指甲局限性隆起者3例。指(趾)端皮下者可触及肿物感,9例均有明显的触压痛,局部无炎症表现。指(趾)间关节活动正常,本组X线片均无明显骨性改变。

本组病例均在指(趾)根局麻下行肿瘤切除,甲下者在显微镜下去甲,开窗部分去甲或切开甲根,完整摘除肿瘤,切除之肿瘤大小不等,小者2 mm×2 mm,大者5 mm×5 mm,球形、呈淡红色或紫红色,质地较软,有完整包膜,边界清楚。术后病理检查均证实为血管球瘤。

2 典型病例

例1,女,32岁。右食指末节间歇性疼痛6年,进行性加重。近半年来呈持续疼痛,阵发性加重,指端尤其是甲部轻触即感剧痛遇冷疼痛加重。多处求医,中西药治疗均无效。无明显外伤史。检查发现,右食指末节背侧压痛,指甲皮肤外观色泽正常,无色素沉着,用大头针针尾点压甲根烧侧出现剧烈疼痛,患指运动、感觉正常,X线片示末节指骨无异常改变。于1995年

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收稿日期: 1999-07-26;修回日期: 1999-10-26

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[2] Kamiyama Y, Ozawa K, Honjo I. Changes in mitochondrial phosphorylative activity and adenylate energy charge of regenerating rabbit liver[J]. J Biochem, 1994, 80(4): 875- 881.
[3] 刘吉奎,蔡景修,段恒春,等.门腔静脉分流术对肝硬变门静脉高压大鼠胃粘膜的影响[J].中华实验外科杂志, 1997, 14(1): 18- 20.
[4] 蔡景修,董家鸿,顾红光,等.肠系膜下静脉与腔静脉分流术[J].中华外科杂志, 1996, 34(3): 178- 181.
[5] 董家鸿,蔡景修,王敖川,等.选择性远端脾腔分流术治疗门静脉高压症[J].新消化病学杂志, 1993, 1(2): 79- 82.
[6] Garcia Tsao G, Groszmann R J, Fisher R L, *et al*. Portal pressure prensence of gastroesophageal varices and variceal bleeding[J]. Hepatology, 1985, 5(3): 419- 424.
[7] 陈 光,刘 铮,谭钰铨,等.肠腔侧侧分流术的血流动力学与最佳口径的研究[J].中华实验外科杂志, 1993, 19(2): 49- 53.

(编辑 薛国文)

Clinical study of treatment of portal hypertension with mesentesiv caval side-to-side shunt

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Abstract Objective: To study the feasibility to treat portal hypertension with mesenteriocaval side-to-side shunt of small diameter. Methods: The diameter of the mesenteriocaval side-to-side shunt (MCS-SS) was limited in the range of 6 to 8 cms. Then free portal pressure (FPP), the rate of portosystemic shunting through the anastomotic stoma (PSSa), portal vein flow (PVF) and the arterial ketone body rate (AKBR) were determined. Results: FPP, PVF and AKBR were significantly decreased after MCS-SS but the extent of decrease was smaller in the experimental group than in the control. PSSa was also lower in the experimental group than in the control but there was no significant difference in stanching bleeding. Conclusion: MCS-SS of small diameter improves comprehensively the surgical treatment of portal hypertension.

Key words portal hypertension; surgery; shunt

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3月 25日在局麻显微镜下手术探查。术中发现,右食指桡侧甲根下有 2.5 mm× 2.5 mm的圆型肿物,淡红色质软有完整包膜,能完整切除,经病理证实为血管球瘤(病理号: 950645)。术后疼痛症状完全消失,随访 2年未见复发,指甲无变形。

3 讨论

血管球瘤是由构成血管球组织增生而成的新生物。本病非真性肿瘤,而为错构瘤[2],病因尚不清楚,部分病例有明确的损伤史,一般认为可能与外伤有关。血管球是一种动静脉吻合结构,遍及全身,存在于四肢、躯干、头颈和内脏。由于它以指(趾)端为最多见,因而血管球瘤也以指端,特别是指甲下最多见[3]。本病特有症状为局部、间歇性、自发性针刺样、抽搐样或烧灼样剧痛,甲下者尤为严重,可向上肢放射。肿瘤部位轻压即引起剧烈疼痛或放射痛,且对温度敏感,一般遇凉可诱发剧痛。但本组 1例甲下者后期则对热尤为敏感,以至不能将患手置入被内过夜,可能于该例瘤体过大,且甲下组织致密有关。典型的指甲下或皮肤下血管球瘤可见红蓝色斑点,而深部、甲根下者因指甲和甲后襞皮肤组织的遮盖难以发现。常常也是延误诊治的原因。我们认为局部局限压痛是临床上诊断本病的主要依据。LOVES针试验[4],可确定肿瘤部位和范围。点状、固定性局限压痛点处即为肿瘤所在部位。所以,只要在手指(趾)部、四肢及身体其它部位恒定的局部疼痛,反复多次均能找到一个固定局限压痛点者,且疼痛与温度变化有关,有较长的病史,各种疗法均无效时均应以血管球瘤为诊断。而行手术探查使病人得到诊断与治疗[3]。

手术切除肿瘤是治疗本病唯一有效的方法。本组病例术前均经各种方法治疗无效。因长期病痛,患者甚至要求截指而解除痛苦。误诊的关键是未考虑到本病,未能作出正确的诊断。一但确诊即应手术切除。由于肿瘤很小,术中应注意按层次操作,如发现红色或紫色、质地较软、有完整的包膜、边界清楚的肿块,即能明确诊断,并将其它整切除。为防止术后肿瘤复发,应将肿瘤周围部分组织一并切除。甲下、甲根下肿瘤,应在显微镜下去甲、开窗部分去甲或纵行切开甲根切除肿瘤。术中应注意瘤体周围无需扩大切除,避免过多伤及甲床和甲基质,以免影响指甲生长而致指甲畸变。注意甲后襞、甲根部勿分离过多、以免皮肤坏死。瘤体过大致指骨裸露者,可将指骨表面"糙化"或用细克氏针钻孔以利愈合。本组病例均顺利愈合。随访无复发,完全恢复正常工作生活,仅 1例指甲轻度纵沟畸形,与瘤体过大术中损伤甲基质等有关。

关键词 血管球瘤指;治疗
中图法分类号 R732.23 文献标识码 B

参考文献

[1] 华积德 主编.肿瘤外科学[M].北京: 人民军医出版社, 1995. 1020- 1021.
[2] 王德延 编著.肿瘤病理诊断[M].天津: 天津科学技术出版社, 1987. 170- 172.
[3] 洪光祥,王发斌,黄省秋,等.甲外血管球瘤[J].中华手外科杂志, 1995, 11(3): 139- 140.
[4] Quigley J T. A glomus tumor of the heel pad[J]. J Bone Joint Surg(Am), 1979, 61: 443- 445.

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