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A clinicopathological study of 34 cases of ARDS

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Abstract Thirty-four cases of adult respiratory distress syndrome (ARDS) proved with autopsy were studied. It accounted for 8.11% of the autopsy cases aged above 2 years in the same period. The average age of the patients were 23.15±17.28 years and 53.33% of the cases had a latent period no more than 3 days. The time between the establishment of the diagnosis and the death of the patients was 3.5 hours to 6 days. Among the primary diseases or prediposing causes infection was the most important (79.41%) and shock the second (47.06%). In addition to the usual pathological changes of ARDS, the major findings were pleural effusion, large amounts of mocrophage infiltration and bacterial clumps in the lungs. It is believed that dynamically monitoring blood gases and calculation of PaO_2/FiO_2 ratio are the essential steps to establish the diagnosis early and prevention of infection, correction of shock and effective respiratory support are helpful to improve the prognosis of the patients with ARDS.

Key words respiratory distress syndrome, adult; autopsy; infection; macrophage

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腹腔镜先天性肝囊肿开窗引流术9例报告

Laparoscopic fenestration operation of liver cysts (report of 9 cases)

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随着内镜外科的不断发展,腹腔镜在腹部外科中的应用越来越广泛。我们从1992年7月至1994年9月,在开展600多例腹腔镜胆囊切除术的基础上,应用腹腔镜对9例先天性肝囊肿施行囊肿开窗引流术获满意疗效。

1 临床资料

本组女性6例,男性3例,年龄27～62岁,平均45.2岁;单发囊肿5例,多发囊肿(2～4个)4例。囊肿最大直径13 cm,最小2cm,平均4.3 cm。囊肿位于左肝叶1例,右肝叶4例,左右肝叶均有者4例。囊肿合并胆囊结石或胆囊息肉者3例。

手术方法:在持续硬膜外麻醉下,患者仰卧位,头高足低15度。建立人工气腹后,腹部穿刺4个直径0.3 cm～0.8 cm小孔,置入腹腔镜及操作器械后,仔细探查囊肿大小、数量及位置,对直径大于5 cm的囊肿特别注意囊液颜色,判断囊肿与胆管是否相通。于囊肿最低位,作"+"字型切开囊肿壁,吸尽囊液,并切除部份囊壁,使囊肿充分开放,并用电凝灼囊腔内壁及存在的分隔。对患胆囊结石或息肉伴有肝脏孤立或散在的小囊肿者可同时行腹腔镜胆囊切除和肝囊肿开窗术。

2 结果

手术历时13～48 min,平均32.5 min术后24 h即可下床活动及进食,2例病人术后低烧(37.5～38.0℃)2 d后体温恢复正常,平均输液3.2 d,无并发症发生,住院时间2～7 d,平均4.5 d,全部治愈出院。出院后随访3～18个月,B超观察5例单发肝囊肿全部消失,多发囊肿者有2人发现3个直径在1.5 cm～2.0 cm肝囊肿位置均靠近右肝后叶。

3 讨论

先天性肝囊肿过去常用开腹囊肿开窗引流术,近年来又开展了B超导向下反复穿刺抽吸囊液及注射无水酒精等方法[1]。前者虽可达到充分引流的目的,但创伤大、痛苦多、住院时间长、腹部并发症多。后者虽创伤小,但囊肿引流不畅,易复发,反复穿刺还易发生感染。腹腔镜肝囊肿开窗引流术既可达到充分引流的目的,又具有创伤小、痛苦少、恢复快等优点,是治疗肝囊肿的首选方法[2]。但是,巨大肝囊肿,与胆管相通者,寄生虫性肝囊肿或多隔囊肿,以及囊肿位置深者,仍应作开腹手术。

关键词 腹腔镜术;肝囊肿(SS);囊肿/外科手术

中图法分类号 R657.3

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