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A study on acid-base disorders during cardiac surgery with cardiopulmonary bypass

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Abstract 1727 arterial blood gas samples of 341 cases of acyanotic congenitla heart diseases, 79 cases of cyanotic congenital heart diseases and 88 cases of acquired heart diseases during cardiopulmonary bypass surgery were analyzed. It was found that there were various degrees of acid-base disorders right before the bypass was on. During the speration, acid-base imbalance was aggravated because of anesthesia, fluid infusion, hypothermia, surgical manipulation, etc. Respiratory alkalosis was most common to occur, and metabolic acidosis was the secodn. After the cessation of bypass, acid-base disorders could be significantly alleviated or imporved. So it is belived that it is very important to monitor the changes of blood gases and acid-base balance and to manage timely the complications during cardiopulmonary bypass. Fluid infusion, administration of agents to improve the microcirculation, and replacement of alkaline electrolytes are helpful to maintain acid-base balance.

Key words cardiopulmonary hypass; acid-base equibrium; blood gas analysis; defects, heart

迷走肝右动脉:肝动脉置泵化疗时应注意的问题

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病例:男性,47 岁。主诉为右侧背部胀痛 2 月余。B 超及 CT 均提示右后肝癌,伴肝内转移。术中探查见肝癌不能切除,决定行肝动脉置泵化疗术。常规解剖肝总动脉、胃十二指肠动脉和"肝固有动脉",将"肝固有动脉"向肝门方向解剖分离,见该动脉未分出肝右动脉和肝左动脉,且直接进入左肝,考虑其为变异的肝左动脉。继续探查寻找肝右动脉,见肝十二指肠韧带内胆总管后方有一较粗大的迷走肝右动脉,源自肠系膜上动脉,分出胆囊动脉后进右肝。将肝左动脉和迷走肝右动脉分别置动脉泵。术后恢复顺利。

讨论

随着肝癌综合治疗的进展,肝动脉置泵化疗亦日益增多。肝癌多生长于右侧肝脏,因此,进行肝动脉置泵化疗术时正确确认肝右动脉非常重要。肝右动脉多起源于肝固有动脉(43%)及肝总动脉(31%),然而迷走肝右动脉并不少见(18%~20%),此时多来自肠系膜上动脉(8%)[1]。我科近 4 年间行肝动脉置泵化疗或结扎手术共 88 例,仅发现本例为迷走肝右动脉,发生率为 1.1%,明显低于教科书所报道的发生率($P<0.01$),说明在行肝动脉置泵化疗术时,应注意有无迷走肝右动脉等情况,否则有可能将其遗漏,造成治疗失败。

迷走肝右动脉在手术前只能通过选择性肝动脉造影来确定。术中可通过以下操作防止其遗漏,首先是在解剖出肝总动脉、胃十二指肠动脉和肝固有动脉后,应将肝固有动脉向上追踪解剖,以辨其是否分为肝右动脉和肝左动脉和确认肝右动脉进入右肝;其次是常规在胆总管后方触摸以辨有无异常迷走肝右动脉搏动,迷走肝右动脉应以其进入右肝和分出胆囊动脉为特征。

关键词 肝动脉;肝肿瘤/药物疗法

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