

瓣膜悬吊联合置管引流在泪囊鼻腔吻合术中的效果

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Effect of suspending the valve combined with placing drainage-tube in dacryocystorhinostomy

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Abstract

• AIM: To observe the clinical effect of improved dacryocystorhinostomy (DCR) for chronic dacryocystitis.

• METHODS: One hundred cases (100 eyes) of chronic dacryocystitis were randomly divided into 2 groups, 50 cases in each group. Group A was treated with traditional DCR. Group B was treated with DCR improved by suspending the valve and placing drainage-tube, and mitomycin C was used to restrain collagen hyperplasia in the operation. All cases were followed up for more than 6 months, and the results of the 2 groups were compared.

• RESULTS: There was no loss to follow up in both groups. In group A, 39 cases were cured; 6 cases were improved; and 5 cases were invalid. In group B, 46 cases were cured; 4 cases were improved; and no case was invalid. The difference was statistically significant between group A and B ($0.01 < P < 0.025$).

• CONCLUSION: The DCR improved by suspending the valve and placing drainage-tube can raise the success rate of operation, and it is a simple and effective operation for chronic dacryocystitis.

• KEYWORDS: chronic dacryocystitis; improved dacryocystorhinostomy

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摘要

目的:探讨改良后的泪囊鼻腔吻合术治疗慢性泪囊炎的临床效果。

方法:将100例慢性泪囊炎患者根据手术方式不同分为2组,每组各50例,A组行传统的泪囊鼻腔吻合术,B组行瓣膜悬吊联合放置引流管的泪囊鼻腔吻合术,并于术中使用丝裂霉素抑制胶原增生。术后随访6mo以上,比较2组手术方法治疗慢性泪囊炎的效果。

结果:2组术后无失访病例。A组治愈39例,好转6例,无效5例;B组治愈46例,好转4例,无效0例。2组比较, $0.01 < P < 0.025$,差异有统计学意义,B组疗效优于A组。结论:通过瓣膜悬吊联合放置引流管,可以明显提高泪囊鼻腔吻合术的成功率,操作简便,可以有效治疗慢性泪囊炎。

关键词:慢性泪囊炎;改良式泪囊鼻腔吻合术

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0 引言

慢性泪囊炎是眼科常见病,泪囊鼻腔吻合术是目前公认的治疗慢性泪囊炎最常见、最理想的手术方法,术后吻合口阻塞是手术失败的最常见原因。为减少术后吻合口阻塞,提高手术成功率,我们对传统泪囊鼻腔吻合术进行了改良,取得了良好的临床效果,且简便易行,现报告如下。

1 对象和方法

1.1 对象 选取2006-10/2008-06在我院住院治疗的慢性泪囊炎患者100例,其中男20例,女80例;年龄19~67岁,病程1~15a。均伴有溢泪或溢脓症状,所有的病例术前均经泪道冲洗,确诊为慢性泪囊炎,检查鼻腔无严重鼻中隔偏曲及鼻黏膜萎缩。术后随访6mo以上。

1.2 方法 根据手术方式不同分为A、B两组,每组各50例。A组行传统的泪囊鼻腔吻合术^[1]。B组:按传统手术方式进行至咬切骨孔后,将0.4g/L丝裂霉素C沾湿的棉片置于泪囊及鼻黏膜之间5min,之后用200mL生理盐水冲洗干净。于骨孔后缘处水平切开鼻黏膜及泪囊,再于骨孔上下缘处向前切开,制作成向前掀盖的方形大瓣。取出鼻腔内填塞的棉片,将直径约3mm吸痰管在离头端10cm处剪断,双股缝线穿过头端并经泪囊上方皮下于眉弓内侧皮肤穿出,结扎固定于一小塑料管上,使具有多孔的头端顶于泪囊上盲端,吸痰管另一端从骨孔穿入,鼻孔穿出,剪去鼻孔外多余导管。以3-0线依次穿过骨孔前骨膜、鼻黏膜瓣及泪囊瓣,间断缝合3针,使鼻黏膜及泪囊前瓣悬吊于骨膜上不往后塌陷。缝合内眦韧带、皮下组织及皮肤。术后处理:2组均于术后第2d开始每天以庆大霉素8万U+地塞米松2mg进行泪道冲洗,1次/d,共3次,第5d拆除缝线。B组在拆线同时拔除引流管。之后分别于术后2,3,5wk及0.5a时各进行泪道冲洗1次。疗效标准:(1)治愈:溢泪、溢脓症状消失,泪道冲洗通畅;(2)好转:溢脓症状消失,溢泪症状改善,泪道冲洗部分返流;(3)

无效;溢泪症状无改善,泪道冲洗不通畅。

2 结果

所有病例术后随访 6mo 以上,无失访病例。A 组治愈 39 例,好转 6 例,无效 5 例;B 组治愈 46 例,好转 4 例,无效 0 例。经两独立样本秩和检验, $\mu = 2.0560, P < 0.05$, A, B 两组之间比较差异有统计学意义, B 组疗效优于 A 组。

3 讨论

泪囊鼻腔吻合术是目前治疗慢性泪囊炎最有效的方法,但传统术式需要对鼻黏膜和泪囊分别制作前后两瓣并配对缝合,手术操作较繁琐,特别是缝合后瓣难度大,手术时间较长;术后吻合口阻塞率仍然偏高。分析吻合口阻塞的原因,我们认为主要是:(1)鼻黏膜及泪囊的前瓣吻合后在重力及鼻腔负压作用下向后塌陷,前瓣膜较易与鼻黏膜或泪囊切口原位愈合,致使吻合口变小或封闭;(2)由于缺乏引流措施,血凝块及分泌物排出不畅,积聚于伤口内,机化后形成肉芽组织和瘢痕,阻塞吻合口;(3)鼻黏膜与泪囊长期受炎症刺激,局部增生修复能力增强,使吻合口重新生长闭合;(4)前后瓣膜的纵形切口有粘连的可能。针对以上可能情况,我们对传统泪囊鼻腔吻合术进行了改良,改良术式的优点具体体现为:(1)术中尽量靠后切开泪囊及鼻黏膜,制作大的单瓣,使骨孔更为宽敞,避免

前后瓣膜的粘连;大瓣悬吊于骨孔前骨膜上,不会在重力或负压作用下向后塌陷而关闭吻合口,避免了瓣膜回贴而导致的原位愈合。(2)放置引流管后,伤口内的积血、分泌物和泪液等能顺利排出,减少了血凝块及炎性渗出物的积聚,减轻了局部炎症,减少了由于血凝块或炎性渗出物机化导致的吻合口阻塞^[2];吸痰管头端有多孔,术中既可用于吸引器吸血,吸完血后就地取材用作引流管,方便实用;(3)丝裂霉素是成纤维细胞增生的强力抑制剂,它能进一步减小吻合口附近组织的瘢痕增生,使吻合口由于瘢痕增生阻塞的可能性进一步降低^[3,4];(4)由于不需要像传统术式那样制作前后瓣膜并进行两对瓣膜的吻合,减少了手术步骤和时间,减轻了局部创伤和患者的痛苦。本方法不需要特殊设备,简单易行,效果良好,尤其适合在基层医院推广。

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· 临床报告 ·

新生儿泪囊炎个体化治疗的体会

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Experience of individualized treatment in neonatal dacryocystitis

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Abstract

• **AIM:** To evaluate the curative effect of different treatments on neonatal dacryocystitis.

• **METHODS:** The neonatus with obstruction of lacrimal passage and dacryocystitis were given homologous treatment such as extrusion, massage and rinsing lacrimal

passage weekly. 114 cases (169 eyes) with severe infection and mass purulent secretion underwent bacteria cultivation and selectivity medication combined with rinsing and probing after antimicrobial susceptibility test.

• **RESULTS:** Different treatments were used for different extent in neonatal dacryocystitis, which could elevate the cure rate and lessen injury.

• **CONCLUSION:** Different treatment to neonatal dacryocystitis could solve the inflammation of lacrimal passage and get favourable result.

• **KEYWORDS:** neonatal dacryocystitis; rinsing lacrimal passage; curative effect

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摘要

目的:评价不同治疗方法对新生儿泪道阻塞及泪囊炎的疗效。

方法:对单纯泪道阻塞及泪囊炎的新生儿采用相应的泪道挤压、按摩及生理盐水每周冲洗泪道。对严重感染冲洗伴有大量脓性分泌物的新生儿做细菌培养加药敏试验后选择用药合并冲洗、探通等方法治疗 114 例 169 眼。

结果:针对新生儿泪囊炎的不同程度,采用不同的治疗方