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腹腔镜开窗术治疗单纯性肝囊肿的临床观察*

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摘要 目的:近年来,腹腔镜作为微创外科的代表,以创伤小、恢复快、治愈率高等优点被广泛应用于外科手术中。腹腔镜肝囊肿开窗术适用于孤立性的单纯性肝囊肿进行减压引流,手术效果较好。本文通过观察腹腔镜下开窗术治疗单纯肝囊肿的临床疗效,探讨腹腔镜手术的特点及优势,为临床肝胆疾病的手术治疗提供研究依据。**方法:**选取2009年2月-2012年12月在我院接受治疗的单纯肝囊肿患者76例,随机分为观察组和对照组。其中观察组患者采取腹腔镜下开窗术治疗,对照组患者采取传统开腹手术治疗。观察并比较两组患者的手术时间、术中出血量、胃肠功能恢复时间、住院时间等。**结果:**观察组患者的术中出血量、手术时间、胃肠功能恢复时间及住院时间均优于对照组,差异显著具有统计学意义($P<0.05$)。**结论:**腹腔镜手术创伤小、术中出血量少、术后恢复快、最大程度的减轻患者痛苦,腹腔镜开窗术治疗单纯肝囊肿的临床效果显著,值得临床推广应用。

关键词:腹腔镜开窗术;单纯性肝囊肿;临床疗效

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Clinical Effects of Laparoscopic Fenestration on the Treatment of Simple Hepatic Cyst*

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ABSTRACT Objective: With the development of medical technics, the celoscope, as the burgeoning minimally invasive method, has been applied widely on the clinical field with obvious effects. Laparoscopic fenestration of hepatic cyst is suitable for the simple hepatic cysts to decompress and drain with better effects. This study aims to analyze the characteristics and advantages of laparoscopic fenestration by observing the clinical effects on the treatment of simple hepatic cyst so as to provide some references for clinical surgery. **Methods:** 76 patients with the simple hepatic cyst who were treated in our hospital from February 2009 to December 2012 were selected and randomly divided into two groups. The patients in the observation group were treated by the laparoscopic fenestration, while the patients in the control group were treated by the conventional method. Then the blood loss, the operation time, the hospitalization and the recovery of gastrointestinal function of patients were observed and compared between two groups. **Results:** The blood loss, the operation time, the hospitalization and the recovery of gastrointestinal function of patients in the observation group were obviously better than those of the patients in the control group with statistically significant differences ($P<0.05$). **Conclusions:** With the advantages of the minimally invasive trauma, less blood loss, quicker recovery and so on, the laparoscopic fenestration is suitable for the patients with simple hepatic cyst which makes contribution to minimize the damages brought by the operation and it is worthy of promotion.

Key words: Laparoscopic fenestration; Simple hepatic cyst; Clinical effect

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前言

肝囊肿(hepatic cyst)是一种常见的肝脏良性疾病,可分为寄生虫性、非寄生虫性和先天遗传性。肝囊肿的病因大多数是肝内胆管发育障碍所致,单发性肝囊肿是由于异位胆管造成的^[1]。单纯性肝囊肿是先天性疾病,常为单房单发,偶为多发,是多囊肝的一种变异,不会损伤其它脏器囊肿,也不是遗传性疾

病^[2]。单纯性肝囊肿的临床表现为食欲不振、恶心呕吐等,腹部剧痛、轻度黄疸、腹部有随呼吸道移动且质地坚硬的肿块^[3]。近年来,随着腹腔镜技术被广泛的应用于临床并取得显著的效果,腹腔镜下开窗术作为一种新发展的微创方法,相对于传统的开腹开窗术治疗肝囊肿,具有创伤小、手术时间短及术后恢复快等优势逐渐成为临床手术的首选^[4,5]。本研究针对腹腔镜开窗术治疗单纯肝囊肿的临床效果,探讨该术式的特点及优势,

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为临床治疗肝囊肿提供可资料。现将研究结果报告如下:

1 资料与方法

1.1 临床资料

选取 2009 年 2 月 -2012 年 12 月在我院接受治疗的单纯肝囊肿患者 76 人,随机分为两组,每组 38 人。观察组包括男 16 例,女 22 例,年龄(35-70)岁,平均年龄(54.2 ± 4.6)岁;对照组包括男 18 例,女 20 例,年龄(34-72)岁,平均年龄(56.3 ± 6.4)岁。经检查,所选病例均无手术禁忌症。两组患者的年龄、性别、病情等一般资料无明显差异,具有可比性。

1.2 手术方法

对照组患者采取传统开腹手术治疗,全身麻醉,在右肋缘或右腹直肌下部切口检查腹部,按照定位切除囊壁,清除囊液^[6]。

观察组患者采取腹腔镜开窗术进行治疗,具体方法为:患者取仰卧位,头略高于脚,行全身麻醉。于脐上 1 cm 处作一弧形切口,气腹压维持在 12-14 mmHg,将 10 cm 探针深入切口,根据腹腔镜显示的病灶位置,在剑突下 3 cm 左右处切口,将套管针放在适当的位置,抽取囊液时可在肝囊肿薄弱处进行穿刺,判定囊液成分。打开囊壁,充分暴露胸腔,先用吸引器将囊液吸净,然后切除囊肿,注意术中止血。囊肿切除后,将上皮细胞清除干净,可使用电凝,并用生理盐水清洗创面。如果囊肿位

于肝脏膈面或囊腔较大,将大网膜标本置入囊腔后进行病理检查。术毕排空气体,留置引流管^[7-10]。

1.3 观察指标

观察两组患者的术中出血量、手术时间、胃肠功能的恢复时间及住院时间等。

1.4 统计学处理

采用 spss17.0 软件进行统计分析,计量资料以 $\bar{x} \pm s$ 表示,组间比较用 t 检验,以 $P < 0.05$ 为差异具有统计学意义。

2 结果

如表 1 所示,观察组患者的术中出血量为 (15.10 ± 7.90) ml,对照组为(37.30 ± 5.67) mL,观察组患者术中出血量明显低于对照组,差异具有统计学意义($P < 0.05$);观察组患者的手术时间为(41.00 ± 12.10) min,对照组为(72.00 ± 15.90) min,观察组患者手术时间明显比对照组短,差异具有统计学意义($P < 0.05$);观察组患者的胃肠功能恢复时间为术后(13.00 ± 7.34) h,对照组为术后(45.00 ± 5.23) h,观察组患者术后恢复情况优于对照组,差异具有统计学意义($P < 0.05$);观察组患者的住院时间为(5.00 ± 1.50)天,对照组为(9.78 ± 1.06)天,观察组患者的住院时间少于对照组,差异具有统计学意义($P < 0.05$)。

表 1 两组患者的手术情况比较($\bar{x} \pm s$)

Table 1 Comparison of operation situations of patients between two groups

Group	Blood loss(mL)	Operation time(min)	Hospitalization(d)	Recovery of gastrointestinal function(h)
Observation	15.10 ± 7.90	41.00 ± 12.10	5.00 ± 1.50	13.00 ± 7.34
Control	37.30 ± 5.67	72.00 ± 15.90	9.78 ± 1.06	45.00 ± 5.23

3 讨论

临床上将与肝内胆道不相通的浆液性囊肿称为单纯性囊肿^[11]。单纯性囊肿好发于右叶,最常见的位于肝被膜下方,部分位于肝脏深部,与肝被膜没有粘连,全肝一般不会受累及^[12]。囊肿的大小不一,呈圆形或椭圆形,含有半固体性质和浅黄色粘液的棕黑色物质^[13]。囊肿的外膜质地光滑,壁厚 1 cm 左右,与血管、淋巴管、胆管没有关联。胆囊肿因为生长缓慢而长期甚至终身没有症状,常在 B 超检查中发现,可根据囊肿的大小和数目以及有无压迫邻近的器官来判定^[14]。肝囊肿是指肝脏的局部组织呈囊性肿大,对人体的健康影响不大。体积较小时,没有明显症状,常常在腹部超声检查或腹部手术时发现,不需要治疗。当囊肿过大时,可出现消化不良、恶心、呕吐和右上腹不适或疼痛等症状,可采用手术治疗^[15]。

近年来,腹腔镜技术广泛应用于临床医学领域,并取得了较好的疗效,相对于传统的开腹开窗术,具有创伤小、给患者造成的痛苦小、术后并发症少等优点^[17]。腹腔镜下进行肝囊肿开窗术需要注意的是,选择靠近肝缘的囊肿开始清理便于操作。手术时,医护人员协助患者选择合适的体位,便于引流。为了减少囊肿再次发作,可使用电凝棒将内皮细胞彻底清除^[18]。本研究显示,观察组患者术中出血量、手术时间、胃肠功能恢复及住院时间均优于对照组,差异显著且具有统计学意义($P < 0.05$)。结

果说明,腹腔镜下开窗术治疗单纯肝囊肿的临床效果显著,能够明显减少患者的手术出血量,缩短手术时间,患者术后胃肠功能的恢复较快,并且缩短了患者的住院时间。但是,腹腔镜技术在实际应用中也存在一定局限性。腹腔镜下开窗术的面积较小,术后易复发,对于深部位的病变组织、反复发作的肝囊肿等不适合使用此方法,而且腹腔镜手术的费用相对较高,给很多家庭带来经济负担^[19]。

综上所述,我们在选用此项技术时要根据患者的身体状况制定个性化的治疗方案和护理措施,以获得良好的治疗效果,减少复发的概率^[20]。尽管腹腔镜下开窗术存在一定的局限性,但是应用于临床上治疗疾病的效果是值得肯定的,在未来的发展中必将更好的造福人类。

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