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ERCP 治疗急性胆源性胰腺炎*

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摘要:急性胆源性胰腺炎(ABP)是消化内科常见急腹症之一,是急性胰腺炎中最常见的类型,占急性胰腺炎每年发病人数的40%-60%,病死率较高,常规药物治疗不能从根本上解除病因,易导致复发,手术治疗风险较大,创伤较大,费用较高,住院时间较长,易引起其术后并发症,不利于患者恢复。而经内镜逆行胰胆管造影(ERCP)作为一种内镜与放射技术相结合的诊断治疗方法,对胆管内结石并发急性胰腺炎的诊断率是最高的,诊断结石的敏感性大于95%。在20世纪70年代被认为是急性胆源性胰腺炎的禁忌症,近年来随着ERCP技术的不断发展和广泛应用,ERCP已成为治疗胆胰疾病的一种安全有效的技术。ERCP可清除胆管结石,从而达到通畅胆道,减少胆汁向胰管反流,迅速改善患者病情,阻断病情进展的目的,并有效缩短住院时间,减轻患者痛苦,减少复发和改善总体预后,为广大ABP患者带来了福音,此外,还能减少患者住院费用,节省医疗资源,对于个人及社会均具有积极意义,值得推广。

关键词:ERCP; 胆源性胰腺炎; 胰腺炎

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Therapy of ERCP in Acute Biliary Pancreatitis*

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ABSTRACT: Acute biliary pancreatitis, the most common type of acute pancreatitis, is one of the acute abdomen in department of gastroenterology. Acute biliary pancreatitis accounts for 40% to 60% of the population every year, and its fatality rate is high. Conventional drug therapy can not relieve etiology fundamentally, and easy to relapse. Compared to Surgical treatment, it has a bigger risk, larger trauma, higher cost, longer hospital stay, higher possibility of postoperative complications, which goes against patients recovery. As a method combining endoscope with radiography, the diagnosis rate of bile duct stone with acute pancreatitis is the highest, and the sensitivity of diagnosis to stone is more than 95%. In the 1970s, endoscopic retrograde cholangiopancreatography(ERCP) was considered to be contraindications of acute gallstone pancreatitis. In recent years, with the development of technology and the widespread application, ERCP has become a safe and effective technology in the diagnosis and therapy in pancreatic and biliary diseases. ERCP can remove bile duct stones, then open biliary tract, reduce the bile reversing flow to pancreatic duct, rapidly improve patients' condition and break off illness development, ERCP could also shorter hospital stay effectively and reduce pain in patients, reduce the recurrence and improve the overall outcome, the technology has brought the Gospel for the majority of patients with ABP. In addition, ERCP can reduce the patients in hospital costs, save medical resources, have positive significance for individuals and society all, so it is worth popularizing.

Key words: ERCP; Biliary pancreatitis; Pancreatitis

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前言

急性胆源性胰腺炎(ABP)是指胆结石在向胆总管远端移动时,结石嵌顿在壶腹部引起胆道梗阻或是在通过壶腹时,由于暂时或一过性梗阻而引起十二指肠乳头水肿或Oddi括约肌痉挛,造成胆汁逆流或胰管高压,继而引发的急性胰腺炎。急性胆源性胰腺炎是消化系统常见的急腹症之一,占急性胰腺炎的15%-50%,病死率高达20%-35%。

根据中华医学会外科学会胰腺学组关于急性胰腺炎的临

床诊断及分级标准,ABP患者具有以下临床特征:1).症状及体征:急性腹痛,腹胀或伴恶心、呕吐,上腹压痛或伴反跳痛2).实验室化验结果:血清淀粉酶及血清胆红素升高3).影像学检查:超声、CT或MRCP检查提示肝内、外胆管结石或占位、胆总管扩张4).根据病史或检验结果排除其他原因引起的胰腺炎。

1 急性胆源性胰腺炎的发病机制

急性胆源性胰腺炎的发病机制尚不明确,多数学者认为是多方面的,解剖的、遗传的以及结石相关因素均参与到该病的

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发病过程,副胰管的不开通也可能是一个原因。目前普遍接受的观点有两种,一种是先天性的胰胆管汇合异常引起的胰酶提前激活导致胰腺炎,第二种是胆囊内小结石排出或胆总管内原有结石引起的胆道及胰管梗阻导致胰腺炎。胆总管末端结石嵌顿引起胆道梗阻时,胆道内压力增高,引起胆汁或胰液排除不畅,是急性胆源性胰腺炎的主要原因。治疗胆源性胰腺炎的目标不仅是控制胰腺炎症,更重要的是针对病因治疗,从而减少胰腺炎的复发。急性胆源性胰腺炎根据患者病情可采取不同的治疗方法:保守治疗,外科手术治疗,内镜介入治疗。保守治疗严格按照禁食水,持续胃肠减压,应用抑酸、抑制胰酶分泌的药物,控制感染,纠正电解质紊乱,营养支持,必要时可给予镇痛药物以减轻患者痛苦,根据患者症状体征,血淀粉酶、胆红素、血白细胞及超声或CT来进行动态观察。

2 胆源性胰腺炎常见的病因

但胆源性胰腺炎最常见的病因是胆总管结石,病因未去除,可导致胰腺炎的复发。一般来说,胰腺组织的病理改变在胰腺炎早期相对较轻,多为水肿型胰腺炎,若胆道梗阻不能迅速解除,病变可进展为急性坏死性胰腺炎,导致住院天数延长,住院费用增加,死亡率升高。手术治疗可去除胆管病因而改变胰腺炎的病理过程,但手术时机的选择尚存在争议,早期选择手术治疗不但不能阻止ABP患者的病情进展,还可能因为手术的创伤和应激反应而加重炎症反应,进而导致局部或全身继发感染,加剧病变进程,增加感染性并发症和死亡风险。ABP的病变特点是同时存在胆管因素和胰腺损害,手术之前要先进行一定时间(24-48h)的非手术治疗,如果病情出现进行性加重或并发其它局部(如胆囊坏疽、穿孔)或全身(高热、休克、腹内高压及严重代谢障碍等)并发症,则及早手术治疗,以去除胆管梗阻,引流胆汁和腹腔灌洗为主,对全身情况差者只行胆总管引流。手术治疗对患者创伤较大,恢复慢,死亡率高,费用较高,ABP患者多数年龄较大,一般不作为首选治疗方案。而内镜治疗既可以消除病因并具有良好效果,而且创伤小,并发症少,恢复快,花费相对较低,因此2002年亚太胃肠病学会发布的诊治规范推荐内镜治疗作为ABP的早期治疗措施。

3 经内镜逆行胰胆管造影(ERCP)诊断治疗方法的特点

经内镜逆行胰胆管造影(ERCP)是一种内镜与放射技术相结合的诊断治疗方法,自1968年Mucrm首先报道,后由日本大井等逐步改进并推广,开展30多年来,已成为临床上诊断胰腺、胆管等疾病不可缺少的重要检查手段。ERCP是一种以非手术方法显示胰管清晰图像的技术,通过图像显示胰腺位置、主副胰管粗细形态、走行变化及长度,同时能清晰显示胆道图像,明确胆道梗阻部位、性质及范围。多数研究认为ERCP对胆管内结石并发急性胰腺炎的诊断率是最高的,诊断结石的敏感性大于95%,尤其是对B超难以发现的胆总管下段小结石或微小结石。ERCP同时也是一种治疗手段,可清除胆管结石,从而达到通畅胆道,减少胆汁向胰管反流,阻止患者病情进展的目的,并可减少复发和改善预后,成功率可高达90%以上,由于ERCP是有创操作,且随着近年来磁共振胰胆管水成像等影像学技术的发展,ERCP的诊断作用已经日渐淡化,逐渐演变

为一种专门治疗胆胰疾病的微创技术。在20世纪70年代,急性胆源性胰腺炎曾被视为ERCP的禁忌证,90年代中期以后对ABP患者胆道结石的处理发生了变化,尤其是近年来随着ERCP技术的发展和广泛应用,使得内镜下括约肌切开术(EST)、内镜下碎石及取出,为胆、胰疾病的诊断和治疗提供了新的手段。

有学者认为ABP的严重程度与胆道梗阻的持续时间有关。24小时内的病变是可逆的,24-48小时可见部分胰腺组织出血、脂肪坏死,超过48小时为广泛的出血及坏死,在发病早期终止胆汁逆流入胰腺是治疗急性胆源性胰腺炎的关键。但有部分学者认为,在原有胰腺炎症的基础上行ERCP治疗,会加重胰腺损伤,提倡炎症缓解后再行此操作。而Fiocca等研究认为在患者出现症状的24h内行ERCP是安全有效的,而且越早对病情恢复越有利,一旦出现多器官功能衰竭等并发症,则丧失内镜治疗机会,预后较差,但若不存在明显胆管梗阻则不需要行急诊ERCP,可待胰腺炎治愈后进行。Isogai等提出ABP急诊治疗的评价指标:体温大于38度;血清胆红素大于37.6 $\mu\text{mol/L}$;B超提示胆管结石或胆管扩张大于11mm。如果诊断为重症胰腺炎和(或)有胆管炎、黄疸、胆总管扩张,或最初判断为急性轻型胰腺炎但在治疗中病情恶化者,应行ENBD或EST。Moretti等研究认为早期内镜治疗对轻型和重型ABP病死率无影响,但可以明显降低重型ABP的并发症发病率。

4 小结

ERCP治疗ABP有很多优点:1).创伤小、治疗效果好、安全性高2).对危重及年老患者可以选择放置鼻胆管以降低急诊手术的风险3).可在内镜下直接观察十二指肠乳头局部的病变,并取病变组织进行病理检查以协助诊断4).具有快速缓解症状,缩短病程,降低住院费用等。因此,临床上作为ABP首选治疗方案广泛应用。

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(上接第 968 页)

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