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内镜下鼻胆管引流术与经皮肝穿刺胆道引流治疗急性梗阻性化脓性胆管炎疗效*

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摘要 目的:探讨内镜下鼻胆管引流术与经皮肝穿刺胆道引流治疗急性梗阻性化脓性胆管炎的疗效。**方法:**选择我院 335 例急性梗阻性化脓性胆管炎患者,按不同治疗方法分为 A、B、C 三组,A 组 125 例患者使用传统胆管切开并 T 管引流术,B 组 100 例患者使用内镜下鼻胆管引流术治疗,C 组 110 例患者使用经皮肝穿刺胆道引流治疗。比较三组患者治疗有效率、脓性胆汁引流量、术后 1 周血清胆红素水平、住院时间及并发症发生率。**结果:**B、C 组患者治疗有效率分别为 91.0%(91/100)及 90.9%(100/110),明显高于 A 组 71.2%(89/125),B 组与 C 组治疗有效率比较差异无统计学意义($P>0.05$);B、C 组脓性胆汁引流量、术后 1 周血清胆红素水平及住院时间均优于 A 组,比较差异具有统计学意义($P<0.05$),B 组与 C 组以上指标比较差异无统计学意义($P>0.05$);B、C 组并发症发生率分别为 11.0%(11/100)和 8.2%(9/110),均明显低于 A 组的 28.0%(35/125),比较差异具有统计学意义($P<0.05$)。**结论:**内镜下鼻胆管引流术与经皮肝穿刺胆道引流治疗急性梗阻性化脓性胆管炎疗效均明显优于传统开放手术,且术后并发症少,值得推广应用。

关键词: 内镜;鼻胆管;经皮肝穿刺;引流;急性梗阻性化脓性胆管炎

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Effect of Endoscopic Nasobiliary Drainage and Percutaneous Transhepatic Biliary Drainage in the Treatment of Acute Obstructive Suppurative Cholangitis*

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ABSTRACT Objective: To study the effect of endoscopic nasobiliary drainage and percutaneous transhepatic biliary drainage in the treatment of acute obstructive suppurative cholangitis. **Methods:** 335 cases of patients with acute obstructive suppurative cholangitis in our hospital were divided into group A, B, C according to different treatment methods, group A of 125 cases of patients used traditional common bile duct and T tube drainage, group B of 100 cases of patients used endoscopic nasobiliary drainage, and group C of 110 cases of patients used percutaneous transhepatic biliary drainage. The curative effect, purulent bile drainage, serum bilirubin level of 1 week after treatment, hospitalization time and complication rate of the three groups were compared. **Results:** The total effective rate of group B and group C were 91.0%(91/100) and 90.9%(100/110), significantly higher than 71.2%(89/125) of group A, the difference was statistically significant ($P<0.05$), there was no significant difference in the effective rate between group B and group C ($P>0.05$). The purulent bile drainage volume, postoperative serum bilirubin level of 1 week after treatment, and hospitalization time of group B and group C were better than those of group A, with significant difference ($P<0.05$), there was no significant difference between group B and group C ($P>0.05$); The complication rate of group B and group C were 11.0%(11/100) and 8.2%(9/110), significantly lower than 28.0%(35/125) of group A, with significant difference ($P<0.05$). **Conclusion:** The effect of endoscopic nasobiliary drainage and percutaneous transhepatic biliary drainage is obviously superior than the traditional open operation in the treatment of acute obstructive suppurative cholangitis, with less postoperative complications, it is worthy of popularization and application.

Key words: Endoscopic; Nasal duct; Percutaneous liver puncture; Drainage; Acute obstructive suppurative cholangitis

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前言

急性梗阻性化脓性胆管炎是临床常见的胆道系统疾病,近年来该病发病率呈上升趋势,其主要发病原因是由于胆道结石等造成胆道梗阻,梗阻导致胆汁淤滞细菌由肠道进入胆管形成炎症^[1,2]。患者一旦发病,病情进展迅速,病变造成肝胆系统受损,合并多脏器管损害,进一步形成全身严重系统疾病,患者易出现中毒性休克和多脏器功能衰竭,严重影响患者生命健康及生活质量^[3]。因此,合理的手术时机及方法是治疗疾病,预防病情恶化同时减少并发症,提高治愈率的关键^[4]。本研究选择我院335例急性梗阻性化脓性胆管炎患者,分别使用不同手术及引流方法治疗,比较各方法治疗疗效,为临床急性梗阻性化脓性胆管炎治疗提供理论依据。

1 资料与方法

1.1 选择我院

选取2008年1月至2013年12月收治的335例急性梗阻性化脓性胆管炎患者,所有患者均符合急性梗阻性化脓性胆管炎诊断标准^[5],症状表现为腹痛、发热、白细胞计数显著增高,常并发黄疸及休克等症状,术中见胆汁为脓性便可确诊。排除有严重肝、肾、肺等重要器官功能不全及全身系统疾病。其中男178例,女157例;年龄30~79岁,平均 (56.8 ± 9.8) 岁;发病至入院时间2~10天,平均 (4.5 ± 2.2) 天;145例既往有胆结石及胆囊炎治疗史;并发黄疸79例,高血压65例,心脏病54例,糖尿病70例;经彩色多普勒B超及CT等检查证实:单纯胆总管结石90例,胆囊结石并胆总管结石125例,肝内胆管并胆总管结石84例,肝内胆管结石36例。按不同治疗方法分为三组,A组125例使用胆管切开+T管引流手术,B组100例使用内镜下鼻胆管引流术,C组110例使用经皮肝穿刺胆道引流治疗。三组患者在性别、年龄、病程、病种及并发症等方面比较差异无统计学意义($P>0.05$),具有可比性。

1.2 治疗方法

所有患者入院后均给予常规积极抗感染、抗休克治疗,同时补液维持水、电解质、酸碱平衡,适当应用激素,做好充分准备行急诊手术治疗。A组患者使用传统胆管切开取石后放置T管引流术治疗,患者取仰卧位全麻,行胆总管切开减压术,有脓

性胆汁流出。根据梗阻的具体情况以及造成梗阻胆管结石的位置性质等进行取石,取净结石后放置T管引流。B组患者使用内镜下鼻胆管引流术治疗,患者取侧卧位,行常规ERCP检查,将造影导管插入胆管,抽出脓性胆汁后注入造影剂,确定梗阻的原因、部位等情况,借助头部带有金属环的扩张管结合左右肝管走向的条状光带并确定肝门部位置,导丝保留在胆管内,借助导丝将鼻胆管插入至肝门部,发现胆汁自导管流出后退出内镜,留置鼻胆管,用胶布固定鼻端胆管,连接引流袋。C组患者使用经皮肝穿刺胆道引流治疗,术前禁食6h,平卧位硬膜外麻醉,行胆道系统检查,确定穿刺部位及进针方向和深度等,术中应用带穿刺探头的B超,在B超引导下将F4细针穿刺目标胆管,穿刺针进入胆管后拔出针芯,有脓性胆汁流出。经金属导丝插入胆管,在C臂机下观察导丝盘曲在胆管内并推入套管,于皮肤切开约1cm处固定套管,拔出导丝,接管连接有刻度无菌瓶。B、C组患者病情稳定后可施行相应的治疗手术。

1.3 观察指标

观察记录三组患者脓性胆汁引流量、术后一周血清总胆红素水平、住院时间以及并发症发生情况。

1.4 疗效评价标准^[6]

治愈:7d内临床症状基本消失,各项生化指标恢复正常;显效:10d内症状基本消失,各项生化指标恢复正常;有效:14d内症状基本消失,各项生化指标恢复正常;无效: >14 d未达到上述治疗的标准。总有效率=(治愈+显效+有效)/总例数 $\times 100\%$ 。

1.5 统计学处理

所有数据应用SPSS16.0分析,计量资料以平均数($\bar{x} \pm s$)表示,进行t检验,计数资料采用 χ^2 检验,以 $P<0.05$ 差异有统计学意义。

2 结果

2.1 三组患者治疗疗效比较

B、C组患者治疗有效率分别为91.0%(91/100)及90.9%(100/110),明显高于A组71.2%(89/125),比较差异具有统计学意义($P<0.05$);B组与C组治疗有效率比较差异无统计学意义($P>0.05$)。

表1 三组患者治疗疗效比较(n,%)

Table 1 Comparison of the curative effect among three groups(n,%)

组别 Groups	例数 Cases	治愈 Cure	显效 excellence	有效 Effective	无效 Invalid	总有效率 The total effective rate
A组 Group A	125	24	31	34	36	71.2
B组 Group B	100	28	30	33	9	91.0 [△]
C组 Group C	110	30	34	36	10	90.9 [△]

注:与A组比较, $\Delta P<0.05$ 。

Note: compared with group A, $\Delta P<0.05$.

2.2 三组患者临床指标比较

B、C组脓性胆汁引流量明显高于A组,而其术后一周血清胆红素水平及住院时间明显低于A组,比较差异具有统计

学意义($P<0.05$);B组与C组各实验指标比较差异无统计学意义($P>0.05$)。

表 2 三组患者临床指标比较($\bar{x} \pm s$)Table 2 Comparison of clinical indicators among three groups($\bar{x} \pm s$)

组别 Groups	例数 Cases	引流量 (ml/d) Urulent bile drainage (ml/d)	血清胆红素水平 (umol/L) Serum bilirubin level (umol/L)	住院时间 (d) Hospitalization time (d)
A 组 Group A	125	245.8 $\pm$ 40.3	76.9 $\pm$ 15.4	16.5 $\pm$ 4.5
B 组 Group B	100	385.4 $\pm$ 45.6 Δ	50.1 $\pm$ 12.5 Δ	10.9 $\pm$ 3.0 Δ
C 组 Group C	110	394.3 $\pm$ 56.1 Δ	51.4 $\pm$ 13.2 Δ	10.6 $\pm$ 3.4 Δ

注:与 A 组比较, $\Delta P < 0.05$ 。

Note: compared with group A, $\Delta P < 0.05$.

2.3 两组患者术后并发症发生情况

A 组患者死亡 4 例, 6 例发生急性重症胆管炎, 12 例出现急性胰腺炎, 13 例发生切口感染, 总并发症发生率为 28.0% (35/125); B 组患者无死亡病例, 3 例发生急性重症胆管炎, 8 例出现急性胰腺炎, 并发症发生率为 11.0% (11/100); C 组患者无死亡病例, 4 例发生急性重症胆管炎, 5 例出现急性胰腺炎, 并发症发生率为 8.2% (9/110), 均经积极对症治疗后好转。B、C 组并发症发生率与 A 组比较差异具有统计学意义 ($P < 0.05$)。

3 讨论

急性梗阻性化脓性胆管炎是临床较为严重的胆管感染性疾病, 该病发展迅速, 常伴有严重功能器官衰竭等并发症, 主要致病原因是胆道结石、蛔虫、狭窄等造成的胆道梗阻使胆汁淤滞及胆道内高压, 进而大量细菌进入胆管引起感染^[7], 严重者可造成感染性休克、多器官衰竭甚至死亡, 其急诊手术风险大, 死亡率高达 50%^[8,9], 因此, 及时解除胆道梗阻、减轻胆管高压状态并进行引流可有效控制胆道内炎症反应及病情恶化, 合适的手术时机及手术方法是治疗急性梗阻性化脓性胆管炎提高患者生存率的关键^[10]。

传统的治疗急性梗阻性化脓性胆管炎方法是通过行胆总管切开取石等进行减压, 后放置 T 管引流排脓, 但该方法手术时间长、开腹创伤大, 手术过程复杂, 易对周围器官造成损失, 患者术后易发生腹腔及切口感染等并发症^[11,12]。近年来, 经皮肝穿刺胆管引流术逐渐应用于急性梗阻性化脓性胆管炎的治疗。研究证明^[13], 该方法不仅可有效解除梗阻缓解胆管内高压, 同时可改善肝功能。该手术方法尤其适应于体质差、病情较为严重不适合进行开放性手术的患者。随着微创技术的发展和运用, 自 1976 年 Nagai 成功地实施纤维十二指肠镜下经内镜鼻胆管引流术以来, 内镜下鼻胆管引流术已被广泛应用于急性梗阻性化脓性胆管炎的治疗。有研究证明, 内镜鼻胆管引流术急诊手术成功率高达 97%, 而死亡率仅 4%^[14-16]。内镜下鼻胆管引流术是一种简单的内镜外引流方法, 该手术方法操作简单, 不需进行麻醉及开腹, 创伤小, 可迅速有效解除胆道高压, 对脓性胆汁进行彻底引流, 及时控制患者急症症状, 整个手术过程对患者生理干扰较小, 术后并发症少, 尤其适用于合并其它脏器疾病的老年患者^[17,18]。本研究中, B 组及 C 组患者治疗总有效率分别为 91.0% 及 90.9%, 明显高于 A 组 71.2%, 且 A 组出现 4 例死亡, 并发症发生率为 28.0%, 明显高于 B、C 两组, 比较差异具有统计学意义。该结果充分表明, 相对于传统胆管切开并 T

管引流手术, 内镜下鼻胆管引流术与经皮肝穿刺胆道引流对急性梗阻性化脓性胆管炎治疗效果更为显著, 且可明显降低患者死亡率及术后并发症发生率。和前面相关文献报道相似^[14-18]。

总之, 经内镜鼻胆管引流术能在最小创伤下有效治疗急性梗阻性化脓性胆管炎, 及时患者急症症状, 无需麻醉, 操作简单, 并发症少安全性高, 是目前治疗急性梗阻性化脓性胆管炎最为简便有效的手段^[19,20], 而对于不适应行经内镜鼻胆管引流术患者可改行经皮肝胆管引流术, 可达到同等治疗效果。

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