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◇临床医学◇

罕见囊状上腔静脉瘤成功手术治疗1例

梅翔,章文龙,刘坚,何海锋,黄志辉

作者单位:惠州市第一人民医院心脏外科,广东 惠州 516000

通信作者:黄志辉,男,主任医师,研究方向为心脏及大血管疾病,Email:hzhdyrmyykjb@163.com

摘要: 目的 手术切除罕见囊状上腔静脉瘤病例。**方法** 回顾性分析惠州市第一人民医院2020年9月16日收治的1例囊状上腔静脉瘤病人的临床资料。病人有吞咽异物感,胸部CT以及CT增强重建提示囊状上腔静脉瘤,大小约59 mm×58 mm×46 mm。病人在全麻下进行上腔静脉瘤切除术。**结果** 手术顺利,切除上腔静脉肿瘤后连续缝合加固静脉壁,并用自体心包组织包裹上腔静脉以保护静脉壁。病理诊断为囊状上腔静脉瘤。病人术后恢复良好,痊愈出院。术后2个月(2020年11月24日)随访未见静脉瘤复发。**结论** 巨大囊状上腔静脉瘤应该采取预防性手术切除以防止血管破裂、血栓形成或静脉阻塞。

关键词: 血管瘤; 腔静脉,上; 血管外科手术; 上腔静脉瘤; 纵膈血管病变; 手术切除

Case report of successful surgical removal of a rare saccular aneurysm of the superior vena cava

MEI Xiang,ZHANG Wenlong,LIU Jian,HE Haifeng,HUANG Zhihui

Author Affiliation:Department of Cardiac Surgery, Huizhou First Hospital, Huizhou, Guangdong 516000, *China*

Abstract: Objective Case report of surgical removal of a rare saccular aneurysm of the superior vena cava.**Methods** Retrospec-

tive analysis of the clinical data of a patient with cystic superior vena cava aneurysm in Huizhou First Hospital in September 16, 2020 was performed. A patient with chief complaint of the sensation of a foreign body in the throat during swallowing underwent chest CT and CT enhanced reconstruction. A 59 mm×58 mm×46 mm cystic superior vena cava aneurysm was detected. The aneurysm was surgically removed under general anesthesia. **Results** The operation was successful. The incision was continuously sutured, strengthened, and wrapped with the patient's own pericardial tissue to protect the wall of superior vena cava. The pathological diagnosis was aneurysm of the superior vena cava. The patient recovered well and was discharged. Two month later, a follow-up chest CT scan was performed in November 24, 2020 and showed no abnormalities. **Conclusion** For a huge saccular aneurysm of the superior vena cava, prophylactic surgical resection is recommended to prevent rupture, thrombosis or venous obstruction.

Key words: Hemangioma; Vena cava, superior; Vascular surgical procedures; Aneurysm of superior vena cava; Mediastinal vascular disease; Surgical resection

上腔静脉瘤是一种罕见的纵膈血管病变，根据形态可分为梭形和囊状两种[1]。其中多为梭形上腔静脉血管瘤，而囊状血管瘤极为罕见[2]。上腔静脉瘤的诊断通常包括胸片、超声、胸部CT扫描、磁共振成像、静脉造影术和主动脉造影术[3]。CT增强扫描可以清晰显示上腔静脉的梭形或囊状扩张，有助于诊断[1]。其治疗方法通常取决于血管瘤的大小和种类，梭形血管瘤通常予以保守治疗，而囊状血管瘤则往往需要预防性手术治疗，以防止血管瘤破裂、血栓形成或静脉阻塞[3]。本研究发现1例并予以报告。病人及其近亲属知情同意，本研究符合《世界医学协会赫尔辛基宣言》相关要求。

1 临床资料

女，55岁，因吞咽异物感10余天，胸部CT提示右上纵膈占位于2020年9月16日入院。既往无外伤和器械损伤史。病人无呼吸困难、无胸痛、无声音嘶哑、无上半身肿胀、无发热、无栓塞等症状，查体也未见异常。入院后血、尿、粪、凝血功能、生化等检查无异常。CT增强重建提示上腔静脉上段局部囊袋状向右侧凸出，大小约59 mm×58 mm×46 mm，边界清晰，见图1。初步诊断为囊状上腔静脉瘤。

病人在全麻下经胸部正中切口，沿膈神经内侧前缘切开右侧纵膈胸膜，发现瘤体位于心包和右侧胸膜壁层之间，质软，瘤体与心包及胸膜粘连。自下而上钝性分离瘤体与其周围的结缔组织，发现在上腔静脉与左无名静脉汇合处近心1.3 cm处为瘤体颈部，直径4 cm。显露上腔静脉及左、右无名静脉后，肉眼观测瘤体大小约为60 mm×60 mm×50 mm，占据右侧胸腔五分之一的空间，部分压迫右肺上叶，但瘤体未累及左、右无名静脉。触诊发现血管瘤特征：即受压时瘤体变小，放松后瘤体充盈，见图2。将瘤体与上腔静脉连接处用心耳钳钳夹后，纵向打开静脉瘤，瘤腔内未见血栓形成。切除血管瘤，用5-0 prolene缝线连续缝合加固、成形血管断面，检查无渗血及上腔静脉狭窄，用5-0涤纶缝线加固上腔静脉瘤切口，并取自体心包包裹裸露上腔静脉，然后将心包组织分别缝合在右侧心包与纵膈胸膜上，以缩小右侧纵膈腔隙。再用6.0 cm×4.5 cm的生物补片（北京伯仁医疗科技股份有限公司）与两侧心包缝合，以保护升主动脉及心脏。留置心包、右胸腔引流管。标本肉眼见血管瘤壁为薄静脉壁，内未见附壁血栓，见图3。

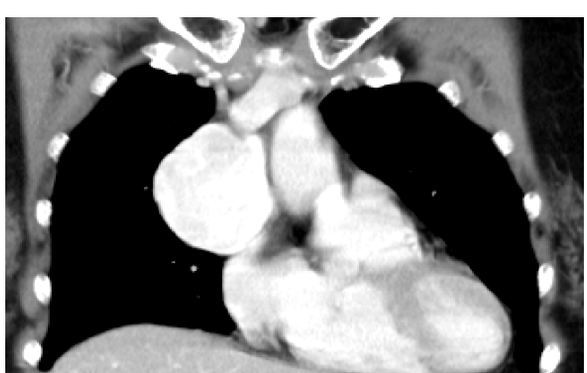

图1 CT正位扫描显示上腔静脉瘤（59 mm×58 mm×46 mm）

2 结果

手术过程顺利，手术时间145 min，术毕拔除气管插管，转入ICU监护，同时控制血压、防治感染及维持水电解质平衡。

术后病理：囊状上腔静脉瘤，镜下未发现炎症及其他病理性改变，见图4。术后第三日拔除心包及右胸腔引流管。复查胸部CT原右上纵膈占位消失，见图5。第8天痊愈出院。定期随访，出院后两个月（2020年11月24日）复查胸部CT未见静脉瘤复发。

3 讨论

上腔静脉瘤是一种罕见病，通常由胸片或胸部CT检查而偶然发现[4]。上腔静脉瘤分为先天性的、获得性的、假性血管瘤和动静脉瘤四类[5]。先天性上腔静脉瘤包括梭形和囊状血管瘤。自1950年Abbott[6]报道首例上腔静脉瘤以来，至今至少有48例上腔静脉血管瘤，其中21例为囊状血管瘤[1,3,7-11]。上腔静脉瘤确切的发病机制尚不清楚，可能的病因

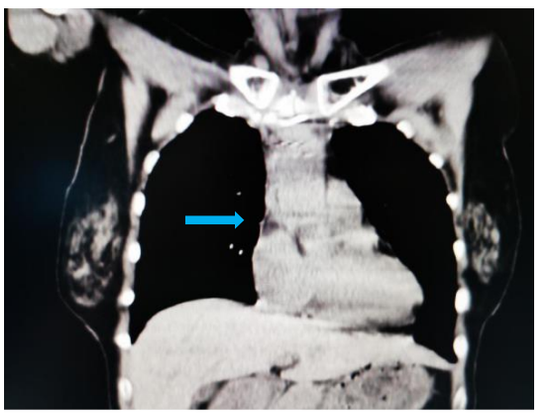

图5 术后胸部正位CT(箭头提示上腔静脉瘤切除术后改变,无复发)

包括先天性畸形、炎症、感染、机械损伤和上腔静脉纵肌前壁薄弱等[12]。Jacobson等[3]认为血管瘤与淋巴管瘤有关,因为静脉和淋巴系统有共同的胚胎起源。上腔静脉瘤多无临床症状,或仅有轻微胸骨后不适或压迫症状[4]。本例病人因吞咽异物感,经胸部CT检查而发现。

上腔静脉瘤的并发症较为罕见,包括血管瘤破裂、血栓形成、静脉阻塞和肺栓塞等[13]。梭形血管瘤很少会扩大,几乎不产生压迫症状或破裂,预后良好[14]。可以考虑保守治疗,长期抗凝防止血栓形成,以及常规影像学检查随访[15]。而囊状血管瘤则通常需要预防性切除以防止静脉囊破裂、血栓形成、静脉阻塞等致命性的并发症[16]。

囊状上腔静脉瘤的治疗方式各异,以手术治疗为主[17]。目前尚无标准的术式,其中上腔静脉瘤切除术、血管置换术及上腔静脉重建术是较彻底的手术方式,可避免上腔静脉瘤的复发。Janczak等[18]建议如果检测到有血栓形成时或在血管瘤壁上有钙化时,手术时应该考虑使用体外循环,必要时可以应用自体心包补片重建上腔静脉。术后无需终生抗凝,降低了出血风险,同时减少了住院费用[7]。对于上腔静脉瘤也有研究人员尝试血管内介入治疗,Griviau等[19]成功地利用血管内介入封堵技术治疗一例上腔静脉瘤。

本例病人上腔静脉瘤瘤体较大,且与周围组织粘连。经过谨慎分离,术中避免大血管损伤,并取自体心包组织包裹上腔静脉以保护静脉壁,以防止术后因摩擦及压迫导致上腔静脉破裂而引发致命性大出血,并可预防右侧纵膈内渗血形成血凝块而压迫上腔静脉。

(本文图2~4见插图10-4)

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