



图1 蝶窦轴位、冠状位 CT(软组织窗) 双侧蝶窦腔内软组织影,其内可见斑片状密度增高影; 图2 镜下见大量曲霉菌及菌丝; 图3 术后2个月蝶窦口开放好,蝶窦内清洁; 图4 术后6个月蝶窦轴位和冠状位 CT(骨窗) 双侧蝶窦腔内未见密度增高影

解症状,惟有手术才能彻底治疗,而鼻内镜经鼻直接扩大蝶窦自然口或开放蝶窦前壁是最便捷,最安全有效的手术进路^[2]。

参考文献

[1] 胡建道,廖建春,金国荣,等. 孤立性真菌性蝶窦炎的

影像学特征与鼻内镜手术治疗[J]. 临床耳鼻咽喉科杂志,2005,19(11):513-514.

[2] 叶小英,谭国林. 鼻内镜下孤立性蝶窦病变的手术[J]. 中国内镜杂志,2004,10(7):64-67.

(收稿日期:2012-10-08)

后鼻孔填塞致鼻咽部巨大肉芽 1 例

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[关键词] 后鼻孔填塞;鼻咽部;肉芽

[中图分类号] R739.63 [文献标志码] D [文章编号] 1001-1781(2013)14-0796-01

One case of big nasopharynx granulation caused by postnasal packing

Summary In April of this year, one patient was under left posterior nostril packing treatment with gauze balls as his left nostril bleeding. 3 days later the balls were removed. Soon after, he had foreign body sensation in his throat and the discomfort was increasingly severe. Under electronic laryngoscopy a big neoplasm like nasopharynx granulation was discovered and therefore resected when he was in general anesthesia. Under light microscope, it was found out that the neoplasm had fibrogenesis, angiogenesis, infiltration and interstitial osteoporosis edema. In pathological diagnosis, it was nasopharyngeal inflammatory granulation tissue.

Key words postnasal packing; nasopharynx; granulation

患者,男,44岁。因“咽部不适感4个月余”于2012-07-23来我院就诊。患者于4个多月前因鼻出血行左鼻腔后鼻孔纱球填塞治疗,并予抗感染止血药物处理,3d后取出后鼻孔纱球后感咽部异物感,无咽痛咳嗽,无鼻塞流涕,鼻腔、鼻咽部及喉部检查均未见明显异常,近期感咽部不适感加重,现来我院就诊。电子喉镜示鼻咽部见大块肉芽样新生物;专科检查:悬雍垂后方鼻咽后壁见大块肉芽样组织,呈球形,直径约2cm,带蒂,色红,表面光滑,负压吸引可移动;鼻腔检查无异常。手术于全身麻醉下取仰卧垫肩位,开口器撑开口腔,双鼻腔内置入细导尿管至咽部吊起软腭及悬雍垂,充分暴露新生物。30°鼻内镜监视下用钩突刀完整切除新生物,基底部电凝止血。切除组织送病检,光镜下见纤维及血管增生,炎细胞浸润,间质疏松水肿。

诊断:鼻咽部炎性肉芽组织。术后随访3个月无复发。

讨论 后鼻孔纱球填塞是治疗鼻腔后段及鼻咽部出血常用的填塞方法之一,其常见并发症为局部胀痛、头痛、张口呼吸甚至窒息死亡,鼻咽部黏膜可有擦伤,但引起大块肉芽者少见。该患4个月前行后鼻孔纱球填塞后即感咽部不适感,取出纱球后无缓解且渐加重,喉镜检查见鼻咽部肉芽,考虑为后鼻孔纱球损伤鼻咽部黏膜,破损处发生炎症反应并过度增生致肉芽形成。故本例提示:①填塞前应根据患者年龄及后鼻孔选择合适大小的锥形纱球;②纱球表面可用医用橡胶手套包裹使表面光滑,并涂上金霉素眼膏;③操作时手法需轻柔,并尽量一次性将纱球送到位,以减少对鼻咽部黏膜的损伤;④定期检查鼻腔及鼻咽部黏膜,发现病变及时处理,防止发生并发症。

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(收稿日期:2012-11-19)