

咽异物迁移致颈部包块 1 例

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[关键词] 咽部异物;迁移;颈部包块
doi:10.13201/j.issn.1001-1781.2015.07.027
[中图分类号] R766.8 [文献标志码] D

The migrating pharyngeal foreign body resulted in cervical mass: one case report

Summary Pharyngeal foreign body is a common disease. The diagnosis and treatment are easy. However, in a few cases, pharyngeal foreign bodies migrated to other part of body, which often causing missed diagnosis or misdiagnose to delay the treatment, and even lead to fatal complications. Here we present a case report of a 52-year-old female patient who was found to have cervical mass 20 days before. Contrast-enhanced computed tomography showed a foreign body and foreign body granuloma on the left side of the neck. To look back on the history, the patient swallowed a fish bone in mistake one month ago.

Key words foreign body in pharynx; migration; cervical mass

患者,女,52岁,因发现左侧颈部包块 20 d 于 2014 年 5 月 2 日入院。查体:左侧颈部胸锁乳突肌中段可触及包块,大小约 1.2 cm×0.5 cm,质韧,边界尚清,轻度压痛。口咽及喉咽未见异常。行颈部超声检查示:左侧颈部淋巴结肿大;后行颈部增强 CT 检查示:左侧颈部异物并异物肉芽肿(图 1)。追问病史,患者 1 个月前有误咽鱼刺史,当时有咽痛及异物感,自行吞咽固体食物欲将异物咽下,后患者自觉咽痛症状消失。入院后行颈部探查异物取出术,术中探查见异物(鱼刺)位于左侧胸锁乳突肌中段后方,细尖部朝向颈部外侧,周围可见少量脓性分泌物,顺利取出一根长约 2.4 cm 的鱼刺(图 2),术后切口愈合良好。随访 6 个月,未发现异常。

者少见,易误诊或漏诊,尤其病史时间长者更容易误诊,并可能导致致命性危害^[1-3]。此类患者往往有明确的异物史,但是异物迁移后症状消失,导致患者未能及时就诊,直至颈部发现包块或出现发热等感染症状后才就诊^[4]。因此对于此类患者应详细追问病史,并行相关辅助检查以明确诊断。本病例颈部超声检查示左颈部Ⅲ区颈总静脉周围见数个低回声淋巴结,大者 1.3 cm×0.5 cm,髓质不清。为进一步明确诊断,行颈部增强 CT 检查示左侧颈部异物并异物肉芽肿。可能因异物性质、大小、位置或行超声检查者因素,超声检查容易出现漏诊或误诊。确诊的最佳办法是行 CT 薄层扫描或增强 CT 检查,能够明确显示异物大小、形状、位置、方向及与周围组织如颈动脉、颈静脉、甲状软骨、舌骨等的关系,有助于术中定位寻找,此外,术后短期应严密观察,尽可能避免并发症的发生或及时处理相关并发症。

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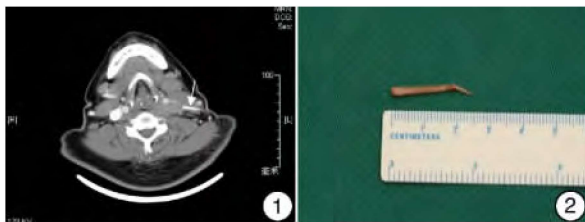


图 1 颈部增强 CT 示左侧颈部异物(箭头所示)并异物肉芽肿; 图 2 颈部探查术取出长约 2.4 cm 鱼刺一根

讨论 咽内异物是耳鼻咽喉科常见病,诊断及治疗并不难,但异物穿透咽壁或颈段食管壁至颈部

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(收稿日期:2014-11-30)