- 病例报告 -

经口腔切除部分瘘管壁治疗不完全性第二鳃裂瘘 1 例

朱国臣[1] 肖大江[1]

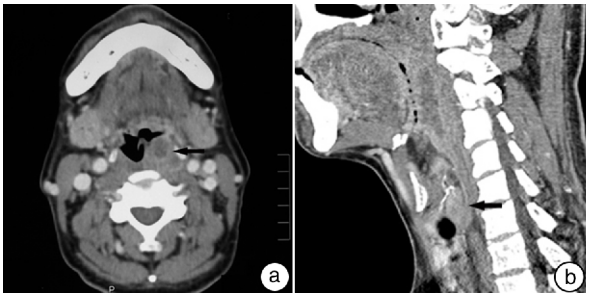
[关键词] 第二鳃裂瘘;外科手术
doi:10.13201/j.issn.1001-1781.2017.16.020
[中图分类号] R766.7 [文献标志码] D

Transoral resection of partial fistula wall to treat incomplete second branchial fistula: a case report

Summary We describe a case of a 55-year-old man who presented with sore throat for two days, while neck swelling for one day, and was found to have a fistula in his left tonsil and an abscess in his left lateral pharyngeal wall with the lower bound to the upper border of the cricoid cartilage by ultrasonography and enhanced CT. The fistula from tonsillar fossa to hypopharynx was detected followed by left tonsillectomy, and then anterior wall of the fistula and mucosa covering it was resected. He was eventually diagnosed with incomplete second branchial fistula with infection, and was followed up for five years with no recurrence.

Key words second branchial fistula;surgical procedures,operative

患者,男,55 岁,因左侧咽喉痛 2 d,伴颈部肿胀 1 d 入院。既往无类似病史。查体:T 38.0℃,呼吸平稳;左侧颈上部隆起、轻压痛;张口度正常,咽部轻度充血,悬雍垂居中,扁桃体表面无脓苔,左侧口咽侧壁隆起呈水肿状近中线、向下延至梨状窝,会厌不肿。入院诊断:水肿型咽喉炎。予以静脉滴注第 3 代头孢类抗生素及地塞米松针,次日患者咽部溢脓后左侧口咽侧壁肿胀明显消退,喉咽侧壁肿胀无明显变化。检查左侧扁桃体窝上份有溢脓口,探及一瘘管通向扁桃体内。颈部 B 超及增强 CT 均提示左咽侧壁脓肿,下界呈条索状至环状软骨上缘水平(图 1)。第 3 天在全身麻醉下行左侧扁桃体切除+咽侧壁脓肿切开引流术。术中切除左侧扁桃体,发现扁桃体窝后侧壁中份一瘘口,有脓液溢出。插入硬膜外导管探查瘘管紧贴黏膜下垂直向下通及喉咽部(与影像学表现基本一致),在覆盖瘘管表面的咽侧壁黏膜上作纵切口,自上而下剖开黏膜及瘘管,追踪瘘管的盲端位于梨状窝环状软骨上缘水平(长约 30 mm)。切除宽约 4 mm 的瘘管前壁及其表面覆盖的黏膜送病检,保留与深部组织紧密相连的瘘管组织(约占瘘管壁横截面周长的 2/3),创缘予以电凝。术后继续应用抗生素,脓液细菌培养示草绿色链球菌。病理检查示瘘管壁内层覆以复层鳞状上皮,间质内大量炎性细胞浸润及纤维组织增生,伴炎性坏死物;扁桃体慢性炎。术后恢复顺利,5 d 后出院。出院诊断:不完全性第二鳃裂瘘合并感染。术后 1 个月复诊,咽喉创面光滑,保留瘘管壁上皮与咽侧壁黏膜在外观上无明显界限。随访 5 年无复发。



a:水平位示病变上部紧贴黏膜下,呈脓肿状(箭头所示);b:矢状位示病变下部呈条索状,下界至环状软骨上缘水平(箭头所示)。

图 1 咽部增强 CT

讨论 第二鳃裂瘘系临床少见的胚胎发育畸形,仅有内口的不完全性第二鳃裂瘘难以确诊,尤其是首发病例。分析本病例特点及复习文献[1-4],其有如下特点:①内口阻塞时表现为单侧咽喉急性炎症,严重者可出现颈部肿胀甚至呼吸困难;②溢脓处位于扁桃体上份,有瘘管通及扁桃体内;脓液积聚则可形成脓囊肿,易误诊为扁桃体周脓肿;③症状随内口通畅而缓解,如此反复发作类似于慢性咽炎;④B 超、碘油造影、CT 或 MRI 等影像学检查有助于判定脓肿或瘘管的边界,若病变下部呈条索状需考虑鳃裂瘘的可能;同时可为手术方案的制定提供较为详尽的信息,如距离咽喉黏膜的厚度、与

[1]南京医科大学附属无锡市第二人民医院耳鼻咽喉头颈外科(江苏无锡,214002)
通信作者:朱国臣,E-mail:zgc2003doctor@sina.com

颈部重要结构的毗邻关系。

根治性手术是治愈鳃裂瘘的有效方法，完整切除瘘管及其分支、妥善处理内瘘口、避免损伤重要结构等是治疗成功的关键。本病例术前影像学检查提示病变上部呈脓肿状、下部呈条索状，全程紧贴黏膜下，且下界位于环状软骨上缘水平；术中证实瘘管全程暴露，未发现细小侧支，故选择经口腔手术是可行的[4]。术中仅切除瘘管前壁，保留了与深部组织紧密相连的瘘管组织，手术创伤较完全切除瘘管组织明显减轻，近期手术效果满意。但该术式的适应证较窄，有瘘管残留及复发的潜在风险，故应慎重选择，远期效果需长期随访。

参考文献

[1] THOTTAM P J, BATHULA S S, POULIK J M, et al. Complete second branchial cleft anomaly presenting as a fistula and a tonsillar cyst: an interesting congenital anomaly[J]. Ear Nose Throat J, 2014, 93: 466－468.

[2] SUN Z, FU K, ZHANG Z, et al. Multidetector computerized tomographic fistulography in the evaluation of congenital branchial cleft fistulae and sinuses [J]. Oral Surg Oral Med Oral Pathol Oral Radiol, 2012, 113: 688－694.

[3] 黄子斌，张志茂，裴智，等. 先天性双侧第二鳃裂瘘管误诊 1 例[J]. 临床耳鼻咽喉头颈外科杂志，2014，28(3)：205－206.

[4] 江继平，王淑云，佟康. 内镜下切除第二鳃裂瘘管疗效观察[J]. 临床耳鼻咽喉头颈外科杂志，2014，28(6)：418－419.

（收稿日期：2017-01-07）

原发性悬雍垂恶性肿瘤 3 例报告并文献复习

罗庆[1] 闵翔[1] 桂誉淋[1] 龙平[1]

[关键词] 悬雍垂肿瘤；外科手术；放射治疗
doi：10.13201/j.issn.1001-1781.2017.16.021
[中图分类号] R739.6 [文献标志码] D

Primary malignant tumor of uvula: report of 3 cases and review of the literature

Summary We retrospectively analyzed 3 middle-aged male patients of primary malignant tumor of uvula. There was a long history of smoking and drinking for the patients. All of them came to the hospital with the symptoms of pharyngeal foreign body sensation and two of them had pharyngeal sore. The patients appeared well, new neoplasm at the apex of the uvula. Diameter of 2 cases were less than 1 cm without invading the midline of the soft palate. Another patient's diameter was more than 1 cm with invading the midline of the soft palate. Preoperative pathology diagnosis of 3 patients was squamous cell carcinoma of uvula. The pharyngeal CT of the patient with invading the midline of the soft palate showed nodules at the end of the soft palate, obviously enhancement and small lymph node in left neck.

Key words uvula neoplasms; surgical procedures, operative; radiotherapy

原发于悬雍垂的恶性肿瘤罕见，国内罕见报道[1]。我院 2003－2013 年诊治 3 例原发性悬雍垂恶性肿瘤患者，现报告如下。

1 资料与方法

1.1 临床资料

3 例患者均为男性，年龄分别为 47 岁、51 岁、55 岁，都有长期吸烟、饮酒史，并且性格急躁，讲话语速快。主要以咽部异物感就诊，2 例患者同时伴有咽痛。查体：一般情况好，悬雍垂根尖部可见新生物，2 例直径小于 1.0 cm，未侵及软腭中线，1 例直径大于 1.0 cm，并侵及软腭中线（图 1）。

3 例患者术前病理检查示悬雍垂鳞状细胞癌。1 例侵及软腭中线患者的术前咽部 CT 扫描（图 2）示软腭末端见结节影，增强扫描较明显强化，左侧颈部小淋巴结。

1.2 治疗方法

在全身麻醉下用开口器开口，距新生物边缘 1.0 cm 做“Λ”形切口将新生物及悬雍垂整体切除，创缘直接用无损伤丝线缝合。术中切缘送病理冷冻，结果显示为阴性。术后创面Ⅰ期愈合，无进食鼻腔反流、呛咳，语音清晰度良好。病理均为鳞状细胞癌，直径大于 1.0 cm 者侵及横纹肌（图 3），并同时行颈部择区性淋巴结清扫术，术后病理为左

[1]南昌大学第一附属医院耳鼻咽喉头颈外科（南昌，330006）
通信作者：龙平，E-mail：yifuyuanlongping@163.com