

颌下横切口在儿童甲状舌管囊肿手术中的应用*

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[摘要] 目的:探讨颌下横切口在甲状舌管囊肿手术中的应用。方法:对 2014-01—2017-12 收治的 14 例甲状舌管囊肿患儿取颌下横切口行甲状舌管囊肿切除。全部病例均在完善术前相关检查后取颌下皮纹切口,切开皮肤、皮下组织、颈阔肌,向下掀起皮瓣,沿白线切开并向两侧分离带状肌,见肿物后沿囊壁分离至舌骨附着处,消融舌骨附着处囊壁黏膜,电刀离断舌骨。创腔确实止血后,逐层缝合,皮肤用外科缝线进行连续皮内缝合。记录手术时间、术中出血量、有无严重并发症、伤口愈合时间及有无严重手术瘢痕。密切随访,观察有无切口感染及复发。电话告知家长门诊复诊,门诊复诊时采用儿童行为问卷对患儿进行心理评估,对患儿手术瘢痕运用温哥华瘢痕评定量表进行评分,对家长是否满意手术方式进行调查。结果:14 例颌下横切口甲状舌管囊肿切除手术均成功,手术时间(55.0±10.5)min、术中出血均<10 ml,术后无声嘶、呼吸困难以及音调降低、呛咳,伤口愈合时间平均 1 周,无严重手术瘢痕、无切口感染及复发。患儿心理评估在正常同齡儿范围内,14 例患儿家长对手术方式均满意。结论:颌下横切口甲状舌管囊肿切除手术安全、可靠、外观满意。

[关键词] 甲状舌管囊肿;颌下横切口;Sistrunk 术式

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Excision of thyroglossal cyst in children by transverse submentum incision

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Abstract Objective: To explore the application of transverse submentum incision in thyroglossal duct cyst surgery. **Method:** Submentum transverse incision for thyroglossal duct cyst removal in 14 children with thyroglossal duct cyst from January 2014 to December 2017. All cases were performed submentum dermatoglyphic incision, skin incision, subcutaneous tissue, platysma muscle incision, down lifting flap, along the white line incision and separation of banded muscle on both sides, see the mass along the wall of the capsule separated to the attachment of the hyoid bone, ablation of the mucosa of the capsule wall of the hyoid bone attachment, electrotome to break the hyoid bone. The cavity is indeed stopped after bleeding, and the skin is sutured continuously for continuous intradermal suture. The operation time, bleeding volume, severe complications, wound healing time and severe surgical scars were recorded. Close follow-up was performed to observe whether there was infection or recurrence of incisional wound. Parents were informed by telephone to go back to the outpatient clinic. RUTTER Children's Behavior Questionnaire was used to assess the children's psychological status. Vancouver Scar Rating Scale was used to evaluate the children's surgical scars, and to investigate whether parents satisfactory surgical methods. **Result:** Fourteen cases of thyroglossal duct cyst underwent transverse incision thyroglossal duct cyst excision successfully. The average operative time was 55 minutes, and the standard deviation was 10.5 min, bleeding was less than 10 ml, postoperative hoarseness and weakness of voice, silence became low, wound healing time averaged one week, no serious surgical scars, no wound infection and recurrence. Among the normal children of the same age group, 14 parents were satisfied with the operation. **Conclusion:** Excision of thyroglossal duct cyst under transverse incision is safe, reliable and satisfactory in appearance.

Key words thyroglossal duct cyst; submentum transverse incision; sistrunk's operation

甲状舌管囊肿是小儿颈部常见的先天性畸形之一,在胚胎期如甲状腺管退化不全,则形成甲状舌管囊肿或瘻管,从舌盲孔到甲状腺的所有位置均有可能发生,但病变位置多位于舌骨与甲状腺之间、颈前中线附近^[1]。病变位置在颌下部位较少。传统 Sistrunk 术式^[2]一般在甲状腺中部水平一

较大的弧形切口或梭形切口,切开皮肤、皮下组织及颈阔肌,沿囊肿壁仔细分离,选择此种手术切口可使颈前遗留明显的手术瘢痕,影响颈部美观。为此,我们在传统 Sistrunk 术式的基础上,回顾性分析 2014-01—2017-12 我院收治的甲状舌管囊肿患儿的临床资料,并电话告知家长门诊复诊并进行术后随访,探讨颌下横切口切除甲状舌管囊肿的可行性及术后美观情况。

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1 资料与方法

1.1 临床资料

2014-01—2017-12 我院收治的 14 例甲状舌管囊肿患儿,患儿均因发现颈部包块入院。包块为圆形无痛肿物,表面光滑,边界清楚,随吞咽活动,所有患儿入院时无破溃病史。术前 B 超和(或)CT 检查示囊性肿物^[3],位于舌骨附近 1~2 cm,5 例患儿 B 超示大小 12 mm×8 mm~30 mm×30 mm。11 例患儿 CT 示肿物最大横截面积大小 15 mm×15 mm~20 mm×20 mm。

1.2 术前病例选择

选择肿物位于舌骨附近 1~2 cm、近期无感染的患儿。14 例患儿中男 9 例,女 5 例;年龄 2 岁 8 个月~11 岁 11 个月,中位年龄 5 岁 10 个月。

1.3 手术方式

麻醉方式为静脉麻醉+气管插管,患儿取仰卧位,肩下垫软枕头,头部后仰,充分暴露出颌下,常规消毒铺巾,主刀站位为患者右侧,一助为左侧,于颌下 2~3 cm 处取皮纹切口,切开皮肤、皮下组织、颈阔肌,向下掀起皮瓣,沿白线切开并向两侧分离带状肌,见肿物后沿囊壁分离至舌骨附着处,消融舌骨

附着处囊壁黏膜,电刀离断舌骨。创腔确实止血后,逐层缝合,皮肤用外科缝线进行连续皮内缝合。

1.4 术后评估

统计 14 例患儿的手术时间、术中出血量、术中是否有神经损伤、伤口愈合时间,电话告知家长门诊复诊并进行术后随访,对术后手术瘢痕采用温哥华瘢痕评定量表^[4]进行评分,术后儿童心理采用 RUTTER(Rutter children behavior checklist)儿童行为问卷^[5]评分,并询问家长对手术方式是否满意。

2 结果

14 例患者均行颌下横切口甲状舌管囊肿切除术,手术成功。平均手术时间为(55.0±10.5)min,术中出血量均<10 ml,术后无声嘶、无呼吸困难、无音调降低及呛咳,未见严重手术瘢痕,无切口感染及复发,伤口愈合时间平均 1 周。采用温哥华瘢痕评定量表对 14 例患儿进行评分,平均(3.8±0.6)分,患儿心理评估在正常同龄儿范围内,患儿家长均对手术效果满意。2 例患儿(1 例女性及 1 例男性患儿)术后 7 d 拆线后自然体位及仰头位颈部外观见图 1。



a: 女性患儿术后 7 d 自然体位颈部外观; b: 女性患儿术后 7 d 仰头位颈部外观; c: 男性患儿术后 7 d 自然体位颈部外观; d: 男性患儿术后 7 d 仰头位颈部外观。

图 1 患儿术后瘢痕外观效果

3 讨论

甲状舌管囊肿是儿童头颈部常见的先天性畸形之一,多见于 5 岁以下儿童,多为良性病变。在胎儿发育过程中,甲状舌管下行至颈部,其下端发生甲状腺。之后第 8 周,甲状腺发育,甲状舌管退化,其口腔端残留为舌盲孔,若退化不全,则形成甲状舌管囊肿或瘘管。所以囊肿可以在颈部沿着甲状舌管移行到任何部位,但以舌骨前下方、甲状舌管膜或甲状软骨部位最为常见,其常随吞咽动作上下移动,感染后可形成瘘管,并有黏液性或黏脓性分泌物溢出。瘘管不易愈合,或经常反复感染。

传统 Sistrunk 术式取囊肿部沿颈部皮纹横切

口,若囊肿过大,皮肤多余,取梭形切口。一般超过囊肿范围,平均 4~5 cm^[6]。该手术方式缺点是术后颈部遗留明显自杀式瘢痕,影响患儿颈部美观,并随着患儿成长,逐渐影响其心理发育。小儿外科由于手术器械的限制及颈部空间小、手术难度较大,很难完全改变经典 Sistrunk 术式,术后瘢痕成为家长及患儿必须面对的一个难题,也成为临床医生手术能否取得家长满意必须面临的一个难题。

近年来已开始运用在内镜辅助下切口切除甲状舌管囊肿^[7],但内镜辅助方式手术时间较长、术中出血量较多、手术费用较高。Dutta 等^[8]采用腋下入路行甲状舌管囊肿切除术、Qu 等^[9]采用乳

腺入路全内镜行甲状舌管囊肿切除术、Anuwong 等^[10]和胡友主等^[11]采用乳晕入路行甲状舌管囊肿切除术、张军等^[12]采用经腋乳入路腔镜下行小儿甲状腺腺瘤切除术,上述几种手术方式,以缩小和隐蔽的切口,获得了传统 Sistrunk 术式无法达到的美容效果,但手术入路过长,增加对周围组织的损伤,入路路径得以增加,增加了术中出血量,也提高了高碳酸血症、气体栓塞、酸中毒、皮下气肿的发生率^[13],也增加了术后恢复时间。腋下入路操作孔之间的间距过近,手术操作难度系数高,同时乳晕入路易损伤乳腺组织。目前,由于尚无相关研究及随访结果表明此种手术入路不会影响患儿的生长发育,因此此种手术方式对儿童发育有着不可预知的影响。Kim 等^[14]采用口内入路切除甲状舌管囊肿、Bakshi 等^[15]采用内镜辅助经口切除甲状舌管囊肿、Zhang 等^[16]采用改良 Sistrunk 术式切除甲状舌管囊肿都难以获得较好的手术视野,增加了术中损伤血管、神经的风险。同时行口内入路要求麻醉医师须有足够的鼻插管经验。术后护理难度增加,故同时要求头颈外科或普外科护士均具备术后口腔护理经验。Ross 等^[17]单中心 10 年的研究表明,甲状舌管囊肿的复发不受手术技术、年龄、性别、囊肿大小影响。为此,笔者在传统 Sistrunk 术式的基础上,选择颌下横切口切除甲状舌管囊肿。

本研究采取颌下横切口手术方式为切口在自然体位时被下颏遮挡,具有较高的隐蔽性。选择病例要求患儿颈部包块位于舌骨附近 1~2 cm,对于包括在其他位置的患儿,则不采用此手术方式。在手术过程中,由颌下切口向下分离时,发现此种手术方式较传统 Sistrunk 术式在分离过程中较困难,但让助手配合使用拉钩,也可以充分暴露手术视野,完整分离皮瓣,同时也避免了通过注入气体建立手术空间带来的并发症。对于囊肿的处理与传统 Sistrunk 术式相同。14 例患儿均顺利手术成功,手术时间平均 (55.0 ± 10.5) min、术中出血量均 <10 ml、术后无声嘶及发声无力、无声音变低、伤口愈合时间平均 1 周、无严重手术瘢痕、切口感染及复发。

综上,笔者认为采用颌下横切口切除甲状舌管囊肿安全、可靠,同时将颈部切口隐藏于颌下,可获得满意的外观。

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