

论文

腹腔镜单侧肾上腺切除术治疗肾上腺结节样增生性原发性醛固酮增多症的效果评价

蒋绍博¹, 金讯波¹, 王翰博¹, 巩若箴², 郭旭东¹, 熊晖¹, 王正¹

1. 山东大学附属省立医院泌尿微创科, 济南 250021; 2. 山东省医学影像学研究所, 济南 250021

摘要:

目的 探讨经腹腔镜途径腹腔镜单侧肾上腺切除术治疗肾上腺结节样增生性原发性醛固酮增多症的效果。方法 2004年4月至2010年8月间, 我科共收治114例肾上腺结节样增生性原发性醛固酮增多症患者, 其中105例为单侧, 9例为双侧, 均行经腹腔镜途径腹腔镜单侧肾上腺切除术。回顾性分析患者的临床资料, 并随访其术后血压恢复情况及血浆醛固酮、血钾的变化。结果 所有手术均获成功, 无中转开放手术患者。平均手术时间为(32.4±8.3) min, 平均术中出血量为(10.5±5.2) mL, 平均术后住院时间(7.9±3.1) d, 术中及术后无重大并发症。术后病理均为肾上腺结节样增生, 结节大小在2~16mm间。在中位时间为31(6~82)个月的随访期内, 55例(48.2%)患者高血压治愈, 57例(50%)改善, 2例(1.8%)无效, 1例患者术后醛固酮仍高出正常, 其余患者的血浆醛固酮及血钾均在正常范围内。结论 腹腔镜单侧肾上腺切除术是治疗肾上腺结节样增生性原发性醛固酮增多症的一种安全、有效的方法。

关键词: 腹腔镜单侧肾上腺切除术; 肾上腺结节样增生; 高血压; 原发性醛固酮增多症

Clinical outcome of laparoscopic unilateral adrenalectomy for primary hyperaldosteronism caused by nodular adrenal hyperplasia

JIANG Shao-bo¹, JIN Xun-bo¹, WANG Han-bo¹, GONG Ruo-zhen², GUO Xu-dong¹, XIONG Hui¹, WANG Zheng¹

1. Department of Minimally Invasive Urology, Provincial Hospital Affiliated to Shandong University, Jinan 250021, China;

2. Shandong Medical Imaging Research Institute, Jinan 250021, China

Abstract:

Objective To evaluate the outcomes of laparoscopic unilateral adrenalectomy for primary hyperaldosteronism caused by nodular adrenal hyperplasia (NAH). Methods The data of 114 patients (105 with unilateral and 9 with bilatera lesions) who underwent laparoscopic unilateral adrenalectomy for NAH from April 2004 to August 2010. were retrospectively analyzed. Blood pressure and levels of plasma aldosterone and potassium were observed in the follow-up. Results All the 114 procedures were successfully completed without conversions or complications. The mean operative duration, estimated blood loss, and postoperative hospital stay were 32.4±8.3 min, 10.5±5.2 mL and 7.9±3.1 days respectively. There were no significant complications during and after surgery. In the follow-up period of 6.82 months (median, 31 months), and hypertension were cured in 55 (48.2%), improved in 57 (50%), and refractory in 2 (1.8%) patients, the hypokalemia and hyperaldosteronism were resolved in all the patients except 1 who still had hyperaldosteronism. Conclusion Laparoscopic unilateral adrenalectomy is a safe, effective and feasible approach for hypertension caused by NAH.

Keywords: Laparoscopic unilateral adrenalectomy; Nodular adrenal hyperplasia; Hypertension; Primary aldosteronism

收稿日期 2011-07-20 修回日期 网络版发布日期

DOI:

基金项目:

山东省医药卫生科技发展计划(2009HZ054); 山东省优秀中青年科学家科研奖励基金(BS2011YY047)

通讯作者:

作者简介: 蒋绍博(1970-), 男, 副教授, 硕士生导师, 主要从事肾上腺源性高血压及泌尿系疾病的微创治疗。

作者Email:

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