

肝脏肿瘤专题研究

悬吊法肝切除在第二肝门旁肝肿瘤切除术中的应用

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摘要:

目的: 探讨肝脏悬吊法进行第二肝门旁肝肿瘤肝切除的可行性与安全性。方法: 回顾性分析2011年8月—2012年8月收治的7例第二肝门旁肝肿瘤病患者的临床资料。结果: 7例术中顺利放置悬吊胶管并成功手术。行右半肝切除2例, 右半肝+右肾周脂肪囊切除1例, 右半肝切除+左肝内外叶2个血管瘤分别切除1例, 右半肝+IV段部分切除术1例, 左半肝+右肝VIII段+右膈肌浆膜切除1例, 右肝VI, VII段规则切除术1例。术中无断肝时误伤下腔静脉者, 行右膈肌浆膜修补1例。中位手术时间375 min (295~460 min), 中位出血量2 000 mL (750~ 8 000 mL), 中位输血量1 000 mL (0~4 000 mL)。术后胸腔积液2例, 均经穿刺抽液恢复。无胆瘘, 无腹腔感染。均痊愈出院, 平均术后住院时间20 d。术后随访1~12个月, 1例肝细胞癌有局部复发。结论: 应用悬吊法进行第二肝门旁肝肿瘤肝切除是安全可行的。

关键词: 肝肿瘤/外科学; 肝切除术; 绕肝提拉法

Liver resection with liver hanging maneuver for tumors adjacent to second porta hepatis

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Abstract:

Objective: To investigate the feasibility and safety of liver resection with liver hanging maneuver for tumors adjacent to the second porta hepatis. Methods: The clinical data of 7 patients with liver neoplasms near the second porta hepatis admitted from August 2011 to August 2012 were analyzed retrospectively. Results: The liver hanging tape was positioned as planned and operation was successfully performed in all the 7 patients. Of the patients, 2 cases underwent right hemihepatectomy, one case underwent right hemihepatectomy plus perirenal fatty capsule resection, one case underwent right hemihepatectomy plus removal of two haemangiomas in the left medial and lateral lobes, one case underwent right hemihepatectomy plus partial segment IV resection, one case underwent left hemihepatectomy plus segment VIII resection and right diaphragmatic peritoneal stripping, and 1 case underwent anatomical segment VI and VII resection. Inadvertent inferior vena cava injuries during parenchymal transection did not occur in any of the cases, and one case underwent fascial repair of the right diaphragm. The median operative time was 375 (295 - 460) min, median intraoperative blood loss was 2 000 (750 - 8 000) mL, and median blood transfusion requirement was 1 000 (0 - 4 000) mL. Two patients developed postoperative pleural effusion that resolved by puncture and aspiration. No bile leakage or abdominal infection occurred; all patients were cured and discharged from hospital, and the average length of postoperative hospital stay was 20 d. Patients were followed up for 1 to 12 months, and one case developed local recurrence of hepatocellular carcinoma. Conclusion: Hepatectomy using liver hanging maneuver for tumors adjacent to the second porta hepatis is safe and feasible.

Keywords: Liver Neoplasms/Surg Hepatectomy Liver Hanging Maneuver

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