

肝脏外科专题研究

肝门区巨大肝海绵状血管瘤的手术切除: 附35例报告

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摘要:

目的: 探讨安全切除紧贴肝门区的巨大肝海绵状血管瘤的方法。方法: 回顾性分析2008年4月—2012年3月手术治疗的35例紧贴肝门区的巨大肝海绵状血管瘤患者的临床资料。结果: 全组术中失血量100~7 000 mL。根据瘤体位置及大小选择不同肝血流阻断方法和切除术式, 其中, Pringle法11例, 改良Pringle法9例, 半肝血流阻断法15例; 血管瘤包膜外剥除24例, 肝切除10例, 缝扎1例。术后18例出现相关并发症, 无手术死亡。结论: 肝门区巨大肝海绵状血管瘤手术的关键在于控制和处理出血, 尽可能保留足够量的正常肝组织, 应用合理的入肝血流阻断方法和切除手段是安全可行的。

关键词: 血管瘤 海绵状 肝脏/外科学; 肝切除术/方法

Surgical resection for giant cavernous liver hemangiomas in the porta hepatitis region: a report of 35 cases

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Abstract:

Objective: To determine the feasible resection approach for giant cavernous liver hemangiomas in close proximity to the porta hepatitis region. Methods: The clinical data of 35 patients with giant cavernous hemangiomas adjacent to the liver hilum undergoing surgical treatment from April 2008 to March 2012 were retrospectively analyzed. Results: The range of intraoperative blood loss of the entire group was 100 - 7 000 mL. Different methods of hepatic inflow occlusion and surgical procedures were performed according to the tumor location and size. Of the patients, 11 cases underwent Pringle maneuver, 9 cases underwent modified Pringle maneuver and 15 cases underwent hemihepatic vascular occlusion; 24 cases were treated by extracapsular enucleation, 10 cases by liver resection and 1 case by suture ligation. The associated complications occurred in 18 patients after surgery, and no surgical death occurred. Conclusion: The essential points in operation for the giant cavernous hemangiomas near to the liver hilum are control and management of bleeding, and preservation of the normal hepatic parenchyma as much as possible and in addition, the operation is safe and feasible under the proper hepatic inflow occlusion and resection methods.

Keywords: Hemangioma, Cavernous, Liver/surg Hepatectomy/methods

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