

论著

下肢深静脉血栓形成病例中髂静脉压迫综合征的外科治疗

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摘要 摘要:目的 总结治疗下肢深静脉血栓形成(DVT)病例中髂静脉压迫综合征(Cockett综合征)的经验。方法 1991年2月至2005年9月在我院血管外科接受手术治疗的160例DVT患者中,95例合并Cockett综合征。其中左髂总静脉闭塞20例,狭窄>50%者53例,狭窄<50%者22例。全部病例均经左腹股沟切口行股静脉切开取栓术,术中发现并同时处理Cockett综合征:(1)对左髂总静脉闭塞的患者,10例行闭塞段切除重建术,3例行左髂总静脉-下腔静脉人工血管搭桥术,3例行健侧大隐静脉耻骨上转流(Palma)术;(2)对狭窄>50%的患者,5例行扩张后支架植入术,8例行单纯球囊扩张成形术,4例行狭窄切开隔膜切除成形术;36例狭窄>50%的患者,用F 8-10Fogarty取栓管反复取栓扩张2~4次后,可使狭窄率小于50%。全部病例术后均经左大隐静脉分支留置的导管行局域性抗凝和溶栓及静脉造影。结果 治愈82例(86.3%),1例死于心肌梗死,其余12例均有不同程度好转。结论

同时处理Cockett综合征是提高DVT治愈率的关键。闭塞的左髂总静脉以闭塞段切除重建术治疗为好,严重狭窄的以血管成形或支架植入术治疗为好。

关键词 [下肢深静脉血栓形成](#) [Cockett综合征](#)

分类号

Surgical Treatment of Cockett's Syndrome in Patients with Deep Vein Thrombosis of Lower Extremity

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Abstract ABSTRACT: Objective To explore the surgical treatment of Cockett's syndrome in patients with deep vein thrombosis of lower extremity (DVT). Methods Ninety-five patients were diagnosed as Cockett's syndrome among 160 patients with DVT who received surgeries in our hospital from February 1991 to September 2005. Among these 95 patients, pathological changes included left common iliac vein (LCIV) occlusion (n=20), >50% stenosis of the LCIV (n=53), <50% stenosis (n=22). All patients received thrombectomy. In patients with LCIV occlusion, resection and reconstruction were performed in 10 patients, ilio caval bypass for 3 patients, and Palma procedures for 3 patients. In patients with >50% stenosis of LCIV, 5 patients received stent placement, 8 patients received percutaneous transluminal angioplasty (PTA) by dilation balloon catheter, 4 patients received iliac angioplasty, and the other 36 patients received PTA by F 8-10 Fogarty thrombectomy catheter. Territorial anticoagulant and lytic therapy were performed through the catheter inserted into the great saphenous vein intraoperatively for 3 days and then venography was performed for all the patients postoperatively. Warfarin was administered for more than 6 months. Results Eighty-two patients (86.3%) were cured. One patient died of myocardial infarction, and the others were improved. Conclusions Management of Cockett's syndrome is essential to increase the cure rate of DVT. Resection and reconstruction is useful for occlusive LCIV, while PTA or stent placement is preferred for severely stenotic vessels.

Key words [deep vein thrombosis of the lower extremity](#) [Cockett syndrome](#)

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