

## 腹腔镜下卵巢畸胎瘤剥除术中减少瘤体破裂的手术方法的临床探讨

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**中文摘要:**目的探讨腹腔镜下剥除卵巢畸胎瘤术中减少瘤体破裂的手术方法。方法回顾性分析2006年1月~2009年12月间因卵巢畸胎瘤在杭州市第一人民医院妇科住院行腹腔镜下剥除术的患者254例,排除其中恶性2例,根据手术方法分成A组(施行改进的腹腔镜下畸胎瘤剥除手术: 双极电凝畸胎瘤包膜,不带电电凝勾勾开电凝处包膜,然后利用双极电凝钳边剥离边凝血,遇到粘连剥离困难时电凝粘连带后剪开)51例,B组(施行传统的腹腔镜下畸胎瘤剥除手术)201例,对比分析两组的手术时间、术中出血量、畸胎瘤破裂率、术后肛门排气恢复时间、术后住院时间。结果手术时间分别为A组 $53.73 \pm 22.65$ min、B组 $84.62 \pm 38.71$ min,两组统计学有显著性差异( $P < 0.01$ );出血量分别为A组 $35.49 \pm 20.72$ ml、B组 $55.20 \pm 46.73$ ml,两组统计学有显著性差异( $P < 0.05$ ),A组和B组的畸胎瘤破裂率分别为17.65%、46.77%,两组统计学有显著性差异( $P < 0.01$ );术后肛门排气恢复时间分别为A组 $48.47 \pm 11.25$ h、B组 $49.19 \pm 8.23$ h,两组统计学无显著性差异( $P > 0.05$ );术后住院时间分别为A组 $5.12 \pm 1.03$ 天、B组 $5.68 \pm 1.14$ 天,两组统计学有显著性差异( $P < 0.01$ )。结论改进的腹腔镜下畸胎瘤剥除手术中利用钩型器械打开瘤体包膜快捷有效,联合双极电凝钳的应用剥出瘤体破裂少、出血少、手术时间短、病人的住院时间短,改进的方法值得临床推广。

**中文关键词:**畸胎瘤 破裂 外科手术 腹腔镜 回顾性研究

### A Clinical Study of the Laparoscopic Technique to Reduce the Rupture in Ovarian Cystic Teratomas Stripping Surgery

**Abstract:** Objective To discuss the method to reduce the rupture of ovarian cystic teratomas stripping surgery in laparoscopy. Methods From January 2006 to December 2009, in Hangzhou First People's Hospital, 254 cases were treated by teratoma stripping surgery in laparoscopy. All of them were retrospective analysed except two malignant cases. These patients were divided into two groups. The group A includes 51 patients, which were treated by the improved techniques (coagulate the envelope by a bipolar device, use a electrocoagulation hook without electricity to open it, then stripping and coagulate the tumor in the same time by a bipolar device, if the adhesion is difficult to separated, cut it after the coagulation). The group B includes 201 patients, which were treated by the conventional techniques. The operation time, surgical bleeding, teratoma rupture rate, recovering time of bowel function and postoperative hospital stay were compared. Results The operation time was  $53.73 \pm 22.65$ min in group A,  $84.62 \pm 38.71$ min in group B, and was statistically different between the two groups ( $P < 0.01$ ). The surgical bleeding was  $35.49 \pm 20.72$ ml in group A,  $55.20 \pm 46.73$ ml in group B, and was statistically different ( $P < 0.05$ ) between the two groups. The rupture rate was 17.65% in group A, 46.77% in group B, and was statistically different was between the two groups ( $P < 0.01$ ). The recovering time of bowel function was  $48.47 \pm 11.25$ h in group A,  $49.19 \pm 8.23$ h in group B, and was not statistically different between the two groups ( $P > 0.05$ ). The postoperative hospital stay was  $5.12 \pm 1.03$ days in group A,  $5.68 \pm 1.14$ days in group B, and was statistically different between the two groups ( $P < 0.01$ ). Conclusion The improved laparoscopic surgery that uses the hook-type device to open the envelop is efficient and effective. The combined application of bipolar coagulation forceps to strip out the tumor can reduce the rupture rate and blood loss in the surgery. The improved surgery techniques have shorter surgery time and postoperative hospital stay. Therefore, the improved operation is valuable to spread.

**keywords:** [Teratoma](#) [Rupture](#) [Surgical procedures](#) [Laparoscopic](#) [Retrospective studies](#)

