

[1]陈贵杰,钟东,唐文渊,等.听神经瘤显微神经外科手术中内听道后上壁的处理及临床疗效分析[J].第三军医大学学报,2013,35(16):1740-1743.

Chen Guijie,Zhong Dong,Tang Wenyuan,et al.Management of internal auditory canal in acoustic neuroma surgery and clinical efficiency analysis[J].J Third Mil Med Univ,2013,35(16): 1740-1743.

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听神经瘤显微神经外科手术中内听道后上壁的处理

(PDF)

分享到:

《第三军医大学学报》[ISSN:1000-5404/CN:51-1095/R] 卷: 35 期数: 2013年第16期 页码: 1740-1743 栏目: 论著 出版日期: 2013-08-30

Title: Management of internal auditory canal in acoustic neuroma surgery and clinical efficiency analysis

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关键词: [听神经瘤](#); [内听道](#); [岩骨气房](#); [骨性半规管](#); [颈静脉球](#)

Keywords: [acoustic neuroma](#); [internal auditory canal](#); [os petrosus air cells](#); [semicircular canals](#); [jugular bulb](#)

分类号: R616.2; R739.43; R764.93

文献标志码: A

摘要: 目的 评价听神经瘤术中恰当磨除内听道后上壁的处理策略及临床意义。 方法 对重庆医科大学附属第一医院神经外科自2007年9月至2012年9月手术治疗的135例听神经瘤患者进行回顾性分析。手术皆采用枕下-乙状窦后入路。术中采用高速微型磨钻充分磨除内听道后上壁,开始时使用钢切削钻进行磨除,在骨质部分磨除后,改用金钢砂磨头精细磨除。主要磨除内听道后壁,有高位颈静脉球时,需小心避开。 结果 135例T_{3a}-T_{4b}听神经瘤患者,手术全切者125例(92.6%),次全切除者8例(5.9%),大部分切除者2例(1.5%)。面神经解剖保留126例(93.3%),术后半年面神经功能评价,面神经功能保留82例(60.7%)[HB分级, I~II级者14例(17.1%), III级者68例(82.9%)。脑脊液漏5例(3.7%),其中4例经保守治疗痊愈(3.0%),1例经内听道后壁磨除修补后痊愈(0.7%)。吞咽呛咳7例(5.2%),共济失调6例(4.4%),死亡1例(0.7%)。 结论 术前行充分有效的评估,术中磨除内听道后上壁可有效提高肿瘤的全切率,同时提高面神经的功能保留率。

Abstract: Objective To evaluate the significance of proper drilling strategies on the posterosuperior wall of internal auditory canal in acoustic neuroma surgery.

Methods A total of 135 patients with acoustic neuroma undergoing surgery

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treatment in our department from January 2007 to September 2012 were enrolled in this study and retrospectively analyzed. Suboccipital retrosigmoid approach in lateral park beach position was used for all the patients. They were all under intraoperative nerve monitoring. High speed steel cutting drill was used to remove the posterior wall of internal auditory canal during operation. At the beginning, high speed steel cutting drill was used to drill. And then, when the posterosuperior wall of internal auditory canal was partly drilled open, high speed diamond drill was used to finely strip. Posterior wall of internal auditory canal was drilled as the main part. The superior wall of internal auditory canal should be regarded as an important part when high jugular bulb was present.

Results Among the 135 patients with acoustic neuroma (from T_{3a}-T_{4b}), 125 patients (92.6%) were treated with total resection, 8 patients were treated with subtotal resection (5.9%), and 2 patients were treated with partial resection (1.5%). The facial nerve was anatomically preserved in 126 cases of patients (93.3%). The assessment in half a year after operation showed that the facial nerve was functionally preserved for 82 cases of patients (60.7%) [according to the House-Brackmann (HB) facial nerve grading system, grade I - II, 14 cases (10.4%) and grade III, 68 cases (50.4%)]. There were 5 cases (5/135, 3.7%) having leakage of cerebrospinal fluid, and among them, 4 patients (3.0%) were recovered after expectant treatment, and 1 case (0.7%) was recovered after surgical repair. What's more, 7 cases (5.2%) was accompanied with dysphagia as well as cough, 6 cases (4.4%) with ataxia, and 1 case (0.7%) dead.

Conclusion Sufficient preoperative assessment and appropriate management of the posterosuperior wall of internal auditory canal are very important for total resection of the tumor and preservation of the facial nerve.

参考文献/REFERENCES:

陈贵杰, 钟东, 唐文渊, 等. 听神经瘤显微神经外科手术中内听道后上壁的处理及临床疗效分析[J]. 第三军医大学学报, 2013, 35(16): 1740-1743.

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[1] 钟东, 唐文渊. 原发性恶性听神经瘤1例[J]. 第三军医大学学报, 2006, 28(05): 488.
