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· 病例报告 ·

选择性髂内动脉灌注化疗、子宫动脉栓塞致  
输尿管坏死一例

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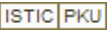
患者女 42 岁。因不规则阴道出血 6 个月来我院门诊，子宫指检：宫口见 3.1cm×2.5cm 息肉状赘生物，触之易出血，取小块组织送病检。报告为低分化鳞癌（Ⅲ级）。于 2001 年 2 月 18 日入院。行子宫癌介入治疗。采用 Seldinger 技术，行选择性双侧髂内动脉主干脏支灌注化疗，药量为丝裂霉 6mg、顺铂 40mg、氟尿嘧啶注射液（5-Fu）0.5g 分别用生理盐水 20ml 稀释缓慢灌注后，超选择插管至子宫肿瘤病变供血动脉内，经导管注入顺铂 10mg 与 40% 碘化油 3ml 混合剂。肿瘤血管主干用 1mm×1.5mm 的明胶海绵颗粒 35 粒与 60% 复方泛影葡胺 8ml 混合剂，栓塞子宫肿瘤血管直至血流停止为止。术中和术后出现轻度栓塞反应，经对症处理而缓解。介入治疗后，第 7 天行子宫癌根治术，术中所见左侧输尿管下段增粗，直径约 1.5cm，长约 4.2cm，质地稍硬，呈紫暗红色，有一处呈色灰暗，尿液自溃破处外渗。术中行

输尿管病变段切除。输尿管膀胱移植术。病检报告：输尿管浆膜层大量炎性细胞浸润，肌层纤维组织增生。提示炎症反应。

讨论 子宫癌介入治疗引起输尿管坏死是一种严重的并发症。从解剖学上输尿管供血特点是节段性，与邻近动脉有形成共干，根动脉细小，而吻合最少。动脉造影时，很难发现输尿管动脉。因此，术术前采取以下预防措施可以最大限度地降低子宫癌介入治疗并发症的发病率及脏器损伤程度：1. 灌注化疗一种药量至少稀释 40～60ml。降低药物浓度，防止邻近脏器血管内皮损伤。2. 栓塞要使用超选择插管技术，避免栓塞材料在注入过量造成反流现象不易发现，引起非脏器血管的栓塞。3. 栓塞材料宜采用非永久性栓塞剂；如明胶海绵颗粒或条块，栓塞肿瘤周边血管和近段动脉主干，阻断侧支循环的建立，保持前毛细血管小动脉侧循环的通畅，以防发生器官坏死，输尿管神经损伤等严重并发症。

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# 选择性髂内动脉灌注化疗、子宫动脉栓塞致输尿管坏死一例

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