

学科技研究的前沿。相信在不远的将来,从基因构成到蛋白质的三维结构,再到细胞、组织以至器官的形态和功能等领域都将会有的飞跃。

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( 收稿日期 2003-04-22 )

· 病例报告 ·

急诊介入栓塞术治疗骨盆外伤闭合性大出血成功一例

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患者男,37岁,因车祸致左小腿毁损伤左足背至左膝关节下胫腓骨多处骨折,肌腱、血管裸露,动脉无搏动,左股骨下段骨折,左股骨颈骨折,左骶髂关节分离,耻骨联合分离,血压测不到,脉搏无,呼吸30次/min,立即输血,升血压,行左侧股骨干下段截肢,术中出血约700ml,伤后至左下肢截肢术后7h输血2200ml。血压维持在70/35mmHg,9h后血压仍继续降低。

破腹探查引流出凝血血液1500ml,探及肝、肾、脾、肠腔均无破裂,在腰骶部有一巨大血肿,立即关腹。再输血1000ml,13h后血压仍不回升,由骨科、外科和介入室会诊采取介入性髂内动脉栓塞止血。


采用Seldinger技术穿刺右侧股动脉成功后将C<sub>2</sub>导管置入左髂动脉造影,见左髂外动脉无异常,左髂内动脉在分出膀胱上下动脉之前的一段血管破裂,但仍可见到此剂进入远端血管内,见左侧髂腰动脉突然截断,对比剂溢出。立即将明胶海绵1块0.5cm×2cm×6cm用大号手术刀片刮成

粉末加对比剂5ml混悬后注入髂内动脉,见髂内动脉铸形,所有血管分支完全堵塞,数分钟后再用明胶海绵条栓堵髂内动脉,使之血液完全停止。10min后视血流仍停止拔出导管压迫止血无菌包扎。栓塞术中60min腹腔引流出凝血约600ml,术后关闭引流,栓塞术后4h血压逐渐升至100/60mmHg,术后12h血压稳定在120/75mmHg,其他生命体征均正常。24~72h观察左侧臀部轻微疼痛,皮肤色泽正常。4d后左侧臀部皮肤色泽仍未见异常,3周后自行出院。

讨论 骨盆外伤闭合性大出血,血压急剧下降在临床检查排除腹腔脏器破裂情况下外科手术剖腹止血因降低腹压致出血加快,病死率极高。介入性动脉栓塞止血迅速、安全,即使有髂内动分支的正常血管被栓塞,极少有严重的并发症,本例亦没有因栓塞造成的并发症。关于栓塞材料的选择应本着灵活应用,如髂内动脉主干粗的部位用弹簧圈,分支以下部位用明胶海绵条或者颗粒。

( 收稿日期 2004-06-01 )

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刊名: 介入放射学杂志   
英文刊名: JOURNAL OF INTERVENTIONAL RADIOLOGY  
年, 卷(期): 2004, 13(5)  
被引用次数: 0次

本文链接: [http://d.wanfangdata.com.cn/Periodical\\_jrfsxzz200405040.aspx](http://d.wanfangdata.com.cn/Periodical_jrfsxzz200405040.aspx)

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