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·病例报告　Case report·

介入栓塞治疗肠系膜上动静脉瘘致门脉高压上消化道出血 1 例

宿敬存，赵　卫，胡继红，王　彤

【关键词】 肠系膜上动静脉瘘；介入栓塞；上消化道出血

中图分类号：R587.1　**文献标志码**：D　**文章编号**：1008-794X(2016)-08-0667-02

Interventional embolization treatment for upper digestive tract hemorrhage due to portal hypertension caused by superior mesenteric arteriovenous fistula: report of one case　*SU Jing-cun, ZHAO Wei, HU Ji-hong, WANG Tong. Intervention Room, Department of Medical Imaging, First Affiliated Hospital of Kunming Medical University, Kunming, Yunnan Province 650032, China*

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【Key words】 superior mesenteric arteriovenous fistula; interventional embolization (J Intervent Radiol, 2016, 25: 667-668)

病历介绍

患者男，20 岁。因“反复呕血 1 个月”于 2015 年 7 月 10 日入院。患者于 2015 年 6 月 10 日无诱因出现呕血，为鲜红色血液，量约1 000 ml，伴有头晕、心悸，无腹痛、腹胀，无烧心、反酸，无黑便，就诊于当地医院，给予止血等药物治疗，症状好转出院。6 月 27 日患者再次出现频繁呕血，于当地医院行胃镜检查示重度食管静脉曲张，门脉高压性胃病；腹部超声示脾脏肿大，腹腔少量积液，腹部 CT 平扫+增强示动脉期门静脉早显，门静脉主干及分支增宽，肠系膜上动脉主干呈瘤样扩张，肠系膜下静脉多发性静脉瘤其中 1 枚静脉瘤与

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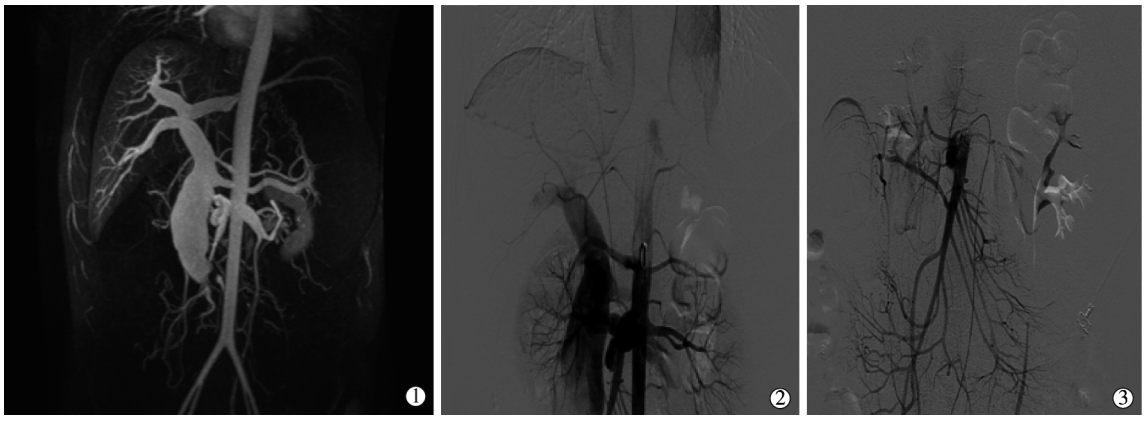
肠系膜上动脉瘘形成,患者频繁呕血,病情危急,为进一步治疗转来我院。入院后行腹部 MRI 示肠系膜上动静脉瘘形成并局部瘤样扩张,肠系膜上静脉门脉左右支明显扩张,脾肿大腹水,食管胃底静脉曲张。入院后追问病史,患者有腹部刀刺伤史,结合患者症状,明确诊断为外伤性肠系膜上动静脉瘘,于 2015 年 7 月 14 日行肠系膜上动脉造影+瘘口介入栓塞治疗(图 1),手术过程:Seldinger 穿刺法穿刺右侧股动脉置入 5 F 动脉鞘,5 F Yashiro 导管钩挂肠系膜上动脉造影,见肠系膜上静脉、门静脉早显增粗,肠系膜上动静脉瘘形成,瘘口局部瘤样扩张,直径约 1.9 cm,明确血管走行及瘘口位置大小,在 0.032 英寸超滑导丝导引下,Yashiro 导管超选至瘘口局部瘤样扩张处,造影确定导管末端位置,先后给予弹簧圈 10 mm×5 mm 7 枚、8 mm×5 mm 3 枚、5 mm×5 mm 4 枚对瘤腔及瘘口进行栓塞,栓塞后造影示瘘口消失,肠系膜上静脉门静脉未见显影。术后患者恢复良好,痊愈出院,随访 3 个月,未再发生上消化道出血。



①腹部血管 CE-MRA 动脉期门静脉显影,肠系膜上静脉、门静脉主干及左右支明显扩张,肠系膜上动静脉之间可见瘘口,局部瘤样扩张;②肠系膜上动脉造影,见肠系膜上动静脉瘘形成,动脉期可见异常增粗的门静脉显影;③弹簧圈介入栓塞治疗后肠系膜上动脉造影瘘口消失,未见门静脉显影。

图 1 腹部血管 CE-MRA 和肠系膜上动脉造影及栓塞过程

讨论

肠系膜上动静脉瘘通常由于外伤或医源性损伤,如刀刺伤,回肠切除术,右半结肠切除术等[1],导致动静脉直接交通,动静脉瘘形成后高压的动脉血流通过瘘口直接进入静脉,导致静脉压升高,出现管壁增厚、管腔扩大迂曲的静脉高压的临床表现。肠系膜上动静脉瘘病情较隐匿,一般早期较难诊断,有时误诊为布-加综合征[2-3]。DSA 是诊断肠系膜上动静脉瘘的金标准,可判断瘘口的位置和大小,门静脉高压的严重程度等。肠系膜上动静脉瘘的临床表现有腹痛、腹泻、消化道出血、门脉高压甚至充血性心力衰竭等[4],其最大风险为食管胃底静脉破裂大出血,故一经明确诊断后必须及时治疗。本例采用介入治疗,用弹簧圈栓塞瘘口或覆膜支架封堵瘘口,以不引起末梢动脉缺血为原则[5]。肠系膜上动静脉瘘有两种类型,分别为 U 型和 H 型,U 型为肠系膜上动脉或其分支直接与静脉相通,大部分为医源性;H 型为肠系膜上动脉或其分支通过假性动脉瘤与静脉相通,大部分为创伤性[6]。有关肠系膜上动静脉瘘治疗,国外报道 14 例患者大部分采用弹簧圈栓塞治疗,少部分采用覆膜支架,并发症少见。血管内介入治疗其潜在的并发症为弹簧圈移位和门静脉内血栓形成,未见有肠系膜上动脉栓塞导致肠缺血的个案报道[7]。用弹簧圈栓塞时一定要注意导管头端的位置到适当的部位才能释放弹簧圈,而且要固定好导管防止移位,释放弹簧圈时要缓慢。术中精细操作,准确测量瘘口直径,选择导管及弹簧圈型号,有助于防止肠系膜上动脉栓塞等并发症的发生。一旦发生栓塞并发症,如侧支循环不能建立,可发生缺血性肠坏死,应及时处理,必要时手术切除坏死的肠管。本例患者行弹簧圈介入栓塞治疗后未再发生上消化道出血,未见并发症发生,术后随访 3 个月,恢复良好。

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