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• 病例报告 •

腹股沟斜疝术后横结肠扭转1例

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摘要

报告1例罕见的腹股沟斜疝手术后并发横结肠扭转,以期引起同道们的注意,分析其可能的发生原因。全面汇报该例患者病历资料及其诊疗过程,并附上典型的钡灌肠影像学图片1张。Medline检索有无类似病例,分析发生的可能原因。腹股沟疝手术后并发结肠扭转至国内外未见报道,原因不明,治疗上应尽量采用肠镜复位等保守的方法。

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1 病例报告

患者男,45岁,因发现右侧腹股沟区可复性包块7 a以“右侧腹股沟斜疝”收入院。平素无腹痛、便秘等不适,大便1-2次/d。查体:一般状况好,心肺(-)。腹平,未见肠型,右腹股沟区可见6×7 cm大小隆起,表面皮肤正常,界限清楚,质地软,无压痛,可还纳入腹腔,还纳后压迫内环口咳嗽不再突出。全腹无压痛,未触及包块,肝脾未触及,移动性浊音(-),肠鸣音正常。血WBC5.0×10⁹/L,RBC4.62×10¹²/L,HGB139 g/L,尿便常规正常,肝功能正常。胸片及腹部B超正常。经术前准备择期行“右腹股沟斜疝修补术(Bassini法)”。术后第3天肛门不排气,诉腹痛、腹胀。听诊肠鸣音4-5次/min,无明显高调音。予持续胃肠减压,口服大承气汤,新斯的明肌注足三里等效果不明显,并出现

阵发性腹痛,查体见腹部膨隆,轻压痛,肠鸣音亢进,有高调音。术后第5天检查腹部平片提示低位小肠梗阻,钡灌肠见横结肠右段扭曲呈“鸟嘴样”形成狭窄,钡剂不能通过,提示良性狭窄(图1)。急诊行肠镜检查,入50 cm,见横结肠近肝曲处肠腔明显扭曲,肠腔闭塞不能通过镜身,边充气边缓慢尝试前进,镜身穿过扭曲部位后见升结肠腔明显扩张,吸出大量气体和液体,患者即刻感到腹胀明显缓解。继续进镜达回肠末段,观察全大肠未见器质性疾病,诊断:横结肠扭转。术后第7天痊愈出院。

2 讨论

查阅国内外文献,腹股沟疝术后发生结肠扭转未见报道,本例实属罕见。结肠扭转一般为沿系膜轴的顺时针或逆时针扭转,但本例从钡灌肠图像(图1)看,扭转是沿肠管纵轴的扭曲,而非通常所见的沿系膜轴扭转。患者术后卧床休息期间、无身体突然转动等诱发因素,且术前常规灌肠,大肠处于空虚状态。分析其发生的原因可能有以下几点:(1)术前精神紧张、麻醉等因素造成结肠神经功能紊乱,局部肠管的不协调运动导致肠管扭曲;(2)术中缝合结扎内环口时腹膜牵拉过度,引起结肠反射性反常收缩。



图1 横结肠近肝曲处扭转()