

套扎及注射组织胶治疗胃间质瘤并出血 1 例

秦士钊^① 赵夏平^② 翟卫春^① 于晓辉^① 张方信^①

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患者男,56岁,因“间歇性呕血、柏油样便3天伴昏迷”入院,急诊胃镜检查见胃体大弯与前壁交界处可见一3.0 cm×3.0 cm大小的光滑隆起,表面见0.7 cm的凹陷,凹陷处有血液涌出,考虑胃间质瘤并出血(图1)。用尼龙圈套沿瘤体根部套扎,出血处注射聚桂醇和组织胶,出血立即停止。术后第4天见瘤体表面覆盖大量坏死组织,体积明显缩小,超声胃镜可见病灶呈中低回声,内见高回声,向腔内突出,边界清晰,内部回声均匀,起源于固有肌层,诊断为间质瘤。术后第11天见瘤体脱落,有浅表溃疡形成(图2),3个月后病变处呈瘢痕样。

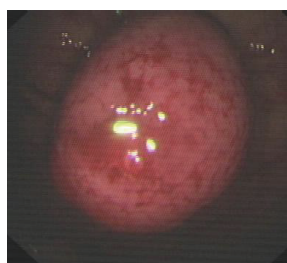


图1 内镜下胃间质瘤并出血

Figure 1 Gastric stromal tumor and bleeding under endoscopy



图2 术后第11天间质瘤脱落

Figure 2 Gastric stromal tumor fell off 11 days after operation

小结 胃间质瘤是胃肠道常见的间叶性肿瘤,易并发出血,严重者休克死亡。瘤体表面因有丰富的血管,易形成表面凸起的脆弱区,其血管破裂是导致出血的重要原因之一^[1]。胃间质瘤常需切除,既能预防瘤体增大并出血的可能,还可预防其恶变。Huang等^[2]报道在内镜下套扎的8例直径<2 cm的胃间质瘤,病理结果均有低度潜在恶性。

对于胃间质瘤并出血者,治疗方法较多,Brkic等^[3]认为胃镜下尼龙圈套扎瘤体是有效的治疗方法之一。而Takeuchi等^[4-5]报道的3例直径在5~6 cm的胃间质瘤并出血者,均行手

术切除。Singhal^[6]报道1例直径约6 cm的胃间质瘤并出血,内镜下氩离子束凝固止血不佳后,立即行外科手术切除。Cruz等^[7]报道的1例直径>30 cm的巨大胃间质瘤并出血者,行全胃切除。

本文报道的胃间质瘤虽小,但出血量大,镜下立即用尼龙圈套扎瘤体根部后,11天瘤体脱落,3个月后病变处形成瘢痕,效果佳,国内外尚未见有类似报道,值得推广和借鉴。

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