

参考文献:

- [1] Sandral L, Wong MD, Micheal J, *et al.* Predicting the status of the nonsentinel axillary node. A multicenter Study [J]. Arch Surg, 2001, 136(5): 563 - 568.
- [2] Blessing WD, Stolier AJ, Teng SC, *et al.* A comparison of methylene blue and lymphazurin in breast cancer sentinel node mapping [J]. Am J Surg, 2002, 184(4): 341 - 345.
- [3] Ahrendt GM, Laud P, Tjoe J, *et al.* Does breast tumor location influence success of sentinel lymph node biopsy? [J]. J Am Coll Surg, 2002, 194(3): 278 - 284.
- [4] Noguchi M, Motomura K, Iomoto S, *et al.* A multicentric validation study of sentinel lymph node biopsy by the Japanese Breast Cancer Society [J]. Breast Cancer Res Treat, 2000, 63(1): 31 - 40.
- [5] Chao C, Wang SL, Woo C, *et al.* Reliable lymphatic drainage to axillary sentinel lymph nodes regardless of tumor location within the breast [J]. Am J Surg 2001, 182(4): 307 - 311.
- [6] Wong SL, Edwards MJ, Chao C, *et al.* The effect of prior breast biopsy method and concurrent definitive breast procedure on success and accuracy of sentinel lymph node biopsy [J]. Ann Surg Oncol, 2002, 9(2): 272 - 277.
- [7] Cox CE, Dupont E, Whitehead GF, *et al.* Age and body mass index may increase the chance of failure in sentinel lymph node biopsy for women with breast cancer [J]. Breast J, 2002, 8(1): 88 - 91.
- [8] Wong SL, Chao C, Edwards MJ, *et al.* Accuracy of sentinel lymph node biopsy for patients with T2 and T3 breast cancers [J]. Am Surg, 2001, 67(6): 522 - 528.
- [9] Stearns V, Ewing CA, Slack R, *et al.* Sentinel lymphadenectomy after neoadjuvant chemotherapy for breast cancer may reliably represent the axilla except for inflammatory breast cancer [J]. Ann Surg Oncol, 2002, 9(2): 235 - 242.

文章编号:1005-6947(2005)09-0710-01

· 病例报告 ·

阑尾切除术后大出血 4 例

凌斌

(重庆市第二卫生学校附属医院, 重庆 402260)

关键词:阑尾切除术/副作用; 出血/病理学; 病例报告

中图分类号:R656.8; R442.7 文献标识码:D

1 临床资料

本组男 3 例,女 1 例,年龄 18 ~ 54 岁,均有阑尾切除手术史。例 1 在术后 20h 出现腹腔内出血表现,立即二次手术探查,清除腹腔积血 1 500mL,见阑尾动脉结扎线脱落,断端尚有活动性出血,8 字缝合结扎止血。例 2 术后 15h 出现急性失血表现,诊断性腹腔穿刺抽

出不凝固血液。立即二次手术探查,见腹腔有积血 800mL,清除后发现是原包裹阑尾的大网膜有活动性出血,缝扎止血。例 3 术后 24h 查房见切开渗血,下方有约 8cm × 8cm × 6cm 的包块,折出缝线,清除积血,见腹横肌与腹膜之间的腹壁下动脉有活动性出血,缝扎止血。例 4 于外院阑尾切除术后烟卷引流持续血液 30h,探查发现细烟卷引流处腹壁戳孔肌肉出血。

2 讨论

术中阑尾动脉结扎不牢或结扎线

处水肿消退而线结脱落,是常见的阑尾切除术后腹腔内大出血的原因。例 2 在分离包裹阑尾的大网膜时,损伤大网膜血管而引起腹腔大出血。例 3 由于肥胖,腹壁脂肪厚,向下延长切口,分离腹横肌时损伤腹壁下动脉所致。例 4 损伤腹壁肌肉后反复出血,实属罕见。阑尾切除术后出血重在预防,关腹前养成严密的止血习惯,仔细检查阑尾系膜及游离面有无出血,结扎线是否牢靠。对一些不常发生出血的部位,如大网膜,腹壁肌肉,引流管戳孔处,亦应检查。

收稿日期:2005-07-13。

作者简介:凌斌(1966-),男,重庆璧山人,重庆市第二卫生学校附属医院主治医师,主要从事普通外科方面的研究。

通讯作者:凌斌 电话:13996089968(手机); E-mail:lingbinfu@163.com。