

急腹症患者需警惕网膜梗死:1 例腹腔镜手术成功 治疗网膜梗死的病例报告

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[摘要] 网膜梗死是急腹症中较为少见的病因之一,因其非特异性的腹部体征,容易与其他腹腔相关疾病混淆,术前明确诊断具有一定的挑战性。本文报告了 1 例 51 岁女性患者,因右上腹胀痛伴炎症指标升高就诊,入院后鉴于患者右上腹体征较重行腹腔镜手术治疗。术中发现患者小网膜梗死呈紫黑色坏死,且术后病理证实网膜梗死。患者术后恢复较快,术后 2 天顺利出院,随访无异常。该病例反映出网膜梗死作为急腹症鉴别诊断的重要性,对于腹部体征较重且炎症指标较高的患者,建议行腹腔镜手术治疗。

[关键词] 网膜梗死;急腹症;腹腔镜手术

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Omental infarction should be vigilant in patients with acute abdomen: a case report of successful laparoscopic treatment of omental infarction

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Abstract Omental infarction is one of the rare causes of acute abdomen. Because of its non-specific abdominal signs, it is easy to be confused with other peritoneal diseases, posing a certain challenge for preoperative diagnosis. We reported a 51-year-old female patient who was treated for right upper abdominal distending pain with elevated inflammatory indicators, and underwent laparoscopic surgery after admission in view of the patient's right upper abdominal signs. During the operation, purplish black necrosis was found in the minor omental infarction of the patient, and the postoperative pathology confirmed the omental infarction. The patient recovered quickly after surgery and was discharged successfully 2 days after surgery. This case reflects the importance of omental infarction as a differential diagnosis of acute abdomen, and laparoscopic surgery is recommended for patients with severe abdominal signs and high inflammatory indicators.

Key words omental infarction; acute abdominalgia; laparoscopic surgery

急腹症病因中网膜梗死较为罕见^[1-2],因其具有非特异性的腹部体征,在诊断上往往会与其他腹腔内病变相混淆^[3-5]。仅根据临床检查或生化检验诊断网膜梗死具有一定的挑战性^[6-7]。目前诊断这种罕见疾病的首选方法是腹部增强 CT 扫描^[8-10]。

1 病例资料

患者,女,51 岁,因出现右上腹胀痛不适 3 d 于我院就诊,病程中患者无发热、恶心、呕吐等伴随症状,既往无手术史。腹部检查时患者右上腹有明显的压痛、反跳痛及腹肌紧张。完善血清生化检查提示白细胞计数($14.02 \times 10^9/L$)及中性粒细胞百分比(80%)升高,C 反应蛋白水平较高(94 mg/L),

其他生化指标均在正常范围内。进一步完善腹部增强 CT(图 1)提示:胆囊壁增厚毛糙,右上腹部见大片状高密度影,边界不清,密度不均,考虑胆囊炎可能、右上腹网膜梗死可能。鉴于患者腹部体征较重,目前尚不能明确急腹症的病因,故急诊手术行腹腔镜探查,术中(图 2)发现胃前壁前方一段小网膜呈紫黑色、坏死样改变,表面少量脓苔附着,予以切除坏死小网膜组织,术中经过顺利,术后病理(图 3)证实小网膜梗死,间质伴较多中性粒细胞浸润及纤维素渗出。术后第 2 天患者恢复良好出院,期间未进行特殊抗感染治疗,出院 1 周后门诊随访无异常。

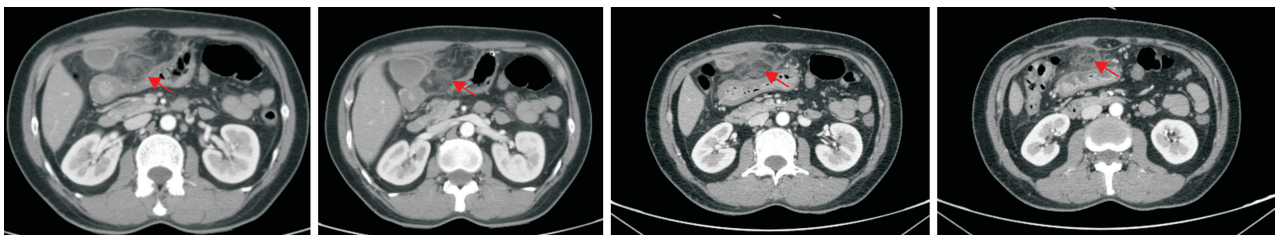
2 讨论

网膜梗死是一种自限性疾病,其病因目前仍不

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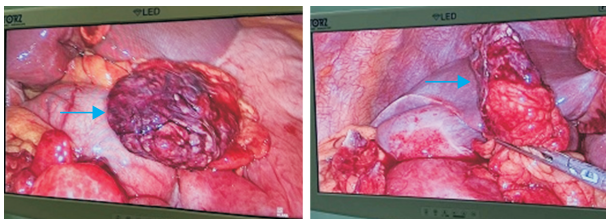
完全明确。目前研究发现可能的发病因素为网膜的血供异常、血栓形成、动脉阻塞等,此外,有研究发现体重指数也与网膜梗死的发生存在一定的正相关性^[11-12]。考虑到手术和麻醉的相关风险,因此手术并非首选的治疗方案^[13-14]。文献表明网膜梗死可以通过保守治疗的方式治愈,但对于临床症状较重的患者应当积极采取手术的治疗方案^[15-16]。Medina-Gallardo 等^[17]系统性回顾分析发现,对于网膜梗死的患者保守治疗的平均住院时间要高于手术组患者,并且保守治疗存在失败的可能,风险因素归纳为患者年龄较小及白细胞计数 $\geq 12 \times$

$10^9/L$ 。此外,由于腹腔镜手术安全且住院时间较短,目前研究倾向于腹腔镜手术治疗网膜梗死,且术后不推荐使用抗生素^[17-18]。在本病例中,患者右上腹体征较重且存在炎症指标升高,与 Medina-Gallardo 等^[17]研究归纳的风险因素相契合,术前无法将网膜梗死与其他可能引起急腹症的病因(如急性胆囊炎和消化道穿孔等)清楚地区分开,若选择保守治疗对患者愈后恢复可能存在一定的风险,故选择手术治疗方案,术后患者良好的愈后结局也证实了手术治疗的成功。



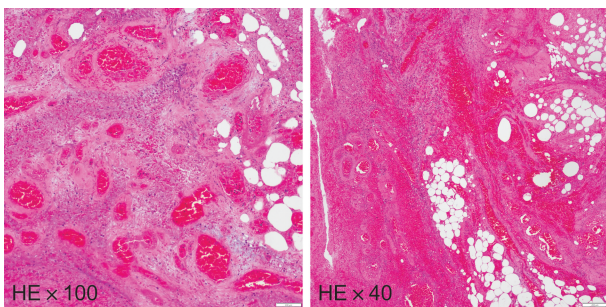
箭头所指:右上腹部见大片状高密度影,边界不清,密度不均,考虑小网膜梗死。

图 1 患者腹部增强 CT 结果



胃前壁前方一段小网膜呈紫黑色坏死样改变,表面少量脓苔附着。

图 2 术中所见



可见小网膜梗死灶,间质伴较多中性粒细胞浸润及纤维素渗出。

图 3 术后病理结果

3 结论

网膜梗死是急腹症较为少见的病因之一,该病例凸显了考虑网膜梗死作为鉴别诊断的重要性。仅根据临床检查或生化检验诊断网膜梗死具有挑战性,区分鉴别诊断首选腹部增强 CT 检查。迄今

为止,尚无指南明确网膜梗死的最佳治疗方式,对于腹部体征较重和炎症指标较高的患者建议行腹腔镜手术治疗。

利益冲突 所有作者均声明不存在利益冲突

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