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等离子低温消融下鼻甲治疗常年性变应性鼻炎

孔勇刚¹ 盛建飞¹ 陶泽璋¹ 吴玉珍¹

[摘要] 目的:观察低温消融等离子体手术系统在治疗常年性变应性鼻炎中的作用。方法:鼻腔表面麻醉和下鼻甲黏膜下浸润麻醉后,应用鼻内镜对 35 例常年性变应性鼻炎患者的下鼻甲进行打孔消融治疗。结果:随访 6 个月以上,总有效率为 94.3%(33/35),显效率为 85.7%(30/35)。结论:等离子低温消融下鼻甲治疗常年性变应性鼻炎近期效果良好,操作简单,安全可靠,有较好的临床应用价值。

[关键词] 鼻炎,变应性,常年性;消融术

[中图分类号] R765.21 **[文献标志码]** A **[文章编号]** 1001-1781(2005)05-0214-02

Clinical observation on radiofrequency ablation treatment in perennial allergic rhinitis

KONG Yonggang SHENG Jianfei TAO Zezhang WU Yuzhen

(Department of Otolaryngology-Head and Neck Surgery, People's Hospital of Wuhan University, Wuhan, 430060, China)

Abstract **Objective:** To study the effect of radiofrequency ablation on perennial allergic rhinitis. **Method:** Thirty-five cases of perennial allergic rhinitis undergone the treatment in radiofrequency ablation were study. **Result:** All patients were followed more than 6 months, total effective rate is 94.3%(33/35). Among the total, excellence is 85.7%(30/35). **Conclusion:** The radiofrequency ablation is a simple and safe instrument to treat perennial allergic rhinitis.

Key words Rhinitis, allergic, perennial; Radiofrequency

2003 年 3 月~2004 年 4 月,我科在鼻内镜下应用低温消融等离子体手术系统行下鼻甲打孔治疗常年性变应性鼻炎 35 例,取得较满意的疗效,现介绍如下。

1 资料与方法

1.1 临床资料

35 例中,男 15 例,女 20 例;年龄 16~50 岁,平均 34 岁。病程 6 个月~10 年。均有阵发性鼻痒、连续性打喷嚏、流清涕、鼻塞等症状,检查可见下鼻甲黏膜苍白水肿,鼻腔有清水样分泌物,符合变应性鼻炎诊断标准(1997 年,海口)。全部患者均接受减充血剂、口服抗组胺药或外用类固醇皮质激素等系统治疗 3 个月以上,症状无明显改善。

1.2 手术方法

鼻腔 1%丁卡因喷雾表面麻醉,双侧下鼻甲黏膜下 1%利多卡因 5ml 浸润麻醉。选用 4 mm 外径 0°鼻内镜(桐庐尖端天松牌)及 ENTec 等离子体手术系统(美国杰西公司)Hummingbird 或 ReFlex 45 型射频电极,设定主机能量为 6 级,在打每个孔之前,将射频电极浸入生理盐水中,以确保消融组织时能形成等离子体薄层。打孔的位置选在下鼻甲下缘或内侧缘,根据下鼻甲的大小,将下鼻甲分为前后两部分或前中后三部分,每部分打 1~2 个孔。将射频电极插入下鼻甲,沿其长径方向在黏膜

下推进至适当的深度(约 1.5~2.0 cm);当打孔至所需深度后,射频电极保持不动,继续踩住切割踏板约 10 s,继而停止激活射频电极,缓慢抽出电极。术后无需鼻腔填塞,进针处可适当覆盖明胶海绵、口服抗生素和鼻腔滴用减充血剂 1 周。

2 结果

全部病例均在 10~15 min 内完成手术,出血量约 5~10 ml。术后第 1 天,手术部位开始有伪膜生成,下鼻甲肿胀,鼻腔通气欠佳,鼻腔有黏性分泌物。1 周后清理鼻腔,伪膜不再生成,肿胀逐步减轻,分泌物减少,打喷嚏、流清水样涕症状改善,5 例患者 1 周~1 个月内针孔处少量结痂。术后 1 周、4 周、3 个月、6 个月各随访 1 次,根据变应性鼻炎疗效评定标准(1997 年,海口),6 个月后显效 30 例、好转 3 例,效果不明显 2 例,总有效率为 94.3%。未见手术并发症发生,无其他不适。

3 讨论

目前对于变应性鼻炎发病机制的研究已超出传统的特应型 IgE 介导的 I 型变态反应范畴,集中到炎性递质、神经递质、细胞因子、内分泌水平,从而为变应性鼻炎新的治疗方法提供了理论依据^[1]。

变应性鼻炎治疗的核心是在尽量避免与变应原接触的基础上,采用免疫治疗或抗组胺药物、肥大细胞稳定剂、类固醇激素联合式交替用药^[1]。如疗效不满意可采用手术治疗,其主要原理是通过切除部分副交感神经纤维和下鼻甲微神经节及副交

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感从致乙酰胆碱分泌和 P 物质释放减少,降低感觉神经敏感性从而降低血管通透性,减少腺体分泌。并使其对外界的物理、化学不良刺激敏感性降低,血管活性肽的分泌减少,抑制喷嚏反射,减少鼻涕,改善鼻腔通气,达到治疗常年性变应性鼻炎的目的^[2]。山本一博对下鼻甲黏膜神经肽的分布研究发现,变应性鼻炎患者下鼻甲前方基底膜部有植物神经通过^[3],为变应性鼻炎下鼻甲手术治疗的依据之一。

低温消融的原理是利用双极射频所产生的能量,将射频电极与组织之间的电解液转换成等离子体的离子蒸汽层^[1]。等离子体中的带电粒子使目标组织中的细胞以分子为单位逐渐解体,使鼻腔黏膜、黏膜下组织蛋白质凝固变性,腺体萎缩,血管封闭,从而减少肥大细胞脱颗粒过程(减少组胺的释放),破坏下鼻甲内胆碱能微神经节及来自该神经节后副交感神经纤维、鼻部无髓鞘性感觉神经纤维(SP 能神经)和来自翼管神经和筛前神经的副交感神经末梢,降低神经末梢的敏感性,减少腺体分泌量,改善鼻腔通气。由于这种效应局限于目标组织的表层,而且是在相对较低的温度下实现的,对周

边组织的热损伤降至最小程度,可以达到既去除目标组织又引起组织收缩的双重效果。与激光、微波、切割器相比,此方法具有对下鼻甲损伤小,疼痛轻微,术后恢复快,术后基本无需护理等优点。

麻醉时,尽量不收缩鼻甲,每侧下鼻甲黏膜下浸润液体量为 5 ml,是为了让黏膜有一定的厚度,并在局部形成良好的导电层,打孔时易插入并易使离子刀保持在黏膜下,减少对黏膜的损伤。但同时也缩小了术野,增加了手术难度,故操作者要有一定的内镜手术基础。

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微波在下鼻甲部分切除术中的应用

刘宗尚¹ 楚选云¹ 朱丽²

[关键词] 微波; 鼻炎; 肥厚性; 下鼻甲部分切除术

[中图分类号] R454.1 [文献标志码] B [文章编号] 1001-1781(2005)05-0215-01

我科自 1997 年 9 月起对 1500 例慢性肥厚性鼻炎患者行下鼻甲部分切除术后,应用微波处理创面,取得了很好的疗效。现报告如下。

1 资料与方法

1500 例患者中,男 788 例,女 712 例;年龄 12~65 岁,平均 25 岁。

用 1%利多卡因注射液加入少许肾上腺素注射液(每 10 ml 1%利多卡因加入 0.1%肾上腺素 3 滴),局部麻醉生效后施行双侧下鼻甲部分切除术,术中切除下鼻甲后下端部分不超过 1/3。将鼻腔血性物质清除后,用微波烧灼下鼻甲创面,采取自创面后端向前端烧灼的方法(如果从前向后烧灼,有可能使靠后的创面发生遗漏),创面烧灼后局部留下黑色结痂,与未烧灼部分界限清楚。对侧下鼻甲创面用同样的方法处理。

2 结果

1486 例术后未发生出血,伤口 I 期愈合,术后 2 周复查,创面愈合时间与传统填塞方法相比无明显差异。14 例患者术后发生鼻腔渗血,当时将鼻腔内淤血清除干净,喷入 1%丁卡因及 1%麻黄素液对创面进行麻醉、止血,再次应用微波处理出血部位,8 例患者应用微波处理后同时将明胶海绵贴敷于创面上,外面再填入棉片支撑。14 例最终 I 期愈合。

3 讨论

传统的鼻腔填塞方法给患者带来很大痛苦,表现为鼻腔填塞期间双侧鼻腔不能通气,头痛,牙痛,溢泪,患者一直用嘴呼吸,睡眠质量降低。应用微波烧灼创面后免去了鼻腔填塞,使患者术后即能用鼻呼吸,恢复了正常呼吸通道,提高了睡眠质量,避免了换药时抽纱条给患者带来的痛苦,减轻了患者的经济负担。

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