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(收稿日期: 2023-05-25)

·病例报道·

Intraoperative ultrasonic diagnosis of a foreign body following cholangiojejunostomy: a case report

术中超声诊断胆肠吻合术后异物1例

张 婷 钟晓绯

[中图法分类号]R445.1 [文献标识码]B

患者男, 56岁。3周前于外院行腹部超声及腹部MRI提示: 肝左叶萎缩, 左肝内胆管结石伴胆管扩张、胆管炎, 为进一步诊治遂来我院就诊。一般情况良好, 自述消瘦, 偶有轻度腹部不适, 无畏寒、发热、恶心、呕吐等不适, 否认肝炎、结核或其他传染病史, 无外伤史, 20+年前于外院行开腹胆囊切除术, 8年前于外院行胆肠吻合术。我院上腹部平扫及增强MRI提示: 肝左外叶萎缩; 左肝管、肝左外叶胆管结石伴明显扩张, 并未提示胆肠吻合口处异常。遂行左半肝切除术及术中胆道镜取石, 术中超声检查: 左肝内胆管扩张, 最大管径约1.2 cm, 多个节段内可见铸状强回声伴声影, 肝内胆管右后支扩张, 最大管径约0.7 cm, 内见稍强回声充填(疑似胆泥, 后经术中胆道镜证实), 肝门部及肝外胆管管壁增厚(考虑胆道炎性所致); 于胆肠吻合口处及肝门部胆管内见长约2.0 cm线状强回声, 表面光滑, 无明显声影。见图1。术中超声提示: 异物及结石。术后于胆肠吻合口处取出长约2.0 cm黑褐色异物, 质硬有韧性。见图2。

讨论: 医源性异物通常是由医务人员在临床工作中不可抗拒的某些因素造成, 这类异物可能导致患者发生各种并发症, 早期诊断和治疗有利于患者康复。X线、CT和MRI均为诊断人体异物的常用影像学方法, 其中超声联合CT是目前确诊消化道腔内外异物及并发症类型的首选方法[1]。但经腹超声检查受胃肠道气体的混响伪像干扰, 易漏、误诊; MRI对于金属类异物检查存在局限性, 常表现为低信号或无信号。术中超声可直接将探头置于肝外胆管、十二指肠及胰头前方, 不易受含气肠

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(收稿日期:2023-04-13)

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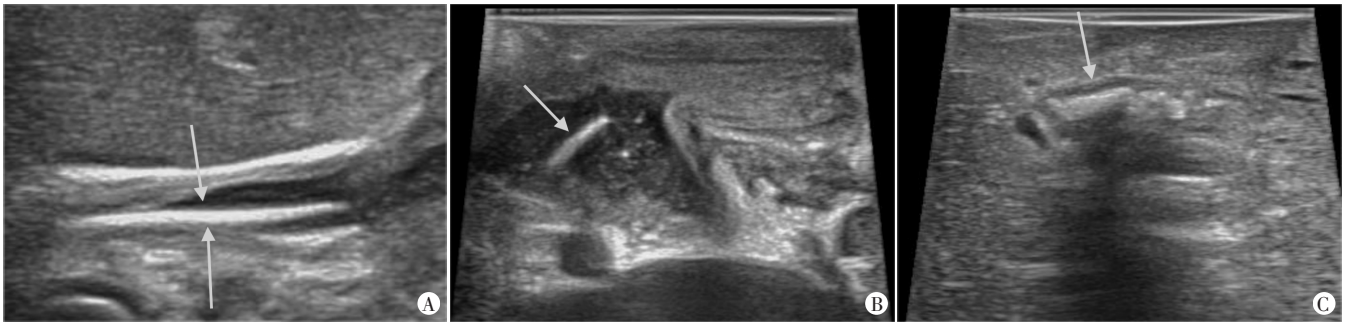

A、B:于胆肠吻合口处见一长约2.0 cm线状强回声(箭头示),表面光滑,无明显声影;C:箭头示左肝内胆管结石

图1　术中超声图像

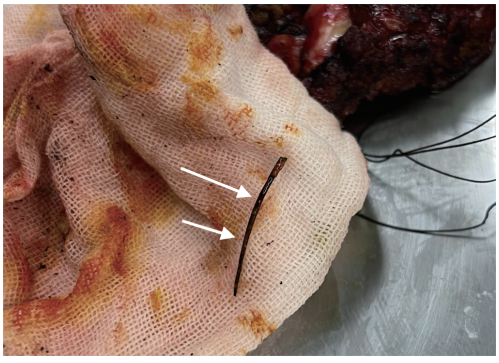

图2　术后于胆肠吻合口处取出长约2.0 cm黑褐色异物(箭头示),质硬有韧性

祥和肥胖等因素的干扰,图像分辨率较高,更易发现异常的强回声病变,本例患者术中超声表现为线状强回声,表面光滑,无明显声影,超声提示异物,分析原因可能为既往胆肠吻合术残留所致。有文献[2]报道胃肠腔内尖锐的异物会刺破肠壁形成肉芽肿、脓肿或损伤周围脏器。本例患者于术中超声常规检查偶然发现胆肠吻合口残留金属异物,并协助外科医师及时取出,避免患者因异物长期存留术区引发的不良反应。可见,术中超声是一种较好的床旁影像学检查方法,能提供较小异物的影像学信息,有助于外科手术进程。

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(收稿日期: 2023-02-15)