

肝移植术后胆道并发症的处理措施

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[摘要] 目的:探讨肝移植术后胆道并发症的处理措施。方法:总结2005年3月~2007年11月在肝脏移植中心行肝移植手术的125例患者的临床资料,分析肝移植术后胆道并发症的治疗措施及效果。结果:125例肝移植患者中共有22例受体发生了胆道并发症,发生率为17.6%(22/125)。其中,4例为胆漏,13例为胆道狭窄,1例为胆管炎,2例为胆道吻合口狭窄合并胆漏,1例为胆漏合并胆道铸型,另外1例为吻合口胆漏合并肝内胆道狭窄及胆道铸型。4例胆漏均获得治愈。7例单纯吻合口狭窄患者中5例最初行内镜治疗,4例治愈;而有肝内胆管狭窄的6例胆道狭窄患者,均行内镜介入治疗,仅1例有效。13例胆道狭窄患者中,7例单纯吻合口狭窄的患者均治愈,患者存活,而有肝内胆道狭窄的6例患者,有5例死亡,经统计分析差异有统计学意义($P=0.005$)。结论:单纯胆漏或单纯吻合口狭窄大多可以通过非手术方法治愈,而肝内胆管狭窄保守及内镜介入治疗效果较差,常常需要手术重建胆道或再次移植。

[关键词] 胆道并发症;肝脏移植;处理措施

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追查國際存檔

Management of biliary tract complications after liver transplantation

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[Abstract] **Objective:** To evaluate the management of biliary tract complications after liver transplantation. **Methods:** All patient data were collected retrospectively onto a database at the liver transplantation center of the first affiliated hospital of Nanjing medical university with review of hospital records. **Results:** 22 biliary complications occurred in 125 grafts (17.6%), including four biliary leaks, 13 biliary strictures, a cholangitis, two biliary leaks with strictures, a biliary leak with cast, a biliary leak with stricture and cast. All of four biliary leaks were cured. Four of five simple anastomotic strictures were resolved by endoscopic therapy, but only one of six patients with intrahepatic strictures was resolved by endoscopic therapy. Among the 13 patients with simple biliary strictures, all of seven patients with simple anastomotic strictures were cured, while five of six patients with intrahepatic strictures died (83.3%) ($P=0.005$). **Conclusion:** Most of simple biliary leaks or simple anastomotic strictures can be resolved by non-operative management. However endoscopic or radiological management was ineffective in the management of intrahepatic strictures, which were best treated by surgical intervention reconstructing biliary tract or retransplantation.

[Key words] Biliary tract complication; Liver transplantation; Management

肝移植已经成为治疗各种终末期肝病的有效方法,改善了患者生活质量。然而,肝移植术后胆道并发症仍是移植技术中难以处理的一个薄弱环节,被称为阿基里斯之踵^[1],影响了肝移植患者的生存率和生活质量的进一步提高,其发生率各中心报道不一,为6%~29%^[2]。本研究对125例肝移植的资料进行回顾性研究,分析了胆道并发症的诊断方法、治疗措施及效果等因素,旨在探讨肝移植术后胆道并发症的防治。

1 资料与方法

1.1 一般资料

2005年3月~2007年11月,南京医科大学第一附属医院肝脏移植中心对125例患者施行了肝移植手术,其中男性106例,女性19例;年龄:1岁6个月~69岁,平均(41.9±13.0)岁。原发性疾病为:乙型肝炎后肝硬化54例,原发性肝癌46例,肝豆状核变性12例,慢性活动性乙型肝炎4例,暴发性肝功能衰竭2例,丙型肝炎后肝硬化1例,隐源性肝硬化2例,肝母细胞瘤2例,原发性胆汁性肝硬化1例,红细胞

生成性卟啉病1例。Child-Pugh肝功能分级:A级69例,B级35例,C级21例。

1.2 供体选择

125例肝移植中,其中112例为尸体供肝,另外13例为活体供肝。所有供肝均无肝脏基础疾病,无肝硬化、恶性肿瘤和明显的脂肪变性,血清学检测显示乙肝表面抗原阴性。供受体ABO血型相同者113例,血型相符者12例。所有供肝的热缺血时间0~10 min,平均(3.96±2.24)min;冷缺血时间40~660 min,平均(336±146)min。

1.3 肝移植术式及胆道重建方式

改良背驮式肝移植119例次,其中2例为劈裂式肝移植;经典原位肝移植4例;原位辅助式肝移植2例,均为活体供肝。胆道重建方式:胆总管空肠Roux-en-Y吻合3例;胆总管端端吻合122例,74例未置T管,48例置T管。胆总管端端吻合采用连续或间断缝合,缝线为7-0至5-0的PDS线。