

肺移植供肺获取100例：冷缺血时间>6 h及肺减容对预后的影响**

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100 cases of lung harvesting for lung transplantation: Effect of cold ischemia time > 6 hours and lung volume reduction on prognosis

Wang Zhen-xing, Chen Jing-yu, Zheng Ming-feng, Ye Shu-gao, Liu Feng, Chen Ruo, Lu Rong-guo, Wei Dong



摘要/Abstract

摘要:

背景：肺移植过程中供肺获取的手术技巧、冷缺血时间的上限以及供肺与受者胸腔大小不匹配等问题的处理有待进一步研究。
目的：总结肺移植中供肺获取的手术技巧，探讨冷缺血时间和肺减容对受者移植后各种并发症以及生存率的影响。
方法：回顾分析100例供肺获取和101例受者的临床资料，根据供肺冷缺血时间所有受者分为冷缺血时间< 6 h组或> 6 h组；另根据移植中是否出现供肺与受者胸腔大小不匹配分为肺减容组和对照组，不匹配的均行不同方式肺减容。分析冷缺血时间>6 h和肺减容对肺移植患者预后的影响。
结果与结论：100例供肺获取和101例肺移植均成功，其中1例供者的左右肺分别移植给2例受者，共完成101例肺移植。除供肺冷缺血时间>6 h组原发性移植物失功发生率要高于< 6 h组(P < 0.05)外，其他各指标差异均无显著性意义(P > 0.05)；肺减容组与对照组各临床指标差异亦无显著性意义(P > 0.05)。提示严格的供者选择、恰当的供肺减容以及尽量缩短供肺冷缺血时间可以有效防止受者移植后各种并发症的发生，提高肺移植成功率，改善患者预后。
关键词：肺移植；脑死亡；供者选择；器官保存液；围手术期
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关键词: 肺移植, 脑死亡, 供者选择, 器官保存液, 围手术期

Abstract:

BACKGROUND: During lung transplantation, the surgical techniques of donor lung harvesting, the upper limit of cold ischemia time, as well as the mismatching between donor lung and recipient's thoracic cavity need further explored.
OBJECTIVE: To summarize operative techniques of donor lung harvesting and to explore the effect of donor lung cold ischemia time and lung volume reduction on all kinds of complications and survival rate after transplantation.
METHODS: The clinical data including 100 lung harvesting cases and 101 recipients undergoing transplantation were retrospectively analyzed. All recipients were divided into two groups according to lung cold ischemia time: the group of donor lung cold ischemia time < 6 hours and the group of donor lung cold ischemia time > 6 hours. Besides, according to whether to meet the mismatching between donor lung and recipient's thoracic cavity, they were divided into two groups: the group of lung volume reduction and the control group. Mismatching cases underwent lung volume reduction in different ways. The effect of cold ischemia time >6 hours and lung volume reduction on prognosis was analyzed.
RESULTS AND CONCLUSION: Totally 100 donor lung harvesting cases and 101 lung transplantation cases were all successful, including one donor lung transplanted into two recipients, so totally 101 cases underwent lung transplantation. There was no significant difference between the group < 6 hours and the group > 6 hours (P > 0.05) except the incidence of primary graft dysfunction was higher in the group < 6 hours than in the group > 6 hours (P < 0.05). All clinical indexes had no significant difference between the group of lung volume reduction and the control group (P > 0.05). It is indicated that the strict selection of donors, perfect lung volume reduction of donor lung and shortened cold ischemia time can effectively prevent occurrence of various complications after operation, increase achievement ratio of lung transplantation and improve recipient prognosis.

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