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## •病例报告 Case report•

### 术前介入性栓塞治疗罕见巨大子宫肌瘤一例

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**A case of intervention embolization in the treatment of gigantic uterus myoma before surgery ZHAO**

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**【Key words】** Intervention embolization;Gigantic uterus myoma

患者女,40岁。因“腹痛,B超检出盆腔包块1d”于2006年8月19日入院。入院体检:腹膨隆,张力大,腹部可扪及一巨大肿块,质较硬,活动差。专科检查:子宫如孕36周,上至剑突下,质较硬,边界清,活动差,轻压痛。辅助检查:MRI示盆腔内巨大肿块(图1),伴坏死,玻璃样变性可能,考虑子宫肌瘤可能大。入院诊断:巨大子宫肌瘤。考虑肿瘤体积巨大,手术中可能出血较多,术前于2006年8月23日行术前介入性动脉栓塞术。介入术中分别行双侧髂内动脉、双侧子宫动脉造影,见下腹部及盆腔巨大肿瘤染色灶,主要由双侧子宫动脉及右侧闭孔动脉供血,供血动脉增粗扭曲包绕,未见明显动静脉分流征象(图2)。诊断明确后,将导管分别置于双侧子宫动脉和右侧闭孔动脉肿瘤供血分支,用明胶海绵颗粒及长条分别栓塞上述血管,再造影示肿瘤供血动脉血流中断,肿瘤染色消失。次日全麻下行剖腹探查术,术中见盆腔巨大肿块,上界达剑突下缘,两侧充满达腹壁,下界达盆底,后方达直肠凹陷处,前方达膀胱宫颈下方。手术完整分离并切除包块及右侧卵巢,术中见血管内血栓形成。包块大小约32 cm×26 cm

×17cm,重5.6kg,快速病理示良性肿瘤,术后病理示平滑肌瘤。由于术前成功地进行了栓塞,故术中出血较少,仅输血800ml。

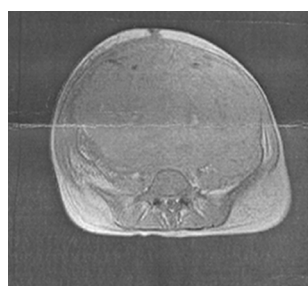


图1 MRI矢状位及横断位示肿瘤上界达到剑突下缘,下界达盆底,两侧充满达腹壁,伴坏死

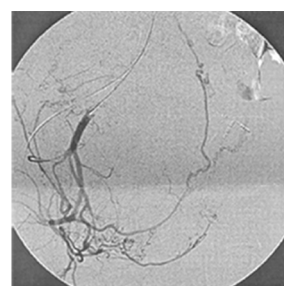


图2 DSA造影见下腹部及盆腔巨大肿瘤染色灶,主要由双侧子宫动脉(右侧为主)及右侧闭孔动脉供血,供血动脉增粗扭曲包绕

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