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•病例报告 Case report•

经导管栓塞外伤性脑膜中动脉动静脉瘘一例

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【关键词】 动静脉瘘; 脑膜中动脉; 外伤; 栓塞; 治疗

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Transcatheter embolization for the treatment of traumatic arteriovenous fistula of middle meningeal artery: report of one case RUAN Jiu-gen, MEI Que-lin, FU Shui-ping. Department of Radiology, Affiliated Xinyu Municipal People's Hospital, Nanchang University, Xinyu, Jiangxi Province 338025, China (J Intervent Radiol, 2014, 23: 643-644)

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【Key words】 arteriovenous fistula; middle meningeal artery; trauma; embolization; treatment

病史摘要

患者女,47岁。“因车祸致头部外伤伴意识不清30 min”入院。入院查体:神志清楚,意识清晰,表情痛苦,右枕部见一大小约4.0 cm × 4.0 cm 血肿,头皮未见明显破裂。双侧瞳孔等大等圆,直径约为2.5 mm,对光发射灵敏。四肢肌张力正常,可见多处小面积皮肤擦伤,伤口无明显渗血。生理反射存

在,病理反射未引出。门诊头颅CT检查提示:右枕骨骨折,左额颞部少量硬膜下血肿,蛛网膜下腔出血。给以保守支持对症治疗。入院第20天患者诉左侧耳鸣,难以入睡。听诊:左侧颞部可闻及吹风样杂音。复查CT示:左侧额颞叶脑挫裂伤;左侧额颞部硬膜下小血肿;左侧枕骨骨折。颅脑MRI及MRA提示:左侧额颞脑挫裂伤;左侧脑膜中动脉增粗,颞部管壁毛糙,呈螺旋状,并可见增粗的静脉影,考虑为左侧脑膜中动脉假性动脉瘤并动静脉瘘形成。遂行导管栓塞治疗,过程如下:局麻下行全脑血管造影,右侧颈内、颈外动脉,左侧颈内、椎动脉均未见异常。左侧颈外动脉造影示左侧脑膜中动脉入颅段扩张,距起始部5 cm 处见一瘘口,瘘口以远脑膜中动脉不显影,动脉血液经瘘口直接回流至左侧海绵窦及左颈外静脉,瘘口流速较快,其静脉早显 < 1.5 s。遂用微导管超选至瘘

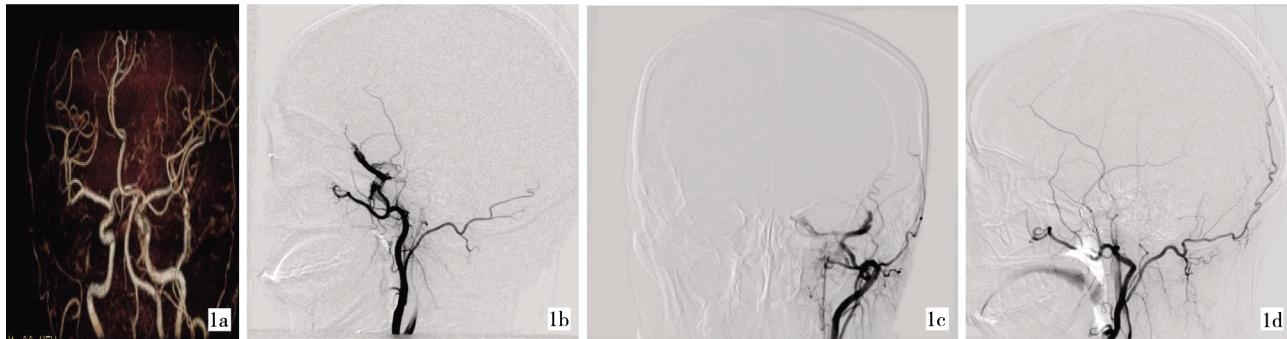
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口,自瘘口向后栓塞脑膜中动脉,共植入 4 个直径约 2 mm 的塔形微钢圈。栓塞后退出 SP 管,用 5 F 端孔导管造影,造影见左侧脑膜中动脉闭塞,瘘口消失(图 1)。患者自觉杂音消

失,听诊左侧颞部杂音消失。患者术后一般情况良好。随访半年无动静脉瘘再通症状发生。



1a 颅脑 MRA VR 图像, **1b、1c** 左侧颈外动脉造影显示左侧脑膜中动脉动静脉瘘形成,向海绵窦、颈外原始图显示左侧脑膜中入 静脉引流
颅处假性动脉瘤,以及引
流静脉显影提示动静脉瘘
1d 栓塞后颈外动脉 DSA 图显示左
侧脑膜中动脉完全闭塞,动静脉瘘
口消失

图 1 外伤性脑膜中动脉动静脉瘘诊治过程图像

讨论

外伤性脑膜中动脉动静脉瘘相对少见,多为个案报道。其发病机制大多与邻近脑膜中动脉的骨折有关^[1]。也有经手术证实无颅骨骨折的病例报道,推测血管壁的牵拉损伤亦可导致动静脉瘘的形成^[2]。本例患者骨折位于枕部,颞骨并无骨折,动静脉瘘的形成可能与血管牵拉损伤有关。根据外伤病史及眼眶周围血管杂音,容易想到本病。CT 及 MR 检查对诊断有较大价值,特别是 CTA 及 MRA。3D 容积重建 MRA 可直观显示其血管的形态,但静脉一般难以显影是其缺陷。本例患者原始图像观察能发现其引流静脉显影与其引流静脉的方向及瘘口流速较快有关,这在 DSA 造影时得到证实。

虽然外伤性脑膜中动脉动静脉瘘的自然演变过程还不是很清楚,但是重复脑血管造影已经证实其表现为进行性生长,是迟发性脑出血原因之一^[3]。且持续性血管杂音也明显影响患者的生活质量。因此,绝大部分患者需要积极治疗。治疗方案可采取外科手术夹闭瘘口或用弹簧圈、生物胶栓塞瘘口。本例患者采用微弹簧圈栓塞瘘口及供血动脉。由于瘘口

处血流速度较快,释放前 2 个微弹簧圈时,压迫患侧颈动脉以减慢瘘口血流,防止弹簧圈异位栓塞。

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