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【应用研究】

眼睑近泪小点肿物切除 56 例疗效分析[△]

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Surgical treatment of 56 cases of eyelid tumors close to lacrimal punctum

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【Key words】 tumor; eyelid; lacrimal punctum

【Abstract】 **Objective** To analyze the therapeutic effects of the surgical treatment of eyelid tumors close to lacrimal punctum. **Methods** Fifty-six eyes of 56 cases with eyelid tumors close to lacrimal punctum were enrolled, the operation under microscope before taking local anaesthesia and intubation procedure for protection of lacrimal punctum and canaliculi was performed, the tumor tissue was pathological examined, and the tube was removed after 2 weeks. The reoccurrence of tumor and lacrimal ducts were observed. **Results** The postoperative pathological reports showed that 6 cases was squamous papillary cell tumor, 26 cases was pigmented nevus, 10 cases was warts, 14 cases was inflammatory granuloma. To follow-up observation of one year or more, no reoccurrence was seen. The location of lacrimal punctum were normal in 50 cases, the lacrimal ducts were unobstructed with no epiphora. The nasal opening of lacrimal punctum in 2 cases with large tumor was enlarged, and the epiphora appeared when facing the stimulation. **Conclusion** For the eyelid tumors close to lacrimal punctum, taking excision operation under microscope after intubating procedure to protect the lacrimal punctum and canaliculi can improve the curative rate, worthy for widely application in clinic.

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【关键词】 肿物;眼睑;泪小点

【摘要】 目的 探讨并观察近泪小点的眼睑肿物切除的效果。方法 门诊就诊的 56 例(56 眼)眼睑近下泪小点肿物患者,局部麻醉后先行泪道环形硅胶管置管保护泪小点及泪小管,于手术显微镜下行肿物切除术,肿物行病理学检查,置管 2~4 周后将其拔除,术后观察眼睑肿物有无复发及泪小点位置和泪道是否通畅。结果 术后病理报告显示:鳞状乳头状细胞瘤 6 例,色素痣 26 例,疣 10 例,炎性肉芽肿 14 例。追踪观察 1 a 以上,无一例复发。50 例术后泪小点位置正常,冲洗泪道通畅,无溢泪现象;2 例肿物较大,术后泪小点口向鼻侧稍有扩大,患者遇刺激时稍有溢泪现象。结论 对眼睑近泪小点肿物,先行微创泪道环形硅胶管置管后再切除眼睑肿物,该方法可提高治愈率,值得在临床中推广应用。

近泪小点肿物在眼睑肿物中比较常见,由于肿物对泪小点吸收泪液功能造成影响,致使泪液对面部皮肤的浸渍给患者造成身体和心理上的不适。治疗近泪小点肿物的有效方法是手术切除肿物,但因接近泪小点会对泪道造成不良影响而引起溢泪。因此,我院自 2006 年至 2010 年间对门诊就诊的 56 例(56 眼)近泪小点肿物患者采用局部麻醉后先行泪道环形硅胶管置管保护泪小点及泪小管,再于手术显微镜下行肿物切除,置管 2~4 周后拔除,效果良好,现报告如下。

1 资料与方法

1.1 一般资料 本组患者 56 例(56 眼),男 11 例,女 45 例;年龄 11~82(46.0±0.5)岁;病程 0.5~26.0 a。近上泪小点肿物 8 例,近下泪小点肿物 48 例。鳞状乳头状细胞瘤 6 例,色素痣 26 例,疣 10

例,炎性肉芽肿 14 例。所有患者术前均有溢泪,冲洗泪道排除明显泪道阻塞性疾病。

1.2 手术方法 患者取仰卧位,常规术野皮肤消毒、铺巾,结膜囊内滴 5 g·L⁻¹丁卡因行表面麻醉,20 g·L⁻¹利多卡因约 2 mL 行局部浸润麻醉。手术显微镜下寻找下泪小点,泪小点扩大器扩张泪小点,分别自上下泪点插入引导针,下送针芯至前鼻孔,引入引线后引入环形置管,结扎固定在鼻腔内,冲洗泪道通畅,冲洗液完全达咽腔无返流。手术显微镜下分离肿物,于肿物外 1~2 mm 将其切除。若肿物较大则沿睑缘灰线处将眼睑分成前后两层,向颞侧作矩形推进皮瓣并作矩形皮瓣修复缺损。若肿物侵及睑板<5 mm 者,睑板作三角形切除后直接拉拢缝合。侵及睑板≥5 mm 者,睑板作矩形切除后将残留的睑板睑结膜切断下移至睑缘与邻接睑板缝合,即行睑板睑结膜移行瓣修复。56 例肿物切除后均行病

理学检查。眼部滴用抗生素滴眼液,每天2次,连续5 d。置管2~4周后拔除。

1.3 疗效标准 本组56例术后均随访观察1 a以上,观察是否溢泪、肿物是否复发、眼睑复位情况及是否引起眼睑畸形、外翻、内翻为疗效标准。治愈:术后无溢泪,泪小点位置正常,冲洗泪道通畅;眼睑肿物无复发,眼睑复位良好,无眼睑畸形及外翻和内翻。未愈:术后溢泪,影响泪小点功能、泪小点位置异常或泪道冲洗不畅通,眼睑肿物复发、肿物切除后引起眼睑畸形及外翻和内翻,以上诸因素均视为

Table 1 General information, pathological diagnosis and curative effects of patients

Diagnosis	Cases	Effect		Sex		Location (close to punctum)	
		Cured	Not cured	Male	Female	Upper	Lower
Squamous papillary cell tumor	6 (10.71%)	6	0	2	4	1	5
Pigmented nevus	26 (46.43%)	23	3	3	23	2	24
Wart	10 (17.86%)	8	2	2	8	2	8
Inflammatory granuloma	14 (25.00%)	13	1	4	10	3	11
Total	56 (100.00%)	50 (89.29%)	6 (10.71%)	11 (19.64%)	45 (80.36%)	8 (14.29%)	48 (85.71%)

3 讨论

近泪小点肿物在眼睑肿物中是较常见的疾病,因肿物生长在眼睑近泪小点处,术中病理控制下的手术切除是眼睑肿瘤最有效、最肯定的治疗方法^[1]。对于肿物只有采取手术切除才能得到根治,但由于距离泪小点较近,并且部分肿物围绕泪小点生长,手术将会影响泪小点的功能,严重者可能会造成泪小点闭锁或移位,术后因对泪道造成不良影响而引起溢泪。目前眼睑恶性肿瘤的发病率有逐渐升高趋势,国内研究显示眼睑恶性肿瘤居前5位的分别是基底细胞癌、皮脂腺腺癌、淋巴瘤、鳞状细胞癌、黑色素瘤^[2]。因此,寻找肿物切除彻底防止复发的同时,不影响溢泪功能的适宜手术方式是值得探讨的问题。

手术中切除肿物前首先对泪小点和泪小管进行保护是防止术后溢泪的关键。传统泪小点肿物切除后置入硬膜外麻醉管,由于管体硬、易引起泪点撕裂造成终身无法修复,并且因外置固定下睑影响外观,影响导泪功能而疗效差和损伤重。本组所有患者经上下泪小点经引导针导入环形硅胶管,具有操作简单、无瘢痕、成功率高等优点,并且环形置管不引起泪小点外翻,不影响患者的外观容貌,容易为患者接受,且硅胶管化学性质稳定,弹性好,几乎不引起组织反应,能长期留置在泪道,不刺激结缔组织增生引起瘢痕阻塞泪道^[3]。另外环形置管上下可以牵拉活动不影响手术视野,因此采用局部麻醉后先行泪道置管保护泪小点及泪小管,再于手术显微镜下行肿物切除,一方面因手术显微镜下手术视野清晰,肿物周边界限清楚,可以将肿物完全切除干净;另一方面防止切除肿物时对泪小点及泪小管造成的损害,保

未愈。

2 结果

56例患者按上述方法泪道置管后手术显微镜下肿物切除治疗后(表1),病理报告均与术前诊断符合,鳞状乳头状细胞瘤6例,色素痣26例,疣10例,炎性肉芽肿14例。追踪观察1 a以上,无一例复发。50例(89.29%)治愈,泪小点位置正常,冲洗泪道通畅,无溢泪现象;6例因肿物较大,术后泪小点口向鼻侧稍有扩大,患者遇刺激时稍有溢泪现象。

障术后泪道通畅,避免造成泪道损害而引起溢泪等不良反应。术后均对切除肿物进行病理学检查,有助于对眼睑肿物的病理进行分类和分型,帮助对眼睑肿物进行临床诊断^[3,4],为疾病诊治提供了参考依据。

眼睑肿物较大时,术后易产生眼睑变形、倒睫、泪小点外翻或内翻等并发症,邻近皮瓣转移和游离皮瓣的综合应用可以完成绝大部分的眼睑前层重建^[4,6],为避免以上并发症的发生,侵及睑板 ≥ 5 mm者,近泪小点向颞侧作矩形推进皮瓣,睑板作矩形切除后将残留的睑板睑结膜切断下移至睑缘与邻接睑板缝合,即行睑板睑结膜移行瓣修复^[7-9]。为了避免睑缘切迹,要充分分离皮瓣,形成足够长的皮瓣外,在作睑板睑结膜移行瓣缝合睑板时注意睑板吻合贴切^[10],睑缘处缝合采用水平褥式缝合,以便达到眼睑成型,效果良好。

总之,通过对本组病例的回顾性分析,建议对于近泪小点肿物患者采用局部麻醉后微创先行泪道环形硅胶管置管保护泪小点及泪小管,再于手术显微镜下行肿物切除术。此手术方案可提高治愈率以达到更佳的效果,值得在临床中推广使用。

参考文献

- Deprez M, Uffer S. Clinicopathological features of eyelid skin tumors. A retrospective study of 5504 cases and review of literature [J]. *Am J Dermatopathol*, 2009, 31 (3) :256-262.
- Jain R, Prabhakaran VC, Huilgol SC, Gehling IV, James CL, Selva D, et al. Eccrine porocarcinoma of the upper eyelid [J]. *Ophthalmol Plast Reconstr Surg*, 2008, 24 (3) :221-223.
- 赵玉瑾, 徐建江. 泪道置管术的应用现状 [J]. 中国眼耳鼻喉科杂志, 2014, 14 (1) :56-58.
- 项晓琳, 李彬, 孙亮丽, 李辽青, 任若瑾, 高飞. 2639例眼睑肿物临床病理分析 [J]. 中华眼科杂志, 2008, 44 (1) :38-40.

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【应用研究】

原发性眼睑痉挛 100 例临床分析[△]

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Clinical analysis of primary blepharospasm: A report of 100 cases

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【Key words】 blepharospasm; dry eye; myasthenia gravis; depression

【Abstract】 **Objective** To analyze the clinical characteristics and treatment of primary blepharospasm, and improve the rate of diagnosis and treatment. **Methods** A retrospective analysis of clinical data of 100 blepharospasm patients in our hospital was performed, including general information, early manifestations, diagnosis and treatments. **Results** The age at onset of the 100 patients was (56.4 ± 2.7) years, the duration was from 2 months to 120 months, averaged 30 months. Dry eye was the most common of early non-spasm symptoms (54 cases), followed by eyelid open laborious (39 cases), increased blink frequency (32 cases), photophobia (32 cases). In the 100 cases, while only 10 cases were correctly diagnosed at the initial visit, 90 cases were early diagnosed for other diseases, such as dry eye, conjunctival / keratitis, myasthenia gravis, mental disorders, etc. **Conclusion** Early clinical manifestations of blepharospasm diverse, early recognition is low, the majority of cases have not gotten timely and correct treatment, and the clinical physician should pay attention to this disease.

【关键词】 眼睑痉挛;干眼症;重症肌无力;抑郁症

【摘要】 **目的** 分析原发性眼睑痉挛患者临床特点及治疗情况,提高临床医师对该病的临床诊治率。**方法** 回顾性分析我院收治的100例原发性眼睑痉挛患者的一般资料、早期表现、诊断及治疗情况。**结果** 100例原发性眼睑痉挛患者的发病年龄为(56.4 ± 2.7)岁,确诊时病程为2~120个月,平均30个月。100例患者中眼干涩是最常见的早期非痉挛症状(54例),其后依次是眼睑睁开费力(39例)、眨眼次数增多(32例)、畏光(32例)。100例患者中仅10例初次就诊时被正确诊断,有90例早期诊断为其他疾病,包括干眼症、结膜/角膜炎、重症肌无力、神经症等。**结论** 原发性眼睑痉挛的早期临床表现多样,早期识别率低,大多数病例未得到及时正确的治疗,眼科医师应提高对该病的认识。

原发性眼睑痉挛(primary blepharospasm, PBS)是临床上较为常见的、以间断性或持续性不自主闭眼为特点的局灶型肌张力障碍病^[1]。目前病因及发病机制尚不清楚,神经影像学、神经电生理研究认为脑干-纹状体-丘脑-皮质通路和小脑-丘脑-皮质通路异常是肌张力障碍发病的主要机制^[2]。PBS多数成年发病,女性多于男性。早期主要表现为眼内异物感、眼干或眼疲劳、瞬目增多、眼睑下垂,常于注视人或物时出现阵发性睁眼困难,晚期导致持续闭眼甚至功能盲,严重影响患者的社会形象、日常工作和生活,甚至导致交通事故^[3]。多数患者触摸颌面部某位点可使眼睑痉挛症状暂时缓解或减轻,称为“感觉诡计”现象。由于起病隐匿,大多数患者早期表现为眼干涩、畏光、眼睑睁开费力、口干等非痉挛症状,患者常首先就诊于眼科,即使是

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5 冯洁,王志安,殷岩,范先群,孙英.眼睑恶性肿瘤切除术后I期眼睑重建的手术方法探讨[J].临床眼科杂志,2010,18(3):235-236.

6 张旭霞.矩形推进皮瓣在睑缘眼睑缺损修复中的应用[J].中国美容医学,2007,16(11):1516-1518.

7 宋建,吴晓梅,夏瑞南,曾树森.眼睑肿块病理学分析477例[J].眼科新进展,2007,27(5):374-377.

8 杨超,张敬德,李军辉,陈江萍,刘军,薛春雨,等.眼睑肿瘤切除后组织缺损的即时修复[J].中华整形外科杂志,2009,25(2):108-

110.

9 Codner MA, McCord CD, Mejia JD, Lalonde D. Upper and lower eyelid reconstruction [J]. *Plast Reconstr Surg*, 2010, 126(5): 231e-245e.

10 Chiummariello S, Calzoni C, Pica A, Desgro MD, Alfano C. Reconstruction of the traumatic eyelid injuries: a 6-years experience [J]. *Ann Ital Chir*, 2013, 84(1): 73-76.