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急性高容量血液稀释联合控制性降压在上矢状窦破裂修补术中的应用

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Application of Acute Hypervolemic Hemodilution Combined with Controlled Hypotension in the Repairing of Superior Sagittal Sinus Rupture

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- 摘要
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**摘要** 目的: 探讨急性高容量血液稀释(AHH)联合控制性降压(CH)用于上矢状窦破裂修补术的临床效果.方法: 将22例ASA Ⅱ~Ⅲ级 在全麻下行上矢状窦破裂修补术患者随机分成2组(I组: AHH+CH, II组: AHH),均于打开骨瓣前行AHH,I组同时用硝普钠行CH. 记录AHH前(TO)、骨瓣打开时(T1)、骨瓣打开后10 min (T2)、上矢状窦修复完毕(T3)和术毕(T4)的MAP,HR,Hb,Hct和血气 值,计算2组的出血量、输血量、尿量、总输液量及AHH扩容量.结果:2组的CVP值在T1时均较T0明显升高,在T2和T3时I组的与 TO比较无显著变化,Ⅱ组的明显低于TO时和I组同时点,在T1时I组的Hct值显著低于Ⅱ组,I组较Ⅱ组扩容量显著增大,输血量明显 减少.结论:AHH+CH用于上矢状窦破裂修补术可增加扩容量,增强术中血流动力学的稳定,减少输血量.

# 关键话: 血液稀释 降压 控制性 上矢状窦破裂

Abstract: Objective: To study the clinical effectiveness of acute hypervolemic hemodilution (AHH) combined with controlled hypotension (CH) in the repair of traumatic superior sagittal sinus rupture.Methods: 42 patients,ASA II  $\sim$ III,undergoing the repair of superior sagittal sinus rupture under general anesthesia,were randomly divided into two groups,group I AHH+CH and group II AHH.MAP,HR,CVP,Hb and Hct were recorded respectively before AHH(TO), at the beginning of skull enclosed (T1), 10 min after skull enclosed (T2), at the end of superior sagital sinus rupture (T3) and at the end of operation (T4), bleeding volume, urine volume, blood infusion volume, total liquid infusion volume and liquid infusion volume during AHH were calculated.Results: CVP significantly increased at T1 compared with T0 in both groups; CVP at T2 and T3 compared with at T0,there was no remarkable difference in group I,but CVP significantly decreased in group II, and CVP in group II were lower significantly than those of group I at T2 and T3. Liquid infusion volume during AHH was more and blood infusion volume was less in group I than that in group II .Conclusion:It is safe that acute hypervolemic hemodilution combined with controlled hypotension was applied to the repair of traumatic superior sagittal sinus rupture;it can significantly increase liquid infusion volume during AHH,improve stability of hemodynamics, and decrease blood infusion volume.

Key words: hemodilution hypotension controlled superior sagittal sinus rupture

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