

[1]吕安康,钟东,夏海坚,等.CT骨窗位导航经颞下入路切除岩斜区肿瘤的临床研究[J].第三军医大学学报,2014,36(18):1933-1936.

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CT骨窗位导航经颞下入路切除岩斜区肿瘤的临床研究

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Title: Resection of tumor in petroclival region through subtemporal transtentorial approach under CT bone window neuronavigation

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关键词: CT骨窗位; 神经导航; 颞下经小脑幕入路; 岩斜区肿瘤

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摘要:

目的 探讨CT骨窗位神经导航对颞下经小脑幕入路切除岩斜区肿瘤的临床意义。方法 对比分析重庆医科大学附属第一医院神经外科自2008年6月至2013年6月16例未使用神经导航和27例使用骨窗位神经导航的岩斜区肿瘤患者均采用颞下经小脑幕入路对肿瘤进行切除的临床手术资料。结果 未导航组16例患者中,术中2例出现乙状窦损伤,术后2例出现颅内感染,1例出现皮下积液;术后随访3~5年,无复发及死亡病例。导航组27例患者中,术后4例出现颅内感染,经济及抗感染治疗后好转,2例出现皮下积液,予以弹力绷带持续加压包扎后逐渐吸收;术后随访1~3年,无复发及死亡病例。未导航组16例患者肿瘤全切除率为37.5%(6例),次全切除率为50.0%(8例),大部切除率为12.5%(2例);导航组27例患者肿瘤全切除率为59.3%(16例),次全切除率为37.0%(10例),大部切除率为3.7%(1例)。对两种手术方式肿瘤全切除率比较有统计学差异($P<0.05$)。结论 CT骨窗位神经导航定位精确,术中实时导航,有助于最大程度安全磨除岩骨,安全增加暴露,减少乙状窦、骨性半规管及神经组织等损伤,改善患者预后。

Abstract: Objective To investigate the clinical significance of subtemporal

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transtentorial approach under CT bone window neuronavigation to excising the tumor in the petroclival region. **Methods** We compared 16 patients not using navigation system to 27 patients using navigation system in our department from June 2008 to June 2013. All the patients underwent resection of the tumor in the petroclival region by subtemporal transtentorial approach.

Results In the 16 patients not using navigation system, there were 2 cases of sigmoid sinus injury, 2 cases of intracranial infection, 1 case of subcutaneous effusion, and no case of recurrence and death in 3-5 year following-up. In the 27 patients using navigation system, there were 4 cases of intracranial infection, 2 cases of subcutaneous effusion, and no case of recurrence and death in 1-3 year following-up. In the group former, 6 patients (37.5%) underwent total tumorectomy under a microscope, 8(50.0%) subtotal tumorectomy and 2(12.5%) partial tumorectomy. In the latter group, 16 patients (59.3%) underwent total tumorectomy under a microscope, 10 (37.0%) subtotal tumorectomy and 1 (3.7%) partial tumorectomy. There was significant difference in the rate of total tumorectomy between the 2 groups ($P<0.05$). **Conclusion** CT bone window neuronavigation is accurate for positioning. Intraoperative real-time navigation helps to perform safe abrasion of the petrous bone, increase the exposure range safely, and reduces injuries of the sigmoid sinus, bony semicircular canal and neurological functions, improving the prognosis of the patients.

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吕安康, 钟东, 夏海坚, 等. CT骨窗位导航经颞下入路切除岩斜区肿瘤的临床研究[J]. 第三军医大学学报, 2014, 36(18): 1933-1936.

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