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· 临床报道 ·

耳前瘘管合并感染脓肿期手术切除的疗效观察

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摘 要:目的 探讨耳前瘘管合并感染期瘘管切除的可行性和临床疗效。**方法** 收集 2013 年 1 月~2016 年12 月诊治的耳前瘘管合并感染脓肿期患者 76 例,其中男 39 例,女 37 例,年龄 2~43 岁;均单耳发病,左 29 耳,右 47 耳。全身积极给予抗感染治疗 24 h 内,对所有患者同时行脓肿、瘘管及炎性组织切除术,按常规方法切开、剥离、切除瘘管至感染后肿胀脓肿形成或肉芽形成或自行破溃的病变组织,切除或刮除病变组织至正常组织明显处,减张间断缝合,消除死腔,通过随访进行疗效观察。**结果** 76 例患者中,73 例患者均Ⅰ期愈合,3 例患者局部皮肤轻度红肿,延迟 2 d 拆线。无局部感染、裂开及瘢痕等并发症,术后随访 1~3 年未见复发。**结论** 耳前瘘管感染脓肿期将瘘管、脓肿及炎性组织一并切除能够达到一期愈合的目的,减少了患者二次手术、换药的痛苦,缩短了住院时间,与常规手术比较具有同样的手术疗效,值得临床推广应用。

关 键 词:耳前瘘管;感染;瘘管切除

中图分类号:R764.9

Curative effect of surgical resection of preauricular fistula complicated with infection and abscess

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Abstract: Objective To investigate the feasibility and clinical efficacy of surgical resection of preauricular fistula complicated with infection and abscess. **Methods** From Jan 2013 to Dec 2016, 76 patients suffering from preauricular fistula combined with infection and abscess underwent surgical resection in our department. Of them, 39 were male and 37 were female, aged from 2 to 43 years old. Single ear was affected in all cases, including left ear in 29 and right in 47. After systemic anti-infective therapy for 24 hours, surgical resection of foci including fistula, abscess and inflammatory tissue was performed in all patients. During the surgical procedure, the fistula combined with abscess and granulation tissue was excised, stripped and removed to expose the normal tissue. The incision was sewn up by intermittent tension-reduced suture to eliminate the dead cavity. All patients were followed up to observe the therapeutic effect. **Results** Of all the 76 patients, 73 were healed in the first stage, and removal of the stitches was belayed by 2 days in 3 cases due to mild redness and distension in local skin. There were no complications such as local infection, fracture and scar. No recurrence was observed 1 to 3 years after operation. **Conclusion** With advantages of achieving first-stage healing, reducing additional suffering due to reoperation and dressing change, and shortening hospital stays, the surgical resection of fistula, abscess and inflammatory tissue for preauricular fistula compliatced with infection and abscess may have the same therapeutic effect as routine surgery, and is therefore worthy of clinical promotion and application.

Key words: Preauricular fistula; Infection; Fistula resection

耳前瘘管是临床上常见的一种外耳先天性畸形[1],一般不合并其他畸形,可为一侧或双侧,为胚胎时期形成耳廓的第一、二鳃弓的 6 个小丘样结节融合不良或第一鳃裂闭合不全所致。可表现为瘘管口间断有豆渣样分泌物排出,若无红肿,可长期观

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察,一旦感染容易反复发作。临床上多是先行脓肿切开引流、抗感染、局部换药等治疗,待局部感染控制后再进行手术切除瘘管,但是每次耗时长,多次局部换药,增加患者痛苦、烦恼。手术切除是唯一根治的方法[2]。我科对收住的76例耳前瘘管合并感染脓肿期的患者均一次性行手术切除瘘管及脓肿,临床观察效果满意,现总结报道如下。

1 资料与方法

1.1 临床资料

收集2013年1月~2016年12月间收治耳前瘘管合并感染脓肿期患者76例,其中男39例,女37例;年龄2~43岁,平均年龄22.5岁;均单耳发病,左29耳,右47耳。表现为持续或反复耳前肿胀、流脓,肉芽形成、水肿增生,或者局部皮肤隆起红肿。瘘管口多位于脓肿的后上方(65例),仅有少数脓肿位于瘘管口上方(11例)。无合并耳廓软骨感染及其他特殊类型的耳前瘘管。

1.2 治疗方法

全身积极给予抗感染治疗24 h内,采用局麻或全麻,常规取仰卧位,头偏向对侧。术区常规消毒,用探针探明瘘管走向,注入亚甲兰溶液做标记,沿瘘管口及脓肿做梭形切口,小弯剪切开皮下组织,沿瘘管及脓肿周围正常组织进行分离,后界至耳轮软骨膜及软骨(切除部分瘘管附着处软骨膜及软骨),深达颞肌筋膜。完整切除耳前瘘管及脓肿组织23例;肿胀或肉芽、水肿、增生及与周围界限不清[3]的54例,按常规方法剥离至界限不清处剥离子刮除病变组织至明显可见的正常组织处,用生理盐水、3%双氧水反复交替冲洗术腔,止血。减张间断缝合术腔,消除死腔,切口皮肤对位缝合,避免切缘内陷难以对位,碘伏消毒术区,无菌敷料包扎。术后每日换药1次,全身静脉滴注广谱抗生素或根据药敏试验应用抗生素5~7 d,酌情使用激素,术后7 d间断拆除缝线。

2 结果

73例患者均Ⅰ期愈合,3例患者局部轻度红肿,延迟2 d拆线,无局部感染、裂开及瘢痕等并发症,术后随访1~3年无复发。

3 讨论

临床上对合并急性感染的耳前瘘管多是先行脓肿切开引流、抗感染、局部换药等治疗,待局部感染控制后再进行手术切除瘘管,但是每次耗时长,多次局部换药,增加患者痛苦和烦恼。特别是儿童患者,每次局麻换药带来巨大的心理创伤。感染控制后如未手术切除瘘管,容易再次急性感染发作[4]。

急性感染软组织蜂窝织炎期、感染波及范围大、切除皮肤过多造成切口过大者,容易合并软骨感染,不宜Ⅰ期手术。对于感染已基本控制,脓肿范围比较局限,邻近软骨无感染迹象者,适合Ⅰ期手术。

传统的耳前瘘管治疗是在感染期红肿消退1~2周后才可以行耳前瘘管切除术,主要原因是感染期肉芽的增生、局部组织水肿影响瘘管的辨认[3],正常组织与病变组织包膜破坏、界限不清导致复发率高,坏死皮肤丢失过多致创面不能Ⅰ期修复、畸形、双侧不对称。近几年很多学者提出感染期行耳前瘘管切除可以取得相近的治愈率,但是并没有被广泛认同和接受。我们在临床工作中发现耳前瘘管合并感染脓肿期,先行抗感染,切开脓肿,充分清洗排脓,根据情况,每1~2日换药1次,30%~40%的患者持续换药2~4周,局部感染控制,但许多患者往往不愿进行瘘管切除,再次感染形成脓肿后又不能手术,为此,我们对76例耳前瘘管合并感染脓肿期患者,行Ⅰ期瘘管及脓肿切除[5-6]。术前准备充分,术中沿瘘口脓腔注入亚甲蓝,使瘘管及脓腔组织显示更加明显,术中彻底切除瘘管及脓肿周围组织,直达正常组织,尽量不要使瘘管及脓腔破溃,以防污染术野及瘘管残留,术中缝合不留死腔,并减张缝合,必要时转移皮瓣[5,7],术后积极给予抗炎、局部换药等综合处理。

肉芽和瘘管组织不会越过颞肌筋膜浅层,瘘管组织与腮腺和面神经也有安全界限,内界沿颞肌筋膜浅层很容易剥离病灶和肉芽组织,后方达耳轮软骨处需将瘘管处软骨膜一并游离至软骨背面并切除;前、上、下方均以包膜及包膜外肉芽组织为界[8]。

感染期将瘘管和脓肿及炎性组织一并切除能够达到Ⅰ期愈合的目的,减少了患者二次手术、换药的痛苦,且为患者节约了时间和费用,提高患者的满意度。耳前瘘管合并感染脓肿期Ⅰ期[9]手术值得临床推广。

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