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肝硬化门静脉高压自发性脾肾分流患者临床特征分析

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摘　要　目的:分析肝硬化门静脉高压合并自发性脾肾分流患者临床特征。**方法:**回顾性分析我院 17 例肝硬化门静脉高压合并脾肾分流患者作为分流组,记录其 Child-Pugh 评分,门静脉内径、脾静脉内径,总胆红素水平及有无食管胃底静脉曲张、肝性脑病及腹水的发生;随机抽取同期住院 20 例肝硬化门静脉高压未合并脾肾分流患者作为对照组,分析其临床特征。**结果:**分流组患者门静脉及脾静脉内径分别为(14.14 ±0.93)mm、(15.82 ±1.03)mm,对照组患者分别为(15.35 ±1.22)mm、(12.56 ±1.90)mm,两组相比较差异均有统计学意义(P <0.05);脾肾分流患者总胆红素水平为(32.94 ±7.56)μmol/L,总胆红素异常率为 88.23% ,对照组分别为(37.45 ±22.61)μmol/L 和 55.00% ,两组总胆红素水平相比无统计学意义(P >0.05)。分流组患者总胆红素异常率高于对照组(P <0.05);分流组食管胃底静脉曲张、肝性脑病、腹水发生率分别为 88.24%、47.06%、23.53%,对照组分别为 55.00%、10.00%、30.00%,两组相比较,食管胃底静脉曲张及肝性脑病发生率有统计学意义(P <0.05),腹水发生率相比无统计学意义(P > 0.05)。**结论:**肝硬化门静脉高压合并脾肾分流患者存在不同程度的总胆红素升高,多合并食管胃底静脉曲张,其肝性脑病的发生率明显升高。

关键词　肝硬化;脾肾分流;临床特征

Analysis of clinical characteristics on patients with liver cirrhosis with portal hypertension accompanied by splenorenal shunt

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Abstract Objective: To analyze the clinical characteristics of patients with liver cirrhosis with portal hypertension accompanied by splenorenal shunt. **Methods:** A total of 17 patients with liver cirrhosis with portal hypertension accompanied by splenorenal shunt were analyzed as a shunt group. Child-Pugh score, portal vein diameter, splenic vein diameter, total bilirubin level, the occurrences of esophageal varices, hepatic encephalopathy and ascites were recorded. A total of 20 patients with liver cirrhosis with portal hypertension unaccompanied by splenorenal shunt were randomly divided into the control group, and their abovementioned clinical characteristics were recorded. **Results:** The levels of portal vein diameter and splenic vein diameter of shunt group were respectively (14.14 ± 0.93) mm, (15.82 ± 1.03) mm, those of the control group were respectively (15.35 ± 1.22) mm; (12.56 ± 1.90) mm, the differences were statically significant (P <0.05). In shunt group, the total bilirubin level was (32.94 ± 7.56) umol / L, abnormal rate of the total bilirubin was 88.23%; the total bilirubin level of the control group was (37.45 ± 22.61) umol / L, abnormal rate of the total bilirubin was 55.00%. There was no significant difference in the total bilirubin levels between the two groups(P >0.05). The abnormal rate of total bilirubin in the shunt group was higher than that in the control group (P <0.05). the occurrences of esophageal varices, hepatic encephalopathy and ascites of shunt group were respectively 88.24%, 47.06%, 23.53%, the occurrences of esophageal varices, hepatic encephalopathy and ascites were respectively55.00%, 10.00%, 30.00% in the control group, the incidence of esophageal varices and hepatic encephalopathy were statistically significant (P <0.05), the incidence of ascites was not statistically significant between the two groups (P >0.05). **Conclusion:** Most of the shunt group patients have elevated total bilirubin, the shunt group patients are mostly complicated with esophageal varices. the incidence of hepatic encephalopathy is significantly increased.

Key Words　liver cirrhosis; splenorenal shunt; clinical characteristics

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肝硬化患者多合并门静脉高压,门静脉高压常常并发食管胃底静脉曲张、腹水、肝性脑病、自发性腹膜炎等并发症,上述并发症对患者的预后产生明显的影响[1]。脾肾分流是门静脉高压的另外一种表现形式,我们发现部分肝硬化门静脉高压患者存在脾肾分流现象,这些患者有着怎样的临床特征尚不清楚[2]。本文对该类患者的临床特征进行分析,以便指导临床。

1 资料与方法

1.1 一般资料 收集我院 2016 年 1 月 ~2016 年 12 月肝硬化住院患者,肝硬化诊断标准符合 2000 年《病毒性肝炎防治方案》[3]。腹部增强 CT 检查发现脾肾分流患者 17 例作为分流组。随机抽取同期住院肝硬化门静脉高压无脾肾分流患者 20 例,作为对照组。

1.2 观察指标 每例患者入院完善血常规、肝肾功能、凝血功能、胃镜及腹部 CT 增强等检查,记录每例患者肝硬化原因、Child-Pugh 评分、总胆红素水平,根据腹部 CT 增强影像图片,利用 CT 阅片系统测量门静脉内径及脾静脉内径,记录有无食管胃底静脉曲张的发生(胃镜检查),有无肝性脑病及腹水发生。

1.3 统计学方法 应用统计学软件 SPSS 17.0,计量资料用均数 ± 标准差($\bar{x} \pm s$)表示,以 t 检验和 χ^2 检验进行统计学分析。$P<0.05$ 为差异具有统计学意义。

2 结果

2.1 两组患者基本情况 分流组患者 17 例,其中男 11 例,女 6 例;HBV 相关肝硬化 7 例,HCV 相关肝硬化 5 例,原发性胆汁性肝硬化 1 例,不明原因肝硬化 4 例;Child A 级 4 例,Child B 级 11 例,Child C 级 2 例。对照组患者 20 例,其中男 14 例,女 6 例;HBV 相关肝硬化 13 例,HCV 相关肝硬化 5 例,原发性胆汁性肝硬化 1 例,不明原因肝硬化 1 例;Child A 级 3 例,Child B 级 13 例,Child C 级 4 例。

2.2 两组患者门静脉及脾静脉内径情况 从腹部 CT 增强可以看出,脾肾分流患者门静脉直径变细,部分血液经过脾肾分流道进入体循环,脾静脉内径增宽,见插页图 1。分流组患者门静脉及脾静脉内径分别为(14.14 ± 0.93)mm,(15.82 ± 1.03)mm,对照组患者门静脉及脾静脉内径分别为(15.35 ± 1.22)mm;(12.56 ± 1.90)mm,两组相比差异较均有统计学意义($P<0.05$)。

2.3 两组患者总胆红素水平改变情况 脾肾分流患者总胆红素水平为(32.94 ± 7.56)μmol/L,对照组总胆红素水平为(37.45 ± 22.61)μmol/L,两组比较差异无统计学差异($P>0.05$);分流组总胆红素正常 2 例, 异常 15 例,异常率为88.23%;对照组总胆红素异常率为 55.00%,两组比较差异具有统计学意义($P<0.05$)。

2.4 两组患者肝硬化相关并发症发生率 分流组食管胃底静脉曲张、肝性脑病、腹水发生率分别为 88.24%、47.06%、23.53%,对照组食管胃底静脉曲张、肝性脑病、腹水发生率分别为 55.00%、10.00%、30.00%,两组相比较,食管胃底静脉曲张及肝性脑病发生率的差异具有统计学意义($P<0.05$),腹水发生率相比差异无统计学意义($P>0.05$)。

3 讨论

门静脉高压是肝硬化不断进展后必然出现的一个临床综合征,门静脉高压基本病理生理特征是门静脉系统血流受阻和(或)血流量增加,门静脉及其属支血管内压力升高伴随侧支循环形成[4],这些侧枝循环一方面可以缓解门静脉压力,另一方面也会给患者带来相应的并发症。本研究发现,肝硬化门静脉高压合并脾肾分流患者多存在不同程度的黄疸,食管胃底静脉曲张及肝性脑病发生率明显升高。

肝硬化门静脉高压常见的门体通路有食管胃底静脉曲张、腹壁静脉曲张以及直肠下端静脉曲张等,发生于食管胃底以外的静脉曲张统称为异位静脉曲张,上述部位的静脉曲张破裂出血, 常常导致患者死亡。对于某一个患者来说,曲张常常不是发生在单一部位。日本一项研究表明[5],异位静脉曲张最常见于直肠,占 44.5%,这些直肠异位静脉曲张患者 94.8% 既往有食管静脉曲张破裂出血病史。脾肾分流是门静脉高压形成后机体自行减压的另外一种形式,自发性脾肾分流的直接征象是脾静脉和肾静脉之间有交通支开放。潘卫东等[6]对 217 例肝硬化门静脉高压患者统计发现,脾肾分流发生率为 19.35%,脾肾分流可以有效的降低门静脉高压胃病的发生率并缓解其严重程度,建议在脾脏切除时注意保护自发性脾肾分流道。本文 17 例脾肾分流患者中合并食管胃底静脉曲张者 15 例,脾肾分流有别于小肠结肠等部位的静脉曲张,小肠结肠等部位的静脉曲张常常可以发生致死性的出血,而脾肾分流一般不会直接带来出血风险,相反可以真正起到降低门静脉压力的作用。

脾肾分流可以降低门静脉压力,但同时也带来新的临床问题。脾肾分流后,一方面肝脏的血流量减少,导致肝脏缺血,肝功能进一步减退。本文肝硬化合并脾肾分流患者胆红素异常率为 88.23%,可能与脾肾分流后肝脏缺血有关;另一方面部分血液未经过肝脏解毒直接进入血液循环,导致肝性脑病的发生率增加。有研究提示[7],对于高氨血症相关的脑病患者,需要警惕有无脾肾分流存在。本文 47.06% 的脾肾分流患者曾发生肝性脑病,23.53% 的患者发生腹水,表明脾肾分流在降低门静脉压力的同时,肝性脑病发生率也随之增加,但可降低腹水的发生。

脾肾分流是肝硬化门静脉高压门体分流存在的一种少见形式,脾肾分流可以起到降低门静脉压力的作用,减少腹水的发生,但可导致肝性脑病发生率的增加,更有小样本研究发现存在脾肾分流的肝硬化患者发生肝癌的比例增高,原因尚不明确[8]。由于缺乏有效的肝硬化门静脉高压动物模型,有关门静脉高压相关的并发症对病程的影响也未能在动物中进一步研究[9]。脾肾分流对患者来说各有利弊,我们分析发现患者从脾肾分流中受益的程度取决于分流道的大小。不足以引起肝性脑病及肝功能受损的脾肾分流可以有效的降低门静脉压力,对患者利大于弊;反之,患者从脾肾分流中获益较少,需要对脾肾

(下转第 43 页)

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(上接第 39 页)

分流进行积极处理,对于脾肾分流血管内径达到多少需要处理,尚缺乏相关的临床证据,需要进一步研究。

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