

## 80例成人肝移植的供肝动脉变异、 损伤与植入前重建

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**【摘要】** 目的 研究供肝肝动脉变异、取肝损伤与植入前重建的相互关系,对动脉并发症的影响。方法 回顾分析2004年3月至2006年7月单个医疗组完成的80例成人肝移植资料。植入前供肝动脉重建方法:整形获得变异或受损动脉的根部袖片或斜面端口,与合适部位吻合成具有共同主干的动脉树,尽可能单次吻合。3 mm以下吻合口采用8/0 prolene线间断缝合,3 mm及以上吻合口采用7/0 prolene线四点连续锁边缝合。术后以彩色多普勒超声、CT或MRI动脉造影监测动脉血流情况,随访6~34个月。结果 供肝动脉变异发生率25.0%(20/80),变异肝左动脉6.25%,变异肝右动脉12.50%,二者并存3.75%,变异肝总动脉2.50%。全组取肝动脉损伤发生率7.5%(6/80),变异组与无变异组损伤发生率(25.0% vs 1.7%)有统计学差异( $P < 0.01$ )。损伤部位以变异肝右动脉损伤最为常见,占42.9%(3/7),占变异组损伤部位的50.0%。损伤时间在取肝、修肝期各占一半(3/6),变异组损伤的60.0%(3/5)发生在修肝期,无变异组未发生修肝损伤。取肝期动脉损伤率,在变异组与无变异组间(10.0% vs 1.7%)存在统计学差异( $P < 0.05$ )。全组植入前动脉重建率13.8%(11/80),变异组为55.0%(11/20),76.9%的变异肝右动脉接受了植入前重建,均来自肠系膜上动脉。无变异组未行重建。动脉重建组中,63.6%(7/11)的变异/损伤动脉与脾动脉吻合。随访期内,全组无肝动脉血栓形成,肝动脉狭窄发生率3.8%(3/80)。变异组与非变异组肝动脉狭窄发生率(5.0% vs 3.3%)比较,植入前重建组与非重建组(9.1% vs 2.9%)比较,均无统计学意义( $P > 0.05$ )。全组假性动脉瘤发生率1.25%,吻合口出血发生率1.25%,均在无变异组。结论 肝右动脉变异是供肝动脉变异的最常见类型,常需要植入前整形重建。供肝动脉变异增加取肝、修肝过程的动脉损伤发生率,本组变异肝右动脉损伤最常见。供肝动脉变异、合适的植入前重建并不增加移植后肝动脉血栓形成、动脉狭窄的发生率。

**【关键词】** 肝移植; 肝动脉; 修复外科手术

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### Donor hepatic arterial variation, accidental injury and reconstruction prior to orthotopic liver transplantation: 80 cases report

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**【Abstract】** **Purpose** To investigate donor hepatic arterial variation, arterial injury during harvesting, reconstruction prior to liver transplantation, and the relations among them, the arterial complications following them. **Methods** Between Mar. 2004 and Jul. 2006, 80 cases of adult orthotopic liver transplantation (OLT) were performed by our single team then were analyzed retrospectively. The donor arterial reconstruction prior to OLT were finished by means of following: obtaining the patch of variant artery or beveled end of injured artery, connecting it to proper site with single anastomosis as soon as possible, and suturing the artery with 8/0 prolene line interruptedly if diameter  $< 3$  mm or with 7/0 continuously when it  $\geq 3$  mm, then creating an unique common orifice for the anastomosis