

· 临床论著 ·

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# 肝脏移植受体手术与外科相关并发症防治

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**[摘要]** 目的 总结防治肝移植受体手术后外科相关并发症的方法与经验。方法 回顾性分析2000年1月~2006年12月32例行肝移植患者临床资料, 其中肝豆状核变性3例, 慢性重症肝炎3例, 晚期肝硬化12例(其中淤胆性肝硬化2例), 原发性肝癌合并肝硬化12例, 肝门部胆管癌合并肝硬化2例。结果 所有手术均获成功, 术中平均出血量3 600(1 000~10 000)ml, 手术时间平均5.2(4~9)h。围手术期死亡3例, 分别死于术后出血、急性肾衰和移植肝无功能。术后腹腔出血4例, 胆漏4例, 胆管狭窄2例, 无血管并发症。结论 肝移植受体手术创伤大, 术中应仔细操作, 严密止血, 高质量完成各种管道的重建, 可大大减少各种外科相关并发症。

**[关键词]** 肝移植; 并发症

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**The Prevention and Treatment of Surgical Complications after Liver Transplantation** TAN Jing-wang, HU Ben-shun, WU Yan-bin, JIANG Guo-qing, ZHANG Ke-zhi, DING Xiang-min (Department of Hepatobiliary Surgery, Subei People's Hospital, Yangzhou 225001, Jiangsu, China)

**Abstract:** **Objective** To summarize the characteristics and experiences of the treatment of early complications after liver transplantation. **Methods** The clinical data of 32 patients with liver transplantation were analyzed retrospectively from January 2000 to December 2006. There were 3 cases of Wilson's disease, 3 cases of chronic severe hepatitis, 12 cases of advanced liver cirrhosis (2 cases of which were cholestatic liver cirrhosis), 12 cases of primary hepatocellular carcinoma with liver cirrhosis, and 2 cases of hilar cholangiocarcinoma with cirrhosis. **Results** All operations were successful, the average volume of blood loss was 3 600(1 000~10 000)ml. The operation time was 5.2(4~9)h. During the perioperative period, 3 cases died of postoperative bleeding, acute renal failure, and the transplanted liver dysfunction respectively. The surgical complications included 4 cases of intra-abdominal hemorrhage, 4 cases of bile leakage, and 2 cases of bile duct stricture. There was no vascular complication. **Conclusions** The surgical trauma of the receptor of liver transplantation is severe. It is the key point to make hemostasis strictly, and to reconstruct the various channels primely for reducing the surgical complications after liver transplantation.

**Key words:** liver transplantation; complications

原位肝移植已成为治疗终末期肝病常规手术, 但目前仍存在一定难题尚未能很好地解决, 尤其是受体病情重, 术前已多次手术, 合并门静脉血栓等特殊情况, 外科手术相关的并发症仍较高<sup>[1]</sup>。本文回顾性分析2000年1月~2006年12月施行32例原位肝移植术, 结合文献, 就如何减少外科手术

并发症, 提高手术效率, 总结如下。

## 1 临床资料

### 1.1 一般资料

32例原位肝移植, 男26例, 女6例, 平均年龄43.3(18~68)岁。肝豆状核变性3例, 慢性重症肝炎3例, 晚期肝硬化12例(其中淤胆性肝硬化2例), 原发性肝癌合并肝硬化12例(TMN分期: I期3例, II期2例, IIIa期3例, VI期4例), 肝门部胆管癌合

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