經口及經鼻內視鏡腺樣體摘除術

A combined method of transoral and transnasal endoscopic adenoidectomy

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摘要

目的：改善傳統術式未能清晰目視下操作，可能傷及耳咽管或後鼻孔之缺點。病人與方法：1995年1月至1999年12月間，105位小兒病患接受此術式。手術採全身麻醉下進行，所有步驟皆於經口進入之4.0 mm 或2.7 mm的70內視鏡下操作，以腺樣體刮匙刮除腺樣體。若鼻咽上方或耳咽管旁仍有殘留腺樣體組織，則以4.0 mm 或 2.7 mm 之0 或30 內視鏡經鼻觀視，並以摘除鉗經鼻摘除。術後以H2O2浸泡之紗布填塞止血即可。結果：所有105位小兒病患皆無術後出血、傷及耳咽管或後鼻孔之情形。結論：此術式較傳統術式更能提供清晰的手術視野，避免發生合併症，值得一試。

Abstract

Objective: Conventional adenoidectomy is usually performed with either a curette or an adenotome under blind or indirect visualization. The possibility of injury to the Eustachian tube or posterior choanae can not be excluede during surgery. We present a safe and more effective technique, which can be performed using endoscopic direct visualization during the whole procedure. Patients and Methods: Between January 1995 and December 1999, 105 children underwent this new surgical procedure under general anesthesia. All procedures were performed under endoscopic direct visualization. Using guidance via a 4.0 mm or 2.7 mm 70 endoscope, there was a clear operative field transorally. The adenoid curette was applied transorally to the nasopharynx to remove the main bulk of the adenoids and a 90 Blakesley forceps was also used to perform a peritubal adenoidectomy under intraoral visualization. To remove any residual adenoid tissue obstructing the orifice of the Eustachian tube or posterior choanae, we adopted a transnasal approach with a 45 or straight Blakesley forceps using a 4.0 mm or 2.7 mm 0 or 30 endoscope for guidance. Epinephrine-and H2O2-rinsed gauze was packed in the nasopharynx for post-operative hemostasis. Results: The method was successfully applied in all patients. None of the 105 patients had complications, such as post-operative nasopharyngeal hemorrhage or injury to the Eustachian tube or posterior choanae.Conclusions: the combined method of a transoral

70 and transnasal 0 or 30 endoscopic approach offered a clear and stable operative field. The surgical procedures were all performed under direct visualization. Damage to the Eustachian tube or posterior choanae was not a problem. This method has the potential to become the procedure of choice for adenoidectomy.