

以Dexon縫合線加強之鼓膜成形術

Dexon-reinforced Myringoplasty

賴銘堂

Jui-Feng Lo;Ming-Tang Lai;Shih-Wei Chen;Shun-Cheng Hsiao

摘要

背景：提出一種快速、有效、無副作用、且不虞感染之簡易新式鼓膜成形術，或可提供無中耳腔及乳突病變之乾性鼓膜穿孔患者另一種治療方式的選擇。方法：1999年至2000年間22名（35歲至85歲）共25耳超過6個月不癒之無中耳腔及乳突病變，亦無其他鼓膜病變或聽小骨異常病變之乾性鼓膜穿孔患者；患者鼓膜穿孔大小以大約不超過四分之一鼓膜面積為原則。聽力檢查結果之氣導及骨導差不超過25dB。以Dexon縫合加強之鼓膜成形術於顯微鏡下以局部麻醉進行，術後所有患者皆追蹤超過6個月以上。結果：22名共25耳對手術過程均可接受且無明顯不適。術後追蹤滿6個月之後，有3耳(12%)穿孔未癒，餘22耳(88%)經鼓室振動圖確認穿孔癒合。未癒之3耳中有2耳後來接受同一術式而癒合。結論：以Dexon加強之鼓膜成形術簡易、有效、且無副作用，不失為治療無中耳腔及乳突病變亦無鼓膜或聽小骨異常病變之乾性鼓膜穿孔之不錯選擇。

Abstract

BACKGROUND: In this paper, a safe and rapid surgical procedure for closure of tympanic membrane (TM) perforation using a Dexon suture is introduced. The procedure increases the options available to patients with no evidence of middle ear disease requiring closure of a small, central, and dry perforations. METHODS: From Jan.1999 to Dec.2000, twenty-five ears in twenty-two patients sustained a central perforation of no more 25% of the TM. The perforations failed to heal spontaneously over six months. In all cases, no evidence of middle ear or other TM pathology could be identified, and audiograms showed mild conductive hearing loss consistent with the TM perforation. The procedure was performed under an operating microscope. A piece of post-auricular subcutaneous connective tissue (graft) about two times the diameter of the TM perforation was harvested. Two strands of 4-0 Dexon suture were sutured to the central portion of the graft. Using a Rosen needle, the Dexon-reinforced graft was pushed through the TM perforation. The Dexon sutures were left extended and suspended on the lateral aspect of the perforated TM. The resilience of the extended Dexon sutures thereby kept the central portion of the graft projecting through the perforation towards the lateral aspect of the TM perforation. Postoperative follow-up was continued for over six months. RESULTS: All patients tolerated the procedure without difficulty. There were no surgical complications. Complete

healing occurred in 22 ears (88%). Three ears (12%) failed to heal completely. Two of the failed three ears underwent the same procedure again and healed completely.

CONCLUSION: Dextron-reinforced myringoplasty requires no biological glue, and can be performed as a safe office technique in out-patients. In addition, patients can tolerate the procedure repeatedly without discomfort. The technique provides doctors and patients with another option for TM perforation repair.