

# 小兒慢性鼻竇炎的內視鏡手術療法

## Endoscopic sinus surgery in pediatric chronic paranasal sinusitis

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### 摘要

目的：慢性鼻竇炎在臨床上，是小孩常見的疾病，而鼻竇內視鏡手術已經廣泛地使用於成人的慢性鼻竇炎的治療。我們嘗試將此手術運用於小兒慢性鼻竇炎的治療並評估其成效。病人與方法：自1993年1月至2000年6月間，於門診中經長期、積極的內科療法治療仍無效的慢性鼻竇炎小孩，計有84名；其中男性45名，女性39名，年紀介於3至16歲（平均8.3歲）；我們於全身麻醉下施行鼻竇內視鏡手術，術後以Surgicel及Merocel填塞傷口止血；出院後於第2、4、6週時，於鼻竇內視鏡下作追蹤治療，每名病人術後追蹤皆超過1年。結果：術後症狀改善的評估，其中鼻塞的有效改善率為89.1%，膿性鼻漏的有效改善率為87.6%；鼻黏連是最常見的合併症(16/84)，84名病人皆未有嚴重的合併症發生。結論：我們認為在經積極的內科療法失敗後的小兒慢性鼻竇炎病人，鼻竇內視鏡手術是值得試的。(慈濟醫學 2003; 15:33-36)

### Abstract

Objective: Chronic paranasal sinusitis is a relatively common clinical disorder in children. Endoscopic sinus surgery (ESS) is widely used to treat adults with chronic paranasal sinusitis. In this article, we present our experiences with endoscopic sinus surgery in children and discuss the efficacy after operation. Patients and Methods: From January 1993 through June 2000, 84 children with chronic paranasal sinusitis received endoscopic sinus surgery after failing to respond to optimal medical treatments. There were 45 boys and 39 girls included in this study. The children ranged in age from 3 to 16 years (average, 8.3) years. All of the children received endoscopic sinus surgery under general anesthesia. The post-operative sites were packed with Merocel and Surgicel. Endoscopic follow-up examinations were performed under ketamine anesthesia 2, 4 and 6 weeks after the operation, respectively. Each child was followed for more than 1 year. Results: Symptomatic improvement was assessed as being resolved, better, unchanged, and worse at 6 months after ESS. Significant improvement for each symptom was defined as the summation of those classified as resolved and better. The significant improvement rates in nasal obstruction and yellowish rhinorrhea were 89.1% and 87.6%, respectively. The most

common complication was synechia (16/84). No major complications were noted in the 84 children. Conclusion: FESS is considered appropriate for the treatment of pediatric sinusitis after optimal medical regimens have failed. (Tzu Chi Med J 2003; 15:33-36)