經鼻腔內視鏡淚囊造瘻術

Endoscopic transnasal Dacryocystorhinostomy

李飛鵬

Lee CH;LeeFP;LiuCM;Lin KL;Huang HM

摘要

目的：爲了增加經外側淚囊鼻腔造 術(DCR)成功率和減少此術所致的不適，我們採用經鼻腔淚囊鼻腔造 術(ETDCR)來治療溢淚並研究其效果。材料與方法：從2000年1月至2001年12月，16位因鼻淚管阻塞造成溢淚的病人被轉介至本科接受ETDCR，11位病人是兩側阻塞，5位單側(共27側眼睛)。在4-mm，30갈熊躐隤瑣汐牖U，在中鼻甲前上側做1 cm的黏膜環切，並沿上頷竇線往下延伸至下鼻甲處，爲了將淚囊暴露出來，我們用Stammberger-Saches鼻內電鑽及15긹韝犒q鑽去移除淚骨及上頷竇前凸，再以鐮刀將淚囊切開並外翻至鼻腔內。淚囊造口完成後，將一支架由上、下淚小管置入並於鼻內打結，留置6個月以上；術後每2個星期以內視鏡追蹤一次，兩次後則每月一次至術後6個月爲止。結果：手術後6個月，我們將症狀改善的程度分成4個等級。22個眼睛是極佳(82%)，4個眼睛是尙可(14%)，1個眼睛是不變(4%)，唯一的併發症是眼眶周圍輕微瘀血。結論：我們認爲ETDCR是外側DCR的一個替代手術方法，它有許多優點，如縮短手術時間、減少出血和保留眼輪匝肌的功能等。適用於內視鏡鼻腔手術熟練的外科醫師。(慈濟醫學 2003; 15:91-95)

Abstract

Objectives: To improve the success rate and reduce the morbidity associated with the external approach to dacryocystorhinostomy (DCR), we adopted endoscopic transnasal DCR (ETDCR) for the treatment of epiphora and studied its efficacy. Materials and Methods: From January 2000 to December 2001, 16 patients with epiphora due to nasolacrimal duct obstruction were referred to our department for ETDCR. Eleven of the patients had bilateral obstruction and five had unilateral obstruction (27 eyes total). Under 4-mm, 30?nasoendoscopic guidance, a circumlinear mucosal incision was made 1 cm superior and anterior to the attachment of middle turbinate, extending downward along the maxillary line. Then, a Stammberger-Saches intranasal drill and a 15?curved intranasal drill were used to remove a piece of the lacrimal bone and maxillary frontal process to expose the lacrimal sac. A Silastic stent was then implanted and left for at least 6 months. Transnasal endoscopic follow-up was performed once every 2 week for the first month

after stent placement and then once per month for 6 months. Results: Symptomatic improvement was categorized into four categories 6 months after surgery. Twenty-two (82%) eyes had excellent and four (14%) showed good improvement in symptoms. One (4%) eye was unchanged. The only complication was mild ecchymosis of the medial canthus area (12/27 eyes). Conclusion: We recommend ETDCR as an alternative to external DCR. It has many advantages, such as shortened surgical time, minimal bleeding and preservation of orbicularis oculi muscle function. It is suitable for surgeons well trained in endoscopic sinus surgery. (Tzu Chi Med J 2003; 15:91-95)