

自發性腦出血使用延遲性立體定位血塊抽吸術之結果與分析--準則

制定的初步經驗

Delayed Stereotactic Computed Tomographic-Guided Aspiration in The Treatment of Intracerebral Hemorrhage:

中文摘要

自發性腦出血是一種較為嚴重的腦中風型式，其三十天內的死亡率可高達百分之三十八至五十二。即使存活下來的病人也常常帶來社會資源的沈重負擔。所以在公共衛生的領域裡除了加強預防腦血管病變的發生外，確立正確及有效的治療流程更是重要。

以往對腦出血的治療，內外科所扮演的角色依然有所爭議。隨著科技的進步與醫療器材的發展，外科治療愈來愈重要。其中立體定位血塊抽吸術，因為可以在局部麻醉下施行對較深層血塊的治療（如視丘出血），所以就是一項較為新興的治療方式。

以往立體定位血塊抽吸術所面臨的問題就是血塊移除率如何能夠提升。之前的學者大多使用血栓溶劑來改善血塊移除率，但又會帶來再出血等風險。

本次研究是國內第一個大型的立體定位血塊抽吸術的報告。其目的就是希望藉由延遲性的立體定位血塊抽吸的作法而並不使用血栓溶劑，來提升血塊移除率且不容易再出血，並報告實際研究的結果並分析病人臨床表徵及其癒後以希望能建立一套標準流程。

結果顯示，延遲性的立體定位血塊抽吸術不僅可以增加血塊的移除率且沒有發生再出血的現象，並且延遲性的治療時機並不會影響癒後。大多數的病人於六個月的追蹤後都能達到不錯的復原。所以我們認為這種作法可以說是一種安全且有效的治療方式，值得發展並建立一套標準的治療流程。

英文摘要

Intracranial hemorrhage (ICH) is a very serious subtype of stroke. Spontaneous ICH has the highest mortality of all stroke subtypes, which 30-days mortality rate is 35% to 50%. Most survivors are typically left severely disabled, with significant personal, social and health service costs. So it is very important to find a correct treatment for the spontaneous ICH.

Current treatment strategies are aimed toward reducing intracranial pressure to maintain adequate cerebral perfusion. The role of surgical treatment is still controversial, and there is no reliable information regarding the use of surgery for deep hematoma . With improvements in computerized tomography (CT), stereotaxic surgery has been applied in evacuation of the hematomas. The

CT-guided stereotactic aspiration for intracerebral hemorrhage has following advantages: 1) the procedure is simple; 2) the operation can be performed under local anesthesia; and 3) the procedure can be applied in the thalamic hemorrhage. Many clinicians think the CT-guided stereotactic aspiration is an effective and safe treatment for intracerebral hemorrhage.

CT-guided stereotactic aspiration of hematoma is usually combined with the use of thrombolytic agents, such as urokinase, tissue plasminogen activator (t-PA) to increase clearance ratio. However, use of thrombolytic agents may increase the risk of recurrent hemorrhage or/and expansion of hematoma.

We describe our treatment protocol for the patients with spontaneous ICH by the delayed CT-guided stereotactic aspiration without thrombolytic agents and the preliminary experience about the clearance ratio, clinical outcome, and the radiological results. Our purpose was to assess the feasibility and effectiveness of this procedure and find a way to increase clearance ratio without increasing the risk of rebleeding.

According to the result of our study, we believe delayed CT-guided stereotactic aspiration without thrombolytic agents is an effective and safe method to treat the spontaneous ICH.