·临床研究·

婴儿腮腺血管瘤22 例

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【摘 要】 目的 探讨婴儿腮腺血管瘤的手术治疗要点。方法 22 例婴儿腮腺血管瘤全部行手术切除,术中主要采用顺行法剥离面神经主干及分支,在控制出血的情况下,分块将血管瘤切除,伤口内均放置负压引流,行皮内皮肤缝合。结果 全部患儿均伤口一期愈合,无感染,无涎瘘,痊愈出院。9 例出现轻微面瘫,1 周 ~ 1 个月后均恢复正常。术后随访 3 个月 ~1 年,无 1 例复发。结论 腮腺血管瘤在婴儿期生长迅速,早期手术可获得满意疗效,减少出血和防止面神经损伤是手术的关键。

【关键词】 血管瘤; 腮腺肿瘤

婴儿腮腺血管瘤是一种先天性颌面部良性肿瘤,一般于出生时或出生后 1 ~ 2 个月出现,生长迅速,目前主要采取手术治疗。由于患儿年龄小、腮腺区组织结构复杂、术后并发症多,手术存在较大的难度和风险[1]。我院 2004 年 1 月 ~ 2006 年 6 月共收治 22 例,疗效较好,现总结如下。

资料与方法

一、临床资料

全组 22 例,其中男 13 例,女 9 例,平均年龄 3.14 个月(1 ~ 9 个月)。所有患儿均经 CT 增强扫描显示瘤体的大小及毗邻关系。瘤体均位于腮腺区,最大约 11 cm × 6 cm × 5 cm,最小约 3 cm × 3 cm × 2 cm。5 例仅累及腮腺浅叶,7 例同时累及浅、深叶,其中 2 例皮肤受累。全部患儿均于出生后 1 个月发现腮腺区包块,并在短期内迅速增大,其中 2 例曾行瘤体注射治疗无效。

二、手术方法

22 例均采取气管插管下全身麻醉,于耳屏前作弧形切口,在显露瘤体后沿瘤体假包膜分离,在瘤体上、下、前方深面分别结扎颞浅动脉、面横动脉和面后静脉等穿入瘤体的供应支,使瘤体由鲜红色变为暗红或紫红色;在由胸锁乳突肌前缘、二腹肌后腹上缘及下颌骨下缘构成的三角区域内分离出面神经的主干,沿主干分开变色的瘤体,游离出面神经的各分支,此时瘤体已不出血或出血很少,将瘤体从面神经浅面和深面分小块逐步切除,如有腮腺导管则予以结扎,皮肤病损切除至伤口能拉拢缝合即可,不能切除的病损待二期行注射或激光治疗。伤口全部行皮内连续缝合并放置持续负压引流管。切除组织送病理学检查。

结 果

本组 5 例腮腺浅叶切除,17 例全腮腺切除,其中浅叶切除加深叶部分瘤体缝扎术 1 例,同期切除皮肤病损 2 例。术后 9 例出现暂时性面瘫,其中 6 例表现为下唇轻度歪斜,3 例为哭闹时眼睑闭合不全,7 例于术后 1 个月内恢复正常,2 例于术后 3 个月内恢复正常,无 1 例出现不可逆面瘫。全部病例随访 3 个月 ~ 1 年,无 1 例出现复发。病理检查 3 例为毛细血管瘤,19 例为婴幼儿血管内皮瘤。

讨 论

婴儿腮腺血管瘤包括毛细血管瘤或毛细内皮血管瘤,瘤体易侵犯腮腺全叶,在侵犯全叶的病例中瘤体内无腮腺组织,也没有腮腺导管,瘤体呈分叶状,表明腮腺组织在胚胎时已被瘤体替代而未能发育。

有学者[2]认为,小儿血管瘤有自然消退的可能,因而主张保守观察,但目前还没有有效的检测手段来预测哪些瘤体是可以消退的,临床上常遇到一些病例因盲目观察而使瘤体不断扩大,以致失去最佳手术时机。我们认为,婴儿血管瘤应坚持早发现、早诊断、早治疗的原则,观察期要短,对短期内迅速增大的瘤体应及时治疗,手术仍是治疗腮腺血管瘤的

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主要方法。目前有许多非手术方法治疗血管瘤，如激光、硬化剂注射、放射介入、同位素敷贴、X 线照射等，但对婴儿腮腺血管瘤的疗效均不如手术效果好。

面瘫是手术常见并发症，防止面神经损伤是预防面瘫的关键。面神经自茎乳孔出颅后从由胸锁乳突肌前缘、二腹肌后腹上缘及下颌骨下缘构成的三角间隙内穿出进入腮腺[3]。面神经主干常常被挤压或牵拉变长，使进入腮腺或瘤体的位置发生改变，常常出现两种情况：一种情况是面神经主干先行走于瘤体的假包膜外一段后再穿入瘤体内，另一种情况是面神经主干从三角间隙出来后直接进入瘤体，瘤体假包膜外看不到神经主干。对于前一种情况可直接沿主干进行面神经分离，而后一种情况则要先在三角间隙处分开瘤体找到面神经主干再进行分离。因此，手术者应熟悉面神经解剖，减少瘤体分离时出血和顺行解剖面神经，分离过程中需注意：①面神经分支细小，婴儿面神经主干一般约 1 ~ 2 mm 粗，其分支小于 1 mm，穿行于瘤体中，常有细小血管伴行，在分离时要特别细心，防止面神经分支的离断损伤，在分离瘤体边缘时应防止误当血管结扎或分离时断裂。②腮腺内还有三叉神经的分支，易与面神经分支混淆，在没有分清前不要轻易切断结扎，可根据面神经主干及分支的走向分辨。③下颌缘支较表浅且细长，比颊支、颧支细，穿出腮腺浅行下颌肌群后进入肌内，最易出现的问题是下颌缘支及分支损伤，因为下颌缘支较浅且细长，这种损伤一般术后即出现面瘫症状。如果仅 1 根分支离断，3 个月内可通过侧枝通路的建立自然恢复，如有多根分支损伤，将造成永久性面瘫。术中如发现神经分支离断应行神经吻合，部分神经可恢复功能。在分离瘤体边缘时如发现有神经穿出后沿下颌骨方向行走时应先保留，否则易造成皮神经损伤。④面神经主干及分支在分离时神经鞘膜机械损伤，可出现面神经分支的肿胀损伤，也能出现面瘫症状，多在术后数小时或数天内出现，一般症状较轻，可在 1 ~ 2 周内消失。本组 9 例面瘫中 7 例是神经鞘膜水肿所致，于术后 10 d 左右症状消失，2 例由颊支的分支损伤造成，于 3 个月内恢复正常。

腮腺的血供一般由颞浅动脉、面横动脉、面后静脉构成，当腮腺瘤体化后这些血管将成为瘤体的主要滋养血管。为了减少分离瘤体时出血，有学者先将颈外动脉结扎后再进行分离手术。我们认为，颈外动脉结扎损伤太大，且面部血管网丰富，止血效果不好。我们的方法是沿瘤体上、下、内侧深面分离结扎 3 支血管，待瘤体变成暗红或紫红色后从面神经主干处分开瘤体，此时瘤体已不出血，易于分小块切除，利于面神经的分离和保护。另外，瘤体的假包膜组织脆，极易出血，我们常在包膜上缝扎数针，既可止血又可作为瘤体的牵引线，有助于瘤体的分离和减少出血。

另外，瘤体经常会侵及皮肤，给手术带来困难，我们的体会是如果瘤体不大，切除瘤体后皮肤缝合无困难、无面部组织被牵拉，则全部切除瘤体，否则行部分或大部分切除术，残余瘤体待伤口愈合后行局部注射或激光治疗。

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婴儿腮腺血管瘤22例

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目的探讨婴幼儿腮腺区血管瘤外科切除术的可行性及效果. 方法对92例婴幼儿腮腺区血管瘤接受手术治疗者追踪观察术后效果及并发症. 结果所有病例均手术切除肿物,其中81例行含血管瘤及腮腺组织整体切除,11例仅行腮腺浅叶和血管瘤切除术.累及皮肤总28例,占30.4%,所有病例均未输血.术后出现暂时面瘫18例,占19.7%,永久性面瘫1例.1例术后复发,行二次手术.术后创口延迟愈合13例,占14.2%.追踪最长达3年,最短1年,所有病例远期局部凹陷不明显.

2. 期刊论文 王圣应.舒继红.张荣新.邓军 婴幼儿腮腺血管瘤的手术治疗 -临床耳鼻咽喉科杂志2002,16(2)
目的:探讨治疗婴幼儿腮腺血管瘤的有效方法.方法:19例婴幼儿腮腺血管瘤,行腮腺浅叶切除15例,全腮腺切除3 例,腮腺浅叶切除加深叶瘤体缝扎术1例.6例皮肤受累均同期切除,3例拉拢缝合,3例缺损较大,行颈项皮瓣转移修复,术中采用"假包膜" 外剥离法及顺行解剖面神经主干法.结果:3例出现轻度面瘫,均在3～6个月内恢复.术中仅1例输血200 ml.所有病例随访1年以上,无肿瘤复发.结论:外科手术中采用"假包膜" 外剥离法,顺行面神经解剖及受累皮肤切除后缺损行颈项皮瓣转移修复等治疗,是根治婴幼儿腮腺血管瘤的有效方法.

3. 期刊论文 郭玲.孙磊.杨永兴 腮腺血管瘤1例 -临床耳鼻咽喉头颈外科杂志2007,21(12)
患者,男,15岁.主诉发现左腮部隆起4年余,无疼痛及发热,无其他不适,体检:左耳垂周围拳头大肿物,皮肤颜色、温度无异常,触之柔软,无明显边界,无触痛,无波动感.B超报告"左腮腺(混合型)实性包块,包块内未见异常血流信号".

4. 期刊论文 蔡圳.李宁毅.樊功为.童庆春.卜令学.杨学财 婴幼儿腮腺区海绵状血管瘤的手术治疗 -青岛大学医学院学报2001,37(3)
口腔颌面部血管瘤是一种较为常见的良性肿瘤,多见于婴幼儿.但有关婴幼儿腮腺区海绵状血管瘤的临床报道,特别是手术治疗的报道较少.1992年1月～2000年5月,我院手术治疗婴幼儿腮腺区海绵状血管瘤12例,现对其病理及手术治疗探讨如下

5. 外文期刊 Chen.W.Li.J.Yang.Z.Yongjie.W.Zhiquan.W.Wang.Y SMAS fold flap and ADM repair of the parotid bed following removal of parotid haemangiomas via pre- and retroauricular incisions to improve cosmetic outcome and prevent Frey's syndrome.
The growth of parotid haemangiomas during the proliferative phase may be rapid and unpredictable. Involution often takes many years, with attendant psychological sequelae to the child. Although conservative management is usually proposed for parotid haemangiomas occurring in infancy, this may not be particularly helpful and the haemangioma difficult to conceal. The purpose of this study was to evaluate the reliable and aesthetic benefit of using a superficial musculoaponeurotic system (SMAS) fold flap and allograft dermal matrix (ADM) repair of the parotid bed following parotid haemangiomas via pre- and retroauricular incision. Forty-three paediatric patients (33 boys and 10 girls) with haemangiomas involving the parotid gland underwent total parotidectomy using a pre- and retroauricular approach with intraoperative placement of ADM within the parotid bed. They further underwent repair of the parotid bed with SMAS fold flaps. A panel of three plastic surgeons assessed the cosmetic outcomes. All of the patients were evaluated using a short questionnaire; postoperative gustatory sweating was assessed using a modification of Minor's starch-iodine test.

6. 外文期刊 Khurana.KK.Mortelliti.AJ The role of fine-needle aspiration biopsy in the diagnosis and management of juvenile hemangioma of the parotid gland and cheek.
BACKGROUND: The current recommendation for the management of juvenile hemangiomas (JH) is to delay treatment in the hope of spontaneous regression. However, accurate diagnosis is necessary before considering conservative management. Traditionally, the diagnosis of JH has required excisional biopsy. The cytology literature on this relatively rare neoplasm is sparse. OBJECTIVE: To present our experience with fine-needle aspiration in the diagnosis and management of JH. DESIGN: Three cases with a cytologic diagnosis consistent with JH of the parotid gland and cheek were identified from our cytopathology files. Aspirate smears, immunohistochemical studies, computed tomographic scan findings, and clinical follow-up were reviewed. RESULTS: Patients were female infants ranging in age from 3 to 9 months and presented with an oval firm mass (size range, 2.0-5.0 cm) involving the parotid gland (2 cases) and cheek (1 case). Computed tomographic scan with contrast demonstrated homogeneous enhancement. Aspirate smears revealed spindle-shaped cells in sheets and clusters in a background of blood. The parotid gland aspirates and cell block preparations revealed ductal structures entrapped in sheets of spindle-shaped cells. Immunohistochemical studies revealed prominent vascular spaces lined by CD34 and factor VIII-positive flattened endothelial cells. The diagnosis of JH was rendered on the basis of the cytologic findings in conjunction with the radiologic and clinical findings. On clinical follow-up (8-24 months), none of the patients has shown any progression of the lesion. CONCLUSIONS: Fine-needle aspiration, in conjunction with imaging studies, is a useful tool in the diagnosis and management of JH. It eliminates the need for surgical excision for diagnostic purposes and allows for clinical follow-up of patients with JH.

7. 外文期刊 Erhardt.CA.Vesoulis.Z.Kashkari.S Fine needle aspiration cytology of cellular hemangioma of infancy. A case report.
BACKGROUND: Cellular hemangioma is a common benign vascular neoplasm of infants and children. The lesion typically occurs within the superficial dermis, where it is recognized as a strawberry nevus. Occasionally, this neoplasm is situated within deep soft tissues of the head or neck, with a particular predilection for the parotid gland region. Fine needle aspiration cytology (FNAC) of cellular hemangioma involving the parotid gland has been reported previously, but never confirmed by cytologic findings alone. We report the first case of infantile cellular hemangioma with sufficient characteristic cytologic features to be diagnosed by FNAC. CASE: A 3-month-old male presented with a rapidly enlarging, sensitive, solid, supraparotid mass. Ultrasound and computed tomography were performed but were nondiagnostic. Subsequent FNAC of the mass demonstrated a highly cellular specimen composed predominantly of elongated spindled cells arranged in three-dimensional coils and arcades. Immunohistochemistry demonstrated the endothelial origin of the spindled cells and confirmed the diagnosis of cellular hemangioma. CONCLUSION: Deeply situated cellular hemangiomas may pose a difficult diagnostic challenge to the clinician as well as to the radiologist. The infantile variant of this tumor enlarges rapidly, simulating an aggressive malignant tumor, and is occasionally accompanied by substantial compressive symptoms. Radiographic presentation of the lesion may be that of a solid tumor mass, unlike most other hemangiomas. Precise cytologic diagnosis of infantile cellular hemangioma can be rendered on aspirated material and is crucial in planning conservative medical treatment.

8. 外文期刊 Sichel.JY.Eliashar.R.Rosenmann.E.Chisin.R Intramuscular hemangioma of the posterior belly of the digastric

muscle mimicking a parotid tumor.

9.外文期刊 Altman.KW.Marchant.FE.Ochs.RH Parotid cavernous hemangioma in an adult.

10.期刊论文 袁道英.杨佑成.宋冰.李彩玉.薛潇.YUAN Daoying.YANG Youcheng.SONG Bing.LI Caiyu.XUE Xiao 儿童腮腺肿瘤临床分析 -中国耳鼻咽喉头颈外科2008,15(1)

目的 探讨儿童腮腺肿瘤的发病情况、病理特点及诊疗方案.方法 对1980～2001年收治的57例经病理确诊的16岁以下腮腺肿瘤患者的病案资料进行回顾性分析.其中男27例,女30例.良性肿瘤42例(73.6%),恶性肿瘤15例(26.3%).57例中,46例经手术治疗,恶性肿瘤患者术后均未进行放疗.结果 血管瘤及血管畸形治愈19例,复发5例:多形性腺瘤治愈9例,复发3例;恶性肿瘤无1例复发,10年生存率88%.结论 儿童腮腺肿瘤中血管瘤及血管畸形最常见,上皮性肿瘤中恶性肿瘤所占比例接近50%,应引起重视.