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·短篇报道·

自发性膈疝 1 例

陈乘虎

自发性膈疝少见,我院确诊 1 例,现报道如下:

患者,27 岁,男性,3 天前因搬运石头时,突感胸闷不适,稍气促,继而感到吞咽困难,进食即吐。无咳嗽,咳痰。腹平软,一般情况尚可。T 37.5℃,P 110 次/分,R 25 次/分,BP 15/10kPa;实验室检查:RBC 4.56×10^{12}/l,WBC 7.5×10^{9}/l;胸部透视检查:左胸中下部示较大液平,致密阴影,其上部为无肺组织透亮区域,纵隔明显右移,初步诊断:左侧液气胸。即行穿刺抽液术,术中仅见少量血性液体流出(约 15ml)。随后做胸部站立后前位胸片和食管吞碘油透视检查。

X 线表现 左胸中下部见巨大囊状影,(紧贴胸壁),内示液平面(图 1),纵隔明显右移,左隔影消失。食道吞碘油透视示碘油滞留食管中下段,未见进入胃内。X 线诊断:左胸腔内巨大囊状影。考虑为左膈疝,并嵌顿可能。

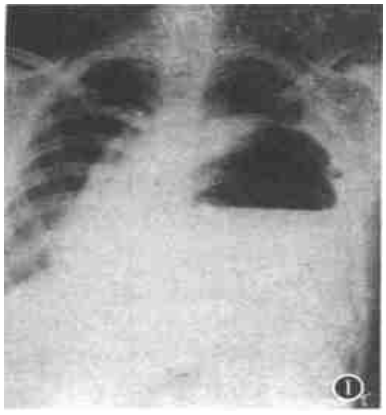

图 1 左胸中下部示巨大囊状影,内含液平面,纵隔右移,左膈影消失。

手术所见 左侧横膈中央部裂伤,胃、结肠脾曲段、大网膜、脾脏等疝入胸腔,腹腔内无积液。故将疝内容物返回腹腔,修补膈裂伤。

讨论 膈疝是腹腔脏器经过横膈的先天性或后天性的缺损处,以及外伤性膈破裂口向胸腔突入形成。以先天性食管裂孔疝和外伤性膈疝较多见,其次是胸腹膜裂孔疝,胸骨旁裂孔疝少见。自发性膈疝在外伤性膈疝中甚为少见,本病发病大都发生于左侧,通常累及横膈的中央或后部(90% 以上),疝入胸腔的腹部脏器通常是大网膜、胃、小肠、结肠、脾脏、左肾以及胰腺[1]。X 线表现取决于疝的大小和所含内容物,一般横膈面部分消失或不能见到,在左侧胸腔内可见有密度不均匀的异常影像。本例患者疝入胃、结肠脾曲段、大网膜、脾脏,X 线表现巨大囊状胃泡影及液平面,纵隔右移,类似液气胸。笔者认为,只要注意把 X 线表现与临床表现相结合,提高认识和仔细分析,就能作出正确诊断。

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