

# 鼻内镜下脑脊液鼻漏修补术 21 例临床分析

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**【摘要】** 目的 探讨鼻内镜下脑脊液鼻漏修补术的要点、定位诊断及手术方式。方法 回顾性分析 2006 年 1 月至 2012 年 1 月我科诊治的 21 例脑脊液鼻漏患者, 其中男性 11 例, 女性 10 例, 年龄 15~66 岁, 中位年龄 38.7 岁, 属于医源性脑脊液鼻漏 5 例, 原发性 9 例, 外伤性 7 例。所有患者术前均行实验室生化检查而确诊, 并行鼻窦 CT 和 MRI 检查, 其中 4 例患者漏口位于前筛额隐窝区域, 10 例位于后筛筛顶, 3 例位于嗅裂筛板区, 4 例位于蝶窦外侧隐窝区。均在全麻下经鼻内镜入路漏口修补术, 采用捣碎颞肌+颞肌筋膜修补位于前筛直径<2 mm 的漏口, 采用自体脂肪+捣碎颞肌修补位于嗅裂区筛板区域漏口, 采用捣碎颞肌+鼻中隔筛骨垂直板+颞肌筋膜修补位于后筛区直径>4 mm 的漏口, 采用鼻中隔软骨膜+钩突表面黏膜修补位于蝶窦外侧隐窝漏口。**结果** 所有患者均一次治愈, 出院后长期低盐饮食, 定期随访, 平均随访时间为 15 个月, 鼻腔漏口区上皮化生长良好, 无复发, 无眶内、颅内及并发症发生。**结论** 鼻内镜下行脑脊液鼻漏修补术是外科手术治疗脑脊液鼻漏的首选方式。术前脑脊液生化检查和鼻窦薄层 CT 和 MRI 是必备的术前检查, 根据颅底缺损的位置、大小决定修复材料的使用是较为可行的方法, 鼻内镜下手术操作具有创伤小、视野清楚、成功率高及并发症较少的优点。

**【关键词】** 脑脊液鼻漏; 颞肌筋膜; 筛顶; 蝶窦外侧隐窝

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**Clinical analysis of 21 cases with endoscopic repair of cerebrospinal fluid rhinorrhea.** ZHAO Chun-chen<sup>1</sup>, SHAO Yuan<sup>2</sup>, DUAN Wen-bin<sup>1</sup>, LIU Huan-xing<sup>1</sup>. 1. Department of Otolaryngology-head, Baoji Municipal Chinese Traditional Medicine Hospital, Baoji 721001, Shaanxi, CHINA; 2. Department of Otolaryngology-head, the First Affiliated Hospital of Xi'an Jiaotong University, Xi'an 710061, Shaanxi, CHINA

**【Abstract】 Objective** To discuss the repair of the cerebrospinal fluid rhinorrhea under nasal endoscope and to summarize the key points, ways of operation and methods of localization diagnosis **Methods** Twenty-one cerebrospinal rhinorrhea patients in our hospital from January 2006 to January 2012 were retrospectively analyzed, including 11 males and 10 females, in age ranged from 15~66, with the median age of 38.7. Among the 21 patients, 5 were iatrogenic cerebrospinal fluid rhinorrhea, 9 were spontaneous, 7 were traumatic. All the patient were confirmed through the biochemical examination and nasal sinus CT, and MRI. Four patients' leak orifice located at anterior ethmoid sinus recess area, 10 at posterior ethmoid roof, 3 at olfactory cleft plate area and 4 at sphenoid sinus lateral recess area. All the repair operations were carried out through the nasal endoscopy with general anesthesia. For the leak orifices that located at the anterior ethmoid sinus with diameter less than 2 mm, the mashed temporalis muscle and temporalis muscle fascia were applied for the repair. The body fat and mashed temporalis muscle were adopted to repair the leak orifice which located at the olfactory cleft plate. The mashed temporalis muscle, nasal septum vertical plate and temporalis muscle fascia

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