·病例报道·

胃空肠吻合术后并发胃结肠瘘1例

杨虹[1],陈志辉[2*]
1.中山大学附属第一医院 手术麻醉中心,广东 广州 510080
2.中山大学附属第一医院 胃肠外科中心,广东 广州 510080

【摘要】 胃结肠瘘临床罕见,典型的临床表现包括腹泻、呕吐粪便气味物、消瘦、贫血、低蛋白血症等。其病因可能与残留胃腔组织过多,胃酸分泌过多并长期吻合口溃疡腐蚀并发胃空肠吻合口-结肠瘘有关。胃结肠瘘的诊断和处理有较大的挑战性,本文报道1例胃淋巴瘤患者行胃空肠吻合+Braun吻合术后15年并发胃结肠瘘,旨在总结探讨此类疾病的临床诊治经验。

【关键词】 胃结肠瘘; 胃淋巴瘤

A case of gastrocolic fistula complicated by gastrojejunostomy

Yang Hong[1], *Chen Zhihui*[2*]
1.Center for Surgical Anesthesia, The First Hospital of Sun Yat-sen University, Guangzhou 510080, Guangdong, China
2.Center for Gastrointestinal Surgery, The First Hospital of Sun Yat-sen University, Guangzhou 510080, Guangdong, China
*Corresponding author: Chen Zhihui, E-mail:chzhhui@mail.sysu.edu.cn

【Abstract】 Gastrocolic fistulas are rare clinically, with typical clinical manifestations including diarrhoea, vomiting of faecal odour, wasting, anaemia and hypoproteinaemia. The etiology may be related to excessive residual gastric lumen tissue, excessive gastric acid secretion and prolonged anastomotic ulcer erosion complicated by gastrojejunostomy-colon fistula. The diagnosis and treatment of gastrocolic fistula can be challenging. This article reports a case of gastrocolic fistula 15 years after gastrojejunostomy + Braun anastomosis in a patient with gastric lymphoma, with the aim of summarizing the clinical experience in the diagnosis and treatment of this disease.

【Key words】 Gastrocolic fistula; Gastric lymphoma

1 临床资料

患者男性,68岁,因“腹泻、反复呕吐粪性内容物伴消瘦1年余”于2021年7月入院。15年前因“胃窦恶性肿瘤”在外院行剖腹探查术,术中探查见:胃窦巨大肿瘤,与横结肠系膜、胰腺分界不清,胃周、腹主动脉旁、空肠系膜淋巴结肿大,取空肠系膜淋巴结送冰冻提示恶性转移瘤,遂行胃空肠吻合+Braun吻合术。术后病理提示为B细胞非霍奇金淋巴瘤,予放化疗等治疗(具体不详)。自诉规律复查,淋巴瘤已治愈。入院前3个月外院胃镜示:吻合口溃疡,吻合口-横结肠瘘,胃淋巴瘤术后改变。肠镜示:横结肠-胃瘘。计算机断层扫描(computed tomography,CT)示:胃淋巴瘤术后改变,胃横结肠内瘘。

入院查体:重度营养不良,舟状腹,上腹正中可见长约15 cm切口瘢痕,腹平软,腹部未扪及肿物。体重指数(body mass index,BMI) 14.2 kg/m^2。血红蛋白89 g/L,白蛋白19.8 g/L,钠132 mmol/L,钾2.38 mmol/L。胃镜内提示:胃腔较多内粪水积聚,胃窦胃体交界处后壁见一瘘口,遂放置鼻肠管拟行肠内营养支持(图1)。结肠镜提示:横结肠瘘口,经该瘘口可进入胃腔(图1C)。增强CT提示胃体大弯-横结肠内瘘形成(图1E、F)。

* 通信作者:陈志辉,E-mail:chzhhui@mail.sysu.edu.cn

(C)1994-2023 China Academic Journal Electronic Publishing House. All rights reserved. http://www.cnki.net

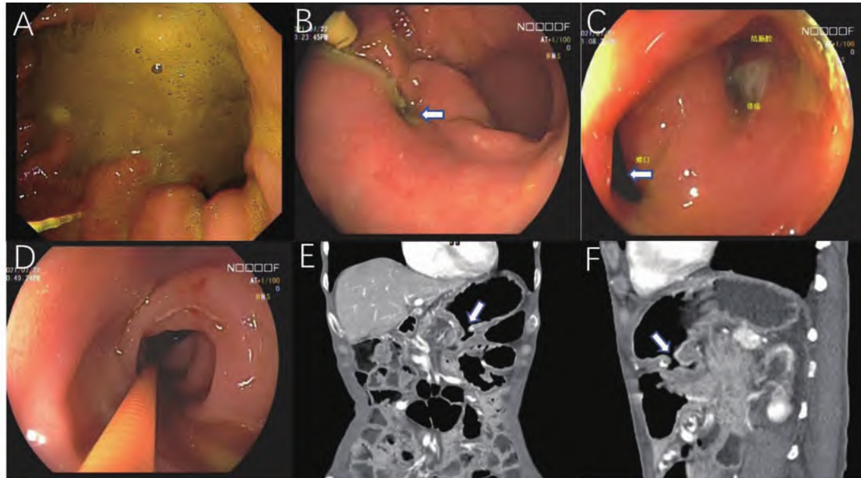

图 1 胃结肠瘘的内镜及腹部计算机断层扫描表现

注:A,胃镜示胃腔内粪水积聚;B,胃镜提示胃窦胃体交界处后壁瘘口(白箭);C,结肠镜提示横结肠瘘口(白箭),大小约 1.5 cm×1.0 cm,经该瘘口可进入胃腔;D,置入鼻胃管行肠内营养;E,计算机断层扫描冠状面重建提示胃体大弯-横结肠内瘘(白箭);F,计算机断层扫描矢状面重建提示胃体大弯-横结肠内瘘(白箭)。

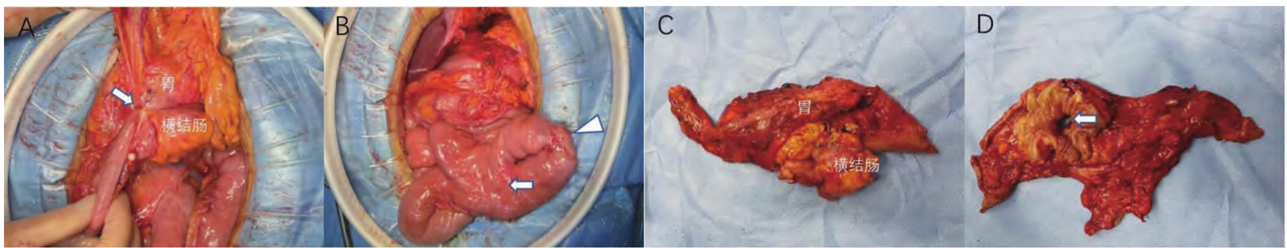

图 2 胃结肠瘘术中所见

注:A,胃体下段大弯侧后壁-横结肠内瘘(白箭);B,既往手术的胃空肠吻合口(白色箭头)已崩解并游离于腹腔内,输入-输出襻之间可见 Braun 吻合口(白箭);C,远端胃大部切除及横结肠部分切除术后标本;D,结肠黏膜面可见胃-横结肠内瘘口(白箭)。

患者内镜检查后并发吸入性肺炎,经重症监护室综合处理后转回普通病房,予肠内营养支持 2 个月,全身状态改善后手术。术中见:胃体下段大弯侧后壁与横结肠致密粘连,两者形成内瘘;既往手术的胃空肠吻合口已崩解并游离于腹腔内,输入-输出襻之间可见 Braun 吻合口,该吻合口通畅;遂行远端胃大部切除,切除约 75%胃组织,切除内瘘所在的部分横结肠,切除原 Braun 吻合口所在小肠,改为残胃-空肠 Roux-en-Y 吻合(图 2)。术后病理未见肿瘤。术后恢复顺利,痊愈出院。

2 讨论

胃结肠瘘的发病率在 0.3%~0.4%[1], 可以继发于胃癌、胃淋巴瘤、结肠癌、胰腺癌、胃肠转移癌等恶性肿瘤的直接浸润[2-5],也继发于消化性溃疡、胰腺炎、克罗恩病、结核等其他良性疾病引起的粘连、慢性穿透[6-8]。胃大部切除术后的胃结肠瘘发生可能与胃切除比例过小、遗留的胃泌素瘤未被发现等因素有关,从而导致胃内高胃酸、吻合口溃疡形成并穿透至横结肠而形成内瘘[1]。胃结肠瘘的诊断较为困难,主要诊断技术包括胃肠造影、内镜检查、腹部 CT 等,上消化道造影是最敏感的方法。内镜可以更直观地显示瘘管的位置和大小,但当瘘管过小时,瘘口可能会被胃肠壁的皱襞遮挡、隐藏。

本例患者胃结肠瘘的发生可能与胃淋巴瘤放化疗、胃空肠吻合口溃疡直接穿透至横结肠形成内瘘等因素有关。患者的诊断根据临床表现、内镜、影像学等综合判断后得以明确,并在肺部感染控制、营养状态改善后,经积极手术治疗后最终得以痊愈。

(C)1994-2023 China Academic Journal Electronic Publishing House. All rights reserved. http://www.cnki.net

参考文献

[1] CHUNG DP, LI RS, LEONG HT. Diagnosis and current management of gastrojejunocolic fistula[J]. Hong Kong Med J, 2001, 7(4): 439-441.

[2] LIM CH, KIM SW, KIM JS, et al. Successful palliation of a gastrocolic fistula secondary to gastric cancer by insertion of a covered colonic stent [J]. Gastrointest Endosc, 2011, 73(6): 1314-1317.

[3] LEONG W, XU M, NI L, et al. A gastro-colic fistula secondary to high-grade B-cell gastric lymphoma in a patient with AIDS: a case report[J]. J Int Med Res, 2021, 49(4):3000605211006602.

[4] HIRATA H, AZUMA K, KASETANI T, et al. Successful One-Stage Operation for Transverse Colon Cancer with Gastrocolic Fistula and Synchronous Rectal Cancer [J]. Gan To Kagaku Ryoho, 2019, 46(3): 598-600.

[5] NAYFE R, ASCHA MS, ISMAIL M, et al. Gastrocolic Fistula as a Presentation of Concomitant Gastric and Colon Cancer in a Patient with a History of Metastatic Pancreatic Adenocarcinoma [J]. J Gastrointest Cancer, 2017, 48(4): 379-381.

[6] HARMA SH S, BHATIA R, VASUDEVAN A. Abdominal Pain and Diarrhea in Peptic Ulcer Disease [J]. Gastroenterology, 2021, 161(2): e48-e49.

[7] ANDREW D, SHYAM K, JOHNY J, et al. Elderly male patient with gastrocolic fistula following severe acute necrotising pancreatitis[J]. BMJ Case Rep, 2021, 14(1): e240426.

[8] WU S, ZHUANG H, ZHAO JY, et al. Gastrocolic fistula in Crohn´s disease detected by oral agent contrast-enhanced ultrasound: A case report of a novel ultrasound modality [J]. World J Gastroenterol, 2020, 26(17): 2119-2125.

(C)1994-2023 China Academic Journal Electronic Publishing House. All rights reserved. http://www.cnki.net