

岩静脉贯穿型压迫致三叉神经痛一例

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Trigeminal neuralgia caused by perforative compression of petrosal vein: one case report

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患者 女性,45 岁。主因右侧面部发作性疼痛 8 年、加重 6 个月,于 2014 年 2 月 12 日入院。患者于 8 年前出现右侧面部疼痛,呈电击样,发作持续数秒或数分钟,当地医院诊断为“右侧三叉神经痛”。予卡马西平 0.10 g(3 次/d)口服,治疗初期疼痛症状缓解,但后期效果渐差,口服药物不能控制发作且疼痛症状剧烈,说话、进食、洗漱时可诱发,为求手术治疗收入我院。入院后神经科检查:右侧三叉神经第 2 支分布区感觉稍迟钝,触摸右侧颧弓可引发疼痛。头部 MRA 显示,右侧三叉神经根部受血管压迫,双侧脑桥小脑角和脑实质未见明显实质性异常信号(图 1)。临床诊断:原发性右侧三叉神经痛(第 2 支)。完善术前准备,排除手术禁忌证,于全身麻醉下行右侧乙状窦后入路三叉神经微血管减压术,术中可见面听神经周围蛛网膜广泛增厚,三叉神经入根区无动脉压迫,岩静脉三主干中一干贯穿压迫三叉神经第 1~2 支感觉根并沿脑桥腹外侧走行(图 2),探查周围无动脉血管压迫,确定此贯穿型岩静脉分支即为致痛主要原因,分离静脉与神经,涤纶棉絮减压,并行三叉神经感觉根部分切断术。术后患者面部疼痛完全消失,稍感面部麻木,余无

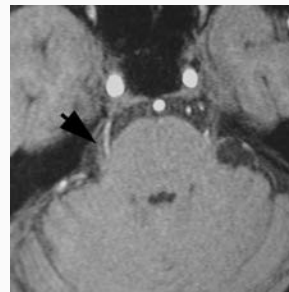


图 1 术前横断面 MRA 显示,右侧三叉神经根部受到血管压迫(箭头所示)

Figure 1 Preoperative axial MRA showed the root of right trigeminal nerve was compressed by the vessel (arrow indicates).

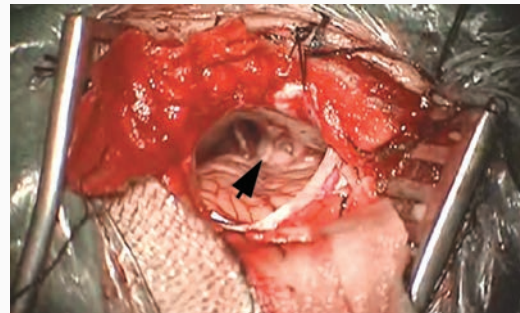


图 2 术中显微镜下可见粗大岩静脉分支贯穿于三叉神经(箭头所示)

Figure 2 Intraoperative microscope showed a coarse branch of petrosal vein ran throughout the trigeminal nerve (arrow indicates).

异常。术后 3 个月门诊复查未见复发。

讨 论

三叉神经痛是临床较为常见的神经外科疾病之一,其病因较为复杂,分为原发性或继发性。原发性三叉神经痛主要为三叉神经根受异位血管压

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迫所致,而异位血管中以动脉压迫为主,如小脑上动脉。一般而言,行微血管减压术(MVD)后绝大部分患者疼痛症状即刻消失^[1]。我院每年治疗三叉神经痛患者近千例,但三叉神经根区受岩静脉贯穿压迫者仅此 1 例。岩静脉亦称 Dandy 静脉,走行于三叉神经背外侧,起源于脑桥小脑角池,由来自小脑半球、脑干和第四脑室等地的多支汇合成粗短的主干后汇入岩上窦^[2];该静脉常有 3~5 支分支,包括脑桥小脑裂静脉、小脑中脚静脉、脑桥三叉神经静脉、脑桥横静脉等^[3]。在神经微血管减压术中,岩静脉是相对恒定且极为重要的解剖标志。由于岩静脉管壁较薄且弹性差,主干粗短,骑跨于岩上窦与脑桥之间,术中极易损伤、撕裂,由于术野狭小,一旦破裂出血极难控制,同时易损伤周围其他重要解剖结构,重者危及生命。陈维涛等^[4]指出,所有岩静脉均应尽量保留,否则术后易出现严重并发症,并提出对岩静脉的保护策略。国外文献对术中切断岩静脉造成的小脑和脑干出血、脑水肿等严重并发症亦不乏报道^[5]。因此,近年来随着对岩静脉解剖特点和临床作用的认识加深,术中如何保护岩静脉受到越来越多神经外科医师的重视。该例患者术中可见岩静脉此分支粗大,根据其走形考虑为脑桥小脑裂静脉,是引流小脑岩面和低位脑干大部分血

液的主要静脉,术中切断可能导致严重并发症,故对周围蛛网膜彻底锐性游离后,以涤纶棉絮减压以完整保留该静脉。

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