

doi: 10.13241/j.cnki.pmb.2020.17.013

开窗减压术与传统刮治术治疗颌骨囊肿的手术效果、生活质量和预后的对比研究*

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摘要 目的:对比颌骨囊肿经传统刮治术与开窗减压术治疗后的手术效果、生活质量和预后。**方法:**回顾性选取2016年1月~2018年7月期间我院收治的90例颌骨囊肿患者的临床资料,上述患者根据手术方式的不同分为A组(n=45,传统刮治术)和B组(n=45,开窗减压术),比较两组患者疗效、临床指标、生活质量和预后。**结果:**B组患者临床总有效率为97.78%(44/45),高于A组的84.44%(38/45)($P<0.05$)。B组患者伤口愈合时间、手术时间、均短于A组,术中出血量少于A组($P<0.05$)。两组患者末次随访时情绪、外貌、味觉、疼痛、唾液、咀嚼等项目评分均升高,且B组高于A组($P<0.05$)。B组并发症发生率、复发率均低于A组($P<0.05$)。**结论:**与传统刮治术治疗相比,开窗减压术治疗颌骨囊肿,在手术效果、生活质量和预后方面效果显著,具有较高的临床应用价值。

关键词: 开窗减压术;传统刮治术;颌骨囊肿;手术效果;生活质量;预后

中图分类号:R782.3 文献标识码:A 文章编号:1673-6273(2020)17-3260-04

A Comparative Study on the Operative Effect, Quality of Life and Prognosis of Fenestration Decompression and Curettage in the Treatment of Jaw Cyst*

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ABSTRACT Objective: To compare the operative effect, quality of life and prognosis of patients with cyst of jaw treated by fenestration and decompression and traditional curettage. **Methods:** The clinical data of 90 patients with jaw cyst who were admitted to our hospital from January 2016 to July 2018 were retrospectively selected. The patients were divided into group A (n=45, traditional curettage) and group B (n=45, fenestration and decompression) according to different surgical methods. The curative effect, clinical indicators, quality of life and prognosis were compared between the two groups. **Results:** The total clinical effective rate of group B was 97.78% (44/45), which was higher than 84.44% (38/45) of group A ($P<0.05$). The wound healing time, the operation time in group B were shorter than those in group A, the intraoperative blood loss was less than that in group A ($P<0.05$). The scores of emotion, appearance, taste, pain, saliva, chewing and other items in the last follow-up of the two groups were higher than those in group A ($P<0.05$). The rate of complications and recurrence in group B was lower than that in group A ($P<0.05$). **Conclusion:** Compared with the traditional curettage, the fenestration and decompression has a significant effect on the operative effect, quality of life and prognosis, and has a higher clinical application value.

Key words: Fenestration and decompression; Traditional curettage; Jaw cyst; Operative effect; Quality of life; Prognosis

Chinese Library Classification(CLC): R782.3 **Document code:** A

Article ID: 1673-6273(2020)17-3260-04

前言

颌骨囊肿是临床常见的口腔颌面部囊肿,该病早期症状隐匿,随着疾病进展,可引起骨质破坏或膨隆,造成牙齿松动移位、五官变形,严重者可引起病理性骨折、局部感染、神经性等症状^[1-3]。手术是治疗颌骨囊肿的常用方案,以颌骨囊肿刮治术较为常见,传统刮治术可有效清除囊肿,但一直存在着颌骨邻近组织损伤大、并发症多等缺陷,不利于患者预后^[4-6]。开窗减压术为近年来新兴的治疗颌骨囊肿的术式,因操作简便、损伤轻

微等优点而被不少患者及其医师所喜爱^[7,8]。但有关两种术式的具体疗效优劣尚存在一定的争议。鉴于此,本研究通过对比开窗减压术与传统刮治术治疗颌骨囊肿的手术效果、生活质量和预后,以期临床治疗颌骨囊肿的术式选择提供参考,整理如下。

1 资料与方法

1.1 一般资料

回顾性选取2016年1月~2018年7月间我院收治的颌骨囊肿患者(n=90)的临床资料,纳入标准:(1)诊断标准参考《口

* 基金项目:国家自然科学基金青年基金项目(31600627);安徽省高校自然科学基金项目(ZR2019B02)

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(收稿日期:2020-05-06 接受日期:2020-05-30)

腔颌面外科学》^[9],经临床检查及影像学资料证实;(2)病变累及牙位>1颗牙;(3)患者意识清晰生命体征平稳,术前常规检查未见手术禁忌;(4)患者及家属同意手术治疗方案。排除标准:(1)伴有颌面部畸形或占位性病变者;(2)存在颌面部手术、外伤史者;(3)患有恶性肿瘤;(4)严重肝肾功能障碍者。(5)未完成随访者。上述患者根据手术方式的不同分为A组(n=45,传统刮治术)和B组(n=45,开窗减压术),其中A组男31例,女14例,年龄13~68岁,平均(42.73±4.69)岁;病程4~30月,平均(21.42±5.17)月;体质量指数21~27 kg/m²,平均(23.74±0.97)kg/m²;前牙区27例,后牙区18例;多囊型囊肿29例,单囊型囊肿16例。B组男29例,女16例,年龄12~64岁,平均(42.17±5.28)岁;病程6~29月,平均(21.18±6.17)月;体质量指数22~27 kg/m²,平均(23.26±0.84)kg/m²;磨牙区21例,后牙区24例;单囊型囊肿19例,多囊型囊肿26例。两组一般资料对比无差异($P>0.05$),临床资料均衡可比。

1.2 方法

B组:给予开窗减压术治疗,经影像学检查及口腔检查结果评估囊肿中心位置或骨质薄弱部位,选做手术切口,也可拔除病变范围内无法保留牙,利用拔牙创口作为开窗口。将黏膜、黏骨膜切开,显露术区,吸净囊腔内容物,切取少量囊壁组织送病检,其余囊壁不需要刮除,相对缝合囊壁及口腔黏膜形成袋状。于开窗口处放置术前制作的树脂套管,并用结扎钢丝固定于邻牙,塞紧树脂套管塞,使囊腔于口腔环境隔离,避免食物残渣漏入,患者可自行摘带管塞进行冲洗。A组:给予传统刮治术治疗,术前门诊对囊肿累及牙齿行根管治疗,可适当超充。多行全身麻醉,于囊肿唇颊侧骨质薄弱处龈缘下做前庭沟梯形或角

形切口,翻瓣开窗并彻底暴露囊肿,吸出囊液后彻底刮净囊壁组织,搔刮囊腔内牙根根尖。生理盐水反复冲洗囊腔、充分止血,修整锐利骨缘,囊腔填塞碘仿纱条。针对囊肿累及上颌窦者,予行上颌根治术。复位、缝合黏骨膜,固定碘仿纱条末端,术后一周分两次抽出。将刮除囊壁组织送病理检查。术后处理:嘱咐患者术后每天使用生理盐水冲洗囊腔,定期复查。根据患者囊肿退缩情况,囊肿未消失者行二次刮除术,冲洗后缝合。

1.3 观察指标

(1)采用每3个月复查一次的方式随访18个月,记录两组患者临床总有效率^[10]。囊腔直径缩小<50%(无效)。囊腔直径缩小≥50%(有效)。囊肿基本消失(显效)。总有效率=显效率+有效率。(2)于术前、末次随访时采用生存质量问卷(UW-QOL)^[11]评价患者生活质量,UW-QOL包括情绪、外貌、味觉、疼痛、唾液、咀嚼6项,每项最高分为100分,得分越高,患者生活质量越好。(3)记录两组患者伤口愈合时间、手术时间、术中出血量。(4)记录两组随访期间术后感染、手术切口撕裂、下唇麻木等并发症发生情况。复发指征:囊肿体积未见减小或减小后又增大。

1.4 统计学方法

本研究所有数据均采用SPSS25.0统计学软件进行分析,计量资料以均值±标准差($\bar{x} \pm s$)表示,行t检验;计数资料以比或率表示,行 χ^2 检验,检验标准设置为 $\alpha=0.05$ 。

2 结果

2.1 两组疗效比较

B组患者临床总有效率为97.78%(44/45),高于A组的84.44%(38/45)($P<0.05$);详见表1。

表1 两组疗效比较例(%)

Table 1 Comparison of efficacy between the two groups n(%)

Groups	Markedly effective	Effective	Invalid	Total efficiency
Group A(n=45)	3(6.67)	35(77.78)	7(15.56)	38(84.44)
Group B(n=45)	6(13.33)	38(84.44)	1(2.22)	44(97.78)
χ^2				4.939
P				0.026

2.2 两组临床指标比较

B组患者伤口愈合时间、手术时间均短于A组,术中出血

量少于A组($P<0.05$);详见表2。

表2 两组临床指标比较($\bar{x} \pm s$)

Table 2 Comparison of clinical indexes between the two groups($\bar{x} \pm s$)

Groups	Wound healing time(d)	Operation time(min)	Intraoperative blood loss(ml)
Group A(n=45)	15.36±1.18	64.52±10.42	80.16±11.15
Group B(n=45)	9.19±1.27	37.83±10.31	17.93±6.36
t	23.875	12.214	32.521
P	0.000	0.000	0.000

2.3 两组生活质量比较

两组患者术前情绪、外貌、味觉、疼痛、唾液、咀嚼项目评分比较无差异($P>0.05$);两组患者末次随访时情绪、外貌、味觉、

疼痛、唾液、咀嚼项目评分均升高,且B组高于A组($P<0.05$);详见表3。

表 3 两组生活质量比较($\bar{x} \pm s$, 分)

Table 3 Comparison of quality of life between the two groups($\bar{x} \pm s$, scores)

Groups	Time	Emotion	Appearance	Gustatory sense	Pain	Saliva	Chew
Group A(n=45)	Before operation	45.67 $\pm$ 5.18	54.38 $\pm$ 7.06	49.74 $\pm$ 6.82	47.81 $\pm$ 6.76	52.67 $\pm$ 7.73	51.78 $\pm$ 6.56
	The last follow-up	66.89 $\pm$ 7.23 ^a	73.76 $\pm$ 6.72 ^a	74.68 $\pm$ 6.79 ^a	71.45 $\pm$ 5.52 ^a	74.73 $\pm$ 6.64 ^a	72.19 $\pm$ 7.58 ^a
Group B(n=45)	Before operation	45.31 $\pm$ 5.56	53.97 $\pm$ 6.34	50.79 $\pm$ 5.11	47.12 $\pm$ 5.08	51.79 $\pm$ 6.23	52.04 $\pm$ 5.22
	The last follow-up	81.31 $\pm$ 6.49 ^{ab}	82.91 $\pm$ 6.38 ^{ab}	83.82 $\pm$ 6.07 ^{ab}	82.75 $\pm$ 6.57 ^{ab}	84.83 $\pm$ 7.18 ^{ab}	83.53 $\pm$ 7.23 ^{ab}

Note: compared with before operation, ^a $P < 0.05$; compared with group A, ^b $P < 0.05$.

2.4 两组并发症和预后比较

表4。

B 组并发症发生率、复发率均低于 A 组($P < 0.05$); 详见

表 4 两组并发症和预后比较 例(%)

Table 4 Comparison of complications and prognosis between the two groups n(%)

Groups	Complication				Recurrence rate
	Postoperative infection	Surgical incision tear	Numbness of lower lip	Total incidence	
Group A(n=45)	5(11.11)	4(8.89)	6(13.33)	15(33.33)	7(15.56)
Group B(n=45)	2(4.44)	1(2.22)	0(0.00)	3(6.67)	0(0.00)
χ^2			10.000		7.590
P			0.002		0.006

3 讨论

颌骨囊肿在临床口腔科较为常见, 以往临床数据显示^[12], 颌骨囊肿的发病率约为 0.125%, 已成为颌面部最为常见的多发性囊肿之一。颌骨囊肿患者在发病早期由于症状无特异性, 极易被漏诊, 待临床确诊时囊肿多已发展至较大体积, 此时的囊肿临床穿刺可抽出淡黄色液体, 并已对人体颌骨产生了实质性损伤, 导致患者颌面部畸形, 并伴有下唇的麻木, 给患者生活质量带来严重影响^[13-15]。颌骨囊肿发病机制未明确, 不少学者认为致囊肿增大的因素有: 颌骨内部原有的残余上皮为囊肿发生提供基础, 同时其分泌物对周围骨质进行继续破坏。传统刮治术可对囊壁进行刮治, 利于达到彻底消除病灶的作用^[16-18]。但近年来的临床实践证实^[19,20], 传统刮治术不可避免的对颌骨的功能、外形造成较大影响, 不利于患者术后恢复, 影响患者预后。开窗减压术是指在囊性病变表面开窗, 进而引流出囊液, 使囊腔内外压力保持平衡, 囊腔逐渐减小, 外形得以恢复的一种术式^[21,22]。开窗减压术至今已有三十多年的历史, 近年来, 此术式逐渐被患者接受而在临床推广^[23,24]。

本次研究结果显示, 与传统刮治术治疗相比, 开窗减压术治疗颌骨囊肿, 可有效缩短伤口愈合时间、手术时间, 减少术中出血量, 疗效显著。传统刮治术中创伤大, 不具备微创性, 可对颌骨周围牙齿、组织等造成不同程度的损伤, 并容易出现病理性骨折, 影响患者术后恢复。而开窗减压术的目的并不是直接根除囊肿, 而是使囊腔缩小, 恢复颌骨外形, 故而此类手术具有手术时间短、术中出血量少等特点, 可最大程度的促进手术伤口愈合、恢复颌骨功能^[25,26]。同时, 开窗减压术为一种限制性

手术, 术后可连接口腔、囊腔, 有效清除囊内容物, 调节囊肿流体静力压, 除了可降低负荷骨质吸收外, 还可促进成骨细胞生长, 改善局部环境, 缩短患者病程^[27,28]。此外, 两组患者生活质量均有所改善, 但开窗减压术患者的生活质量改善效果明显更佳。这主要是因为行开窗减压术的患者术后疗效更明显, 可早日恢复正常的颌骨功能, 为患者术后身心康复提供必备基础, 使本病对患者的日常生活及工作影响减轻, 进一步改善其生活质量。另 B 组并发症发生率、复发率均低于 A 组, 这可能是因为开窗减压术可最大程度的缩短手术范围, 避开神经血管等重要组织, 减小对机体的损害, 进而减少并发症发生率, 患者的并发症较少, 痛苦少, 不易出现复发, 最终有效改善患者预后^[29,30]。开窗减压术比较适用于侵犯范围较广、累及多颗牙的囊肿以及上颌窦容易伤及周围组织结构的囊肿。临床可根据患者的具体手术指征选择适宜的手术方式进行治疗。

综上所述, 与传统刮治术治疗相比, 开窗减压术治疗颌骨囊肿, 在手术效果、改善生活质量和预后方面效果显著, 具有更为理想的临床疗效。

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