•精品手术视频•

经尿道膀胱副神经节瘤剜除术

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摘要:目的 报告1例行经尿道剜除手术治疗无症状膀胱副神经节瘤病例。方法 患者女,59岁。主因"体检发现膀胱肿物1周"人院。患者大小便正常,无血尿,血压正常。泌尿系CT增强扫描膀胱右侧壁可见一结节影,大小约1.4 cm×1.3 cm,边界清,增强扫描后可见强化,考虑膀胱癌可能大。关键手术步骤:手术采用腰麻,患者取截石位,常规消毒铺单,行膀胱镜检查,膀胱右侧壁看见半球形凸起,表面黏膜光滑。更换电切镜从肿物边缘用针状电极切开膀胱黏膜,逐渐向深层切开到达肌层,再沿肿物周边逐步分离,完整切除肿物,留置尿管结束手术。手术过程中注意创面及时止血并关注血压等生命体征变化。结果 手术经过顺利,手术过程中血压无明显变化。术后病理回报为膀胱副神经节瘤。结论 选择合适的膀胱副神经节瘤患者,可行经尿道剜除术。关键词:膀胱副神经节瘤;剜除术

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Transurethral enucleation of urinary bladder paraganglioma-a case report

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Abstract: Objective To report a case of non-functioning paraganglioma of the urinary bladder who was treated by transurethral enucleation. Method The patient is a 59-year-old female. A bladder mass was found during physical examination one week ago. The patient presented with no classical signs and symptoms. A nodule with enhancement can be seen on the right wall of the bladder on CT scan, the size is about 1.4 cm ×1.3 cm, the boundary is clear, and bladder cancer is considered. Key surgical steps are as follows: The operation was performed under lumbar anesthesia. Cystoscopy was performed and a hemispherical mass with smooth surface was seen on the right wall of the bladder. The resectoscope was replaced and bladder mucosa from the edge of the tumor was cut by a needle like electrode. Gradually cut deeper into the muscle layer and separate along the periphery of the tumor. The tumor was enucleated completely. During the procedure, the operator must pay attention to timely hemostasis and monitor changes in vital signs. Result There were no significant changes in vital signs during the procedure. The pathological examination of the tumor indicated paraganglioma. Conclusion Bladder paraganglioma can be well treated by transurethral enucleation in selected case.

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