

DOI:10.3724/SP.J.1008.2009.01297

经尿道精囊镜治疗精囊结石症

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[摘要] **目的:**探讨精囊镜治疗精囊结石内镜手术治疗方法, 评价其有效性。**方法:**18例精囊结石患者, 年龄26~58岁, 平均(41.5±5.3)岁, 平均病程(6.6±3.6)个月, 15例顽固性血精, 3例会阴部不适, 2例射精疼痛, 术前经B超、X线片或CT诊断为精囊结石, 单侧16例, 双侧2例, 17例利用精囊镜通过射精管开口进入精囊行精囊结石取石, 1例结石较大行钬激光碎石术。**结果:**平均手术时间(35.6±13.4) min, 平均住院时间(4.1±1.5) d, 平均随访(6.4±3.1)个月。15例(15/15)血精完全消失, 2例(2/2)射精疼痛消失, 2例(2/3)会阴部不适明显缓解, 1例(1/18)于术后1周出现右侧附睾炎, 经抗炎治疗5 d后缓解。**结论:**利用精囊镜的腔内技术治疗具有创伤小、效果好、并发症少等优点, 是治疗精囊结石的有效方法。

[关键词] 精囊; 结石; 输尿管镜; 治疗

[中图分类号] R 697.4 **[文献标志码]** A **[文章编号]** 0258-879X(2009)11-1297-02

Transurethral endoscopic approach for seminal vesicle stone removal

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[ABSTRACT] **Objective:** To study the transurethral endoscopic approach for removal of seminal vesicle stone and to evaluate its efficacy. **Methods:** The diagnosis of 18 patients with seminal vesicle stones were confirmed by ultrasonography, X-ray or computerized tomography before operation. The patients, with a mean age of (41.5±5.3) years old and a mean disease course of (6.6±3.6) months, included 15 with intractable hemospermia, 3 with perineal discomfort and 2 with painful ejaculation. Seminal vesicle stones were found unilaterally in 16 cases and bilaterally in 2 cases. We passed a 6/7.5F rigid urethroscope through the utricular opening into the seminal vesicle, and all the stones in 17 patients were endoscopically removed using a grasper; one patient was treated by holmium-laser due to the large size of the stones. **Results:** The mean operation period was (35.6±13.4) min and the mean hospital stay was (4.1±1.5) days. The mean follow-up period was (6.4±3.1) months. Hemospermia disappeared in 15 (15/15) cases after treatment; painful ejaculation disappeared in 2(2/2) cases and perineal discomfort was improved in 2(2/3) cases. One patient had epididymitis a week after the operation and the symptoms were relieved after 5-day-antibiotic therapy. **Conclusion:** Transurethral endoscopic approach for treatment of seminal vesicle stone has a better outcome, less trauma and few complications; it is an effective method for seminal vesicle stone removal.

[KEY WORDS] seminal vesicle; calculus; urethroscope; therapeutics

[Acad J Sec Mil Med Univ, 2009, 30(11):1297-1298]

精囊结石特别是多发性精囊结石临床十分少见, 常伴不孕不育、血精、会阴部疼痛、睾丸疼痛及射精疼痛等表现, 治疗以开放精囊切除术为主, 但存在创伤大、并发症多等缺点^[1]。2006年9月至2009年2月我科尝试采用经尿道精囊内镜取石治疗精囊结石, 取得一定的疗效, 现报告如下。

1 资料和方法

1.1 一般资料 18例精囊结石患者, 年龄26~58

岁, 平均(41.5±5.3)岁; 病程3~12个月, 平均(6.6±3.6)个月; 临床表现: 13例顽固性血精, 1例会阴部不适, 2例血精伴会阴不适, 2例射精疼痛; 体检: 除2例右侧精囊肥大伴轻度压痛外余无异常。辅助检查: 血常规、尿常规18例均正常; 精液常规14例红细胞数升高, 4例正常; 精液分析18例均正常; 前列腺液常规2例白细胞数升高, 16例正常; 18例均行经直肠超声, 提示前列腺大小(38±9) mm×(25±12) mm×(42±11) mm, 左侧精囊大小(30±

[收稿日期] 2009-05-20 **[接受日期]** 2009-07-30

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8) mm×(10±7) mm×(9±3) mm,右侧精囊大小(27±12) mm×(8±6) mm×(8±5) mm;右侧精囊结石12例,左侧4例,双侧2例;单发结石6例,多发结石12例;结石直径1~10 mm,平均(4±2) mm。8例行盆腔CT,提示右侧精囊结石5例,左侧3例,3例精囊不同程度增大。临床诊断16例单纯精囊结石,2例精囊结石伴慢性前列腺炎。

1.2 治疗方法 17例利用精囊镜行精囊结石取石,1例结石较大行钬激光碎石术。患者均在腰麻下取截石位,用Storz F6/7.5输尿管硬镜缓慢轻柔经尿道外口逆行进入后尿道,找到精阜,将F4输尿管导管插入前列腺陷窝,轻度扩张后引导输尿管镜进入,仔细检查陷窝后,后退输尿管镜至陷窝开口处,轻度冲水,于其外侧寻找一侧射精管开口,自射精管开口插入输尿管导管,将输尿管镜引导进入精囊,精囊随之可以在直视下看清,精囊内壁结石可以被清楚看到,结石光滑坚硬,大部分呈星状或多角形,直径大多小于10 mm。所有结石都在输尿管镜下用抓钳取出。同法处理对侧精囊。1例结石(直径10 mm)用钬激光击碎后取出(功率1.0 J,频率10 Hz)。7例精囊内壁有血性黏液样液体滞留,囊壁黏膜充血、增厚,用庆大霉素2支冲洗。用生理盐水冲洗尽精囊内结石后退输尿管镜,留置气囊导尿管于膀胱。

2 结果

手术时间25~65 min,平均(35.6±13.4) min;术后静脉抗感染治疗1~3 d;留置导尿时间1~3 d,平均(1.5±0.4) d;住院3~7 d,平均(4.1±1.5) d;随访时间3~12个月,平均(6.4±3.1)个月,15例(15/15)血精完全消失,2例(2/2)射精疼痛消失,2例(2/3)会阴部不适明显缓解,1例(1/18)于术后1周出现右侧附睾炎,经静脉抗感染治疗5 d后缓解。

3 讨论

精囊结石属于少见病例,通常发生于精囊囊肿或精囊炎患者中,年龄常大于40岁,罕见儿童精囊结石,16.2%的血精患者存在精囊结石^[2]。慢性精囊炎、射精管阻塞致精囊液滞留,以及代谢紊乱是结石形成的重要因素。结石核心一般为浓厚的精囊分泌物和上皮碎屑,外层沉着钙盐,可单个或多个,表面光滑、质硬,一般1~2 mm,也可大至10 mm。有结石的精囊有炎性变和纤维组织增生。精囊结石常无症状,可有血性的精液,阴茎勃起时痛或射精时会阴不适等感觉。直肠指诊可发现精囊变硬,可触到结石感觉,较固定并有压痛。

精囊疾病诊断主要依靠B超及CT,最近MRI检查也较多见。由于上述检查在诊断盆腔肿瘤方面存在劣势,更多的研究旨在实现能否在直视下看到精囊内部情况。Shimada等^[3]利用离体手术切开精囊观察精囊及输精管内部情况;Okubo等^[4]之后证实经尿道内镜下观察精囊是可行的。Yang等^[2]首次大样本研究报道腔内观察精囊,并总结经尿道及射精管的腔内诊断疾病是安全和可行的。但是,这些研究均是诊断性的,缺乏进一步的治疗性研究。Li等^[5]报道16例输尿管镜下处理精囊炎、射精管梗阻。精囊是一个难以触及的器官,发生病理疾病的概率比较低,开放手术切除难度大,缺点明显^[1]。腹腔镜及腔内镜技术可以部分克服开放手术的缺陷^[1,6]。Ozgök等^[6]首次利用输尿管镜处理精囊结石取得成功;Cuda等^[7]首次用输尿管镜成功进行1例精囊结石钬激光碎石。

本研究利用输尿管硬镜处理精囊结石18例,均获得满意结果。输尿管硬镜进入后尿道观察精囊及射精管开口,精囊结石患者精阜一般较肥大,前列腺陷窝容易辨认。进入射精管时需要用输尿管导管引导,因为射精管的管道细。虽然这种精囊镜处理精囊结石方法疗效好,但也存在一些缺陷;首先需要有丰富的经尿道手术经验,手法轻柔、输精管开口管腔很细,操作不当易致出血影响术野或造成射精管口撕裂;术后由于尿液反流容易出现附睾炎^[8]。

[参考文献]

- [1] Sandlow J I, Williams R. Surgery of the seminal vesicles[M]// Walsh P C, Retik A B, Vaughan E D Jr. Campbell's Urology. 8th ed. Philadelphia: WB Saunders, 2002: 3869-3883.
- [2] Yang S C, Rha K H, Byon S K, Kim J H. Transurethral seminal vesiculoscopy[J]. J Endourol, 2002, 16: 343-345.
- [3] Shimada M, Yoshida H. *Ex vivo* ultrathin endoscopy of the seminal vesicles[J]. J Urol, 1996, 156: 1388-1390.
- [4] Okubo K, Maekawa S, Aoki Y, Okada T, Maeda H, Arai Y. *In vivo* endoscopy of the seminal vesicle[J]. J Urol, 1998, 159: 2069-2070.
- [5] Li L, Jiang C, Song C, Zhou Z, Song B, Li W. Transurethral endoscopy technique with a ureteroscope for diagnosis and management of seminal tracts disorders: a new approach[J]. J Endourol, 2008, 22: 719-724.
- [6] Ozgök Y, Kilciler M, Aydur E, Saglam M, Irkilata H C, Erduran D. Endoscopic seminal vesicle stone removal[J]. Urology, 2005, 65: 591.
- [7] Cuda S P, Brand T C, Thibault G P, Stack R S. Case report: Endoscopic laser lithotripsy of seminal-vesicle stones[J]. J Endourol, 2006, 20: 916-918.
- [8] Ozgök Y, Tan M O, Kilciler M, Tahmaz L, Kibar Y. Diagnosis and treatment of ejaculatory duct obstruction in male infertility [J]. Eur Urol, 2001, 39: 24-29.