

## 鼻唇沟皮瓣在鼻部缺损修复中的应用

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**[摘要]**目的: 探讨鼻唇沟皮瓣修复鼻部缺损的临床疗效。方法: 22例鼻部皮肤组织缺损患者, 缺损面积 $1.0\text{cm} \times 1.5\text{cm} \sim 2.0\text{cm} \times 3.0\text{cm}$ 。均采用鼻唇沟皮瓣修复, 切取皮瓣面积 $1.0\text{cm} \times 2.0\text{cm} \sim 2.0\text{cm} \times 3.5\text{cm}$ , 皮瓣沿鼻唇沟长轴方向设计, 皮瓣面积根据缺损范围而定, 皮瓣蒂宽 $1.0 \sim 1.5\text{cm}$ , 长宽比例不超过4:1。结果: 1例皮瓣远端部分表皮坏死, 换药后愈合; 余21例皮瓣全部成活, 皮瓣质地、色泽与周围皮肤协调, 外形及功能恢复满意。结论: 鼻唇沟皮瓣取材方便, 供区瘢痕隐蔽, 操作容易, 是修复鼻部组织缺损的理想选择。

**[关键词]**鼻部缺损; 鼻唇沟皮瓣; 缺损修复

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## Application of the Pedicle Nasolabial Flap in Repair of Nose Defects

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**Abstract:** **Objective** To report the experiment of clinical application of the pedicle nasolabial flap in repair of nose defects. **Methods** Pedicle nasolabial flap was designed to repair the defects of skin and soft tissues of nose in 22 cases. The defect area was  $1.0\text{cm} \times 1.5\text{cm}$  to  $2.0\text{cm} \times 3.0\text{cm}$ . All the flaps were repaired with nasolabial groove flaps. The area of the flaps was  $1.0\text{cm} \times 2.0\text{cm}$  to  $2.0\text{cm} \times 3.5\text{cm}$ . The flaps were designed along the long axis of nasolabial groove. The area of the flaps depended on the defect area. The pedicle width of the flaps ranged from  $1.0\text{cm}$  to  $1.5\text{cm}$  and the ratio of length to width was not more than 4:1. **Results** One case had partial epidermal necrosis at the distal end of the flap and healed after dressing change. The other 21 flaps survived. The texture and color of the flaps were in harmony with the surrounding skin. The shape and function of the flaps were satisfactory. **Conclusion** The nasolabial flap is a good and simple method, such as small damage to donor areas, flexible for transferring and slight scar, for repairing skin and tissue defects of nose.

**Key words:** nasal defect; nasolabial groove skin flap; defect repair

外伤及各种皮肤病变切除均可能造成鼻部的皮肤及软组织缺损, 组织的缺损修复不仅是创面的覆盖, 同时还要兼顾到外形的改善及功能的恢复。鼻部组织缺损修复的方法较多, 通常可选用鼻唇沟皮瓣、额部皮瓣、眼轮匝肌皮瓣、耳后皮瓣等转移修复, 各自适应证不同<sup>[1-3]</sup>。

### 1 资料和方法

1.1 临床资料: 2016年1月~2018年12月共收治鼻部组织缺损患者22例, 男15例, 女7例, 年龄 $16 \sim 84$ 岁; 缺损原因: 浅表肿物及瘢痕切除10例, 皮肤肿瘤切除7例, 车祸或外伤造成缺损者5例; 缺损面积 $1.0\text{cm} \times 1.5\text{cm} \sim 2.0\text{cm} \times 3.0\text{cm}$ ; 鼻部皮肤及皮下软组织缺损16例, 鼻翼全层洞穿缺损6例; 皮瓣旋转修复缺损或采用皮下蒂推进修复缺损, 单侧鼻

唇沟皮瓣修复18例, 双侧鼻唇沟皮瓣修复4例; 皮瓣面积 $1.0\text{cm} \times 2.0\text{cm} \sim 2.0\text{cm} \times 3.5\text{cm}$ 。

1.2 手术方法: 根据缺损部位及大小, 于缺损附近鼻唇沟处设计皮瓣, 鼻唇沟走行方向长轴为皮瓣轴心, 蒂部可根据修复部位的需要设计在上方或下方, 皮瓣蒂宽 $1.0 \sim 1.5\text{cm}$ , 长宽比例为 $3 \sim 4:1$ , 不宜超过 $5:1$ , 必要时皮瓣可延伸至面颊部。按标记线切开皮肤全层, 于脂肪层或表情肌浅面分离皮瓣, 如缺损有较大空腔, 可以携带部分深部肌肉组织填充空腔。皮瓣形成后无张力旋转或采用皮下蒂修复缺损, 缝合切口。修复鼻翼全层缺损时, 可利用缺损边缘局部皮瓣翻转形成衬里, 与鼻唇沟皮瓣瓦合形成鼻翼, 术后需要使用硅胶软管作为支架塑形。

## 2 结果

本组共22例患者,1例皮瓣远端部分表皮缺血坏死,换药后愈合,余皮瓣均一期愈合,皮瓣成活良好,色泽质地正常。随访半年~1年,鼻部及供区外形佳,效果满意。

## 3 典型病例

某女,52岁,右鼻翼部皮肤肿物10余年,近月来增大较快伴破溃,入院诊断右鼻翼肿物。全麻下距肿物5mm做切口,于深筋膜层分离并切除肿物,术中快速冰冻切片,病理诊断为基底细胞癌。切缘未见癌细胞。切除肿瘤后右鼻翼全层缺损,设计同侧鼻唇沟及面颊部推进皮瓣修复缺损,皮瓣前端内侧植皮形成衬里修复鼻翼缺损。术后皮瓣完全成活,1个月时随访,外形良好。见图1~4。



图1 右鼻翼基底细胞癌术前



图2 术中切除病灶后缺损



图3 鼻唇沟及面颊部推进皮瓣修复术后即刻



图4 术后1个月

## 4 讨论

鼻部软组织缺损的修复除了要解决皮肤及创面的覆盖、重建局部功能等问题,还必须兼顾局部外形的恢复,因此,用于修复组织缺损的供区应与受区组织在肤色、质地保持或接近一致,公认可获得良好修复效果的方法是选用局部皮瓣或邻近岛状皮瓣修复,鼻唇沟皮瓣是临床上应用最广最多的皮瓣之一<sup>[4-5]</sup>。

临床应用解剖研究表明,鼻唇沟皮瓣的主要血管为面

动脉及面横动脉,如果在皮瓣蒂部中包含此两条血管中的一条或其分支,皮瓣的血供即可保障,无论皮瓣的蒂部位于外侧或下侧均可成活;早期的面部应用解剖认为面动脉穿支血管多位于口角水平,但Pils1的研究发现面动脉穿支血管在鼻唇沟上1/3区域分布最密集而且更加表浅<sup>[6]</sup>。熊明根等<sup>[7]</sup>的研究显示,鼻唇沟区不仅有面动脉及面横动脉供血外,而且上方有内眦动脉分支、内侧有上唇动脉分支分别进入皮瓣。鼻唇沟区域的皮内及皮下动脉网密集且相互贯通,局部血供丰富,所以可以选择以皮瓣的上下内外的四个方位的任何一个部位作为蒂部,皮瓣均可以完全成活。修复鼻翼、鼻背等处缺损多选用上方蒂鼻唇沟皮瓣,如果选择内眦动脉为蒂则其修复范围可扩大到对侧鼻背和鼻旁缺损。外侧蒂皮瓣向上旋转或推进可修复睑下缘缺损;内侧蒂可以修复鼻中隔洞穿性缺损及鼻内缺损及复杂性鞍鼻的治疗;上方蒂可以修复鼻翼、鼻背等处缺损,如果选择内眦动脉为蒂其修复范围可以扩大到修复对侧鼻背和鼻旁缺损;而下方蒂多用于可修复上唇部组织缺损<sup>[8-10]</sup>。

鼻唇沟皮瓣的血供主要依靠皮下血管供应,因此血管穿出部位对皮瓣蒂部血供的形成有重要作用。面动脉在鼻唇沟及鼻翼外侧的行程中与面静脉并非完全伴行,有时相距较远,在游离面动脉穿支皮瓣时不必寻找相应的静脉,但须在皮瓣蒂部保留一定的筋膜脂肪组织以保证血循环<sup>[11-13]</sup>。在实际操作时,分离皮下蒂时要注意使蒂的宽度与皮瓣相同或略小,范围不超出血管穿出的部位,以避免损伤皮瓣的主要穿支血管,皮瓣及蒂部的分离平面位于深筋膜或肌肉的浅层,不能超越肌肉平面,避免损伤血管及面神经<sup>[14]</sup>。

鼻唇沟皮瓣可以提供较多的皮肤用于修复组织缺损,当鼻部及局部缺损较大时,可将皮瓣自鼻唇沟区向面颊部延伸形成较大的鼻唇沟面颊部推进皮瓣,供瓣区可以原位缝合,较少发生鼻翼及口唇等变形及移位,是修复面部及鼻部组织缺损的较好选择,尤其适用于年龄较大、面部皮肤较松弛的患者<sup>[15]</sup>。

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## 改良Lejour法在乳房下垂整形中的应用

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**[摘要]**目的: 探究改良Lejour法在乳房下垂治疗中的效果。方法: 选取2015年6月-2017年8月在笔者医院诊治的120例乳房下垂患者为研究对象, 随机分为观察组和对照组, 每组各60例。其中观察组予以改良Lejour法治疗, 对照组予以传统双环法治疗。术后随访6个月, 对比两组患者的乳晕直径、温哥华瘢痕评分、生活质量评分、满意度评分以及并发症发生情况。结果: 术后, 两组患者的情感方面、社会方面及生理领域评分均升高, 且观察组高于对照组, 差异具有统计学意义( $P < 0.05$ )。观察组患者术后乳晕直径、温哥华瘢痕评分均低于对照组( $P < 0.05$ )。术后, 两组患者乳房形态评分均较术前升高, 且观察组高于对照组, 差异均有统计学意义( $P < 0.05$ )。而两组患者乳头乳晕感觉评分术前、术后比较, 差异均无统计学意义( $P > 0.05$ )。且两组患者总并发症发生率比较差异无统计学意义( $P > 0.05$ )。结论: 乳房下垂患者行改良Lejour法的疗效更为理想, 有助于改善乳房形态, 提高女性生活质量和乳房外观满意度, 值得临床推广和应用。

**[关键词]**乳房下垂; 乳房缩小术; Lejour法; 传统双环法; 乳房形态; 生活质量; 疗效比较

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## Application Effect of Modified Lejour Method in Mammoplasty for Mastoptosis

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**Abstract:** **Objective** To explore the effect of modified Lejour method in the treatment of mastoptosis. **Methods** 120 patients with mastoptosis that were treated in our hospital from June 2015 to August 2017 were randomly divided into the observation group and the control group, with 60 cases in each group. The patients in the observation group were treated with modified Lejour method, while those in the control group were treated with traditional double-loop method. After 6 months of follow-up, the areola diameter, the scores of Vancouver scar, the scores of quality of life, the scores of satisfaction and complications were compared between the two groups. **Results** After operation, the emotional, social and physiological scores of the two groups increased, and the observation group was higher than the control group, the difference was statistically significant( $P < 0.05$ ). Postoperative areola diameter and Vancouver scar score(VSS) in the observation group were lower than those in the control group( $P < 0.05$ ). After operation, the breast shape scores of both groups were higher than those before operation, and the observation group was higher than that in the control group, the differences were statistically significant( $P < 0.05$ ). There was no significant difference in nipple areola sensation score between the two groups before and after operation( $P > 0.05$ ). There was no significant difference in the incidence of total complications between the two groups( $P > 0.05$ ). **Conclusion** The