

·论著·

与板障静脉沟通的硬脑膜动静脉瘘并发颅内出血1例 报道及文献复习

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【摘要】目的 总结与板障静脉沟通的硬脑膜动静脉瘘(DAVF)并发颅内出血的诊治经验。方法 回顾性分析血管内介入治疗的1例与板障静脉沟通的DAVF并发颅内出血的临床资料,并结合相关文献分析。结果 62岁男性,左侧肢体肌力0级,头部CT示右侧额顶叶出血;DSA示右侧额顶部DAVF,由右侧脑膜中动脉额顶支供血,经板障静脉、大脑镰静脉引流并因压力增高导致皮层静脉逆流致静脉高压性脑出血;经脑膜中动脉额支注入Onyx胶闭塞瘘口,术后复查造影发现引流静脉消失;术后半年,左侧肢体肌力恢复至4级。**结论**与板障静脉沟通的DAVF并发颅内出血为罕见疾病,血管内治疗可达到治愈。

【关键词】硬脑膜动静脉瘘;板障静脉;血管内治疗;Onyx胶;疗效

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Diagnosis and treatment of dural arteriovenous fistula draining to the diploic vein presenting with intracerebral hemorrhage: a case report and literature review

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【Abstract】 Objective To summarize the experience in the diagnosis and treatment of the patients with dural arteriovenous fistula (DAVF) draining to the diploic vein presenting with intracerebral hemorrhage (ICH). **Methods** The clinical data of one patient with DAVF draining to the diploic vein presenting with ICH who received endovascular embolization were analyzed retrospectively, and the related literatures were reviewed. **Results** A 62-year-old man presented with left hemiparesis with muscle strength of level 0. CT on admission showed a right frontoparietal subcortical hemorrhage. DSA showed a right frontoparietal DAVF, which connected the frontoparietal branch of the right middle meningeal artery with the diploic vein and was drained into cortical veins in a retrograde manner through the falcine vein. The DAVF was successfully obliterated by embolization with Onyx glue. The postoperative DSA found that the draining veins disappeared. Six months after the operation, the muscle strength of the left limb was recovered to level 4. **Conclusions** Dural arteriovenous fistula draining to the diploic vein is a rare disease, which can be cured by endovascular treatment.

【Key words】 Dural arteriovenous fistula; Diploic vein; Intracerebral hemorrhage; Onyx glue; Endovascular embolization

硬脑膜动静脉瘘(dural arteriovenous fistulas, DAVF)是一种获得性疾病,是发生在硬脑膜组织及其附属物大脑镰和小脑幕的一类异常动静脉直接沟通的血管性疾病,颅内外供血动脉直接与颅内静脉窦沟通,也称为硬脑膜动静脉畸形^[1]。与板障静脉沟通的DAVF是一种罕见类型。本文报道1例脑膜中动脉与板障静脉沟通的DAVF并发颅内出血的罕见病例,相结合文献分析如下。

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1 病例资料

62岁男性,因左侧肢体进行性肌力下降伴肢体抽搐23 d入院。既往无高血压、颅内肿瘤病史。外院头颅CT示右侧额顶交界区低密度灶;MRI T₁像示额顶交界区低信号(图1A),T₂像示额顶交界区低信号。半月后病人出现头痛症状。入院体格检查:神志清楚,左侧肢体肌力0级,肌张力增高。入院血常规、凝血功能正常。入院复查头颅CT示右侧额顶交界区皮层下出血,水肿较前扩大(图1C)。DSA示右侧额顶部DAVF,由右侧脑膜中动脉前后支分别引流入额部板障静脉及颞前板障静脉,两者在右侧额顶部汇合并与硬膜下静脉间腔沟通造成DAVF,并通过大脑镰静脉造成皮层静脉的逆流,颈内动脉未参与供血,上矢状窦无狭窄,并通大脑镰静脉逆流入

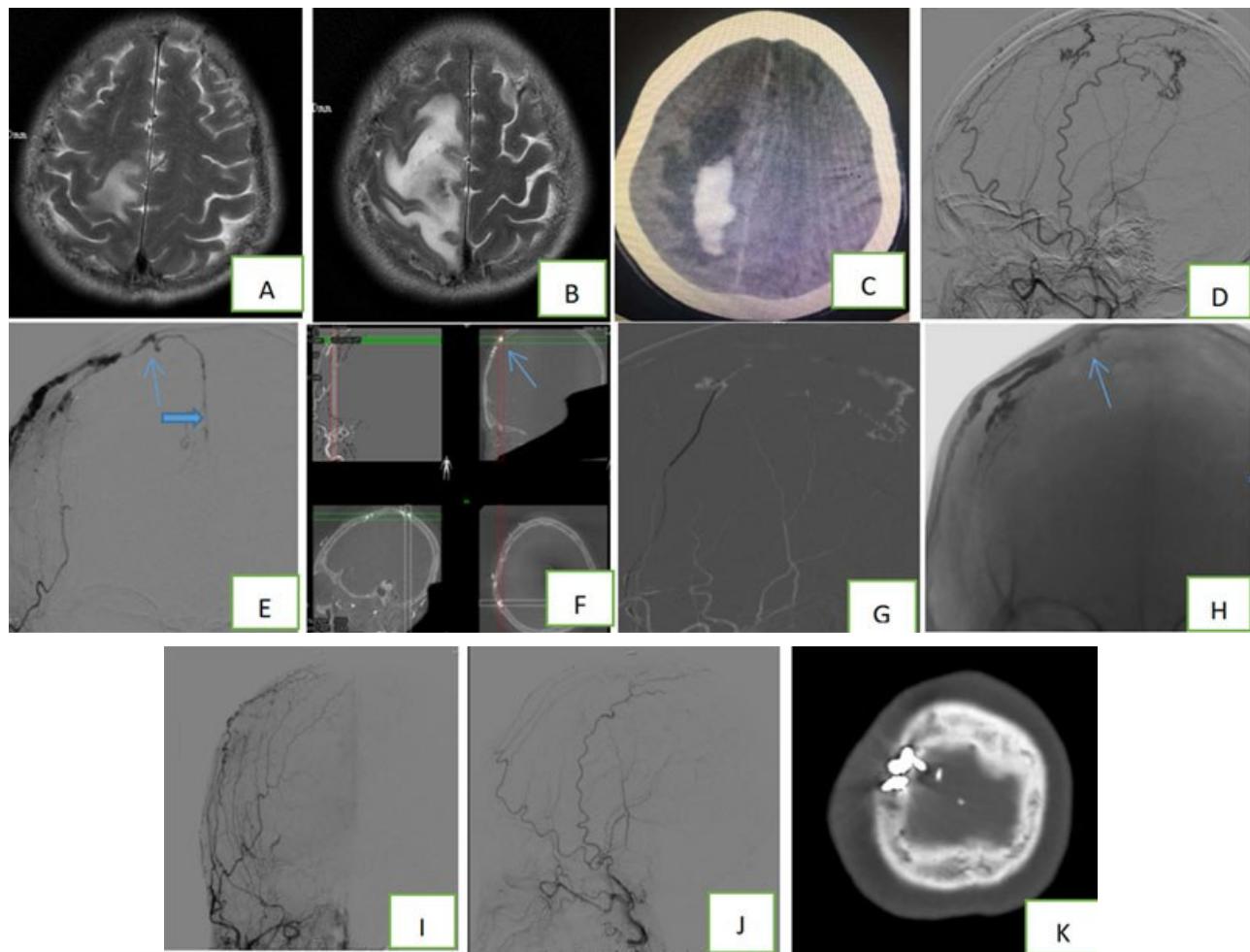


图1 与板障静脉沟通的硬脑膜动静脉瘘并发颅内出血Onyx胶栓塞治疗前后影像

A. 入院MRI示右侧额叶水肿;B. 入院半个月MRI示右侧额叶水肿加重合并出血;C. 复查CT示右侧额叶出血合并水肿;D、E. 右侧颈外动脉正侧位造影示硬脑膜动静脉瘘,细↑示板障静脉回流入硬膜下腔静脉,粗↑示皮层静脉逆流;F. Xper-CT示引流静脉位于板障内;G. 微导管到位;H. Onyx胶动静脉瘘内铸型情况和术前病变造影一致,↑示硬膜下间腔静脉内ONYX胶铸型;I、J. 术后颈外动脉正侧位造影示动静脉瘘消失;K. 去伪影CT示ONYX胶主要位于板障内

皮层静脉的逆流导致静脉高压,造成额顶部水肿及继发出血(图1D~F)。采用6F Envoy Guiding置于右侧脑膜中动脉起始,Marathon微导管置于脑膜中动脉前支末端,微导管造影示额顶部DAVF,通过微导管注入Onyx 18胶,首先弥散至额部板障静脉及颞前板障静脉,最后封堵瘘口及近端引流静脉,右侧颈外动脉造影未见瘘口显影(图1G~J)。术后复查头颅CT示少量胶位于两层骨皮质板障内,出血未见增多(图1K)。术后半年肢体肌力恢复至4级。

2 讨 论

DAVF主要位于硬脑膜上,硬脑膜动脉与硬脑膜静脉、硬膜窦、静脉窦及皮层静脉直接沟通。与板障静脉沟通的DAVF十分少见,由于幕下骨质含有丰富的骨导静脉,这类疾病在幕下较幕上多见。既

往文献报道21例DAVF合并板障静脉引流^[2~6],其中5例发生在幕上,1例单纯由板障静脉引流并通过大脑镰静脉造成皮层静脉充血扩张导致颅内出血。本文病例瘘口近端引流静脉经骨导静脉回流入板障静脉在顶部回流入硬膜下静脉间腔,因静脉间腔与上矢状窦之间发生闭塞,从而回流入大脑镰静脉导致皮层静脉的逆流。

板障静脉位于两层骨皮质之间,由一层没有血管瓣膜的内皮层排列而成。前板障静脉系统由额骨板障静脉及颞前板障静脉构成,在翼点处汇合引流入上矢状窦及蝶顶窦。后板障静脉系统由颞后板障静脉及枕骨板障静脉构成,引流入上矢状窦后半部分及横窦、乙状窦^[7]。板障静脉通过骨导静脉与硬膜窦、脑膜中静脉及骨膜静脉沟通。

(下转第536页)