·论 著·

青年慢性硬膜下血肿的临床诊治分析

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【摘要】**目的** 探讨青年(14~44岁)慢性硬膜下血肿(CSDH)的临床特点、治疗方法及疗效。**方法** 回顾性分析2011年1月至2022年12月收治的38例青年CSDH的临床资料。**结果** 38例中,男32例,女6例;合并蛛网膜囊肿15例、凝血因子Ⅷ活性下降1例、Ⅺ因子活性下降1例;因脑积水行脑室-腹腔分流术2例;长期高血压病史2例;急性硬膜下血肿转化成CSDH有2例;15例无其它疾病。1例合并凝血因子Ⅷ活性下降,未行手术治疗且自动出院后失访;其余37例行钻孔引流术治疗,其中28例一次手术即治愈,9例首次术后复发(再次手术4例,保守治疗5例);1例术中即见脑组织完全回复,4例术后3 d内脑组织完全回复,17例术后7 d~1个月内脑组织完全回复,5例术后1个月后脑组织完全回复;术后随访1~12年,未再复发,正常生活。**结论** 青年CSDH以男性多见,常合并有其它疾病(蛛网膜囊肿、凝血功能障碍等);治疗首选钻孔引流术,预后良好,但需重视合并疾病的治疗;合并有蛛网膜囊肿者,术后再出血率高,如无颅内压增高,可采用随访观察。

【关键词】慢性硬膜下血肿;青年人;临床特征;蛛网膜囊肿

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Clinical characteristics and treatment of patients (aged 14 to 44 years) with chronic subdural hematoma

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【**Abstract**】**Objective** To investigate the clinical characteristics, and treatment and its curative effectiveness of chronic subdural hematoma (CSDH) in patients aged 14 to 44 years. **Methods** The clinical data of 38 patients (age, 14~44 years) with CSDH who were admitted to our hospital from January 2011 to December 2022 were retrospectively analyzed. **Results** Of these 38 patients, 32 were male and 6 female. Fifteen patients had arachnoid cyst, 1 had decreased activity of coagulation factor Ⅷ, and 1 had decreased activity of factor Ⅺ. Two patients underwent ventriculoperitoneal shunt due to hydrocephalus. Two patients had hypertension. Acute subdural hematoma converted to CSDH in 2 patients. Fifteen patients had no comorbidities. One patient with decreased activity of coagulation factor Ⅷ received conservetive treatment and was automaticly discharged to lost follow-up. Burr hole drainage (BHD) was performed in the other 37 patients, of whom 28 patients were cured after one operation, and 9 recurred after the first operation (4 received BHD again, 5 conservative treatment). Complete brain tissue recovery was observed in 1 patient during the operation, in 4 patients within 3 days after the operation, in 17 patients within 7 d~1 month after the operation, and in 5 patients within 1 month after the operation. Postoperative follow-up (range, 1~12 years) showed no recurrence in the 37 patients with normal life. **Conclusions** CSDH is more common in young men, and is often complicated with other diseases (arachnoid cyst, coagulation dysfunction, etc.). The first choice of treatment is the BHD, which can achieve a good prognosis, but attention should be paid to the treatment of the comorbidities. Patients with arachnoid cysts have a high rate of rebleeding after BHD. If patients have no intracranial hypertension, follow-up observation can be used.

【**Key words**】Chronic subdural hematoma; Clinical characteristics; Young people; Arachnoid cyst.

慢性硬膜下血肿(chronic subdural hematoma,CSDH)多发生于老年人,青年人少见。2011年1月至2022年12月收治38例青年CSDH,现结合相关文献分析总结如下。

1 资料与方法

1.1 *病例选择标准* CSDH诊断明确;年龄14~44岁;性别不限。

1.2 *研究对象* 本文纳入符合标准的青年CSDH共38例,其中男32例,女6例;14~20岁4例,21~30岁8例,31~40岁17例,41~44岁9例;血肿均位于额顶(颞)部,双侧12例,单侧26例。合并蛛网膜囊肿15例,其中大囊肿5例,小囊肿10例;颞极11例,额叶1例,枕部3例;10例颞极蛛网膜囊肿在血肿侧且关系紧密,1例颞极蛛网膜囊肿位于血肿对侧,3例枕部蛛网膜囊肿位于额顶部。合并凝血因子Ⅷ活性下降1例、Ⅺ因子活性下降1例。曾因脑积水行脑室-腹腔分流术2例。长期高血压病史2例。急性硬膜下血肿转化成慢性血肿2例。24例发病前3周~4个月有明确头部外伤或剧烈运动史,14例无明显诱因。

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35例有头痛，其中伴嗜睡1例、头晕10例、肢体肌力下降2例；2例只有头晕；1例脑积水脑室−腹腔分流术后复查头颅CT发现，无症状。

1.3 影像学表现　术前均行头CT检查，血肿表现为低密度12例，等密度3例，偏高密度6例，混杂高低密度17例。27例行MRI检查未见肿瘤等；4例行脑血管造影未见异常；3例行CTA检查未见异常。

1.4 治疗方法　1例合并凝血因子Ⅷ活性下降，未行手术且自动出院；其余37例行手术治疗。2例合并蛛网膜囊肿行囊肿开窗后留置引流管外引流；其余35例在血肿最厚处行钻孔引流（单孔或双孔）。术中予生理盐水冲洗干净，其中2例术中即见脑组织完全回复良好，未留置引流管；其余35例留置硬膜下引流管引流2~7 d，无明显血性液流出后拔管。

2 结 果

1例未手术失访；28例一次手术即治愈（图1），9例首次术后复发（再次手术4例，保守治疗5例）。

术后脑组织回复情况：1例术中即见脑组织完全回复；4例术后3 d内脑组织完全回复；17例术后7 d~1个月内脑组织完全回复；5例术后1个月后脑组织完全回复。

37例术后随访1~12年，未再复发，正常生活。

3 讨 论

CSDH好发于老年人，以额顶部多见。目前，CSDH较公认的发病机制是病人存在脑萎缩基础，轻微头部外伤是诱发因素，颅顶表面桥静脉损伤出血后刺激形成包膜，包膜内血肿抗凝血活性增强刺激包膜表面毛细血管渗出，形成恶性循环，促使血肿进行性增大。CSDH主要以钻孔引流术治疗为主，也有行神经内镜治疗、小骨窗手术治疗、开颅大骨瓣手术、脑膜中动脉栓塞[1]、口服阿托伐他汀钙[2]/地塞米松[3]等治疗，效果及预后一般良好。

本文以青年CSDH为研究对象，其中约63%有明确脑外伤或剧烈运动史，几乎均有头痛，男性明显多于女性。与老年CSDH不一样，约60%的青年CSDH合并有其它可致病原因，包括：蛛网膜囊肿、凝血因子活性下降、脑室−腹腔分流术、急性硬膜下血肿演变成CSDH等，还有肾功能衰竭透析[4]、血小板减少紫癜[5]、酒精中毒[6]、肝病[6]、凝血因子ⅩⅢ（FⅩⅢ）缺乏[7]、凝血因子Ⅶ缺乏[8]、凝血因子Ⅴ缺乏[9]、低颅内压[5,6,10]、血管畸形[9]。本文病例37例采用钻孔引流术，治疗效果相差不一，其中急性血肿转化而来病人预后最好；单纯性青年CSDH的脑组织回复时机、复发率与我院同期中老年CSDH病人相似，可能

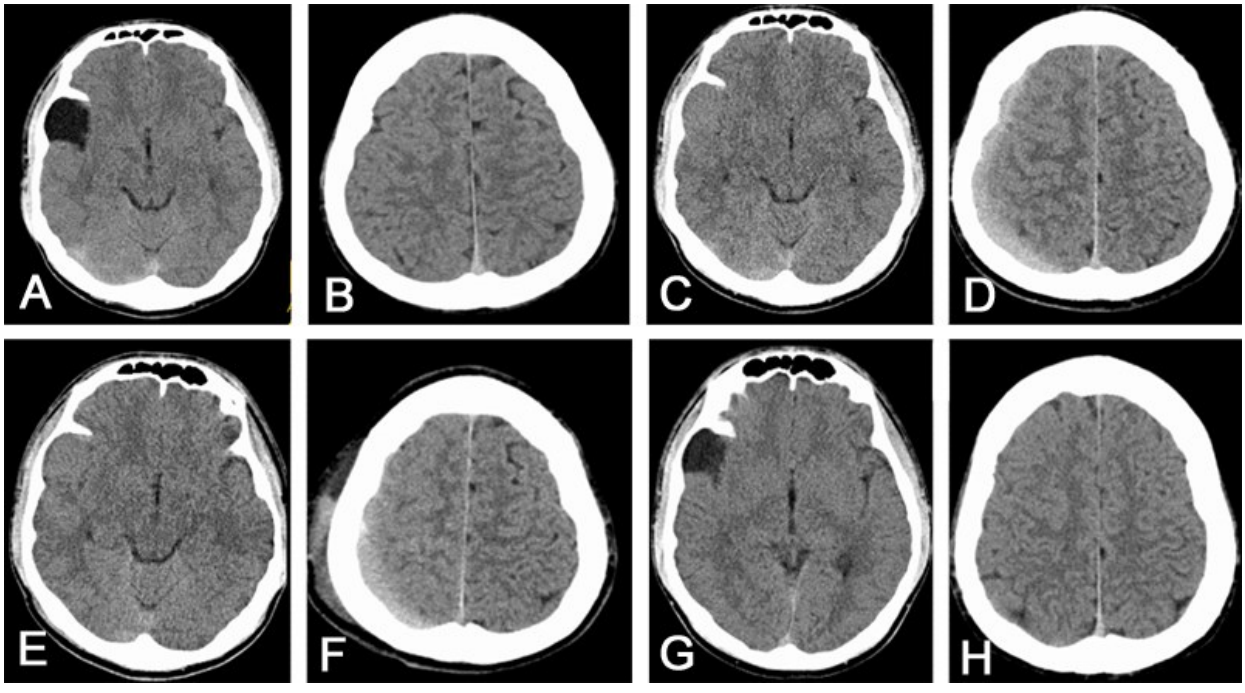

图1 16岁男性打篮球伤及头部后CT影像表现

A、B. 伤后当天头颅CT见右侧颞部蛛网膜囊肿，未见硬膜下血肿；C、D. 伤后2个月头颅CT见右侧颞部囊肿内稍高密度血肿，右侧额顶部硬膜下稍高密度血肿，厚度约10 mm，血肿量约250 ml；E、F. 右侧额顶部硬膜外血肿钻孔引流术后2 d复查CT，血肿未完全消失；G、H. 术后1个月复查CT见血肿完全消失，囊肿仍存在

与此类病人也存在不同程度脑萎缩有关；存在凝血因子活性下降病人，围手术期如补充足够凝血因子则预后较好[7,8]；有分流手术史病人术后早期调高分流泵压力预后也较好[11]；而合并有蛛网膜囊肿者，术后脑组织回复率差、复发率高[12]。

颅内蛛网膜囊肿为先天性病变，可自发或因为外伤诱发，继发性形成CSDH。文献[13]报道颅内蛛网膜囊肿发生率在0.1%~4.6%，多发生在年轻人。Mori等[14]报道青少年CSDH合并蛛网膜囊肿的比例在62.5%；而且，与囊肿的大小无关[4,5,12,14]。本文10例小囊肿，5例大囊肿，其中3例囊肿位于枕部，1例位于血肿对侧；而CSDH均位于额顶或额颞顶部，男性仍明显多于女性。其具体发生机制目前仍不清楚。Takayasu等[15]对2例CSDH合并蛛网膜囊肿的病人行开颅手术治疗时，发现血肿外膜有新生毛细血管存在，而囊肿壁未见有毛细血管。Kwak等[16]对12例未并发出血的蛛网膜囊肿病人行开颅手术治疗时，其中4例囊肿壁与硬脑膜之间存在桥静脉，囊肿壁有细小血管跨越，损伤这些小血管则可引起渗血。因大多蛛网膜囊肿本身不需要外科干预，且手术有一定风险（如再出血等），故目前国内外学者多主张只行创伤及风险较小的钻孔引流术[4~8,17]，而不处理蛛网膜囊肿[11,13~15]。也有行开颅硬膜下血肿清除和（或）蛛网膜囊肿切除术或开窗术[18]，或二期行蛛网膜囊肿分流术、脑膜中动脉栓塞治疗[19]。对于血肿复发的病人，无需急于再次钻孔或者行针对囊肿的手术，可定期随访观察[11,12]。本文2例小骨窗手术清除血肿后行囊肿开窗术（1例术后1个月再次出血；1例术后2个月再次出血，观察半年后血肿消失）。13例行血肿钻孔引流术，3例再出血（1例经观察1月后消失；1例术后1月囊肿及硬膜下再出血，予再行硬膜下血肿钻孔引流术，术后囊肿未再出血，但硬膜下仍有出血，予观察1月后消失；1例术后中线回位差，观察2个月后在外院再行囊肿开窗术，半年后中线才逐渐回位）。

总之，青年CSDH首选钻孔引流术，预后良好；其常合并其它诱发原因，需仔细询问病史，以防遗漏，需重视合并疾病的治疗。合并有蛛网膜囊肿者，术后再出血率高，如无颅内压增高，可随访观察。

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