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双头翼状胬肉治疗成功一例

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摘 要

本文报道1例73岁男性患者，患有右侧双头翼状胬肉。文中还简要回顾了近期关于翼状胬肉的病因、相关风险因素、手术类型及管理方法的文献。该患者是一名田间工人，除了8年前因“树枝捅伤”行右眼缝合手术外，患者没有其他眼部手术史。在局部麻醉下，成功进行了右眼颞侧和鼻侧的翼状胬肉切除伴自体结膜瓣移植术。术后的随访中，结膜自体移植位置稳定，未出现感染、角膜变薄或移位等并发症。

关键词

双头胬肉，自体结膜移植，角膜缘干细胞

A Successful Case of Double-Headed Pterygium Treatment

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Abstract

This article reports a 73-year-old male patient with right-sided double-headed pterygium. The paper also briefly reviews recent literature on the etiology, related risk factors, surgical types, and management approaches of pterygium. The patient, a field worker, had no prior ocular surgery history except for a right eye suture operation 8 years ago due to a “tree branch injury”. Under local anesthesia, right temporal and nasal pterygium excision with autologous conjunctival flap transplantation was

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successfully performed. During postoperative follow-up, the autologous conjunctival graft remained stable without complications such as infection, corneal thinning, or displacement.

Keywords

Double-Headed Pterygium, Autologous Conjunctival Transplantation, Limbal Stem Cells

1. 背景

翼状胬肉(Pterygium)是局部球结膜纤维血管组织增生侵犯角膜的一种良性增生性病变，因其形状酷似昆虫的翅膀而得名，是临床上最常见的眼表疾病之一[1]。也是导致失明和视力障碍的主要原因之一[2] [3]。翼状胬肉经常被描述为基底上皮细胞的增殖改变，侵入邻近的角膜上皮和血管而形成[4]。研究表明[5]，紫外线辐射可能与翼状胬肉的发病机制有关，并且 97% [6]的病例出现在角膜的鼻侧，与翼状胬肉发展相关的其他风险因素有遗传因素，环境因素，如风、灰尘和眼睛干燥，以及衰老和免疫等因素。一种罕见的翼状胬肉类型是双头型，指角膜缘鼻侧与颞侧同时出现纤维血管组织增生，形成“双头部”结构，这种双侧形式极为少见，占翼状胬肉病例的比例不足 1% [6]。本文介绍了一例罕见的病例，涉及右眼鼻侧和颞侧同时进行双头翼状胬肉切除，其中，鼻侧行自体结膜瓣移植，颞侧将结膜切口间断缝合于角膜缘。此外，还简要回顾了近期在 PubMed 上发表的相关文献，这些文献不受语言和时间限制，涵盖了翼状胬肉的病因、相关风险因素、手术类型及患者管理。

2. 临床资料

患者男，73 岁。因“右眼长云膜 40 年”于 2025 年 6 月 16 日于青岛大学附属烟台毓璜顶医院就诊，期间眼部偶伴眼红，经当地医院诊治，给予眼药水点眼治疗，症状无好转，云膜呈进行性生长，引起视力下降，伴眼磨、流泪。裂隙灯检查显示，右眼存在双头胬肉，拍摄患者裂隙灯照片(图 1)。遂收入院拟行手术治疗。入院查体：右眼视力 0.25，矫正小孔 0.3，眼压 18 mmHg，鼻侧结膜下筋膜组织增生肥厚，侵入鼻侧角膜约 6 mm，深入瞳孔区约 1 mm，颞侧结膜下筋膜组织增生肥厚，侵入颞侧角膜约 4 mm，余角膜透明，前房清，深度可，瞳孔圆，直径约 3 mm，对光反射灵敏，晶状体皮质不均匀灰白色混浊，视网膜平伏。在患者签署知情同意书后，于 2025 年 6 月 16 日在局部麻醉下成功切除了右眼的双头翼状胬肉。由于鼻侧翼状胬肉较大，首先进行了切除，向翼状胬肉头部注射了 2%的盐酸利多卡因和 0.75%的罗哌卡因。将胬肉头部从角膜剥离，切除胬肉头部以及体部深层胬肉组织(保留体部结膜)，清扫残留于角膜和巩膜表面的胬肉组织，自下方球结膜取与鼻侧去除胬肉组织大小相同的结膜瓣，移行至鼻侧裸露巩膜区并用 10-0 尼龙线间断缝合。颞侧结膜切口间断缝合于角膜缘。术后 1 月拍摄了右眼的照片(图 2)。术后，患者佩戴了治疗性绷带隐形眼镜。术后 4 周内每天四次使用托百士、普拉洛芬、典必殊、玻璃酸钠滴眼液。建议患者避免尘土飞扬和阳光直射的环境，并佩戴太阳镜。术后第一周及 2 个月的随访中，患者右眼视力达到 0.8，矫正+0.75DS/−1.00DC × 86˚ = 0.8，结膜自体移植部位保持稳定。在 2 个月的随访期内，未出现感染、角膜变薄、移植体移位或眼干等并发症，未出现复发性胬肉的情况，治疗性绷带隐形眼镜在第一个月结束时被移除。患者对右眼的恢复情况感到满意。

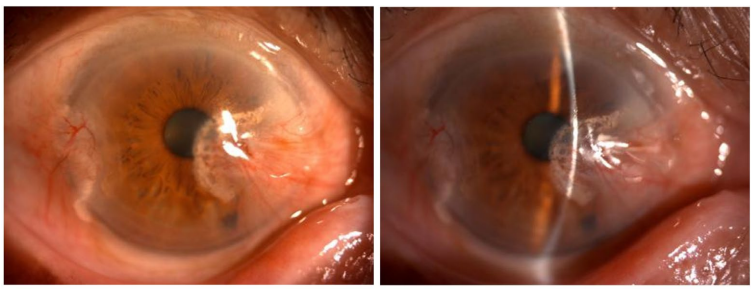

Figure 1. Right eye double-headed pterygium
图 1. 右眼双头翼状胬肉

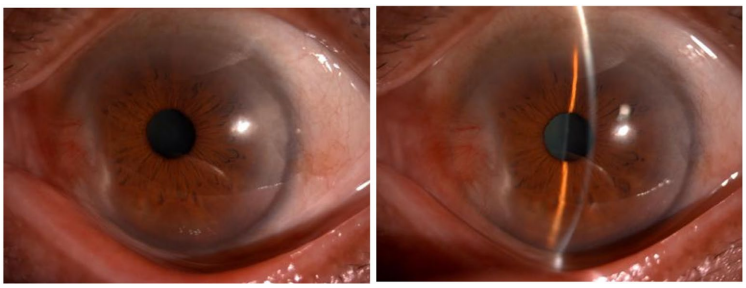

Figure 2. Anterior segment photography of the right eye on the first month after surgery
图 2. 术后 1 月右眼眼前段照相

3. 讨论

患者因罕见的双头翼状胬肉前来就诊。手术过程中，我们在局部麻醉下，采用垂直切开法，对患者右眼鼻侧和颞侧的翼状胬肉进行了切除，旨在实现良好的美容效果，并有效预防术后复发。

多项研究表明，翼状胬肉的发生与多种因素相关。Malekifar 等[7]的研究指出，民族因素与翼状胬肉的发病存在关联；Chen 等[8]的研究进一步显示，汉族人群患翼状胬肉的风险相对较高。此外，大量研究[9]-[21]一致表明，年龄增长、男性性别、长期紫外线照射、户外工作以及吸烟等，均是翼状胬肉的主要危险因素，甚至有研究[22]将其归类为与职业相关的疾病。具体到本例患者，作为居住于沿海阳光直射地区的男性田间工作者，其生活环境与职业特性均符合上述高危因素。不过，Akinsola 等[23]的研究却得出相悖结论，认为户外职业并非翼状胬肉的风险因素。同时，根据 Malekifar 等[7]的研究，翼状胬肉及睑缘炎家族史也被列为风险因素，而该患者并无相关阳性家族史。此外，Roka 等[24]曾提出干眼症与翼状胬肉存在密切联系，但这一情况在本病例中并未出现。

针对双头翼状胬肉的治疗，外科医生通常可选择同时手术或分阶段手术[6]，且目前已有多种手术技术应用于临床[25]。理想的手术方案需兼顾低复发率、轻微并发症及良好的美容效果。自体结膜移植技术凭借 5%的低复发率[26]，多年来一直是眼科医生的首选，本病例亦采用该技术进行治疗。另有研究显示，缝合的角膜缘自体移植术复发率在 0%~14.29%之间[27]；将游离的自体结膜分成两部分，通过缝线固定于角膜两侧以替代切除的翼状胬肉，也是治疗双头翼状胬肉的有效方式[6]。Yeung 等[28]采用顺序翼状胬肉切除联合自体结膜瓣移植术治疗双头翼状胬肉，并证实数月后在同一部位再次实施该手术，并不会增加复发风险，充分验证了该术式的安全性与有效性。Aidenloo 等[29]指出，年轻患者、复发性翼状胬肉以及较大的胬肉组织，均是术后复发的高危因素。鉴于本患者右眼鼻侧翼状胬肉体积较大，建议尽早手术切除，以降低复发风险。Lee 等[30]的研究表明，翼状胬肉切除术联合大块结膜自体移植，在治疗复发性翼状胬肉时，可实现良好的美容效果，同时显著降低复发率并减少并发症。此外，在原发性翼状胬肉手

术中，使用 5-氟尿嘧啶或丝裂霉素 C 进行抗纤维增生治疗，可起到辅助作用[31] [32]；文献中也有多层羊膜移植治疗翼状胬肉的报道[33]，但考虑到本患者翼状胬肉程度较轻，未选择该方法。

综上所述，垂直切开联合自体结膜移植术是治疗双头翼状胬肉安全、有效且能预防复发的手术方式。年龄、阳光照射与男性性别是本例患者发病的主要危险因素。术后规范用药及采取防护措施至关重要，建议患者日常佩戴太阳镜，减少紫外线暴露，从而降低翼状胬肉的复发风险。

声　明

该病例报道已获得病人的知情同意。

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