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Smart plug泪小管塞治疗水液缺乏型干眼的长期并发症

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[摘要] 目的: 评估Smart plug泪小管塞治疗水液缺乏型干眼的长期并发症。方法: 收集汕头国际眼科中心2011至2016年门诊确诊的水液缺乏型干眼患者300例(600眼), 进行Smart plug泪小管塞治疗, 随访观察术后临床并发症, 中位随访时间为术后3年(术后1~5年)。结果: 3例患者(3眼)术后患有泪小管炎(0.5%), 发病时间为术后1~3(中位2)年, 取出泪小管塞后并给予局部抗生素滴眼液治愈。2例患者(4眼)因植入上下泪小管塞后流泪症状不能耐受, 单纯取出下泪小管塞后症状缓解(0.7%); 4例患者(8眼)因只植入下泪小管塞症状未能明显好转, 1个月后再植入上泪小管塞(1.3%); 291例患者干眼主观症状改善, 有效率为97.5%, 长期随访未发现并发症。结论: 虽然Smart plug泪小管塞治疗水液缺乏型干眼具有明确的疗效, 但Smart plug泪小管塞植入后的长期并发症不容忽视, 需要长期观察。

[关键词] 泪小管塞; 干眼; 并发症

Long-term complications of Smart plug insertion in the treatment of aqueous tear deficiency dry eye

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Abstract **Objective:** To evaluate the long-term complication associated with the use of the Smart plug in the treatment of aqueous tear deficiency dry eye. **Methods:** A total of 300 patients (600 eyes) were collected in Joint Shantou International Eye Center from 2011 to 2016, all the patients accepted the treatment with Smart plug, and were followed up for clinical complications. The median follow-up time was postoperative 3 years (1–5 years after surgery). **Results:** Three patients (3 eyes) developed canalculitis, the rate was 0.5%. The median time from Smart plug insertion to the onset of canalculitis was 2 (1–3) years, leaving the Smart plug and resolved the application of topical antibiotics. Two patients (4 eyes) could not suffer from implantation of the upper and lower Smart plug, removed the below, the ratio was 0.7%; 4 patients (8 eyes) need upper Smart plug insertion after implantation of the lower one month later, the rate was 1.3%; 291 cases of dry eye improved by long-term follow-up, the effective rate was 97.5%. **Conclusion:** Although the Smart plug is effective in the treatment of aqueous tear

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deficiency dry eye, the later complications of Smart plug insertion cannot be neglected and need the long-term follow-up.

Keywords punctual plug; dry eye disease; complication

干眼是目前国内外最常见的眼表疾病, 主要表现为泪膜异常、眼部刺激症状、炎症反应以及眼表疾病^[1-2], 水液缺乏型干眼是干眼的常见类型, 是由于水液性泪液生成不足或水液性泪液质的异常导致泪膜不稳定而引起的干眼^[3]。目前, 临床上人工泪液缓解干眼症患者症状应用最多, 近年来使用泪小管塞治疗水液缺乏型干眼也越来越多, 通过封闭患者泪小点以阻止泪液排出, 使正常分泌的泪液在眼内滞留, 从而改善症状, 取得较好疗效^[4-5]。但关于泪小管塞的并发症特别是长期随访的并发症没有被引起足够的重视。本文长期随访研究近5年来在汕头国际眼科中心行Smart plug泪小管塞治疗水液缺乏型干眼患者的并发症, 为临床工作提供依据。

1 对象与方法

1.1 对象

汕头国际眼科中心角膜科收治的300例(600眼)水液缺乏型干眼患者, 其中男108例(216眼), 女192例(384眼), 年龄23~82(44.44±13.96)岁。按统一入选标准和排除标准筛选患者, 统一签署治疗知情同意书。本研究已获得汕头国际眼科中心伦理委员会批准。

纳入标准: 1)所有病例均出现2种以上的自觉不适症状, 如眼干涩感、眼红、畏光、异物感、痒感、烧灼感、黏性分泌物、视物模糊瞬目后好转、视力波动、视疲劳等; 2)泪液分泌试验(Schirmer I test, SIT) <10 mm/5 min; 3)泪液膜破裂时间(tear break-up time, TBUT) <10 s; 4)角膜荧光素染色(fluorescent, FL)评分>2分; 5)日常使用人工泪液

的患者每天3次以上, 症状不能够完全缓解^[6]。

排除标准: 所有患者均排除泪道疾病、眼表活动性炎症、角结膜化学伤、屈光性角膜手术后及其他眼部疾病和伴随全身疾病患者。

1.2 方法

1)术前冲洗泪道, 扩张泪小点, 保持泪道通畅; 2)使用盐酸爱尔凯因滴眼液进行表面麻醉, 暴露泪小点; 3)手持显微镊, 将Smart plug泪小管塞垂直插入泪小点, 沿泪道方向插入2/3; 4)接触体温后Smart plug泪小管塞缩短膨胀, 完全缩入泪小管, 术后使用抗生素滴眼液1周; 5)SIT ≤7 mm/5 min, BUT ≤4 s, FL ≥6分的干眼症患者应植入2个泪道栓子, SIT >7 mm/5 min, BUT >4 s, FL <6分的干眼症患者应植入1个泪道栓子^[2]。

2 结果

300例患者(600眼)中, 285例(570眼)只植入下泪小管塞, 15例(30眼)植入上下泪小管塞(表1)。

3例患者(3眼)术后患有泪小管炎, 患病率为0.5%, 细菌培养为金黄色葡萄球菌, 发病时间为术后1~3(中位2)年, 该3例患者全部取出泪小管塞后并给予局部抗生素滴眼液治愈。

2例患者(4眼)因植入上下泪小管塞后流泪症状不能耐受, 单纯取出下泪小管塞后症状缓解, 比例为0.7%。

4例患者(8眼)因只植入下泪小管塞症状未能明显好转, 1个月后再次植入上泪小管塞, 比例为1.3%。

291例患者干眼主观症状改善, 有效率97.5%, 长期随访未发现并发症。

表1 患者BUT, S | T和FL评分结果

Table 1 BUT, SIT and FL score of the patients

组别	BUT/s	SIT/(mm·5 min ⁻¹)	FL评分
上下泪小管植入前(30眼)	2.86 ± 0.91	4.11 ± 1.12	7.08 ± 1.03
下泪小管植入前(570眼)	5.33 ± 1.22	8.87 ± 1.02	4.31 ± 1.25

3 讨论

临床上将干眼分为水液缺乏性和蒸发过强性两大类^[7]。水液缺乏型干眼是由于泪腺和副泪腺产生的泪液减少、水液性泪液质量下降造成泪膜不稳定而引起角膜和结膜干燥而形成的干眼,水液缺乏型干眼又可分为伴Sjögren综合征干眼和不伴Sjögren综合征干眼^[8-9]。目前干眼的治疗方法主要分为3大类:补充人工泪液、植入泪道塞以及颌下腺移植^[10-12]。对于很多主观症状比较重的患者,因用药依从性很差,更倾向于选择泪小管塞治疗。

研究数据^[13-15]显示:Smart plug泪小管塞治疗干眼总有效率高达94%,可以有效减少人工泪液及抗生素等滴眼液的使用,改善了干眼患者眼表生理微环境,提高了患者的生活质量。但关于泪小管塞的并发症特别是长期随访的并发症没有被引起足够的重视。近年来的几项研究^[16-17]发现:相关并发症包括泪小管炎、泪小管肉芽肿、流泪等。

本研究对泪小管塞植入术后患者的长期随访中,发现3例患者(3眼)术后患有泪小管炎,患病率为0.5%,细菌培养结果为金黄色葡萄球菌,发病时间为术后1~3年不等,病例分析考虑患病原因可能为患者患有慢性睑缘病变,如睑板腺功能障碍等,细菌已寄生于睑缘,当有植入物进入泪小管时也随之被带入,术后抗生素滴眼液依从性差,该3例患者全部取出泪小管塞后并予以局部抗生素滴眼液治愈,泪小管塞植入术后发生泪小管炎也受到很多研究者的关注^[16,18-19]。在Klein-Theyer等^[16]的10年随访研究中显示:42只眼植入Smart plug泪小管塞后,7只眼发生泪小管炎,发病率高达16.6%,病原体鉴定结果为4只眼的分泌物培养发现放线菌,3只眼分泌物培养发现金黄色葡萄球菌,其中有6眼取出泪小管塞后给予局部抗生素滴眼液和聚维酮碘重复泪道冲洗治愈,1眼需要进行泪小管切开术。

Yuen等^[17,20]研究显示泪小管塞植入术后发生泪小管增生性肉芽肿,需手术切除,但本研究未发现该并发症。本研究中有2例患者(4眼)因植入上下泪小管塞后流泪症状不能耐受,单纯取出下泪小管塞后症状缓解,比例为0.7%。4例患者(8眼)因只植入下泪小管塞症状未能明显好转,1个月后再次植入上泪小管塞,比例为1.3%,植入后干眼症状才得以缓解。

虽然Smart plug泪小管塞治疗水液缺乏型干眼具有明确的疗效,但Smart plug泪小管塞植入后的长期并发症不容忽视,需要长期观察,若遇到术后并发症需及时治疗。

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