

doi: 10.3978/j.issn.1000-4432.2018.04.07

View this article at: <http://dx.doi.org/10.3978/j.issn.1000-4432.2018.04.07>

· 临床病例讨论 ·

单眼多次取出结膜吮吸线虫1例

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[摘要] 患者, 男, 54岁, 因“双眼异物感伴眼痒2周”在北京怀柔医院眼科就诊。自诉1 d前自行从眼内取出白色虫体1条。裂隙灯检查发现左眼结膜囊内可见白色虫体2条, 用眼科镊子将其取出, 并送病理科检查。就诊结束后嘱患者左氧氟沙星眼液滴左眼, 4次/d。后病理科证实虫体为结膜吮吸线虫。5 d后患者复诊, 诉左眼仍眼痒伴异物感, 再次行裂隙灯检查检深部穹隆白色虫体1条, 取出虫体, 并使用生理盐水加压冲洗结膜囊, 嘱患者局部抗生素点眼, 门诊随访3周末见复发。

[关键词] 结膜吮吸线虫; 异物感; 果蝇

Multiple extraction of *Thelazia callipaeda* in a single eye: A case report

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Abstract A 54-year-old patient was admitted to the Department of Ophthalmology in Beijing Huairou Hospital due to the itch of eyes for 2 weeks. He said that a white worm was removed from the eye the day before the visit. Two white worms were found in the conjunctival sac from the left eye and we removed them with the tweezers and then sent to pathology department for further examination. The patient was told to use the levofloxacin eye drop 4 times a day. After 2 days, it was confirmed that the worms were *Thelazia callipaeda*; after 5 days, the patient came back for further consultation and complained that the itching and foreign body sensation didn't disappear. And then a white worm was found in the deep conjunctival sac from the left eye. The worm was removed, and the conjunctival sac was flushed with saline. The patient was told to continue using the levofloxacin eye drop. During 3-week follow-up, no recurrence was found.

Keywords *Thelazia callipaeda*; foreign body sensation; drosophila

结膜吮吸线虫为吸吮科吸吮属的一种线虫, 主要寄生于犬、猫等动物眼的结膜囊内, 也可寄生于人眼, 引起结膜吮吸线虫病。除人眼结膜囊

内, 也可寄生于眼前房、泪小管、眼睑及结膜下等, 多侵犯1眼, 少数可侵犯双眼。在我国, 结膜吮吸线虫病的中间宿主主要为冈田绕眼果蝇。感

收稿日期 (Date of reception): 2018-03-20

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染以夏秋季为主,农村发病多于城市。由于本病多流行于亚洲地区,又称为东方眼线虫病。北京怀柔医院于2016年9月接诊1例人眼感染结膜吮吸线虫的男性患者,现报道如下。

1 临床病例

患者,男,54岁,农民,主诉为“双眼异物感伴眼痒2周”。于2016年9月1日就诊于北京怀柔医院眼科。患者1 d前自行从左眼取出白色虫子1条。眼科检查:双眼视力1.0,外眼(-),双眼结膜轻度充血,少量乳头,无明显分泌物,角膜透明,角膜后沉着物(keratic precipitates, KP)(-),房水清,瞳孔圆,对光(+),晶体清。眼压:右眼(OD) 16.2 mmHg (1 mmHg=0.133 kPa),左眼(OS)

17.1 mmHg。裂隙灯检查:嘱患者用力各方向转动眼球,发现左眼颞侧穹窿2条白色线头样物,呈卷曲样运动,用眼科镊子将其取出。将2条虫体放入有生理盐水的培养皿中,肉眼观虫体细长线状,长度约10 mm,白色半透明,活动灵活,似蛇形卷曲运动(图1),裂隙灯下见虫体两端逐渐变细,头部钝圆。遂将虫体送病理科检查,40倍显微镜下虫体呈锯齿样外观(图2)。追问患者病史,患者于1个月前曾给邻居家狗注射疫苗。取出虫体后嘱患者点左氧氟沙星眼液qid+氧氟沙星眼膏bid,门诊随访。2 d后经病理证实虫体为结膜吮吸线虫。5 d后患者复诊,仍诉眼痒,裂隙灯检查较前未见明显变化,嘱患者用力转动眼球,从深部结膜囊发现1条白色虫体,使用生理加压盐水冲洗结膜囊,嘱患者继续抗生素点眼,门诊随访3周未见复发。

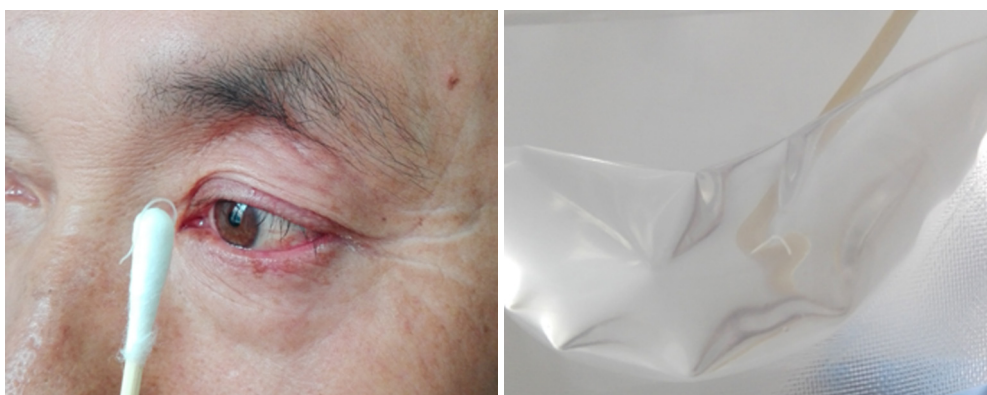


图1 虫体大体外观

Figure 1 Gross appearance of the worm

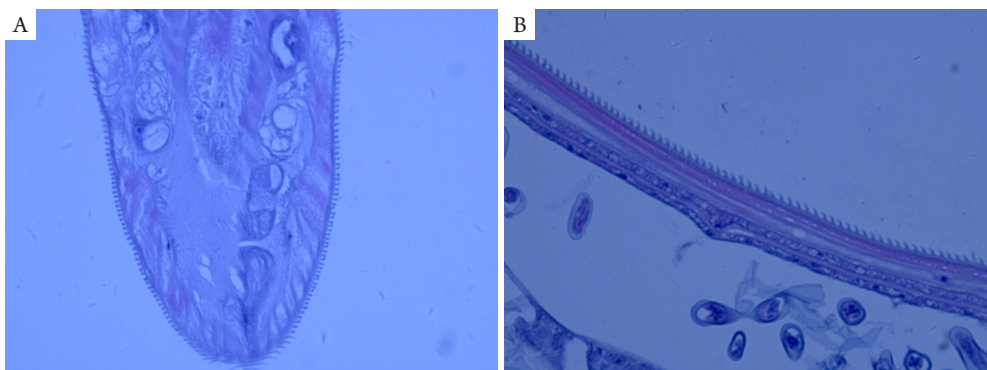


图2 显微镜下可见虫体锯齿样外观(HE染色, ×40)

Figure 2 Serrated appearance of the worm under a microscope (HE, ×40)

(A)头部; (B)纤毛。

(A) Head; (B) Cilium.

2 讨论

人眼感染结膜吮吸线虫最早于 1917 年由 Stuckey 和 Trimble 于北京和福州分别报道^[1], 之后在印度及日本陆续有报道^[2]。1954 年首次报道眼前房寄生病例^[3]。本病易感人群无明显年龄界限, 2 个月至 88 岁患者均有报道^[4]。单眼或双眼均可发病, 但单眼患病更多见, 其中农村幼童较常见。结膜吮吸虫病中间宿主为冈田绕眼果蝇, 主要传染源为犬, 其次是猫^[5]。本病例中患者可能因给犬注射疫苗而造成眼部感染。结膜吮吸虫病的临床表现因部位不同而有所不同, 眼表感染引起的表现有眼部不适, 异物感, 流泪、痒、疼痛, 喜揉眼等。若感染时间长, 还可引起角膜水肿混浊、角膜溃疡甚至虫体钻入结膜下繁殖。眼内感染的临床表现有视力下降、眼前黑影、畏光、结膜混合充血、房水混浊甚至前房积脓等。严重者可发生视网膜脱离、眼内炎^[6], 并发性白内障^[7]。

显微镜下观察见虫体头端钝圆, 无唇瓣, 角质口囊发达, 呈碗孟状, 体表密布有角皮形成的环形皱褶, 侧面观其上下排列呈锯齿状, 虫体尾端向腹面卷曲, 成虫表面锐利的横纹和角质口囊以及雄虫交合刺等可造成机械性损伤, 虫体的分泌物和排泄物可造成化学性刺激, 从而导致眼表异物感、眼红眼痛等。

从患眼取出虫体, 镜检确诊, 或取内眦分泌物加生理盐水压片镜检, 查到卷曲初产蚴便可确诊此病。本病治疗主要为眼部取虫。提起上眼睑, 充分暴露结膜囊可见虫体, 用眼科消毒镊取出虫体即可治愈。虫体取出后, 局部使用生理盐水冲洗结膜囊。最后用抗生素点眼预防感染。如怀疑虫体钻入结膜下或泪管, 可用纱布热敷, 促使虫体爬出^[8]。对屡次复发的患者, 可切开结膜囊, 用聚维酮碘清洗^[9]。预防本病的措施包括保持个人眼部卫生, 加强家中犬、猫管理, 清除烂果类垃圾以消灭果蝇的滋生地。儿童尽量不要在户外露宿, 以防果蝇吮吸眼睛, 减少感染机会。

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本文引用: 张海峰, 王红梅, 赵春燕, 曲冰洁. 单眼多次取出结膜吮吸线虫 1 例[J]. 眼科学报, 2018, 33(3): 205-207. doi: 10.3978/j.issn.1000-4432.2018.04.07

Cite this article as: ZHANG Haifeng, WANG Hongmei, ZHAO Chunyan, QU Bingjie. Multiple extraction of *Thelaziasis callipaeda* in a single eye: A case report[J]. Yan Ke Xue Bao, 2018, 33(3): 205-207. doi: 10.3978/j.issn.1000-4432.2018.04.07