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· 病例报告 ·

误入高压电场致昏迷与严重组织损伤一例

冯振江

患者男, 50岁。误入 50 kV 高压电场, 当即昏迷, 抽搐, 伤后 1 h 入院。查体: 患者意识不清楚, 双侧瞳孔不等大, 右侧较左侧稍大, 对光反射迟钝, 心率 106 次/min, 呼吸 22 次/min, 血压 120/80 mm Hg (1 mm Hg = 0.133 kPa)。创面主要位于额部(图 1)、背部和左足跟部, 其他部位也有散在小创面。烧伤总面积为 3% TBSA, III、IV 度。头部 CT 检查未见异常, 心电图提示心房颤动, 心肌受损。入院后给予患者脱水剂、激素、脑蛋白水解物和吸氧等综合治疗, 昏迷 19 h 50 min 后患者苏醒, 但时有烦躁。伤后 9 d 患者病情基本稳定, 在全身麻醉下行额部和左足跟部切痂术, 额部创面移植植皮游离皮瓣, 左足跟部采用左足底内侧腔后动、静脉为蒂的腓行岛状皮瓣修复。伤后 13 d 行背部创面切痂 + 邻近皮瓣修复术。术后两处皮瓣均成活, 但额部移植皮片坏死, 裸露创面约 6 cm × 5 cm, 颅骨亦外露。遂在颅骨上钻孔及肉芽创面上植皮, 但创面反复感染, 经久不愈。伤后 161 d 在全身麻醉下行额部创面清创术, 术中见肉芽组织下颅骨外板疏松、游离并坏死。彻底清除坏死组织后以邻近皮瓣覆盖, 患者创面逐渐愈合出院。



图 1 误入高压电场致患者严重组织损伤后的额部创面

讨论 电击患者常见短暂意识丧失, 一般能自行苏醒。本例患者只因误入 50 kV 高压电场, 当即昏迷, 历时 19 h 50 min 方经抢救复苏, 推测可能有较大电流通过脑部, 以至长时间昏迷。

电流所致创面早期清创后, 由于受损的或处于间生态的深部组织早缺血状态, 存在“渐进性坏死”现象, 植皮不易成活, 采用游离植皮应谨慎。较稳妥、可靠的术式为彻底清创后移植皮瓣修复创面。

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