·手术视频·

支架辅助肾动脉瘤弹簧圈栓塞术一例

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【摘要】 我们采用支架辅助的肾动脉瘤弹簧圈栓塞术，成功治疗了 1 例 62 岁女性右肾动脉瘤患者，疗效显著。患者因发现右肾动脉瘤入院，其左肾已萎缩并丧失功能，增加了手术难度和风险。为确保安全，手术分两期进行：一期进行右肾动脉造影，评估动脉瘤位置及解剖关系；二期实施介入栓塞治疗。术前讨论确定，动脉瘤靠近肾门，载瘤动脉供应肾脏上极，需确保栓塞同时保持肾动脉血流通畅。因此，我们选择支架辅助弹簧圈栓塞术。手术要点包括严格把握适应证、选择合适时机及术式，并尽可能保留远端肾动脉及分支。此血管腔内治疗方法具有微创、安全、有效、并发症少等优点。

【关键词】 支架；动脉瘤；栓塞；肾动脉
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A case report of stent-assisted renal artery aneurysm coil embolization

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【Abstract】 We successfully treated a 62-year-old female patient with a right renal aneurysm using stent-assisted coil embolization, achieving significant therapeutic effects. The patient was admitted to the hospital due to the discovery of the right renal aneurysm, and her left kidney had already atrophied and lost function, increasing the difficulty and risk of the surgery. To ensure safety, the surgery was conducted in two stages: the first stage involved right renal artery angiography to assess the aneurysm' s location and anatomical relationships; the second stage involved interventional embolization. Preoperative discussions confirmed that the aneurysm was located near the renal hilum, with the feeding artery supplying the upper pole of the kidney, necessitating embolization while maintaining renal artery blood flow. Therefore, we chose stent-assisted coil embolization. Key points of the surgery included strictly adhering to indications, selecting the appropriate timing and method, and preserving distal renal arteries and branches as much as possible. This endovascular treatment method offers the advantages of being minimally invasive, safe, effective, and associated with fewer complications.

【Keywords】 Stents; Aneurysm; Embolism; Renal artery

适应证：(1)症状性动脉瘤：如出现出血、缺血及肾血管性高血压等症状；(2)动脉瘤大小：直径大于 3 cm 的肾动脉瘤通常被认为是介入治疗的适应症；(3)动脉瘤生长情况：在观察随访期间，如果动脉瘤直径增大(超过 5 mm/年)，则考虑介入治疗；(4)育龄期及妊娠期妇女：由于动脉瘤可能对胎儿和孕妇构成风险，因此这类人群也是介入治疗的适应症之一；(5)假性动脉瘤：不论其大小和有无症状，假性动脉瘤都需要治疗。

禁忌证：(1)缺血性肾病肾功能严重受损且肾脏已明显萎缩：这类患者的肾脏功能已经严重受损，介入治疗可能无法有效改善病情，甚至可能加重病情；(2)预计生存时间有限的患者：对于这类患者，介入治疗可能无法带来显著的生存益处；(3)造影剂过敏：介入治疗过程中需要使用造影剂，对造影剂过敏的患

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者无法进行此治疗；(4)动脉闭塞无穿刺径路者：如果动脉闭塞且没有合适的穿刺径路，则无法进行介入治疗；(5)同时存在腹主动脉瘤和肾动脉狭窄拟手术治疗动脉瘤者：这类患者的病情复杂，需要综合考虑治疗方案，可能不适合单独进行肾动脉瘤的介入治疗。

术式评价：(1)严格把握肾动脉瘤治疗适应症，选择合适治疗时机及术式；

(2)术中尽可能保留远端肾动脉及分支动脉；(3)血管腔内治疗肾动脉瘤具有微创、安全、有效、并发症少等优点。

Indications: (1)Symptomatic aneurysms: such as those presenting with bleeding, ischemia, or renovascular hypertension; (2)Aneurysm size: Renal aneurysms larger than 3 cm in diameter are generally considered suitable for interventional treatment; (3)Aneurysm growth: If the aneurysm diameter increases by more than 5 mm per year during observation and follow-up, interventional treatment is considered; (4)Women of childbearing age and pregnant women: Due to the potential risks of aneurysms to the fetus and pregnant women, this population is also an indication for interventional treatment; (5)Pseudoaneurysms: Regardless of size or symptoms, pseudoaneurysms require treatment.

Contraindications: (1)Severe ischemic renal disease with significant renal atrophy: In these patients, renal function is already severely impaired, and interventional treatment may not effectively improve the condition and may even worsen it; (2)Patients with limited life expectancy: For these patients, interventional treatment may not provide significant survival benefits; (3)Contrast agent allergy: Interventional treatment requires the use of contrast agents, which cannot be administered to patients allergic to them; (4)Arterial occlusion without a puncture pathway: If the artery is occluded and there is no suitable puncture pathway, interventional treatment cannot be performed; (5)Concurrent abdominal aortic aneurysm and renal artery stenosis requiring surgical treatment for aneurysms: These patients have complex conditions requiring comprehensive consideration of treatment options, and may not be suitable for interventional treatment of renal aneurysms alone.

Evaluation of the Procedure: (1)Strictly adhere to the indications for renal aneurysm treatment, and select the appropriate treatment timing and method; (2)During the procedure, try to preserve the distal renal arteries and branch arteries as much as possible; (3)Endovascular treatment of renal aneurysms offers the advantages of being minimally invasive, safe, effective, and associated with fewer complications.

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