

帕金森病
和运动障碍性疾病
的手术治疗

SURGERY
FOR
PARKINSON'S
DISEASE
AND
MOVEMENT
DISORDERS



主编

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主译

王任直 王建明 冯华



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序

随着全世界人口的老年化，帕金森病和其他运动障碍性疾病的发病率不断增加。目前，除了药物治疗外，手术治疗已经成为一种重要的治疗手段，并且，随着神经生理学、神经病学、神经外科学、神经影像学等技术的发展，运动障碍性疾病的手术治疗取得了巨大的进展，手术方法也不断的更新，手术治疗的范围和指征进一步扩大。目前，许多新的治疗方法和新的治疗指征正在探索中。

由 Joachim K. Krauss 等主编的《帕金森病和运动障碍性疾病的手术治疗》这本书对运动障碍性疾病的手术治疗进行了系统的回顾，同时也详细论述了现在正在广泛采用的各种手术技术及其进展，对许多有争议的问题，例如手术靶点、手术指征等，也进行了讨论。该书的内容较全面，观点较新颖，是一本在运动障碍性疾病手术治疗方面非常有价值的参考书籍。因此，在人民卫生出版社的委托下，北京协和医院神经外科和神经内科的医务人员经过辛苦的工作，完成了对该书的翻译，及时将这本书介绍给国内的读者。

我相信这本书对运动障碍性疾病的诊断、治疗、教学和科研工作都有一定的指导作用，将成为所有参与诊治和研究运动障碍性疾病的医务人员的良师益友。最后，我对所有参加该书编译工作的人员致以深切的谢意，希望这本书能进一步推动我国运动障碍性疾病的发展。

北京协和医院 神经内科

张振馨

2004 年 6 月

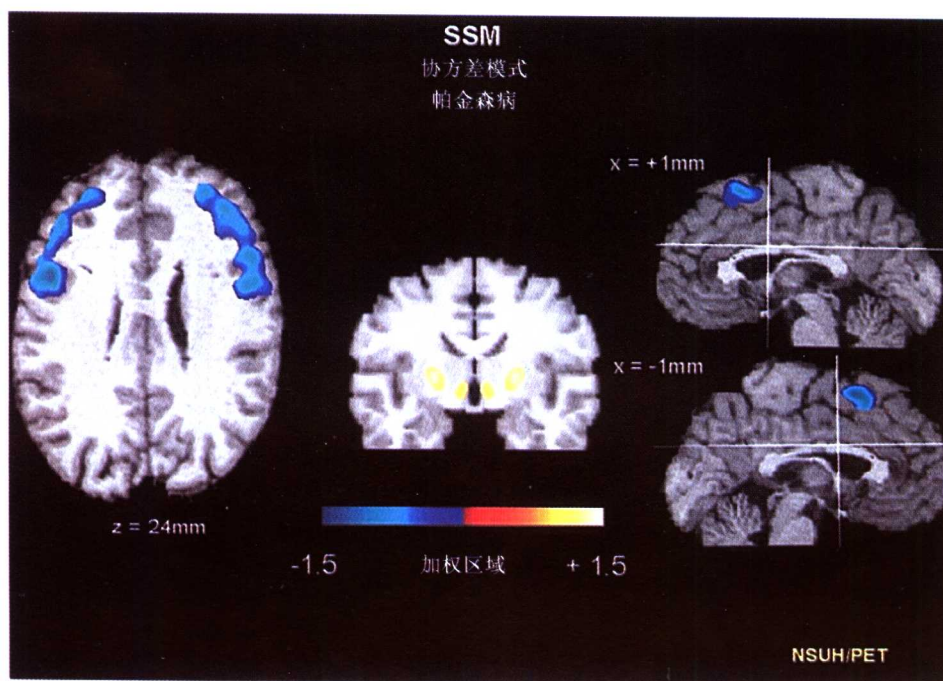


图 7.1 SSM 模式下帕金森病相关的局部代谢变化情况。帕金森相关模式的局部加权覆盖了正常部位的 MRI 图像。该模式以相应的豆状核和丘脑高代谢（黄色区域），却无双侧运动区、运动前区及辅助运动区变化（蓝色区域）为特征。

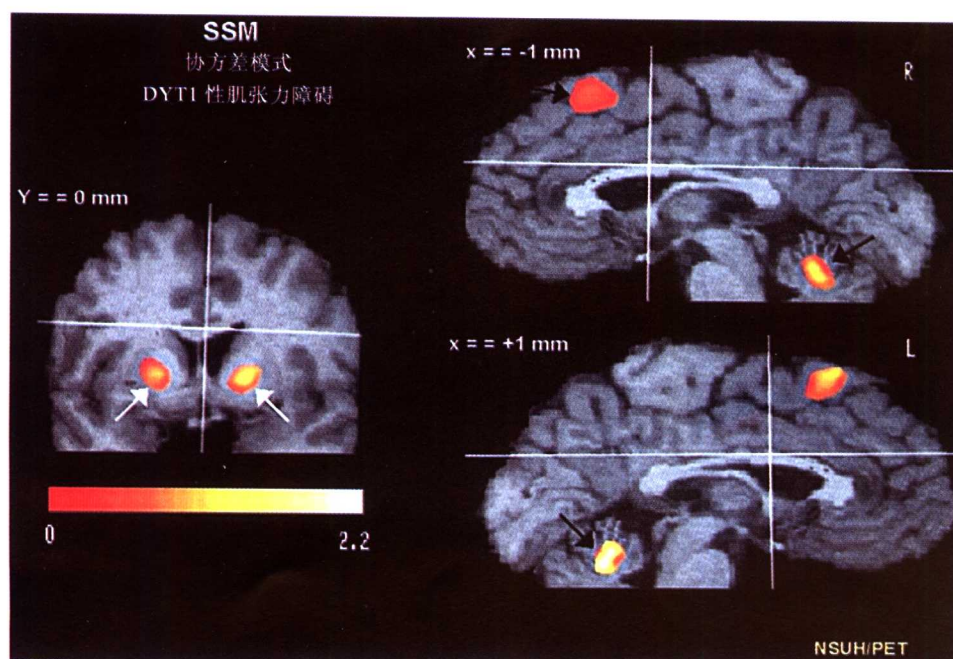


图 7.2 SSM 模式下 DYT1 性肌张力障碍相关的局部代谢变化情况。其局部加权重叠在正常部位的 MRI 图像中。该模式以相应的豆状核、辅助运动区以及小脑半球高代谢为特征。

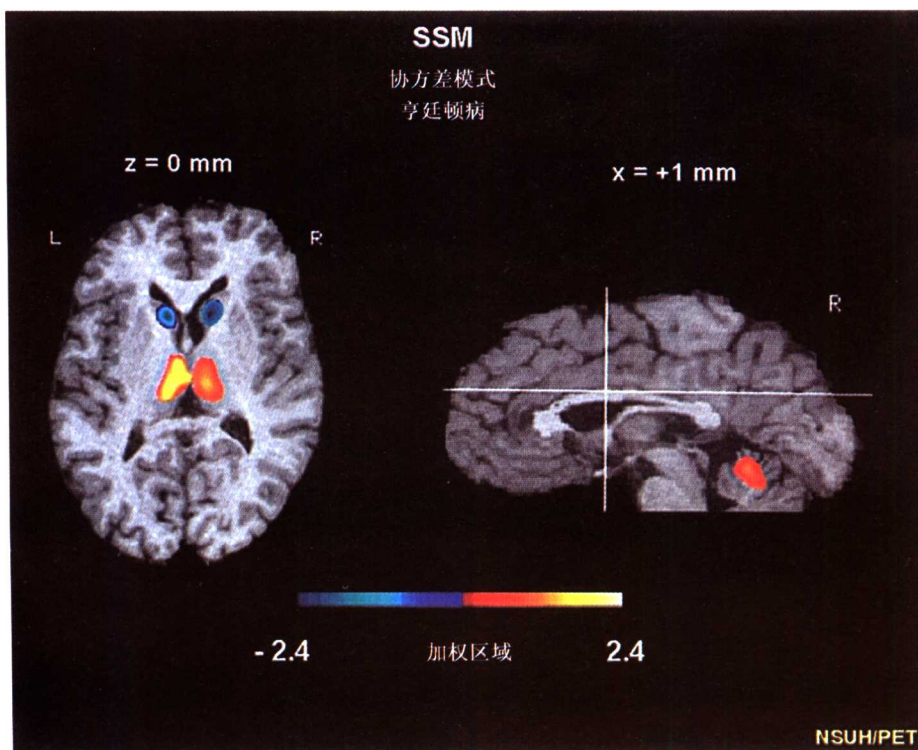


图 7.3 SSM 模式下 Huntington 病相关的局部代谢变化情况。其局部加权重叠在正常部位的 MRI 图像中。该模式以尾状核低代谢而相关的丘脑和小脑高代谢为特征。

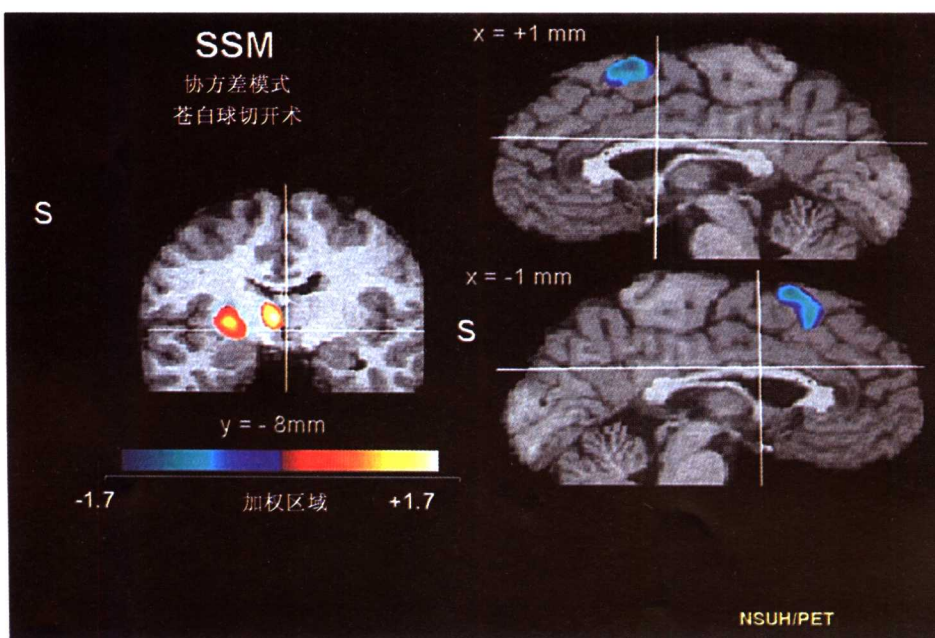


图 7.4 SSM 模式下苍白球切开术后局部糖代谢变化情况。其局部加权重叠在正常部位的 MRI 图像中。该模式以手术引起豆状核代谢下降，而双侧辅助运动区代谢升高为特点。

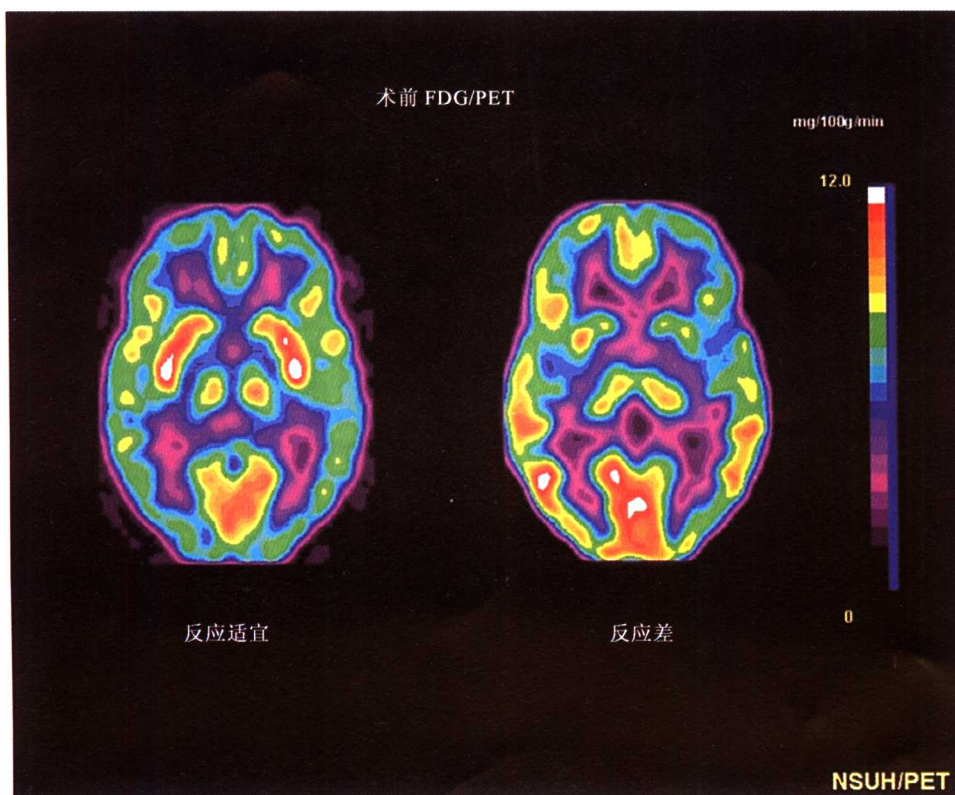


图 7.5 2 名因特发性帕金森病而行右侧苍白球切开术患者术前 ^{18}F FDG 摄片。左：术前豆状核高糖代谢患者术后效果良好。右：低糖代谢者手术无明显疗效。2 名患者病变大小、位置相似。（边上的色条代表了糖代谢水平 $\text{mg}/\text{min}/100\text{mg}$ ）

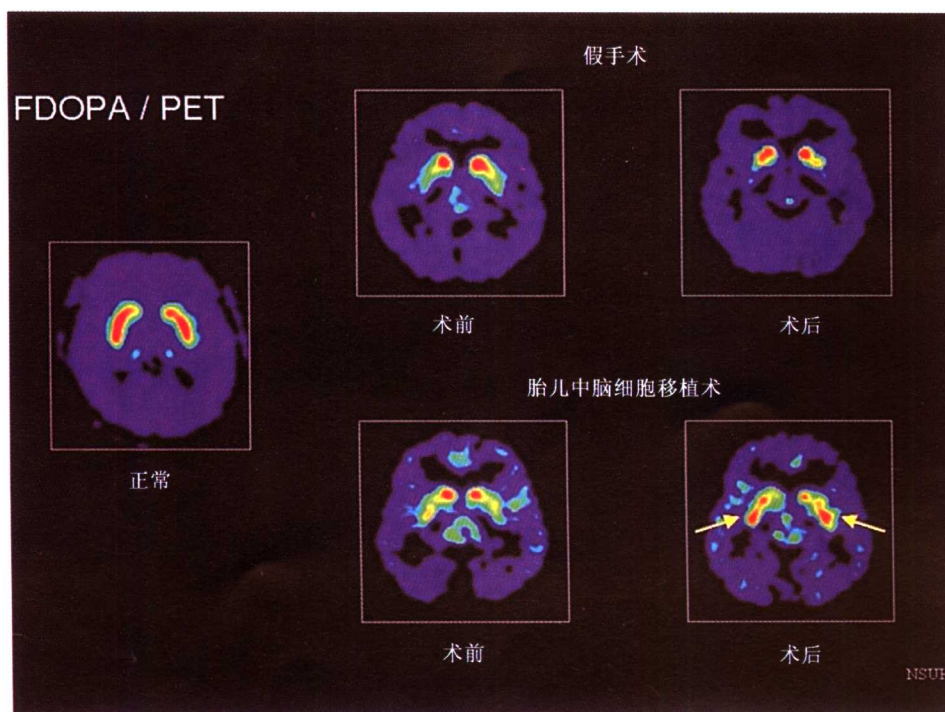


图 7.6 胎儿黑质细胞移植到严重帕金森病患者研究过程中，正常志愿者（左）以及两名患者的 ^{15}F -FDOPA-PET 摄片。上边一排代表术前及随机选择假手术者在手术 15 个月后的情况，下边一排代表另一名实施双侧壳核内植入手术在 15 个月后的情况。两名患者在术前检查提示其双侧壳核的 FDOPA 摄取率适合做移植（箭头）。

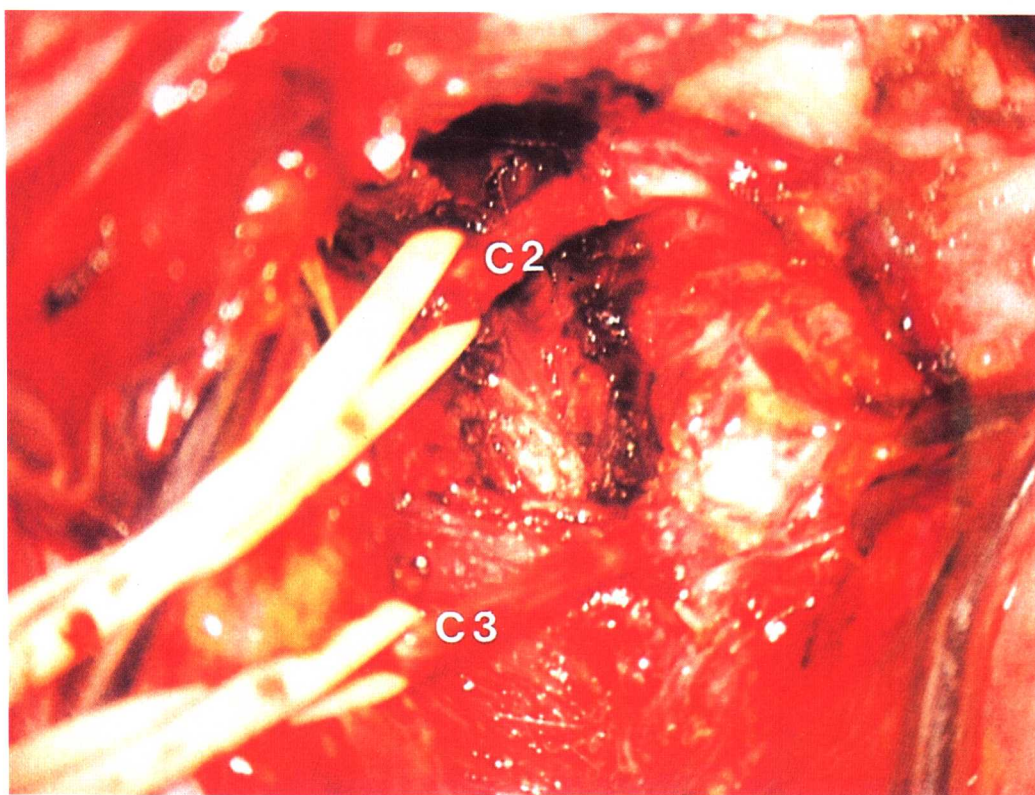


图 31.3 左侧 C2 和 C3 后支。

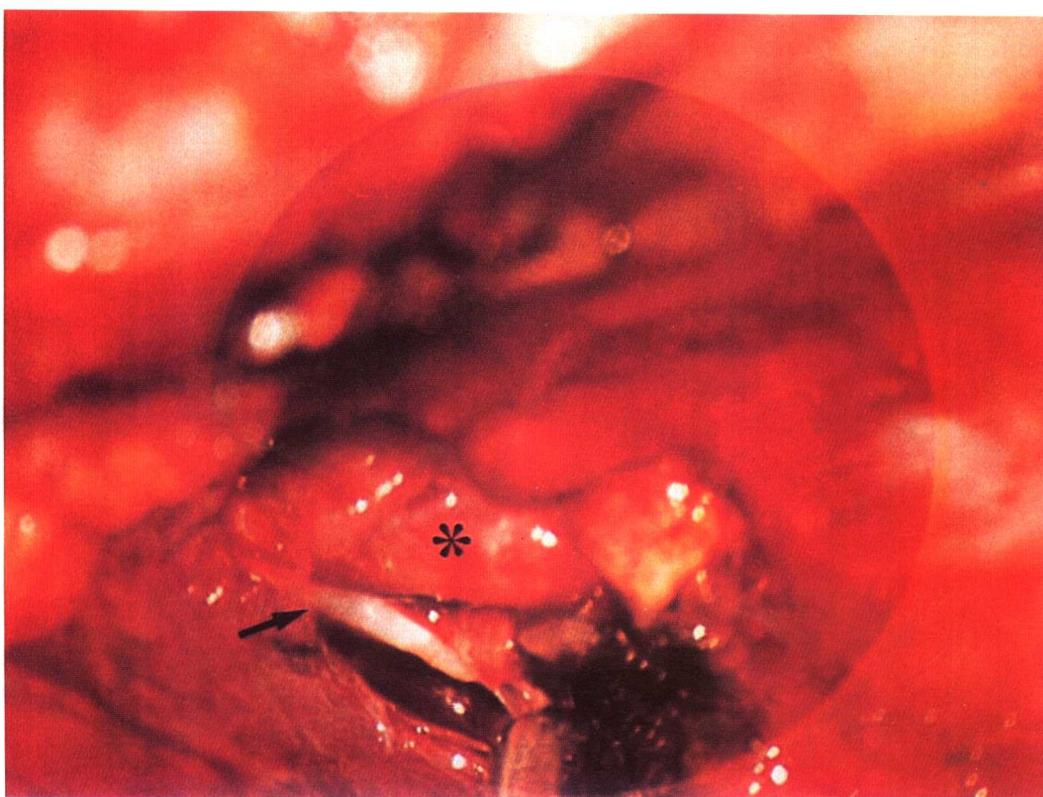


图 31.5 术中左侧 C1 图像 (箭头)，位于椎动脉下方。

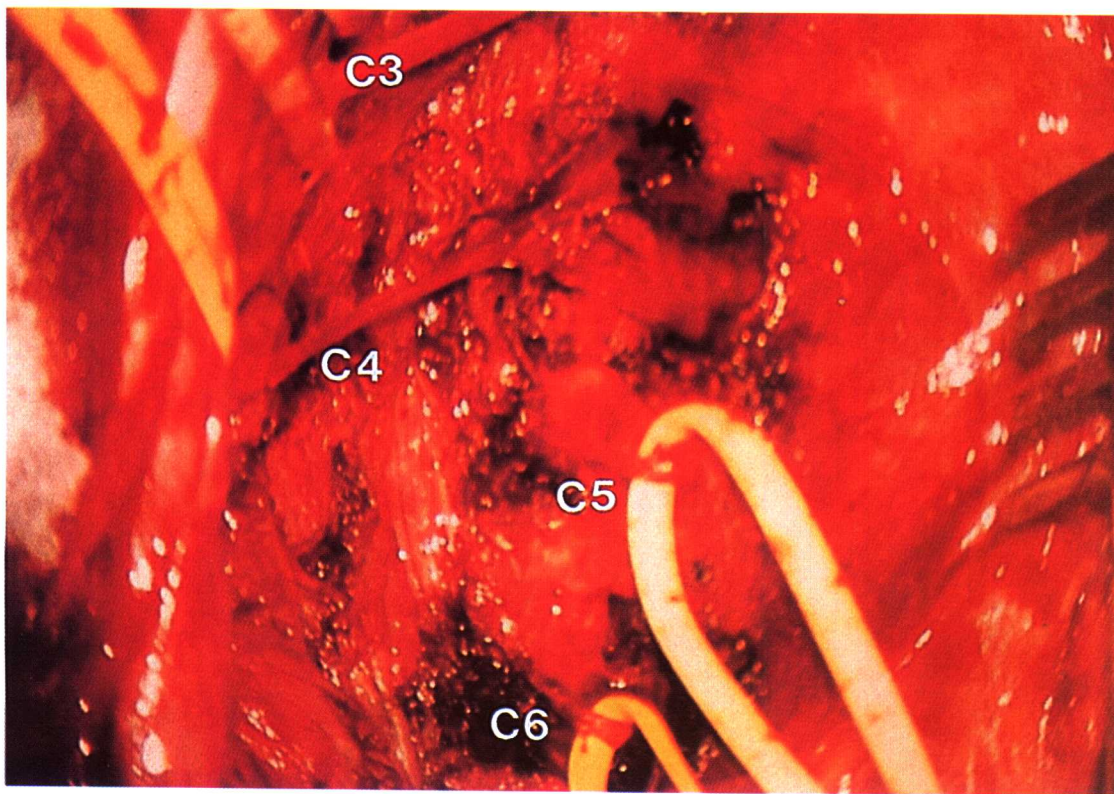


图 31.6 左侧 C3-6 后支。

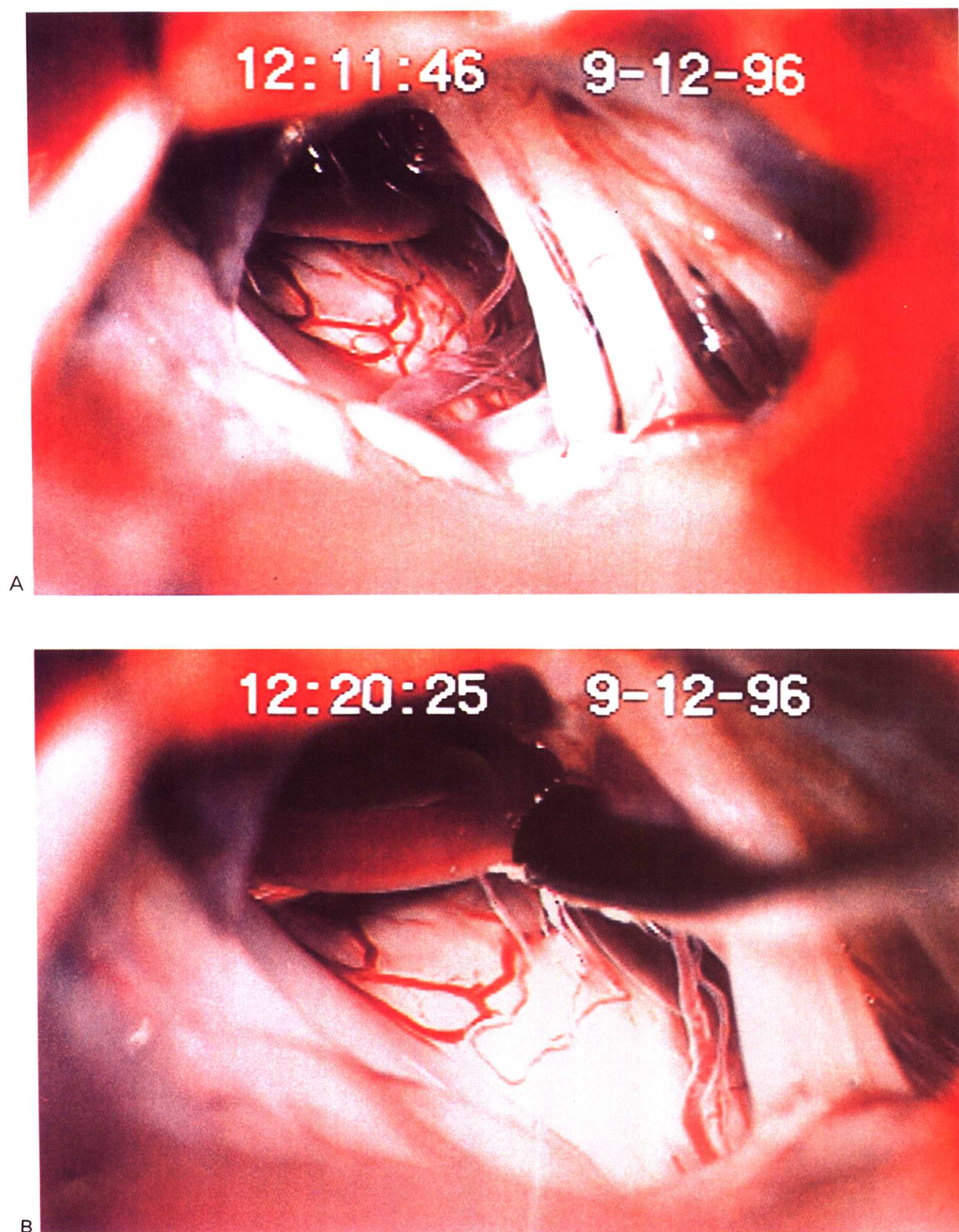


图 34.4 该图为典型右侧面肌痉挛患者的术中照片。A，当面神经刚从脑干发出时，动脉袢从尾侧和侧方压迫面神经。B，在脑干发出面神经区，压迫血管被轻柔游离后。在动脉袢下方垫上一块 Teflon 片，使得动脉袢不与面神经接触。手术操作时，注意不要损伤该区域动脉穿支。



图 34.5 A, 该图为典型半侧面肌痉挛患者的术中照片, 压迫面神经的为迷走的椎动脉分支。B, 微血管减压术过程中, 先是将该压迫血管由其靠近后组颅神经的尾侧逐步向头侧游离。小心抬起压迫动脉, 放入垫片至面神经根进出脑干区 (见彩图 34.5)。

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