

Otorhinolaryngology–Head and Neck Surgery Series

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Volume Editors

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鼻科学和内镜颅底手术

Rhinology and Endoscopic Skull Base Surgery

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中文版前言

我们非常有幸参与了《鼻科学和内镜颅底手术》这本书的翻译工作。本书着眼于鼻科学及鼻内镜颅底外科疾病的诊治过程,旨在提高耳鼻喉科医师对该领域的认知。自20世纪70年代以来,鼻内镜与各种先进技术的出现促使传统鼻外科领域发生了巨大的改变。内镜设备不仅提高了鼻科学手术的精细度,而且将手术方式由对正常解剖结构的破坏转变为对鼻功能的修复与重建。内镜利用鼻腔解剖学的优势而向周围领域逐步扩大,形成鼻颅底外科、鼻眼外科等相关学科,为鼻科学的发展带来了质的飞跃。技术的革新迫使临床医师不断提升自身业务水平,如何将先进设备适当地应用于鼻科学及相关领域是鼻科医师最应该解决的当务之急。本书共分为3个部分,第1部分阐述了鼻科学和颅底的基础解剖知识,第2部分具体叙述了鼻科学疾病的诊治及鼻外科手术过程,第3部分对鼻颅底领域的相关内容进行了系统描述。翻译的过程也是学习及积累经验的过程,通过对英文原版书的翻译,我们对鼻科学及内镜颅底手术过程也有了较为深入的了解。希望读者通过阅读本书,提高对鼻科学及内镜颅底相关领域的认知,将理论知识应用于临床实践中,为广大医务工作者带来更好的医疗便利。



序

鼻科学是耳鼻咽喉头颈外科学中最富有动态的一个分科。促进鼻科学发展的驱动力是:内镜设备和图像导航系统的技术进步,对内镜解剖的进一步了解,相关手术学科的并行发展,以及合作精神。鼻科学的范围已经迅速进展至颅底、眼眶以及其他部位。

快速变化带来了新的挑战。鼻科医师如何才能及时掌握最新的医学技术与手术技术?要做的是把最好的经验应用于各项决策中,而不仅仅是追求新潮流。本书的各位编者都是各自相关领域的专家,依据其丰富的临床经验以及对现行临床实践的权衡理解,提供了内科和外科解决方案。鼻外科并不是孤立的学科。鼻科学手术医师必须通晓鼻科学的解剖和内科基础知识,这样才能做出正确的决策,并会考虑非手术替代方案。要明白,良好的手术效果取决于整体治疗方案,手术干预只是患者治疗的一个方面。治疗越来越多地是由学科团队提供的,因此鼻科医师必须熟悉不同的医疗方式和原理。

狄雷尔和马普教授成功地将世界各地鼻科学相关领域的领军人物汇集在一起完成了本书的编著。本书分为三部分:鼻科学和内镜颅底手术基础,鼻科学及鼻旁窦手术,颅底外科及相关颅底手术。各章节提供了现今的认知简况,并阐述了未来的技术发展方向。

卡尔·H. 斯奈德曼

前 言

本书出版时正是内镜颅底外科和鼻科患者护理出现重大飞跃之际。本书重点介绍的一些研究、合作和创新领域都是人们最关注的。当团队医疗在各医学领域正处于不同程度的演变状态时，在许多领域人们尚未看到如此兴致勃勃地迅速聚焦于多学科治疗以及团队合作。同样，在对内镜颅底外科和鼻科进行综合评价时，我们力图为学习、讨论与发展建立一个基准。我们非常希望住院医师、研究人员、执业医师以及患者能从本书获得有益的参考。

本书是一项名副其实的国际化合作的成果，参与者来自全球各地。这也与我们的初衷非常契合，因为内镜颅底外科和鼻科领域的创新来自于全世界，而我们致力于帮助的也正是全世界各个社区的患者。

参与本书写作的每一位专家都奉献出了他们的时间和精力，在此对他们一一予以感谢。真的，我们要对本系列丛书的所有编者和著者表示祝贺，因为这真是一套世界级别的综合参考书！本套丛书主编 Kirtane 博士和 de Souza 博士为本套丛书的整合做了大量工作，在此一并表示感谢。

因而我们很高兴将此书推荐给读者，并希望它能帮助你们进一步提高业务知识水平，并在临床治疗中有所创新。

阿南达·K. 狄雷尔
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致 谢

我们不可能对每一位要感谢的人一一表示谢意,但在正文中会提到部分要感谢的人。

指导我们的很多导师,尤其是 Larry Hoover、Doug Girod 和 Terry Tsue 教授,给予了我们很多学习内镜颅底手术、开放颅底手术、鼻科手术基础和临床知识的机会。当时很多概念并不像现在这么清楚,某些概念还处于全球专家正在研究的阶段。我们的临床和研究合作伙伴,包括全球和本地的,已经成为非常优秀的合作团队。长久以来,许多特殊居民也已经成为我们团队的一部分,他们的许多问题已成为很棒的求知资源。

感谢患者及其家属给予我们的信任,正是因为他们本书才能问世。他们已经成为我们最好的老师。

最后应该感谢我的妻子 Manju 的爱和支持;我的儿子 Jayanth 和 Deven;我的父母 Kunchachandra 和 Vani。

阿南达·K. 狄雷尔

耳鼻咽喉科是而且一直是一个联系非常紧密的团队。在我们专业接受训练的人员不仅有机会读到专家的作品,而且有幸可以和专家直接学习。这种形式传承了一种普遍的职业传统。

我感到非常幸运,因为内镜技术第一次在美国引进时我参加了耳鼻喉的进修。光源小、止血困难、设备欠缺、不明确的手术步骤,这些固有的挑战促进改革、发展和创造机遇。这也提供了同时期鼻科学和内镜颅底手术华丽转变的基础。

想到此,我想借此机会感谢一些人,他们不仅在我个人的成长过程中提供了很多帮助,而且在鼻科学领域做出了很重要的贡献。Steve Schaefer 和 Lanny Close 教授了我早期 ESS 技术,并且推动了此类技术进一步发展。Peter Roland、Scotton Manning 和 Matthew Ryan 教我质疑想法的价值,怀疑论提供线索的重要性。Richard Mabry 博士教我重视综合考虑一个患者情况的重要性。

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主编按语

鼻科学是一门独立的学科,随着内镜的发展而得到认可,内镜使鼻内解剖结构可视,这在以往则是不可能的。以往的鼻外侧切口由外向内进入鼻腔,现如今已被内镜手术所替代,避免了难看的手术伤疤。正是由于内镜、非凡的光学、机器人技术和导航系统以及新型的CT和MRI,使一切变为可能。鼻科学最终会获得承认,进入繁盛期,但争议仍然存在。然而,随着时间的推移以及对患者的密切随访,最终将会明确,为了实现合适有效的治疗我们要遵循的途径。

耳科学作为一门研究的学科先于鼻科学。只有在2004年Linda Buck博士和Richard Axel博士对嗅觉的初始研究获得诺贝尔奖之后才被认可。而有关听觉生理学的诺贝尔奖是在45年之前授予的。治疗鼻/鼻窦疾患的技术和专业性知识发展很迅速。现今已有很多治疗中心治疗鼻科疾病,并将其应用延伸至前颅底。这将使得鼻科医师与神经外科医师的合作更加紧密。这是一个令人兴奋的新领域。技术、光学以及专业性训练促进了鼻科学的发展和改善,使其不仅成为一项科学技术,同时也是一门艺术。

本书的编辑和作者均意识到我们是一个不可分割的整体。本书旨在为鼻科医师提供实时、易懂的最新信息。本书将有助于鼻科医师做好充分技术准备,以便在患者就诊时给予专业的指导与诊治。为此我们感谢本书的作者及编辑。

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目 录

第 1 部分 鼻科学和内镜颅底手术基础	1
第 1 章 鼻腔和鼻旁窦胚胎学	3
第 2 章 内镜下鼻、鼻旁窦和颅底的外科解剖结构	7
第 3 章 鼻旁窦的应用生理学	14
第 4 章 鼻旁窦和前颅底的影像学	18
第 2 部分 鼻科学及鼻旁窦手术	31
第 5 章 鼻窦炎	33
第 6 章 慢性鼻窦炎诊断与治疗中的循证医学	39
第 7 章 真菌性鼻旁窦炎	44
第 8 章 嗅觉失调的评估及治疗	49
第 9 章 变应性鼻炎和慢性鼻窦炎	54
第 10 章 功能性鼻成形术:原理和技术	58
第 11 章 鼻源性头痛	64
第 12 章 鼻内镜下鼻窦手术的动力性器械	70
第 13 章 外科导航技术的发展	77
第 14 章 下鼻甲和鼻中隔手术:原则与技术	82
第 15 章 筛窦、上颌窦与蝶窦手术	86
第 16 章 鼻内镜额窦手术	92
第 17 章 额窦闭塞和颅腔化	98
第 18 章 儿科鼻窦炎	103
第 19 章 鼻窦修正手术并发症	109
第 20 章 鼻出血:手术治疗和非手术治疗	115
第 21 章 动力系统下内镜鼻腔泪囊吻合术	121
第 3 部分 内镜颅底外科及相关颅底手术	125
第 22 章 内镜眼眶减压及视神经减压	127

第 23 章	脑脊液:生理学和内镜漏口修补	133
第 24 章	颞下窝及翼腭窝内镜手术	142
第 25 章	鼻腔鼻窦良性肿瘤	147
第 26 章	内翻性乳头状瘤的内镜手术治疗	155
第 27 章	青少年鼻咽纤维血管瘤的内镜手术治疗	161
第 28 章	微创垂体手术	170
第 29 章	内镜斜坡和后颅窝手术	176
第 30 章	内镜或内镜辅助下颅底手术处理前颅底恶性病变:手术基本原理	183
第 31 章	前颅底恶性肿瘤的内镜和内镜辅助手术:手术注意事项	192
第 32 章	鼻窦与前颅底的开放路径	197
第 33 章	内镜颅底缺损修补术	203
第 34 章	鼻咽癌	211
第 35 章	前颅底良恶性肿瘤的放射外科和放射治疗	219
第 36 章	机器人内镜颅底手术	231
索引	237

第 **1** 部分

鼻科学和内镜颅底手术基础

