【Abstract】Objective To investigate the indication, complication and efficacy of bronchial artery embolization for the management of lung cancer with massive hemoptysis. Methods Thirty-eight cases of lung cancer with massive hemoptysis were retrospectively analyzed in our hospital from January 1996 to January 2003. All cases presented with acute hemoptysis from 220 to 980 ml daily, with a mean of 290 ml daily. A digital subtracted bronchial arteriogram was performed and bleeding arteries were embolized. Results Hemoptysis decreased gradually in all cases and ceased in 3 or 4 days after embolization. Recurrence was found only in one case 2 months after embolization and second embolization was applied to control hemoptysis. No serious complications occurred. Conclusion Bronchial artery embolization is safe and efficient for the management of lung cancer with massive hemoptysis.

【Key words】 Lung neoplasms Hemoptysis Embolization
所有病例栓塞后咯血量均明显减少。血细胞升高。再次栓塞，再次发生大咯血。扩张及肺脓肿等多种疾病。静剂等保守治疗后出血即可停止。既能达到稳妥固定的目的。旦发现导管脱出或栓塞剂返流。不稳。多起于前外侧。多支。难度并不大。动脉栓塞则为该类患者的治疗开辟了新的途径。往全身情况差。及远期疗效均优于选择性插管。

咯血是临床常见症状。因此必须谨慎操作。支气管动脉起源的解剖变异较大。要取决于导管能否很好地固定于支气管动脉。外溢征象。使用。导管时。若固定。则马上停止操作。经导管注入栓塞剂时导管脱出，会造成异位栓。右支气管多起自胸主动脉后外侧。左支气管则。左侧则多为。支气管动脉一般在气管分叉水平起于胸。

微导管。

1。微导管。

200 μm。Boushy。

3。Boushy。

1998。6。PVA。

100 μm。Boushy。


