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男性原发性高血压患者血清尿酸与左心房增大的关系研究

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【摘要】目的 探讨男性原发性高血压患者血清尿酸与左心房增大的关系。方法 选取2015年6月至2016年12月广东省人民医院收治的男性原发性高血压患者298例, 测量患者肝肾功能、血脂、血压、血糖和尿酸, 根据超声心动图检查结果分为左心房增大组及左心房正常组, 血清尿酸与左心房增大的关系采用多变量logistic回归分析。结果 298例男性原发性高血压患者平均年龄(55.29±8.48)岁, 平均尿酸值(488.93±112.46)μmol/L, 其中左心房增大患者47例, 左心房增大组血清尿酸水平[(512.21±90.82)μmol/L]明显高于左心房正常组[(474.38±94.26)μmol/L](t=9.34, P<0.001), 差异有统计学意义。Pearson相关分析表明血清尿酸与左心房内径呈正相关(r=0.589, P<0.001); 多因素logistic回归分析血清尿酸是左心房增大的危险因素(OR=1.894, 95%CI:1.13, 2.69; P<0.001)。结论 男性原发性高血压患者血清尿酸与左心房内径呈正相关, 并且是左心房增大的危险因素。

【关键词】心房功能, 左; 高血压; 尿酸; 男人

基金项目: 广东省广州市科技计划项目 (2014y2-00140, 1563000381, 201604020018, 201604020186); 广东省科技计划项目 (2014B020212008)

Study on the relationship between left atrial diameter with serum uric acid level in male patients with essential hypertension  Liao Xuan, Yu Xueju, Zhou Dan, Huang Yuqing.

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【Abstract】Objective To study the relationship between serum uric acid and left atrial size in male patients with essential hypertension. Methods From June 2015 to December 2016, 298 males with essential hypertension in the People’s Hospital of Guangdong Province were selected. They were divided into normal left atrial group and enlarged left atrial group based on the size of left atrial diameter. The fasting blood glucose, serum lipid, serum uric acid, hepatic and renal function and blood pressure were measured by routine methods, and multivariate logistic regression was used to analyze. Results The average age and serum uric acid level of 298 males with essential hypertension were (55.29±8.48) years old and (488.93±112.46) μmol/L. There were 47 cases with enlarged left atrial. The serum uric acid level in the enlarged left atrial group was significant higher than that in the normal left atrial group.
[(512.21 ± 90.82 μmol/L vs. (474.38 ± 94.26 μmol/L, t = 9.34, P < 0.001)]. Pearson correlation analysis showed that serum uric acid level was positively associated with left atrial diameter (r = 0.589, P < 0.001). Multiple logistic regression analysis showed that the serum uric acid level was a risk factor for enlarged left atrial (OR = 1.894, 95% CI: 1.13, 2.69; P < 0.001).

**Conclusion**  Serum uric acid level is positively correlated with left atrial size in male patients with essential hypertension, and is a risk factor for enlarged left atrial.

**Key words**  Atrial Funcyion, left; Hypertension; Serum uric acid; Men

**Fund program**: Technology Project Foundation of Guangzhou (2014y2-00140, 1563000381, 201604020018, 201604020186); Technology Project Foundation of Guangdong Province (2014B020212008)
原发性高血压患者清晨血压管理模式的初步探讨

张云红 杨渝 龙珑 沙敏 赵义娟 张碧芳 赵艳萍 叶凤仙

【摘要】目的 初步探讨大理白族地区原发性高血压患者清晨血压有效的管理模式。方法 选择 2015年5月至2017年1月在大理白族自治州人民医院就诊的302例原发性高血压患者,按照自愿原则分为个体管理组 (组1) 和系统化管理组 (组2),随访6~12个月后观察清晨血压的控制情况及血生化指标、知识、态度和行为 (KAP) 评分,药物依从性的 Morisky 评分。结果 原发性高血压患者清晨血压占 62.25 %, 性别差异为 61.11 % (99/162), 女性 62.86% (88/140), 清晨高血压组与非清晨高血压组比较, 前者具有较高的年龄、体质量指数 (BMI)、腰围 (WC)、胆固醇 (TC)、高密度脂蛋白胆固醇 (LDL-C)、收缩压 (SBP)、舒张压 (DBP)、C 反应蛋白 (CRP)、空腹血糖 (FBG)、肌酐 (Scr)、Sokolow-Lyon 值、Cornell 值、左室重量指数 (LVMI)、斑块检出率、尿蛋白/肌酐 (UACR)、尿微量白蛋白 (MAU), 较低的低密度脂蛋白胆固醇 (HDL-C) 和内生肌酐清除率 (eGFR), 差异均有统计学意义 (P < 0.05 ~ 0.001); 家庭自测血压 (HBPM), 动态血压 (ABPM) 和诊室血压 (CBPM) 三种诊断标准下清晨血压患者检出的心脑肾血管等靶器官损害例数以 HBPM 组最多, ABPM 组次之, CBPM 组最少, 差异均有统计学意义 (P < 0.05 ~ 0.001); 随访半年至1年后, 两组清晨血压控制率 (43.78% 比 61.39%), 清晨 SBP、清晨 DBP、心率、BMI、WC、TC、TG、UA、Scr 均较干预前下降, 系统化干预组下降明显, 差异均有统计学意义 (均匀 P < 0.05); 两组干预后 KAP 评分和 Morisky 评分均较干预前提高 (P < 0.05 ~ 0.01), K 评分为 [(9.63 ± 3.01) 分比 (14.26 ± 2.89) 分 (组 1), (10.11 ± 2.34) 分比 (17.23 ± 1.06) 分 (组 2)], A 评分为 [(2.05 ± 1.21) 分比 (2.98 ± 0.25) 分 (组 1), (2.08 ± 1.65) 分比 (3.56 ± 0.42) 分 (组 2)], P 评分为 [(4.39 ± 2.36) 分比 (5.89 ± 3.24) 分 (组 1), (4.71 ± 3.42) 分比 (7.26 ± 1.21) 分 (组 2)]; Morisky 评分为 [(61.23 ± 5.79) 分比 (72.36 ± 6.18) 分 (组 1), (60.89 ± 6.47) 分比 (88.45 ± 5.48) 分 (组 2)]。且系统化管理组提高较明显, 差异均有统计学意义 (P < 0.01)。结论 大理白族地区原发性高血压患者清晨血压控制率较低, 家庭自测血压可有效地预测靶器官损伤, 通过系统化管理可提高患者清晨血压的控制率、KAP 和 Morisky 评分。【关键词】 高血压; 清晨血压; 管理模式; 家庭血压监测 【基金项目】 云南省教育厅科学研究基金项目(2016ZDX110)

The preliminary study of management model of morning hypertension in people with essential hypertension

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【Abstract】Objective To analyze the epidemiological characteristics of morning hypertension in people with essential hypertension in Dali Bai autonomous prefecture, and to study the management model for morning hypertension. Methods From May 2015 to January 2017, 302 patients with hypertension in the People’s Hospital of Dali Bai Autonomous Prefecture were divided voluntarily into two groups, including single management group (group 1) and systematic management group (group 2). During six to twelve months follow-up, the changes in control rate of morning hypertension, serum biochemical indicators, KAP and Morisky score were observed before and after intervention. Results The proportion of morning hypertension in people with hypertension was 62.25%, 61.11% in men and 62.86% in females. The patients with morning hypertension had higher age, BMI, WC, TC, LDL – C, SBP, DBP, CRP, FBG, SCr, Sokolow – Lyon, Cornell, LVMI, UACR and MAU, more cervical plaque, and lower HDL – C and eGFR compared with non – morning hypertension (P < 0.05 ~ 0.001). The number of patients with target organ damage was most in patients with morning hypertension by home blood pressure monitoring (HBPM), second in ambulatory blood pressure monitoring (ABPM), and least in clinic blood pressure measuring (CBPM). Conclusions The management model for morning hypertension needs to be improved.
pressure monitoring (ABPM), least in clinic blood pressure monitoring (CBPM) \((P < 0.05 - 0.001)\). After six to twelve months follow-up, compared with before intervention, the control rate of morning hypertension was increased \((43.78\% \text{ vs. } 61.39\%)\), and SBP, DBP, HR, BMI, WC, TC, TG, UA, Scr were decreased in both two groups, which in the group 2 were lower than those in the group 1 \((P < 0.05)\). Compared with before intervention, the KAP score and Morisky in the two groups after intervention were significantly improved \((P < 0.05 - 0.01)\) \([\text{K score: } (9.63 \pm 3.01) \text{ points vs. } (14.26 \pm 2.89) \text{ points in the group 1}, (10.11 \pm 2.34) \text{ points vs. } (17.23 \pm 1.06) \text{ points in the group 2}; \text{A score: } (2.05 \pm 1.21) \text{ points vs. } (2.98 \pm 0.25) \text{ points in the group 1}, (2.08 \pm 1.65) \text{ points vs. } (3.56 \pm 0.42) \text{ points in the group 2}; \text{P score: } (4.39 \pm 2.36) \text{ points vs. } (5.89 \pm 3.24) \text{ points in the group 1}, (4.71 \pm 3.42) \text{ points vs. } (7.26 \pm 1.21) \text{ points in the group 2}, \text{Morisky questionnaire score: } (61.23 \pm 5.79) \text{ points vs. } (72.36 \pm 6.18) \text{ points in the group 1}, (60.89 \pm 6.47) \text{ points vs. } (88.45 \pm 5.48) \text{ points in the group 2})\), which in the group 2 were higher than those in the group 1 \((P < 0.01)\). Conclusion The control rate of morning hypertension in patients with hypertension in Dali Bai autonomous prefecture is low, the HBPM is better way to predict the target organ damage, and systematic management model is effective to improve the control rate of morning hypertension and so do in KAP and Morisky score.

【Key words】 Hypertension; Morning hypertension; Management model; Home blood pressure monitoring

Fund program: Yunnan Provincial Department of Education Science Research Fund Project (2016ZDX110)
杂交手术治疗泛大西洋协作组织共识 D 型下肢动脉硬化闭塞症的效果观察

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【摘要】目的 探究杂交手术治疗泛大西洋协作组织共识(TASC) D 型下肢动脉硬化闭塞症的效果,为临床提供指导。方法 以2014年1月至2017年1月来浙江省丽水市人民医院接受救治的60例TASC D 型下肢动脉硬化闭塞症患者作为观察对象,60例患者均实施杂交手术治疗,并对60例患者的临床资料进行回顾性分析,随访半年,研究杂交手术治疗TASC D型下肢动脉硬化闭塞症的疗效。结果60例患者治疗后的ABI(踝肱指数)[(0.82±0.38)],间歇性跛行距离[(532.24±42.78)m]较治疗前[(0.32±0.20),(159.78±12.61)m]明显提高,[t(ABI)=9.019,t(间歇性跛行距离)=64.687,P<0.05]；治疗后的Fontaine分级结果优于治疗前(P<0.05)；Ⅱ级一组血管通畅率(96.00%)较Ⅲ级一组(81.92%)、Ⅳ级一组(77.78%)明显提高(\(\chi^2=9.265,P<0.05\)),但Ⅲ级一组患者的一期血管通畅率和Ⅳ级一组差异无统计学意义(P>0.05),且Ⅱ级一组、Ⅲ级一组及Ⅳ级一组之间的并发症发生率差异无统计学意义(\(\chi^2=0.659,P>0.05\))。结论杂交手术治疗TASC D型下肢动脉硬化闭塞症具有较显著的疗效,尤其适用于治疗高危重症患者。

【关键词】血管外科手术；闭塞性下肢动脉硬化；效果；泛大西洋协作组织共识

【基金项目】浙江省丽水市科学技术项目(2014JYZB40)

Observation on the effect of hybrid surgery in the treatment of type D arteriosclerotic occlusion of lower extremity by Trans – Atlantic Cooperative Organization  Mao Mao.

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【Abstract】Objective To explore the effect of hybrid surgery in the treatment of TASC(Trans – Atlantic Cooperation Organization consensus) type D lower limb arteriosclerosis occlusion, thus to provide guidance for clinic. Methods From January 2014 to January 2017, 60 patients with TASC type D lower limb arteriosclerosis occlusion syndrome in the People’s Hospital of Lishui were selected. All 60 cases received hybridization surgical treatment, and the clinical data of 60 cases were analyzed retrospectively. The patients were followed up for six months, the curative effect was observed. Results After treatment, the ankle brachial index (ABI) [(0.82±0.38)], intermittent claudication distance [(532.24±42.78)m] of 60 patients were significantly increased compared with those before treatment [(0.32±0.20),(159.78±12.61)m] [t(ABI)=9.019,t( intermittent claudication distance)=64.687, all P<0.05]. The Fontaine classification after treatment was significantly better than that before treatment (P<0.05). The vascular patency rate of grade II (96.00%) was significantly higher than grade III (81.92%) and grade IV (77.78%) (\(\chi^2=9.265,P<0.05\)), but the vascular patency rate between grade III and grade IV had no statistically significant difference (P>0.05). The incidence rate of complications among grade II, grade III and grade IV group had no statistically significant difference (\(\chi^2=0.659,P>0.05\)). Conclusion Hybrid surgery in the treatment of TASC type D lower limb arteriosclerosis occlusion has remarkable curative effect, especially suitable for treatment of high risk patients.

【Key words】Vascular surgical procedures; Arteriosclerosis obliterans; Effect; Trans-Atlantic Cooperative Organization

【Fund program】 Science and Technology Project of Lishui City, Zhejiang Province (2014JYZB40)
华法林治疗心房颤动合并脑栓塞疗效观察及其对D-二聚体的影响

赵辰生

【摘要】目的:观察华法林治疗心房颤动合并脑栓塞患者的临床疗效及其对D-二聚体的影响。方法:选择山西省心血管病医院2013年1月至2016年3月治疗的心房颤动合并脑栓塞患者80例纳入研究,采用随机数字表法分为两组,对照组40例采用阿司匹林治疗,观察组40例采用华法林治疗,比较两组治疗效果、D-二聚体表达水平、凝血功能指标、脑栓塞再发率,病死率。结果:观察组总有效率为95.0%,对照组总有效率为90.0%,两组差异无统计学意义($\chi^2=0.721,P>0.05$)。治疗后,观察组D-二聚体、凝血酶原时间(PT)、活化部分凝血酶时间(APTT)、凝血酶时间(TT)分别为(162.85±60.53)μg/L、(20.54±4.03)s、(42.84±8.47)s、(22.59±4.84)s,对照组分别为(245.41±83.24)μg/L、(16.39±3.41)s、(34.23±7.59)s、(17.98±4.27)s,两组差异均有统计学意义($t=5.073,4.972,4.788,4.346$,均$P<0.05$)。观察组的脑栓塞再发率(7.5%)明显低于对照组(25.0%)($\chi^2=4.501,P<0.05$),其病死率(2.5%)略低于对照组(5.0%),但差异无统计学意义($\chi^2=0.346,P>0.05$)。结论:采用华法林治疗心房颤动合并脑栓塞患者具有显著的临床疗效,可有效起到抗凝作用,降低D-二聚体水平,有利于改善患者的抗凝功能;同时,还能有效预防脑栓塞的再次发生,有利于改善预后。

【关键词】心房颤动;颅内栓塞和血栓形成;凝血酶原时间;凝血酶时间;华法林

Curative effect of warfarin therapy on atrial fibrillation complicated with cerebral embolism and its influence on D-dimer Zhao Chensheng.

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【Abstract】Objective: To observe the clinical curative effect of warfarin therapy on atrial fibrillation complicated with cerebral embolism, and its influence on D-dimer. Methods: From January 2013 to March 2016, 80 cases of atrial fibrillation complicated with cerebral embolism in Shanxi Cardiovascular Disease Hospital were selected in the study. By using the random number table method, the patients were divided into two groups, with 40 cases in each group. The control group was given aspirin therapy, the observation group was given warfarin treatment. The treatment effect, D-dimer level, blood coagulation function index, cerebral embolism recurrence rate and mortality were compared between the two groups. Results: The total effective rate of the observation group was 95.0%, which of the control group was 90.0%, there was no statistically significant difference between the two groups ($\chi^2=0.721,P>0.05$). After treatment, the D-dimer, prothrombin time (PT), activated partial clotting enzyme live time (APTT), thrombin time (TT) in the observation group were (162.85±60.53)μg/L, (20.54±4.03)s, (42.84±8.47)s, (22.59±4.84)s, respectively, which in the control group were (245.41±83.24)μg/L, (16.39±3.41)s, (34.23±7.59)s, (17.98±4.27)s, respectively, the differences between the two groups were statistically significant ($t=5.073,4.972,4.788,4.346$, all $P<0.05$). The recurrence rate of cerebral embolism in the observation group (7.5%) was significantly lower than that in the control group (25.0%) ($\chi^2=4.501,P<0.05$). The mortality of the observation group (2.5%) was slightly lower than that of the control group (5.0%), but there was no statistically significant difference ($\chi^2=0.346,P>0.346$). Conclusion: Warfarin therapy in the treatment of atrial fibrillation complicated with cerebral embolism has significant clinical effect, it has anticoagulant effect, and can reduce the D-dimer level, improve patients' anticoagulant function, effectively prevent the cerebral embolism happen again, and improve the prognosis.

【Key words】Atrial fibrillation; Intracranial embolism and thrombosis; Prothrombin time; Thrombin time; Warfarin
急性心肌梗死患者介入治疗前后血管内皮生长因子水平变化及临床价值研究

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【摘要】目的 研究血管内皮生长因子(VEGF)在急性心肌梗死(AMI)PCI围术期的表达水平,分析VEGF水平对AMI诊断和PCI术后血运重建效果的预测价值。方法 选择日照市中心医院2015年1月至2017年1月收治的90例AMI患者为观察组,同期在该医院50例健康体检者为对照组,比较观察组PCI前后VEGF变化,并与对照组比较;根据PCI术后血运重建情况将观察组分为血运完全组(A组)和血运不完全组(B组),对比两组术后血清VEGF水平。结果 观察组血清VEGF浓度;在PCI术前(249.2±32.1)ng/L,术后即刻(329.4±56.1)ng/L,术后2d(276.5±37.1)ng/L,术后7d(256.2±29.4)ng/L,均显著高于对照组的(109.3±16.3)ng/L,两组差异均有统计学意义(t=5.626,10.325,6.885,6.115,均P<0.05)。观察组术后即刻VEGF水平(329.4±56.1)ng/L显著高于术前(t=5.258,P<0.05)。B组术后即刻VEGF水平与A组比较,差异无统计学意义(P>0.05)。B组术后2d、术后7d血清VEGF水平分别为(283.2±38.3)ng/L、(261.2±21.4)ng/L,显著高于A组(t=4.357,4.529,均P<0.05)。结论 血清VEGF水平可以灵敏反映AMI患者冠脉缺血缺氧指标和内皮损伤重建情况,并可作为PCI术后血运重建效果评价的依据。

【关键词】经皮冠状动脉介入疗法; 心肌梗死; 血管内皮生长因子

The change and clinical value of VEGF in the evaluation of PCI in patients with acute myocardial infarction

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【Abstract】Objective To study the level of vascular endothelial growth factor (VEGF) in perioperative period of acute myocardial infarction (AMI) patients received percutaneous coronary intervention (PCI), and to analyze the predictive value of VEGF level for AMI diagnosis and revascularization after PCI. Methods From January 2015 to January 2017, 90 AMI patients in Rizhao Central Hospital were selected as the observation group. During the same period, 50 healthy subjects were selected as the control group. The changes of VEGF level in the observation group before and after PCI were observed and compared with those in the control group. According to PCI postoperative revascularization, the observation group was divided into blood supply complete group (A group) and blood supply incomplete group (B group), the serum VEGF levels were compared between the two groups after operation. Results The VEGF levels in the observation group before PCI, immediately after operation, 2d after operation, 7d after operation were (249.2±32.1) ng/L, (329.4±56.1) ng/L, (276.5±37.1) ng/L, (256.2±29.4) ng/L, respectively, which were significantly higher than (109.3±16.3) ng/L in the control group, there were statistically significant differences between the two groups (t=5.626,10.325,6.885,6.115, all P<0.05). The immediate postoperative VEGF level of the observation group was (329.4±56.1) ng/L, which was significantly higher than that before surgery (t=5.258,P<0.05). The immediate postoperative VEGF level between B group and A group had no statistically significant difference (P>0.05). The serum levels of VEGF in B group at postoperative 2d, 7d were (283.2±38.3) ng/L, (261.2±21.4) ng/L, respectively, which were significantly higher than those in A group (t=4.357,4.529, all P<0.05). Conclusion The serum VEGF level can sensitively reflect the indicators of coronary ischemia hypoxia and the reconstruction of endothelial injury in patients with AMI, and be used as the basis for evaluating the effect of revascularization after PCI.

【Key words】 Percutaneous coronary intervention; Myocardial infarction; Vascular endothelial growth factors
感染性心内膜炎 89 例临床分析

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【摘要】 目的 探讨感染性心内膜炎 (IE) 的基础病因、致病微生物、临床特征及诊断及治疗转归等, 提高 IE 的诊治水平。方法 分析 2006 年 1 月至 2016 年 1 月赣州市人民医院和赣州市立医院收治的 89 例感染性心内膜炎患者的临床资料, 对其临床特点进行回顾性分析。结果 在基础病因中, 先天性心脏病占首位 (40.5%), 风湿性心脏病占 33.7%, 心脏手术后组占 18.0%, 无基础心脏病的患者占 7.9%。临床表现常见有发热 (86.5%), 其次为贫血 (85.4%)。血培养阳性率为 63.4%, 其中草绿色链球菌仍然是最常见的致病菌 (44.2%), 其次为凝固酶阴性葡萄球菌 (21.2%)。86 例患者行超声心动图检查, 其中 61 例发现赘生物 (68.5%), 住院病死率为 10.1%, 死亡及未愈者普遍表现为药物难以控制的心力衰竭及菌血症及脑血管意外等。结论 基础病因中先天性心脏病呈明显上升趋势, 风湿性心脏病明显下降, 间歇性发热、贫血为主要临床表现, 血培养阳性率不高, 草绿色链球菌仍为主要致病菌, 超声心动图为主要诊断依据。

【关键词】 心内膜炎; 治疗, 临床研究性; 心脏病

Analysis of clinical characteristics of 89 patients with infective endocarditis  Luo Jianping, Zeng Xianghui, Zhong Linling, Xiao Chunqing, Zhang Yongzhong, Xu Zufang, Wang Xianggai. Department of Cardiology, Ganzhou People's Hospital, Ganzhou, Jiangxi 341000, China (Luo JP, Zong LL, Xiao CQ, Zhang YZ, Xu ZF, Wang XG); Department of Cardiology, Ganzhou Municipal Hospital, Ganzhou, Jiangxi 341000, China (Zeng XH)

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【Abstract】 Objective To improve the diagnosis and treatment of infective endocarditis (IE) by exploring the causes, pathogenic microorganism, clinical characteristics and therapeutic results of patients with IE. Methods From January 2006 to January 2016, 89 cases with IE in Ganzhou People’s Hospital were collected, and the clinical characteristics were analyzed retrospectively. Results Among the IE patients, 40.5% had congenital heart diseases, 33.7% had rheumatic heart diseases, 18.0% were post – PCI or operative endocarditis, and patients without basic cardiac diseases accounted for 7.9%. The most common clinical manifestations were fever (86.5%), followed by anemia (85.4%). The blood culture positive rate was 63.4%. Streptococci viridans were the most common causative organisms (44.2%), followed by coagulase – negative staphylococci (21.2%). Eighty – six patients received echocardiography examination, vegetation was observed in 61 cases (68.5%). The hospital mortality rate was 10.1%, mostly due to refractory congestive heart failure and sepsis. Conclusion Congenital heart disease showed an upward trend, rheumatic heart disease decreased significantly. Intermittent fever, anemia are the main clinical manifestations. Blood culture positive rate is not high, Streptococcus viridans is the most common causative organism. Echocardiography is the main basis for the diagnosis.

【Key words】 Endocarditis; Therpies, investigational; Heart diseases
炎琥宁注射液治疗邪毒侵心型急性病毒性心肌炎的疗效

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【摘要】目的 探讨邪毒侵心型急性病毒性心肌炎采用炎琥宁注射液抗病毒的疗效。方法 选择温州市中西医结合医院 2016 年 5 月至 2017 年 8 月收治的 84 例急性病毒性心肌炎患者，均为邪毒侵心型。采用随机数字表法将患者分为观察组和对照组，每组 42 例。对照组采取常规的抗病毒治疗，观察组在给予炎琥宁注射液。比较治疗前、治疗后 4 周后两组患者的心型游离脂肪酸结合蛋白（H-FABP）、血清肌钙蛋白Ⅰ（cTnI）、巨噬细胞移动抑制因子（MIF）、白细胞介素 4（IL-4）水平，并比较两组的临床症状评分及有效率。结果 治疗后两组患者的血清 cTnI、H-FABP、MIF 和 IL-4 表达水平均降低（均 $P < 0.05$），且观察组降低均明显低于对照组（$t = 3.012, P = 0.039; t = 2.835, P = 0.040; t = 3.534, P = 0.032; t = 3.323, P = 0.033$）；观察组有效率明显高于对照组（90.48% vs. 80.95%，$X^2 = 3.432, P = 0.038$）；观察组治疗后发热、心悸、咽痛、心烦胸闷症状评分均明显低于对照组（$t = 3.045, P = 0.038; t = 2.946, P = 0.039; t = 3.467, P = 0.031; t = 3.358, P = 0.032$）。结论 邪毒侵心型急性病毒性心肌炎采用炎琥宁注射液抗病毒的治疗可明显提高患者的疗效。

【关键词】心肌炎；炎琥宁注射液；脂肪酸结合蛋白质类；肌钙蛋白 I；巨噬细胞移动抑制因子；白细胞介素 4

Efficacy of Yanhuning injection in the treatment of acute viral myocarditis with Xiedu Qinxin syndrome  Jin Qiongmin.

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【Abstract】Objective To investigate the effect of Yanhuning injection antiviral therapy in the treatment of acute viral myocarditis patients with Xiedu Qinxin syndrome. Methods From May 2016 to August 2017, 84 acute viral myocarditis patients with Xiedu Qinxin syndrome in the Integrated Traditional Chinese and Western Medicine Hospital of Wenzhou were enrolled in this study. According to the digital table, they were randomly divided into observation group and the control group, with 42 cases in each group. The control group received conventional antiviral therapy, and the observation group was given Yanhuning injection. The heart type free fatty acid binding protein (H-FABP), serum troponin I (cTnI), macrophage migration inhibitory factor (MIF) and interleukin 4 (IL-4) were measured before and after treatment for 4 weeks. The clinical symptoms score and the effective rate were compared between the two groups at the same time. Results The serum levels of cTnI, H-FABP, MIF and IL-4 of the two groups after treatment were lower than those before treatment (all $P < 0.05$), which of the observation group after treatment were significantly lower than those of the control group ($t = 3.012, P = 0.039; t = 2.835, P = 0.040; t = 3.534, P = 0.032; t = 3.323, P = 0.033$). The effective rate of the observation group was significantly higher than that of the control group (90.48% vs. 80.95%, $X^2 = 3.432, P = 0.038$). The scores of palpitations, sore throat, upsetting the chest tightness of the observation group after treatment were significantly lower than those of the control group ($t = 3.045, P = 0.038; t = 2.946, P = 0.039; t = 3.467, P = 0.031; t = 3.358, P = 0.032$). Conclusion Yanhuning injection antiviral therapy in the treatment of acute viral myocarditis patients with Xiedu Qinxin syndrome can significantly improve the efficacy of patients.

【Key words】Myocarditis; Yanhuning injection; Fatty acid binding proteins; Troponin I (cTnI); Macrophage migration inhibitory factor (MIF); Interleukin-4
曲美他嗪联合稳心颗粒对慢性心力衰竭患者心功能及炎性指标的影响

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【摘要】目的 探讨曲美他嗪联合稳心颗粒对慢性心力衰竭患者心功能及炎性指标的影响。方法 选取枣庄矿业集团滕南医院2015年1月至2016年11月收治的100例慢性心力衰竭患者为研究对象,采用随机数字表法将其分为研究组与对照组,各50例,对照组患者采用曲美他嗪治疗,研究组患者在此基础上联合稳心颗粒治疗,治疗6个月后比较两组患者临床疗效、心功能及炎性因子改善情况、不良反应发生情况。结果 研究组临床治疗总有效率(90.00%)高于对照组(72.00%),差异有统计学意义($\chi^2=5.263, P<0.05$)。治疗前两组患者心功能比较差异均无统计学意义($t=0.062, 0.185, 0.511, \text{均} P>0.05$)。治疗后研究组患者左室射血分数(LVEF)较对照组高,左室收缩末期内径(LVESD)与左室舒张末期直径(LVEDd)均低于对照组,差异均有统计学意义($t=12.754, 7.936, 7.367, \text{均} P<0.05$)。治疗前两组炎性指标比较差异均无统计学意义($t=0.145, 0.156, \text{均} P>0.05$)。治疗后研究组白细胞介素6(IL-6)与肿瘤坏死因子α(TNF-α)低于对照组,差异均有统计学意义($t=6.366, 10.473, \text{均} P<0.05$)。治疗期间所有患者均未发现呕吐、头晕、过敏、恶心等药物相关不良反应,肝肾功能、血尿常规检查均无明显变化。结论 曲美他嗪联合稳心颗粒治疗可进一步改善慢性心力衰竭患者心功能及炎症反应,有利于临床疗效的提高。

【关键词】慢性心力衰竭; 心室功能; 白细胞介素6; 肿瘤坏死因子α; 曲美他嗪; 稳心颗粒

Influence of Wenxin granule combined with trimetazidine on inflammatory factors and cardiac function in patients with chronic heart failure  Yang Juan, Zhao Qixia. 
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【Abstract】Objective To investigate the influence of Wenxin granule combined with trimetazidine on inflammatory factors and cardiac function in patients with chronic heart failure (CHF). Methods From January 2015 to November 2016, 100 patients with CHF in Tengnan Hospital of Zaozhuang Mining Industry Group were chosen, and were divided into control group and research group. The control group was treated with trimetazidine, the research group was treated with Wenxin granule on the basis of the control group. After treatment for 6 months, the clinical effects, cardiac function, inflammatory factors and adverse reactions between the two groups were compared. Results The total effective rate of the research group was higher than that of the control group, the difference was statistically significant (90.00% vs. 72.00%, $\chi^2=5.263, P<0.05$). Before treatment, the cardiac function between the two groups had no statistically significant differences ($t=0.062, 0.185, 0.511, \text{all} P>0.05$). After treatment, the LVEF of the research group was higher than that of the control group, the LVESD and LVEDd of the research group were lower than those of the control group, the differences were statistically significant ($t=12.754, 7.936, 7.367, \text{all} P<0.05$). Before treatment, the inflammatory factors between the two groups had no statistically significant differences ($t=0.145, 0.156, \text{all} P>0.05$). Before treatment, the levels of IL-6 and TNF-α of the research group were lower than those of the control group, the differences were statistically significant ($t=6.366, 10.473, \text{all} P<0.05$). During the treatment, all patients had no adverse drug reactions such as vomiting, dizziness, irritability, nausea and so on. There was no significant change in liver and kidney function and hematuria. Conclusion Wenxin granule combined with trimetazidine can furtherly improve the inflammatory reactions and cardiac function of patients with CHF, it is conducive to the improvement of clinical efficacy.

【Key words】Heart failure; Ventricular function; Interleukin-6; Tumor necrosis factor-alpha; Trimetazidine; Wenxin granule
贝那普利联合氨氯地平治疗原发性高血压的临床研究

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【摘要】目的 观察贝那普利联合氨氯地平治疗原发性高血压的疗效。方法 选取台州市中心医院2016年1月至2017年1月收治的90例冠心病患者作为研究对象,采用随机数字表法分为30例观察组(A组);予贝那普利联合氨氯地平治疗;30例对照组(B组);予贝那普利治疗;30例对照组(C组);予氨氯地平治疗。比较各组临床疗效,治疗后血压、血脂、血糖变化及不良反应。结果 A组总有效率为96.367%,B组为66.67%,C组为70.00%。三组总有效率差异有统计学意义（χ²=11.96,P<0.05）;三组治疗前收缩压、舒张压差异均无统计学意义( F=0.98,0.85,均P>0.05)。治疗后三组收缩压、舒张压均较治疗前差异均有统计学意义(t=5.68,7.21,3.52,3.16,3.64,4.28,均P<0.05)。组间比较,A组血压比B组、C组显著下降( F=6.24,3.27, 均P<0.05)。治疗后,仅A组TC, TG, HDL-C较治疗前差异均有统计学意义(t=5.29,6.28,2.31,均P<0.05)。组间比较,A组 TC, TG 比B、C组显著下降( F=3.18,2.86, 均P<0.05), HDL-C显著上升( F=3.78, P<0.05)。治疗前,三组FPG,FINS差异均无统计学意义( F=0.85,0.95, 均P>0.05)。治疗后,仅A组FPG,FINS较治疗前差异均有统计学意义(t=5.14,3.65,均P<0.05)。组间比较,A组FPG,FINS比B、C组显著下降( F=5.27,2.86, 均P<0.05); A组不良反应率分别为6.67%,B组为30.00%,C组为26.67%,三组不良反应率差异无统计学意义(χ²=1.72, P>0.05)。结论 贝那普利联合氨氯地平治疗原发性高血压疗效确切,且作用安全,不良反应少。

【关键词】高血压；疗效比较研究；贝那普利；氨氯地平

Clinical study of benazepril combined with amlodipine in the treatment of essential hypertension  Chen Lei, Song Wei, Luo Shirong.
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【Abstract】Objecti ve To investigate the clinical efficacy of benazepril combined with amlodipine in the treatment of essential hypertension. Methods From January 2016 to January 2017, 90 patients with coronary heart disease in Taizhou Central Hospital were selected in the study, and they were randomly divided into three groups, with 30 cases in each group. The observation group (A group) was treated with benazepril combined with amlodipine, the control group (B group) was treated with benazepril, and the control group (C group) was treated with amlodipine. The clinical efficacy, blood pressure, blood lipid changes, blood glucose changes before and after treatment in the three groups were compared. Results The total effective rate of A group was 96.367%, which of B group was 66.67%, which of C group was 70.00%, and the clinical efficacy among the three groups had statistically significant difference (χ² = 11.96, P<0.05). Before treatment, the systolic blood pressure (SBP) and diastolic blood pressure (DBP) of the three groups had no statistically significant differences ( F=0.98,0.85, allP>0.05). After treatment, the SBP, DBP of the three groups were significantly lower than those before treatment( t=5.68,7.21,3.52,3.16,3.64,3.16, allP<0.05), the SBP and DBP of A group were significantly lower than those of B group and C group(F=6.24,3.27, allP<0.05). After treatment, only the TC, TG, HDL-C levels of A group had statistically significant differences compared with those before treatment( t=5.29,6.28,2.31, allP<0.05), and the TC, TG levels of A group were significantly lower than those of B group and C group(F=3.18,2.86, allP<0.05), while the HDL-C level of A group increased significantly compared with that of B group and C group(F=3.78, P<0.05). Before treatment, the FPG,FINS among the three groups had no statistically significant differences ( F=0.85,0.95, allP>0.05). After treatment, only the FPG,FINS of A group had statistically significant differences compared with those before treatment.
treatment \((t = 5.14, 3.65, \text{all } P < 0.05)\), and the FPG, FINS of A group were significantly lower than those of B group and C group \((F = 5.27, 2.86, \text{all } P < 0.05)\). The adverse reaction rate in A group was 6.67\%, which in B group was 30.00\%, which in group C was 26.67\%, and there was no statistically significant difference among the three groups \((\chi^2 = 1.72, P > 0.05)\). **Conclusion** Benazepril combined with amlodipine in the treatment of essential hypertension is effective, safe, and has less adverse reactions.

**Key words** Hypertension; Comparative effectiveness research; Benazepril; Amlodipine
急性冠脉综合征患者血浆脂蛋白相关磷脂酶 $A_2$、C 反应蛋白、肌钙蛋白 I 的变化及意义

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【摘要】目的 探讨脂蛋白相关性磷脂酶 $A_2$ 与急性冠脉综合征患者动脉粥样硬化斑块不稳定性相关性, 为急性冠脉综合征综合征患者的诊断和治疗提供理论依据。方法 选择 2015 年 9 月至 2016 年 2 月荣成市石岛人民医院入院的急性冠脉综合征(ACS) 患者 80 例为研究组, 其中稳定性心绞痛组(UAP 组)38 例、非 ST 段抬高型心肌梗死(NSTEMI 组)24 例; 对照人群为稳定性心绞痛患者(SAP 组)40 例和健康人群(健康组)40 例。各组均采集空腹 8 h 以上血液标本, 检测 Lp-PLA$_2$, C 反应蛋白、肌钙蛋白 I, 低密度脂蛋白等水平, 比较各组水平差别, 分析 Lp-PLA$_2$ 与 ACS 斑块不稳定性相关性。结果 急性冠脉综合征组 Lp-PLA$_2$, C 反应蛋白、肌钙蛋白 I, 低密度脂蛋白水平分别是(312.63 ± 11.14) ng/mL, (21.98 ± 3.83) mg/L, (0.720 ± 0.490) μg/L,(174.76 ± 30.82) mg/dL, 明显高于健康组的 (141.14 ± 12.30) ng/mL, (2.38 ± 1.68) mg/L, (0.010 ± 0.003) μg/L,(79.24 ± 17.80) mg/mL 及稳定性心绞痛组的 (176.42 ± 12.44) ng/mL, (4.22 ± 3.68) mg/L, (0.010 ± 0.004) μg/L,(96.54 ± 19.41) mg/mL。各组指标差异有统计学意义 ($F = 3.07, 1.99, 2.43, 3.25, 0.010 < P < 0.01$)。Lp-PLA$_2$, CRP, cTnI 浓度水平在 ACS 患者不同类型 STEMI 组、NSTEMI 组、UAP 组中差异明显, 其中 STEMI 组高于 NSTEMI 组, NSTEMI 组又高于 UAP 组 ($F = 5.15, 3.47, 2.43, 0.05 < P < 0.005$)。相关分析显示 Lp-PLA$_2$ 水平与低密度脂蛋白 ($r = 0.625, P < 0.01$), 肌钙蛋白 I 水平 ($r = 0.532, P < 0.01$) 呈明显正相关性。Logistic 回归分析显示 Lp-PLA$_2$ 为 ACS 显著的独立危险因素, Lp-PLA$_2$ ($OR = 1.613, 95 \% CI: 1.292 - 1.992, P < 0.01$), CRP ($OR = 1.452, 95 \% CI: 1.210 - 1.782, P < 0.01$)。结论 Lp-PLA$_2$ 为 ACS 显著的独立危险因素, Lp-PLA$_2$ 参与了急性冠脉综合征的炎症反应过程, 与动脉粥样硬化斑块的不稳定性密切相关。

【关键词】急性冠脉综合征; 脂蛋白相关性磷脂酶 $A_2$; C 反应蛋白; 肌钙蛋白 I; 回归分析

The changes and clinical significance of plasma lipoprotein–associated phospholipase $A_2$, C–reactive protein and cardiac troponin I in patients with acute coronary syndrome Zhang Lingyun, Wang Zuhai, Qu Wei, Zhang Honglan.

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【Abstract】Objective To investigate the relationship between lipoprotein-associated phospholipase $A_2$ (Lp–PLA$_2$) and atherosclerotic plaque instability in patients with acute coronary syndrome (ACS), and to provide theoretical basis for diagnosis and treatment of ACS. Methods From September 2015 to February 2016, 80 patients with ACS in Shidao People’s Hospital of Rongcheng were selected as the study group, including 38 cases in unstable angina group (UAP group), 24 cases in non ST segment elevation myocardial infarction group (NSTEMI group), 24 cases in non ST segment elevation myocardial infarction group (NSTEMI group),
18 cases in ST segment elevation myocardial infarction group (STEMI group). Forty patients with stable angina pectoris (SAP group) and 40 healthy subjects (healthy group) were selected as control group. Each group was collected 8 hours fasting morning blood sample, the levels of Lp-PLA$_2$, C reactive protein (CRP), troponin I, and low density lipoprotein were detected, in order to compare the differences among the groups and the correlation between Lp-PLA$_2$ and ACS plaque instability was analyzed. **Results** The levels of Lp-PLA$_2$, CRP, troponin I and low density lipoprotein in the ACS group were $(312.63 \pm 11.14)$ ng/mL, $(21.98 \pm 7.83)$ mg/L, $(0.720 \pm 0.490)$ μg/L, $(174.76 \pm 30.82)$ mg/dL, respectively, which were significantly higher than those of the healthy group $(141.14 \pm 12.30)$ ng/mL, $(2.38 \pm 1.68)$ mg/L, $(0.010 \pm 0.003)$ μg/L, $(79.24 \pm 17.80)$ mg/mL], and stable angina pectoris group $(176.42 \pm 12.44)$ ng/mL, $(4.22 \pm 3.68)$ mg/L, $(0.010 \pm 0.004)$ μg/L, $(96.54 \pm 19.41)$ mg/mL]. There were statistically significant differences among all groups $(F = 3.07, 1.99, 2.43, 3.25, \text{all } P < 0.01)$. The levels of CRP, Lp-PLA$_2$ and cTnI in ACS patients with different types of the STEMI group, NSTEMI group, UAP group had statistically significant differences, which of the STEMI group were higher than those of the NSTEMI group, which of the NSTEMI group were higher than those of the UAP group $(F = 5.15, 3.47, 2.43, \text{all } P < 0.05)$. Correlation analysis showed that the level of Lp-PLA$_2$ was positively correlated with low density lipoprotein $(r = 0.625, P < 0.01)$ and lipoprotein a $(r = 0.532, P < 0.01)$. Logistic regression analysis showed that Lp-PLA$_2$ and CRP were significant independent risk factors of ACS, Lp-PLA$_2$ $(OR = 1.613, 95\% CI: 1.292 - 1.992, P < 0.01)$, CRP $(OR = 1.452, 95\% CI: 1.210 - 1.782, P < 0.01)$. **Conclusion** Lp-PLA$_2$ is independent risk factor of ACS, Lp-PLA$_2$ is involved in the inflammatory reaction of ACS, and is strongly associated with the stability of atherosclerotic plaque.

**Key words** Acute coronary syndrome; Lipoprotein-associated phospholipase A$_2$; C-reactive protein, cardiac troponin I; Regression analysis
H型高血压患者血脂变化与脑白质病变的关系研究

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【摘要】目的 探究 H型高血压及血脂变化与脑白质病变(WML)的关系。方法回顾性研究 2015年1月至2017年10月承德医学院附属医院符合纳入标准的WML患者507例。其中高血压伴同型半胱氨酸(Hcy)水平<10μmol/L为单纯高血压组(A组,n=111),仅Hcy水平≥10μmol/L为单纯高同型半胱氨酸组(B组,n=132);高血压伴Hcy水平≥10μmol/L为H型高血压组(C组,n=264)。研究对象完善头颅MRI、头颅磁共振弥散成像(DWI)以及检测Hcy、甘油三酯(TG)、总胆固醇(TC)、高密度脂蛋白胆固醇(HDL-C)、低密度脂蛋白胆固醇(LDL-C),载脂蛋白A1(Apo-A1)、载脂蛋白B(Apo-B)水平。按照头颅MRI影像学分为轻度、中度、重度。分别各组间TG、TC、HDL-C、LDL-C、Apo-A1、Apo-B水平的差异。结果A、B、C三组TC水平分别为(4.14±1.16)mmol/L、(4.39±1.39)mmol/L、(3.67±1.29)mmol/L,差异有统计学意义(P<0.05);B组中度WML、中度、重度WML例数分别占51.4%、32.4%、16.2%;B组中重度WML、中度、重度WML例数分别占50.0%、33.3%、16.7%;C组中度WML、中度、重度WML例数分别占32.6%、33.3%、34.1%,A、B、C三组间不同程度WML患者例数两两比较,A组与B组、B组与C组比较,差异有统计学意义(χ²=16.407,15.912,均P<0.05)。A组中,中度组TC(4.45±1.07)mmol/L、重度组TC(3.04±0.99)mmol/L,明显高于轻度组TC(3.68±1.03)mmol/L,差异有统计学意义(F=22.391,P<0.05);重度组LDL-C(2.88±0.65)mmol/L明显高于中度组LDL-C(1.98±0.84)mmol/L、中度组LDL-C(2.33±0.89)mmol/L,差异有统计学意义(F=14.764,P<0.05)。B组中,中度组TC(4.79±1.38)mmol/L、重度组TC(5.20±1.43)mmol/L明显高于轻度组TC(3.85±1.16)mmol/L,差异有统计学意义(F=20.515,P<0.05);重度组LDL-C(2.81±1.01)mmol/L明显高于中度组LDL-C(2.13±0.83)mmol/L,差异有统计学意义(F=9.235,P<0.05)。C组中,中度组LDL-C、重度组LDL-C分别为(3.94±1.22)mmol/L、(2.02±0.74)mmol/L,重度组TC、中度组LDL-C分别为(3.93±1.16)mmol/L、(2.30±0.85)mmol/L,均明显高于轻度组[TC(3.12±1.34)mmol/L、LDL-C(1.62±0.88)mmol/L],差异有统计学意义(F=27.141,27.078,P<0.05)。 Spearman相关性分析结果显示,H型高血压、TC、LDL-C与WML严重程度均呈正相关(H型高血压;r=0.211,P<0.05; TC;r=0.266,P<0.05;LDL-C;r=0.258,P<0.05)。结论H型高血压以及TC、LDL-C升高可增加WML例数以及严重程度。

【关键词】高血压;脑白质病,进行性多灶性;高同型半胱氨酸血症;胆固醇;LDL;胆固醇,HDL

Study on the relationship between H type hypertension as well as the changes of serum lipid and white matter lesions Wang Bo, Shen Kangkang, Dou Zhijie, Li Jing, Ma Zheng.

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【Abstract】Objective To investigate the relationship between H type hypertension as well as the changes of serum lipid and white matter lesions (WML). Methods From January 2015 to October 2017, the clinical characteristics of 507 WML patients who admitted to the Affiliated Hospital of Chengde Medical College were analyzed retrospectively. The patients were divided into three hypertension groups (A group, hypertension accompanied by Hcy < 10μmol/L, 111 cases), simple homocysteine group (B group, patients without high blood pressure with homocysteine > 10μmol/L, 132 cases) and type hypertension group (C group, hypertension accompanied by homocysteine > 10μmol/L,
264 cases) according to homocysteine concentration and hypertension. The patients’ clinical data, including imaging information such as MRI, diffusion weighted imaging (DWI), and levels of homocysteine (Hcy), serum lipid were collected. The patients were divided into three subgroups based on the severity of WML, including the mild, moderate, severe. The differences of TG, TC, HDL – C, LDL – C, Apo – A1, Apo – B in each group were compared. Results The levels of TC in A, B and C group were (4.14 ± 1.16) mmol/L, (4.39 ± 1.39) mmol/L, (3.67 ± 1.29) mmol/L, respectively. The levels of LDL – C in the three groups were (2.24 ± 0.88) mmol/L, (2.38 ± 0.91) mmol/L and (1.99 ± 0.89) mmol/L, respectively. Compared with A group and B group, the levels of TC and LDL – C in C group were lower(F = 15.411, 9.271, all P < 0.05 ). In A group, the number of mild WML, moderate and severe WML accounted for 51.4%, 32.4% and 16.2%, respectively. Compared with A group and B group, the number of WML patients had statistically significant differences between A group and C group(χ² = 16.407, P < 0.05 ), and B group and C group(χ² = 15.912, P < 0.05 ). In A group, the TC levels in the moderate group [(4.45 ± 1.07) mmol/L] and severe group [(5.04 ± 0.99) mmol/L] were significantly higher than that in the mild group [(3.68 ± 1.03) mmol/L], the difference was statistically significant (F = 22.391, P < 0.05 ); the LDL – C level in the severe group [(2.88 ± 0.65) mmol/L] was significantly higher than (1.98 ± 0.84) mmol/L in the mild group and (2.33 ± 0.89) mmol/L in the moderate group (F = 14.764, P < 0.05 ). In B group, the TC levels in the moderate group [(4.79 ± 1.38) mmol/L] and the severe group [(5.20 ± 1.43) mmol/L] were significantly higher than (3.85 ± 1.16) mmol/L in the mild group, the difference was statistically significant (F = 20.515, P < 0.05 ). Compared with the mild group [(2.13 ± 0.83) mmol/L], the LDL – C level was higher in the severe group [(2.81 ± 0.10) mmol/L], the difference was statistically significant (F = 9.235, P < 0.05 ). In C group, the levels of TC and LDL – C in the moderate group were (3.94 ± 1.22) mmol/L and (2.02 ± 0.74) mmol/L, respectively, which in the severe group were (3.93 ± 1.16) mmol/L and (2.30 ± 0.85) mmol/L, respectively, which were significantly higher than those in the mild group [(3.12 ± 1.34) mmol/L, (1.62 ± 0.88) mmol/L], the differences were statistically significant (F = 27.141, 27.078, all P < 0.05 ). Spearman correlation analysis showed that there was a positive correlation between hypertension, TC, LDL – C and the severity of WML (H type hypertension: r = 0.211, P < 0.05; TC: r = 0.266, P < 0.05; LDL – C; r = 0.258, P < 0.05 ). Conclusion H type hypertension and high levels of TC, LDL – C can increase the number and severity of WML.  

【Key words】Hypertension; Leukoencephalopathy, progressive multifocal; Hyperhomocysteinemia; Cholesterol, LDL; Cholesterol, HDL
【摘要】目的 探讨前列地尔对老年冠心病患者介入治疗后造影剂肾病的预防作用。方法 将2014年2月1日至2017年1月31日在运城市中心医院接受介入治疗的60例老年冠心病患者采用抽签随机法分成两组，每组30例。对照组实施水化治疗，观察组在水化治疗的基础上增加前列地尔治疗。比较两组生化检验指标在术前和术后3 d的变化情况以及造影剂肾病的发生状况。结果 两组患者术前和术后3 d的肿胀坏死因子α-β、尿蛋白、尿素以及血肌酐均未发生明显变化；术后3 d尿蛋白、超氧化物歧化酶、谷胱甘肽过氧化物酶、白细胞介素-2、α反应蛋白水平两组都有升高，但观察组升高幅度更小，术后3 d观组上述五项指标数据依次为(185.54±68.47)ng/L、(2.01±1.32)mg/L、(6.18±2.13)μg/L、(135.56±41.58)ng/L、(1.21±0.05)mg/L，与同期对照组差异有统计学意义(t=2.24, P=0.03, t=1.26, P=0.04, t=0.03, t=0.04, t=0.04),术后3 d对照组肌酐清除率(98.67±21.56)mL/min大于同期对照组肌酐清除率(t=2.71, P=0.01);观察组造影剂肾病发生率(3.33%)低于对照组(χ²=5.19, P=0.02)。结论 前列地尔可有效预防老年冠心病患者介入治疗后发生造影剂肾病。【关键词】造影剂; 肾病; 经皮冠状动脉介入疗法; 冠状动脉疾病; 前列地尔; 老年人

Effect of alprostadil in the prevention of contrast nephropathy in elderly patients with coronary heart disease after interventional treatment  Li Yonghui,Wang Xiaoling,Qu Yanling,Li Xuexin. 
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【Abstract】Objective To investigate the effect of alprostadil in the treatment of interventional angiography in elderly patients with coronary heart disease after contrast nephropathy prevention. Methods From February 1, 2014 to January 31, 2017, 60 elderly patients with coronary heart disease with interventional therapy in Yuncheng Central Hospital of Shanxi Province were divided into two groups, with 30 cases in each group. The control group received hydration therapy, the observation group was given alprostadil combined with hydration therapy. The biochemical index changes before surgery and three days after surgery and incidence of contrast nephropathy were compared between the two groups. Results Before surgery and three days after surgery, the tumor necrosis factor alpha, beta 2 microglobulin, urea and creatinine in the two groups were not changed significantly. Three days after surgery, 24h urine protein, superoxide dismutase, glutathione peroxidase, interleukin-6 and C reactive protein levels in the two groups were increased, the increase amplitude of the observation group was smaller. Three days after surgery, the five indicators of the observation group were (185.54±68.47)ng/L, (2.01±1.32)mg/L, (6.18±2.13)g/L, (135.56±41.58)ng/L, (1.21±0.05)mg/L, respectively, the differences were statistically significant between the two groups (t=1.26, t=2.24, t=1.26, t=2.71, t=0.03), the incidence rate of contrast induced nephropathy in the observation group (3.33%) was lower than that in the control group (χ²=5.19, P=0.02). Conclusion Alprostadil can effectively prevent contrast nephropathy in elderly patients with coronary heart disease after interventional therapy. 

【Key words】Coronary artery disease; Nephrosis; Contrast media; Pecutaneous coronary interventional; Alprostadil; Elderly
静脉使用蔗糖铁治疗老年人射血分数保留心力衰竭合并铁缺乏的疗效观察

葛慧敏

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【摘要】目的 观察老年射血分数保留心力衰竭(HFpEF)合并铁缺乏(ID)患者静脉使用蔗糖铁治疗能否改善心功能。方法 选取安阳地区医院心内科2016年6~12月治疗的老年HFpEF合并ID患者(年龄≥65岁)89例,采用随机数字表法分为治疗组45例和对照组44例,两组患者均给予常规抗心力衰竭药物治疗。治疗组在常规药物治疗的基础上静脉注射蔗糖铁注射液200mg,每周1次。两组患者均每月检验血清铁蛋白(SF),转铁蛋白饱和度(TS)及血红蛋白(Hb)水平,两组患者均于0个月、6个月行心脏彩色多普勒超声、6分钟步行试验(6MWT),静脉血氨基端脑钠肽前体(NT-proBNP)检查。观察两组患者治疗6个月前后左心房内径(LAD)、二尖瓣早期血流速度/舒张晚期血流速度比值(E/A)、左心室舒张末期内径(LVEDD)、6MWT、NT-proBNP等心功能指标的变化。结果 治疗前,两组SF、TS、Hb、LAD、LVEDD、NT-proBNP、E/A、E/A、6 MWT差异均无统计学意义(均P > 0.05)。治疗后,治疗组SF、TS、Hb分别为(244.23±1.69)μg/L、(30.70±7.11)mg/L、(111.0±0.08)μg/L,差异均有统计学意义(t = 32.661, 9.881, 12.123, P < 0.05);治疗组LVEDD、LAD、NT-proBNP分别为(50.70±7.11)mm、(32.17±0.35)mm、(1077.17±9.35)ng/L,均低于对照组的(54.23±1.69)mm、(36.10±3.31)mm、(1636.10±0.31)ng/L,差异均有统计学意义(t = 8.123, 6.988, 11.484, P < 0.05);治疗组E/A、E/A、6 MWT分别为(1.18±0.15)、(41.23±5.69)mm,均高于对照组的(0.97±0.33)、(350.70±7.11)mm,差异均有统计学意义(t = 4.168, 12.123, P < 0.05)。结论 静脉使用蔗糖铁治疗可改善老年HFpEF合并ID患者心功能。

【关键词】心力衰竭; 每搏输出量; 铁化合物; 老年人

Effect of intravenous iron sucrose in the treatment of elderly heart failure with preserved ejection fraction and iron deficiency Ge Huimin.

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【Abstract】Objective To discuss the effect of intravenous iron sucrose in the treatment of elderly heart failure with preserved ejection fraction (HFpEF) and iron deficiency (ID). Methods From June 2016 to December 2016, 89 elderly patients with HFpEF and ID (age ≥ 65 years old) in Anyang Prefecture Hospital were randomly divided into treatment group (n = 45) and control group (n = 44). The two groups were treated with routine drugs for heart failure. The treatment group was intravenously given iron sucrose injection once a week on the basis of conventional treatment. The SF, TS and Hb were tested in the two groups every month. The echocardiography Doppler, six minutes walk test (6MWT) and N-terminal prohormone natriuretic peptide (NT-proBNP) before and after experiment were examined in two groups. The changes of left atrial diameter (LAD), the mitral valve early flow velocity/the late diastolic blood flow velocity ratio (E/A), left ventricular end diastolic (LVEDD), 6MWT, NT-proBNP were observed in the two groups before and after six months treatment. Results Before treatment, the levels of ST, TS, Hb, LAD, LVEDD, NT-proBNP, E/A, 6MWT in the two groups had no statistically significant differences (P > 0.05). After treatment for 6 months, the levels of ST, TS and Hb in the treatment group were significantly higher than those in the control group [(244.23±1.69) μg/L vs. (30.70±7.11) μg/L, (26.17±1.15) % vs. (10.10±9.31) %, (111.0±0.08) μg/L vs. (132.08±3.15) μg/L] (t = 32.661, 9.881, 12.123, all P < 0.05). The levels of LVEDD, LAD and NT-proBNP of the treatment group were significantly lower than those of the control group [(50.70±7.11) mm vs. (54.23±1.69) mm, (32.17±0.35) mm vs. (36.10±3.31) mm, (1077.17±9.35) ng/L vs. (1636.10±0.31) ng/L] (t = 8.123, 6.988, 11.484, all P < 0.05).
The levels of E/A, 6MWT of the treatment group were significantly higher than those of the control group (1.18 ± 0.15 vs. 0.97 ± 0.33), (414.23 ± 5.69 m vs (350.70 ± 7.11)m) (t = 4.168, 12.123, all P < 0.05). **Conclusion** Intravenous iron sucrose can improve cardiac function in the elderly patients with HFpEF and ID.

【Key words】 Heart failure; Stroke volume; Iron compounds; Aged
不同剂量阿托伐他汀对急性心肌梗死患者心室重构和血小板活化的影响

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影响不同剂量阿托伐他汀对急性心肌梗死患者心室重构和血小板活化的影响。方法 选取单县中心医院2014年12月至2016年10月收治的急性ST段抬高心肌梗死患者170例为研究对象,采用随机数字表分为研究组(应用高剂量阿托伐他汀)和对照组(应用低剂量阿托伐他汀),比较两组经皮冠状动脉介入(PCI)术前、术后48 h血小板功能指标,术后7 d及术后6个月时超声心动图指标改善情况,不良反应及主要心脏不良事件(MACE)发生情况。结果 术前两组血小板功能指标差异均无统计学意义(t=0.549, 0.376, 0.250, 0.098, 均P>0.05)。术后48 h,研究组平均血小板体积(MPV)、大血小板比例(P-LCR)、外周血血小板(·CD62p)、活化GpⅡb/Ⅲa复合物(PAC-1)分别为(12.93±1.74)fl,(29.05±5.79)%,(45.29±5.23)%,(74.53±5.52)%,均低于对照组的(14.21±1.82)fl,(30.94±6.15)%,(48.37±4.82)%,(78.49±5.76)%,差异均有统计学意义(t=4.687, 2.063, 3.994, 4.576, 均P<0.05)。研究组心肌灌注分数(TMGP)良好例62例(72.94%),对照组良好49例(57.64%),两组TMGP良好率差异有统计学意义(χ²=4.387, P<0.05)。术后7 d,两组超声心动图指标差异均无统计学意义(t=0.160, 0.467, 0.448, 0.745, 均P>0.05)。术后6个月,研究组左室射血分数(LVEF) [(50.11±3.79)%]较对照组高[(48.45±4.10)%], 左室舒张末期容积(LVEDV) [(110.13±8.83)ml], 左室收缩末期内径(LVESV) [(60.18±6.07)ml], 左室质量(LVMI) [(101.52±4.33)g/m²]均较对照组低[(112.84±8.46)ml], [(63.51±5.51)ml], [(103.94±4.19)g/m²], 差异均有统计学意义(t=2.043, 3.745, 3.703, 2.741, 均P<0.05)。两组肝损害与肌病发生率差异均无统计学意义(χ²=0.525, 0.000, 均P>0.05)。研究组发生MACE事件6例,对照组发生MACE事件16例,Kaplan-Meier生存分析提示研究组累积无MACE事件生存率(92.94%)较对照组高(81.17%),差异有统计学意义(Logrank=0.411, P<0.05)。结论 高剂量阿托伐他汀可有效改善急性ST段抬高心肌梗死患者血小板活化及心室重构,预后及安全性良好。

【关键词】心肌梗死; 血小板; 心室重构; 血小板活化; 阿托伐他汀

Influence of different dose of atorvastatin on ventricular remodeling and platelet activation in patients with acute myocardial infarction

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【Abstract】Objective To investigate the influence of different dose of atorvastatin on ventricular remodeling and platelet activation in patients with acute myocardial infarction(AMI). Methods From December 2014 to October 2016, 170 patients with acute ST segment elevation myocardial infarction in the Central Hospital of Shan County were chosen and randomly divided into control group(low dose atorvastatin) and research group(high dose atorvastatin). The platelet index before operation and 48h after operation,echocardiographic index 7d after operation and 6 months after operation, adverse reaction and major adverse cardiac events (MACE) were compared between the two groups. Results Before operation,the platelet index between the two groups had no statistically significant differences(t=0.549,0.376,0.250,0.098,allP>0.05). At 48 h after operation, the mean platelet volume (MPV), platelet - large ratio (P - LCR),peripheral blood platelet (CD62p),activation of GpⅡb/Ⅲa complex (PAC - 1) of the research group were (12.93±1.74)fl,(29.05±5.79)%,(45.29±5.23)%,(74.53±5.52)% ,which were lower than those of the control group[(14.21±1.82)fl,(30.94±6.15)%,(48.37±4.82)%,(78.49±5.76)%],the differences were statistically significant(t=4.687,2.063,3.994,4.576,allP<0.05). In the research group,62 cases(72.94%) were TMPG good,49 cases(57.64%) in the control group, the difference between two groups was statisti-
cally significant ($\chi^2 = 4.387, P > 0.05$). Echocardiographic indicators 7 d after operation between the two groups had no statistically significant differences ($t = 0.160, 0.467, 0.448, 0.745, \text{all } P > 0.05$). Six months after operation, the left ventricular ejection fraction (LVEF) of the research group ([50.11 ± 3.79]%) was higher than that of the control group ([48.45 ± 4.10]%), the left ventricular end diastolic volume (LVEDV) ([110.13 ± 8.83] mL), left ventricular end systolic diameter (LVESV) ([60.18 ± 6.07] mL), left ventricular mass index (LVMI) ([101.52 ± 4.33] g/m²) of the research group were lower than those of the control group ([112.84 ± 8.46] mL, [63.51 ± 5.51] mL, [103.94 ± 4.19] g/m²), the differences were statistically significant ($t = 2.043, 3.745, 3.703, 2.741, \text{all } P < 0.05$). The incidence rate of liver damage and myopathy between the two groups had no statistically significant difference ($\chi^2 = 0.525, 0.000, \text{all } P > 0.05$). There were 6 cases of MACE occurred in the research group, 16 cases occurred in the control group, Kaplan–Meier survival analysis showed cumulative non MACE event survival rate of the research group (92.94%) was higher than that of the control group (81.17%), the difference was statistically significant (Logrank = 0.411, $P < 0.05$).

**Conclusion**  High atorvastatin dose can better improve the platelet and ventricular remodeling, with good safety and prognosis.

**[Key words]** Myocardial infarction; Platelet; Ventricular remodeling; Platelet activation; Atorvastatin
脑梗死合并代谢综合征的临床特点
与预后研究

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【摘要】目的探讨脑梗死合并代谢综合征的临床特点和预后。方法选取2015年7月1日至2017年3月31日中山市东凤医院、中山市南朗医院、中山市板芙医院、中山市神湾医院脑梗死合并代谢综合征患者250例作为研究对象, 分析治疗前后的血压、血脂、血糖、腰围以及神经功能缺损、残疾情况; 同时比较血压、血脂、血糖、腰围达标者和未达标者的神经功能与残疾程度。结果治疗2周后, 3个月后, 6个月后的收缩压[(132.21±11.25) mmHg, (126.37±10.26) mmHg, (122.29±11.12) mmHg]、舒张压[(90.12±5.21) mmHg, (84.16±4.11) mmHg, (82.23±3.10) mmHg]、甘油三酯[(1.81±0.24) mmol/L, (1.64±0.35) mmol/L, (1.51±0.25) mmol/L]、高密度脂蛋白胆固醇[(1.01±0.31) mmol/L, (1.08±0.36) mmol/L, (1.19±0.34) mmol/L]、空腹血糖[(6.26±0.56) mmol/L, (6.10±0.34) mmol/L, (5.59±0.34) mmol/L]、餐后两小时血糖[(8.36±1.12) mmol/L, (7.34±1.10) mmol/L, (7.05±0.26) mmol/L]、神经功能缺损评分[(31.26±1.16)分, (26.58±1.05)分, (21.10±0.34)分]均优于治疗前[(5.10±0.42)分, (3.26±0.34)分, (2.10±0.25)分]。结论高血压、高血脂、高血糖是脑梗死合并代谢综合征患者的主要临床特点, 解除“三高”症状可改善预后。

【关键词】梗塞; 大脑中动脉; 代谢综合征; 高血糖症; 高血压; 血脂异常; 预后

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Clinical characteristics and prognosis of cerebral infarction with metabolic syndrome

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【Abstract】Objectives To study the clinical characteristics and prognosis of cerebral infarction combined with metabolic syndrome. Methods From July 1, 2015 to March 31, 2017, 250 patients with cerebral infarction combined with metabolic syndrome in four comprehensive hospital in Zhongshan city were studied. The blood pressure, blood lipid, blood sugar, waist circumference, neurological deficit and disability were analyzed before and after treatment. Meanwhile, the neurological function and disability degree of blood pressure, blood lipid, blood sugar, waist circumference and non qualified patients were compared. Results After treatment for two weeks, three months and six months, the systolic blood pressure [(132.21±11.25) mmHg, (126.37±10.26) mmHg, (122.29±11.12) mmHg], diastolic blood pressure [(90.12±5.21) mmHg, (84.16±4.11) mmHg, (82.23±3.10) mmHg], triglycerides [(1.81±0.24) mmol/L, (1.64±0.35) mmol/L, (1.51±0.25) mmol/L], high-density lipoprotein cholesterol [(1.01±0.31) mmol/L, (1.08±0.36) mmol/L, (1.19±0.34) mmol/L], fasting plasma glucose [(6.26±0.56) mmol/L, (6.10±0.34) mmol/L, (5.59±0.34) mmol/L], two-hour postprandial blood glucose [(8.36±1.12) mmol/L, (7.34±1.10) mmol/L, (7.05±0.26) mmol/L], neurological deficit scores [(31.26±1.16) points, (26.58±1.05) points, (21.10±0.34) points] were compared with the pretreatment levels [(5.10±0.42) points, (3.26±0.34) points, (2.10±0.25) points]. Conclusions Hypertension, hyperlipidemia, hyperglycemia are the main clinical characteristics of cerebral infarction combined with metabolic syndrome. Eliminating the symptoms of “three high” can improve the prognosis.
(26.58 ± 1.05) points, (21.10 ± 0.34) points], disability scores [(3.26 ± 0.34) points, (2.10 ± 0.25) points, (0.59 ± 0.20) points] were better than those before treatment (F = 5.10, 5.23, 5.45, 4.89, 4.21, 4.20, 4.26, 4.58, P = 0.02, 0.04, 0.02, 0.03, 0.01, 0.02, 0.02, 0.03). After treatment for three months and six months, the waist circumference [(82.21 ± 5.10) cm, (81.23 ± 4.16) cm] were less than before treatment (F = 5.26, P = 0.03). After treatment, the compliance rate of blood pressure, blood lipids, blood glucose, waist circumference was 79.20%, and the not met rate was 20.80%. The neurological deficit score [(17.25 ± 1.26) points] and disability score[(0.34 ± 0.12) points] were lower than those who did not meet standard (t = 29.64, 17.44, P = 0.01, 0.01).

**Conclusion**
High blood pressure, high blood lipid and high blood sugar are the main clinical characteristics of patients with cerebral infarction combined with metabolic syndrome, and relieving the symptoms of "three high" can improve the prognosis.

**Key words** Infarction, middle artery; Metabolic syndrome X; Hyperglycemia; Hypertension; Dyslipidemias; Prognosis

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清热化痰法治疗老年人苯二氮卓类药物依赖性失眠临床观察

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【摘要】目的 探讨清热化痰法治疗苯二氮卓类药物依赖性失眠的临床疗效。方法 选择2016年4月至2017年4间舟山市第二人民医院收治的49例苯二氮卓类药物依赖性失眠患者根据治疗方法的不同分为观察组(20例)和对照组(29例),在渐次减量的同时,对照组采用曲唑酮,观察组采用清热化痰法治疗。分别于用药前及1个疗程后观察修订匹兹堡睡眠质量量表(PSQI)指数失眠症状积分、中医症状积分、Zung氏焦虑评定量表积分、韦氏成人智力量表(WAIS-RC)和韦氏记忆量表(WMS-RC)积分。结果 治疗后,观察组减停药率显著高于对照组(χ²=6.918, P<0.05)。治疗后两组修订PSQI评分及中医症状评分均显著降低,且观察组PSQI评分及中医症状评分改善程度均明显优于对照组[(8.8±1.1)分比(10.6±1.3)分,(2.9±0.8)分比(4.6±1.2)分],差异均有统计学意义(t=5.063,5.535,均P<0.05)。治疗后两组Zung焦虑自评量表评分均显著降低,且观察组改善程度明显优于对照组[(42.90±5.65)分比(48.21±5.27)分],差异有统计学意义(t=3.366, P<0.05)。治疗后两组长时记忆、短时记忆、记忆商数均显著升高,且观察组短时记忆、记忆商数改善程度明显优于对照组[(23.30±5.31)分比(20.55±6.58)分,(67.36±19.13)分比(76.67±12.70)分],差异均有统计学意义(t=2.274,2.047,均P<0.05)。结论 清热化痰法对苯二氮卓依赖性失眠具有良好的疗效,在改善患者症状的同时,还可以改善减停药过程中可能出现的戒断症状,提高记忆功能,值得临床应用。

【关键词】入睡和睡眠障碍;苯二氮卓类;医学,中国传统;老年人

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Clinical observation of Qingrehuatan method in the treatment of insomnia elderly patients with benzodiazepines dependence


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【Abstract】Objective To investigate the clinical curative effect of Qingrehuatan method in the treatment of insomnia elderly patients with benzodiazepines dependence. Methods From April 2016 to April 2017, 49 insomnia elderly patients with benzodiazepines dependence in the Second People’s Hospital of Zhoushan were divided into the observation group(20 cases) and control group(29 cases) according to the different treatment methods. In the gradual reduction at the same time, the control group was treated with trazodone, the observation group was treated with Qingrehuatan method. Before treatment and after treatment for 1 course, the revised Pittsburgh sleep quality scale (PSQI), index of insomnia symptom score, TCM symptom score, Zung Anxiety Rating Scale score, Wechsler Adult Intelligence Scale(WAIS – RC) and Wechsler Memory Scale( WMS – RC) score were observed in the two groups. Results After treatment, the rate of withdrawal and discontinuation of the observation group was significantly higher than that of the control group(90.0% vs. 68.9%), the difference was statistically significant (χ² = 6.918, P<0.05). After treatment, the PSQI scores and symptom scores of the two groups were significantly decreased, and the PSQI scores and TCM symptom scores of the observation group improved significantly better than those of the control group[(8.8±1.1) points vs. (10.6±1.3) points,(2.9±0.8) points vs. (4.6±1.2) points], the differences were statistically significant(t=5.063,5.535, all P<0.05). After treatment, the Zung Anxiety Scale scores of the two groups were significantly lower, and the improvement of the observation group was significantly better than that of the control group[(42.90±5.65) points vs. (48.21±5.27) points], the difference was statistically significant(t = 3.366, P<0.05). After treatment, the long – term memory, short – term memory and memory quotient of the two
groups were significantly increased, and short-term memory and memory quotient of the observation group improved significantly better than those of the control group \[(23.30 \pm 5.31) \text{ points vs. } (20.55 \pm 6.58) \text{ points}, \ (76.67 \pm 12.70) \text{ points vs. } (67.36 \pm 19.13) \text{ points}\], the differences were statistically significant \((t = 2.274, 2.047, \text{all } P < 0.05)\). \textbf{Conclusion} Qingrehuatan method in the treatment of insomnia elderly patients with benzodiazepines dependence can improve the possible reduction in the process of stopping drug withdrawal symptoms and memory function, and can improve the symptoms of patients at the same time, and it is worthy of clinical application.

\textbf{Keywords} Sleep initiation and maintenance disorders; Benzodiazepines; Medicine, Chinese traditional; Aged

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不同孕周加用胰岛素对妊娠期糖尿病患者母婴结局的影响

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【摘要】目的 观察不同孕周加用胰岛素对妊娠期糖尿病(GDM)患者母婴结局的影响。方法 选取2014年1月至2017年1月太原钢铁集团(有限)公司总医院收治的86例GDM患者作为研究对象,根据加用胰岛素的时间将患者分为三组:其中Ⅰ组27例(<28周),Ⅱ组31例(28~32周),Ⅲ组28例(>32周)。比较三组患者分娩前血糖、胰岛素应用时程、孕期增重以及母婴结局。结果 分娩前Ⅰ组糖化血红蛋白为(5.2±0.5)%,Ⅱ组为(5.4±0.5)% ,Ⅲ组为(5.5±0.5)%,三组差异无统计学意义(F = 0.197, P > 0.05);三组胰岛素应用时程、孕期增重差异均有统计学意义(F = 5.995, 5.334,均P < 0.05)。剖宫产率Ⅰ组为22.22%(6/27),Ⅱ组为32.26%(10/31),Ⅲ组为53.57%(15/28),巨大儿发生率Ⅰ组为3.70%(1/27),Ⅱ组为9.68%(3/31),Ⅲ组为14.29%(4/28),三组剖宫产及巨大儿的发生率差异均有统计学意义(χ² = 9.714, 5.294,均 P < 0.05)。结论 尽早应用胰岛素有助于缩短GDM患者用药时程,抑制患者孕期体质量过度增加,改善母婴结局。

【关键词】糖尿病,妊娠; 胰岛素; 妊娠结局

The influence of insulin therapy at different periods on pregnancy outcomes of patients with gestational diabetes

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【Abstract】Objective To study the influence of insulin therapy at different periods on pregnancy outcomes of patients with gestational diabetes mellitus (GDM). Methods From January 2014 to January 2017, 86 patients with GDM in the General Hospital of Taiyuan Iron & Steel (Group) CO. LTD were chosen in the study. All of them were divided into 3 groups based on application periods of insulin; 27 patients in group I (≤28 weeks), 31 patients in group II (28 ~ 32 weeks), 28 patients in group III (> 32 weeks). The blood glucose before delivery, duration of insulin application, weight gain and pregnancy outcomes were compared among different groups. Results Before delivery, the HbA1c of group I was (5.2 ± 0.5) %, which of group II was (5.4 ± 0.5) %, which of group III was (5.5 ± 0.5) %, the difference was not statistically significant among the three groups (F = 0.197, P > 0.05). The duration of insulin application and weight gain during pregnancy demonstrated statistically significant differences among the three groups (F = 5.995, 5.334, all P < 0.05). The rate of cesarean section in group I was 22.22% (6/27), which in group II was 32.26% (10/31), which in group III was 53.57% (15/28), the incidence rate of macrosomia in group I was 3.70% (1/27), which in group II was 9.68% (3/31), which in group III was 14.29% (4/28), the differences among the three groups were statistically significant (χ² = 9.714, 5.294, all P < 0.05). Conclusion The early application of insulin can shorten the application duration of insulin, as well inhibit the excessive weight gain during pregnancy and improve maternal and neonatal outcomes.

【Key words】Diabetes, gestational; Insulin; Pregnancy outcome
早产儿喂养不耐受的临床特征
及相关因素分析

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【摘要】目的 分析早产儿喂养不耐受的临床特征及相关危险因素。方法 选择2015年3月至2017年2月日照市中心医院诊治的156例早产儿为研究对象,其中96例喂养不耐受早产儿为观察组,60例喂养耐受早产儿为对照组。分析两组患儿临床特征,采用logistics多因素分析对早产儿喂养不耐受的危险因素进行分析。结果 胎龄<30周者腹胀(34.6%)、胃潴留(50.0%)发生率最高,胎龄33~37周、体质量≥2500 g 患儿呕吐发生率(45.0%)最高,开奶时间≥72 h 患儿呕吐(39.3%)、腹胀(35.7%)、胃潴留(44.6%)发生率均明显高于开奶时间<72 h 内者,胎龄<30周者低血糖(23.1%)、体质量明显减少(19.2%)的比例如显高于其它胎龄组,差异均有统计学意义(χ²=5.682,4.235,3.452,4.763,5.526,3.984,6.224,5.341,均P<0.05)。与对照组比较,观察组胎龄更小[(30.4±1.3)周比(33.6±2.6)周]、出生体质量更低[(1693±467)g比(1868±537)g]、开奶时间[(46.8±18.8) h 比(32.7±17.7) h]及排便时间[(58.6±12.8) h 比(39.6±10.6) h]更晚,使用呼吸机(32例比9例)、胎膜早破(26例比6例)、孕母(51例比15例)及早产儿疾病(49例比12例)的比例如更高,差异均有统计学意义(χ²=5.675,4.967,3.677,6.787,6.523,5.564,6.652,7.157,均P<0.05)。Logistics多因素分析显示胎龄<33周、出生体质量<1500 g、开奶时间>3 d、使用呼吸机及存在早产儿疾病为早产儿喂养不耐受的独立危险因素。结论 早产儿喂养不耐受的常见临床表现包括呕吐、腹胀及胃潴留。胎龄<33周、出生体质量<1500 g、开奶时间>3 d、使用呼吸机及存在早产儿疾病为早产儿喂养不耐受的独立危险因素。

【关键词】婴儿,早产; 母乳喂养; 胃肠道; 危险因素

Analysis of clinical characteristics and related factors of feeding intolerance in preterm infants Dong Xinying, Dong Lei, Hu Yunqing.

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【Abstract】Objective To analyze the clinical characteristics and risk factors of feeding intolerance in preterm infants. Methods From March 2015 to February 2017, a total of 156 preterm infants in the Central Hospital of Rizhao were selected. Of them, 96 feeding intolerance premature infants were selected as the observation group, and 60 feeding tolerance premature infants were selected as the control group. The clinical characteristics of the two groups were analyzed, and the risk factors of feeding intolerance in preterm infants were analyzed by logistics multivariate analysis. Results In the infants with gestational age <30 weeks, abdominal distension(34.6%) and gastric retention(50.0%) had the highest incidence rate. In the infants with gestational age 33~37 weeks and weighing more than 2500 g, the incidence rate of vomiting (45.0%) was highest. In the infants with open milk time no less than 72 h, the incidence rate of vomiting(39.3%), abdominal distension(35.7%), gastric retention(44.6%) were significantly higher than those of the infants with open milk time less than 72 h. In the infants with gestational age <30 weeks, the proportion of hypoglycemia(23.1%), significantly reduced body mass(19.2%) were significantly higher than those of the other gestational age, the differences were statistically significant(χ²=5.682,4.235,3.452,4.763,5.526,3.984,6.224,5.341, all P<0.05). Compared with the control group, in the observation group, the gestational age[(30.4±1.3) weeks vs. (33.6±2.6) weeks] was smaller, birth weight[(1693±467) g vs. (1868±537) g] was lower, open milk time[(46.8±18.8) h vs. (32.7±17.7) h] and defecation time[(58.6±12.8) h vs. (39.6±10.6) h] were later, the proportion of the use of respirator(32 cases vs. 9 cases), the proportion of the rupture of membranes(26 cases vs. 6 cases), early pregnancy(51 cases vs. 15 cases) and perinatal diseases(49 cases vs. 12 cases) were
higher, the differences were statistically significant ($t = 5.675, 4.967, 9.367, 7.678, \chi^2 = 6.523, 5.564, 6.652, 7.157, \text{all } P < 0.05$). Logistics multivariate analysis showed that gestational age $< 33$ weeks, birth weight $< 1500$ g, open milk time $> 3$ d, ventilator and preterm infants were independent risk factors for feeding intolerance in preterm infants. Conclusion The common clinical manifestations of feeding intolerance in premature infants include vomiting, abdominal distension and gastric retention. Gestational age less than 33 weeks, birth weight $< 1500$ g, open milk time $> 3$ d, ventilator and preterm infants are independent risk factors for feeding intolerance in preterm infants.

【Key words】 Infant, premature; Breast feeding; Gastrointestinal tract; Risk factors
全身麻醉联合硬膜外腔阻滞麻醉对腹腔镜子宫全切除术麻醉效果及患者应激反应的影响

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【摘要】目的探讨全身麻醉联合硬膜外腔阻滞麻醉在宫颈癌患者行腹腔镜子宫切除术中的麻醉效果及对应激反应的影响。方法选取2014年1月至2016年11月首都医科大学附属北京地坛医院64例宫颈癌患者,采用随机数字表法分为对照组与观察组各32例。两组均接受腹腔镜子宫切除术治疗,对照组采用全身麻醉,观察组采用全身麻醉联合硬膜外腔阻滞麻醉。比较两组全身麻醉药物用量、手术时间及术后苏醒时间、不良反应发生率、手术前后氧化应激相关指标[代谢酶单氨氧化酶A (MAOA)、酶酪氨酸羟化酶 (TH)、谷胱甘肽氧化物酶 (GSH-Px)、5-羟色胺 (5-HT)]水平变化情况。结果观察组手术时间、术后苏醒时间、阿曲库铵用量、瑞芬太尼用量及丙泊酚用量均少于对照组 (t = 6.928, 11.205, 16.966, 7.798, 16.839, 均P < 0.01);观察组术前血清MAOA、TH、GSH-Px、5-HT水平与对照组比较,差异均无统计学意义 (P > 0.05), 术后观察组MAOA、TH、5-HT水平均低于对照组,GSH-Px水平高于对照组 (t = 28.585, 26.346, 10.850, 21.827, 均P < 0.05)。结论宫颈癌患者腹腔镜子宫切除术中采用全身麻醉联合硬膜外腔阻滞麻醉,可有效减轻术后氧化应激反应,减少麻醉药物用量及手术时间,且不良反应发生率较低。

【关键词】麻醉,硬膜外; 麻醉,全身; 宫颈肿瘤; 腹腔镜检查; 子宫切除术; 氧化性应激

Effects of general anesthesia combined with epidural anesthesia on oxidative stress in patients with cervical cancer after laparoscopic hysterectomy Niu Shaoning, Zhao Jiaping, Cai Xiaofei, Cheng Hao. Department of Anesthesiology, Beijing Ditan Hospital Affiliated to Capital Medical University, Beijing 100015, China Corresponding author: Cheng Hao, Email: chenghaocn@yahoo.com

【Abstract】Objective To investigate the application value of general anesthesia combined with epidural anesthesia in patients with cervical cancer after laparoscopic hysterectomy. Methods From January 2014 to November 2016, 64 patients with cervical cancer in Beijing Ditan Hospital were selected and randomly divided into control group and study group, with 32 cases in each group. Both two groups were treated with laparoscopic hysterectomy, and the control group was treated with general anesthe sia, the study group was treated with general anesthesia combined with epidural anesthesia. The amount of general anesthesia, the time of surgery and postoperative recovery time, the incidence of adverse reactions, preoperative and postoperative oxidative stress-related indicators [metabolic enzyme monoamine oxidase A (MAOA), enzyme tyrosine hydroxylase (TH), glutathione peroxidase (GSH – Px), 5 – hydroxytryptamine (5 – HT)] were statistically compared between the two groups. Results The operative time, postoperative recovery time and dose of atracurium, remifentanil, propofol in the study group were less than those in the control group (t = 6.928, 11.205, 16.966, 7.798, 16.839, all P < 0.01). There were no statistically significant differences in the MAOA, TH, GSH – Px and 5 – HT levels between the two groups before treatment (all P > 0.05), but after operation, the MAOA, TH and 5 – HT levels in the study group were significantly lower than those in the control group, the GSH – Px level was significantly higher than that of the control group, the differences were statistically significant (t = 28.585, 26.346, 10.850, 21.827, all P < 0.01). The incidence of cardiac tachycardia (18.75% (6/32)), vomiting and nausea (15.63% (5/32)) and restless (9.38% (3/32)) in the study group were lower than those in the control...
group [43.75% (14/32), 37.50% (12/32), 40.63% (13/32)], the differences were statistically significant ($\chi^2 = 4.655, 3.925, 8.333$, all $P < 0.05$). **Conclusion** General hysterectomy combined with epidural anesthesia in patients with cervical cancer after laparoscopic hysterectomy can effectively reduce the postoperative oxidative stress, reduce the dosage of narcotic drugs and the time of operation and wake up, and the incidence rate of adverse reactions is low.

**Key words** Anesthesia, epidural; Anesthesia, general; Uterine cervical neoplasms; Laparoscopes; Hysterectomy; Oxidative stress
Effect of processing time on the content of five active ingredients in vinegar frankincense Qiao Lijun, Liu Yibing, Li Songmei, Hu Xiaopeng.
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【Abstract】Objective To study the effect of processing time on the content of five active ingredients in vinegar frankincense. Methods Acetic acid, 3-acetyl-β-lactyl acid, α-lactyl acid, 3-ethyl-α-lactyl acid, and 11-carboxyl-β-lactyl acid 5 kinds of active ingredients in vinegar frankincense were determined. Results The results showed that four kinds of lactyl acid (α-boswellic acid, β-boswellic acid, 3-acetyl-α-lactyl acid and 3-acetyl-α-lactyl acid) showed an increasing trend (from 16.88 mg/g to 23.05 mg/g, 40.35 mg/g to 61.05 mg/g, 11.02 mg/g to 18.17 mg/g, 19.78 mg/g to 25.08 mg/g), while one lactyl acid (11-carboxyl-β-lactyl acid) showed a decreasing trend (6.98 mg/g to 5.86 mg/g) with the increasing of processing time (5, 10, 15, 20 and 30 min). Conclusion 30 min was the best time to prepare the balsamic vinegar frankincense.

【Key words】Frankincense; Processing Time; Vinegar
西那卡塞联合小剂量骨化三醇治疗终末期肾病继发性甲状旁腺功能亢进的临床疗效观察

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【摘要】目的 探讨西那卡塞联合小剂量骨化三醇治疗终末期肾病继发甲状旁腺功能亢进(甲旁亢)的疗效。方法 采用前瞻性分析的研究方法,纳入温州市中西医结合医院肾内科2015年4月至2017年8月诊断为终末期肾病且继发甲旁亢患者共计129例,采用随机数字表法分为三组,各43例,A组采用西那卡塞治疗,B组采用骨化三醇治疗,C组联合西那卡塞与小剂量骨化三醇治疗,疗程为3个月,分别在治疗前及治疗后检测各组的血磷和血钙含量,并检测全段甲状旁腺激素水平和全段甲状旁腺激素清除率,了解各组的治疗效果。结果 A组治疗后血钙、血磷水平、全段甲状旁腺激素水平较治疗前下降,差异均有统计学意义(t=3.269,2.263,4.233,均P<0.05);B组全段甲状旁腺激素明显下降,血钙、血磷较治疗前明显升高,差异均有统计学意义(t=2.827,2.386,3.342,均P<0.05);C组血磷、全段甲状旁腺激素水平治疗前明显下降,差异均有统计学意义(t=3.085,5.142,均P<0.05),血钙水平未见明显影响(t=0.258,P>0.05)。全段甲状旁腺激素水平B组>A组>C组,全段甲状旁腺激素清除率方面C组>A组>B组,组间差异有统计学意义(t=3.642,3.263,均P<0.05);血钙水平治疗后组间比较,差异均有统计学意义,B组>C组>A组,血磷水平治疗后组间比较,差异均有统计学意义(t=3.265,3.332,均P<0.05)。结论 终末期肾病继发性甲旁亢采用联合西那卡塞与小剂量骨化三醇治疗,可明显降低患者甲状旁腺激素水平和血磷水平,不影响血钙浓度。

【关键词】甲状旁腺功能亢进;肾病;骨化三醇;西那卡塞;磷;钙

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【Abstract】Objective To investigate the effect of cinacalcet combined with low – dose calcitriol in the treatment of patients with secondary hyperparathyroidism of end stage renal disease. Methods A prospective analysis was conducted in 129 patients with end – stage renal disease and secondary hyperparathyroidism from April 2015 to August 2017 in the Department of Nephrology of Integrative Medicine Hospital of Wenzhou City, Zhejiang Province. The patients were randomly divided into 3 groups; group A received cinacalcet, group B received calcitriol, group C received cinacalcet and low – dose calcitriol for 3 months, respectively. Before and after treatment, the levels of serum phosphorus and serum calcium in the three groups were measured. The levels of parathyroid hormone and the parathyroid hormone clearance rate were measured to find out the therapeutic effect. Results The levels of serum calcium, phosphorus and total parathyroid hormone in group A were significantly lower than those before treatment(t=3.269,2.263,4.233, all P<0.05). PTH was significantly decreased, blood calcium and phosphorus significantly increased compared with those before treatment, the differences were statistically significant(t=2.827,2.386,3.342, all P<0.05). The phosphorus, total parathyroid hormone levels of group C were significantly decreased(t=3.085,
5.142, all $P < 0.05$), and no significant change in serum calcium level ($t = 0.258, P > 0.05$). The total parathyroid hormone level: group B > group A > group C, the whole parathyroid hormone clearance rate: group C > group A > group B, the differences were statistically significant ($t = 3.642, 3.263, all P < 0.05$). After treatment, the serum calcium level among the three groups had statistically significant difference, group B > group C > group A, the serum phosphorus level among the three groups after treatment had statistically significant difference, group B > group A > group C ($t = 3.265, 3.332, all P < 0.05$). **Conclusion** The combined use of cinacalcet and low-dose calcitriol in the treatment of secondary hyperparathyroidism in patients with end-stage renal disease can significantly reduce the level of parathyroid hormone and serum phosphorus, and without affecting serum calcium concentration.

【Key words】 Hyperparathyroidism; Kidney disease; Calcitriol; Silecaine; Phosphorus; Calcium
【摘要】目的 观察甲泼尼龙琥珀酸钠联合免疫球蛋白（IVIG）辅助治疗婴幼儿重症肺炎的临床疗效。方法 选择淮南市妇幼保健院 2014 年 11 月至 2016 年 12 月确诊的重症肺炎患儿 42 例 为观察对象,采用随机数字表法分为两组,对照组 22 例,采用常规、对症治疗;治疗组 20 例,在常规、对症治疗的基础上,给予甲泼尼龙琥珀酸钠联合免疫球蛋白治疗,比较两组患儿的发热、咳嗽、肺部啰音消失时间,住院时间及不良反应。结果 治疗组体温恢复正常时间、咳嗽消失时间、肺部啰音消失时间、住院时间分别为 (3.1 ± 1.0) d, (8.4 ± 1.1) d, (6.3 ± 1.3) d, (10.4 ± 2.3) d,对照组分别为 (5.2 ± 1.1) d, (10.3 ± 1.2) d, (9.2 ± 1.4) d, (13.5 ± 2.2) d,两组差异均有统计学意义 (t = 6.48, 7.72, 9.97, 4.17, 均 P < 0.01);治疗组总有效率为 95.0%, 明显高于对照组的 68.3% (χ² = 4.886, P < 0.05)。两组治疗过程中均未发生明显不良反应。结论 甲泼尼龙琥珀酸钠联合免疫球蛋白治疗婴幼儿重症肺炎可明显缩短发热、咳嗽、肺部啰音消失时间及住院时间,且无不良反应发生。

【关键词】肺炎; 儿童; 甲泼尼龙琥珀酸钠; 免疫球蛋白类 Curative effect of methylprednisolone combined with IVIG in the treatment of infants with severe pneumonia

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【Abstract】Objective To observe the effect of methylprednisolone combined with IVIG in the treatment of infants with severe pneumonia. Methods From November 2014 to December 2016, 42 children with severe pneumonia in Huainan Maternal and Child Health Care Hospital were selected and randomly divided into two groups. Twenty – two cases in the control group were given routine and symptomatic treatment. Twenty cases in the treatment group were given methylprednisolone sodium succinate combined with immunoglobulin therapy on the basis of routine and symptomatic treatment. The fever, cough, pulmonary rales, hospitalization time and adverse reaction were compared between the two groups. Results In treatment group, the body temperature returned to normal time, cough disappeared time, pulmonary rales disappearance time and hospitalization time were (3.1 ± 1.0) d, (8.4 ± 1.1) d, (6.3 ± 1.3) d, (10.4 ± 2.3) d, respectively, which in the control group were (5.2 ± 1.1) d, (10.3 ± 1.2) d, (9.2 ± 1.4) d, (13.5 ± 2.2) d, respectively, the differences between the two groups were statistically significant (t = 6.48, 7.72, 9.97, 4.17, all P < 0.01). The recovery rate and total effective rate of the treatment group were obviously higher than those of the control group (χ² = 4.886, P < 0.05). During the treatment, there were no obvious adverse reactions observed in the two groups. Conclusion Methylprednisolone combined with IVIG adjuvant therapy for infants with severe pneumonia can significantly reduce the temperature, cough, pulmonary rales disappearance time and hospitalization time, and with no adverse reaction.
甘精胰岛素联合口服降糖药治疗2型糖尿病临床疗效探讨

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【摘要】目的探讨甘精胰岛素联合口服降糖药治疗2型糖尿病(T2DM)疗效与安全性。方法将2012年12月至2016年12月朔州市传染病医院门诊就诊的60例2型糖尿病患者根据随机数字表法分为观察组和对照组各30例。对照组采用预混胰岛素(诺和锐30)联合格列美脲治疗，观察组采用甘精胰岛素联合格列美脲治疗，疗程12周。比较两组治疗前后血糖指标空腹血糖(FBG)、餐后2 h 血糖(2hPG)、糖化血红蛋白(HbA1c)及血浆胰岛素(FINS)、胰岛素抵抗指数(HOMA2-IR)的差异。结果治疗后，观察组FBG[(5.87±1.52) mmol/L 比(6.79±1.98) mmol/L]、2hPG[(6.87±1.31) mmol/L 比(7.89±1.65) mmol/L]及HbA1c[(7.14±1.18) % 比(7.99±1.27) %]改善程度均显著优于对照组，差异有统计学意义(t=4.636，4.795，3.896，均P<0.05)。观察组FINS[(6.12±1.35) IU/mL 比(7.38±1.65) IU/mL]及HOMA-IR[(2.80±0.29)比(3.21±0.34)]改善程度均显著优于对照组，差异有统计学意义(t=5.646，3.926，均P<0.05)。观察组发生低血糖发生率显著低于对照组(9.5% 比37.8%)，差异具有统计学意义(χ²=4.464，P<0.05)。结论甘精胰岛素能够显著的改善T2DM 血糖水平及糖化血红蛋白水平，改善患者胰岛素抵抗，且低血糖发生率低。

【关键词】 糖尿病，2型；低血糖症；甘精胰岛素；胰岛素

Clinical efficacy of insulin glargine combined with oral hypoglycemic agents in the treatment of type 2 diabetes mellitus

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【Abstract】Objective To evaluate the efficacy and safety of insulin glargine combined with oral hypoglycemic agents in the treatment of type 2 diabetes mellitus (T2DM). Methods From December 2012 to December 2016, 60 patients with T2DM in Shuozhou Infectious Disease Hospital were divided into observation group and control group according to the random number table, with 30 cases in each group. The control group received premixed insulin (insulin aspart 30) combined with glimepiride treatment, the observation group was treated with insulin glargine combined with glimepiride for 12 weeks. The blood glucose index, fasting blood glucose(FBG) ,postprandial 2 hours blood sugar(2hPG), glycated hemoglobin(HbA1c), plasma insulin(FINS) and insulin resistance index(HOMA2-IR) were compared between the two groups before and after treatment. Results After treatment, the FBG[(5.87±1.52) mmol/L vs. (6.79±1.98) mmol/L] ,2hPG[(6.87±1.31) mmol/L vs. (7.89±1.65) mmol/L] and HbA1c [(7.14±1.18) % vs. (7.99±1.27) %] in the observation group were significantly better than those in the control group, the differences were statistically significant(t = 4.636, 4.795, 3.896, all P < 0.05). The FINS [(6.12±1.35) IU/mL vs. (7.38±1.65) IU/mL] and HOMA-IR [(2.80±0.29) vs. (3.21±0.34)] in the observation group improved significantly better than those in the control group, the differences were statistically significant(t = 5.646, 3.926, all P < 0.05). The incidence rate of hypoglycemia in the observation group was significantly lower than that in the control group(9.5% vs. 37.8%), the difference was statistically significant(χ² = 4.464, P < 0.05). Conclusion Insulin glargine can significantly improve blood glucose levels and glycated hemoglobin levels, and help to improve insulin resistance in patients with T2DM. The incidence rate of hypoglycemia is low and the safety of the drugs is high.

【Keywords】Diabetes mellitus, Type 2; Hypoglycemia; Glargine; Insulin
股骨近端防旋髓内钉与股骨近端锁定解剖钢板治疗老年人股骨粗隆间骨折的疗效比较

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【摘要】目的 比较股骨近端防旋髓内钉(PFNA)与股骨近端锁定解剖钢板(ALP)内固定治疗老年人股骨粗隆间骨折的临床疗效。方法 回顾性分析霍邱县第二人民医院2011年3月至2017年11月收治老年股骨粗隆间骨折患者52例的临床资料,根据手术方法不同分为采用PFNA内固定治疗26例(PFNA组)和ALP治疗26例(ALP组)。比较两组患者的手术时间、术中出血量、平均卧床时间及平均骨折愈合时间等临床指标及术后并发症发生情况。结果 PFNA组手术时间[(80.1±6.3)min]、术中出血量[(156.2±4.7)mL]、卧床时间[(20.3±2.9)d]、骨折愈合时间[(77.3±3.2)d]显著少于ALP组,差异均有统计学意义(t=21.527,18.879,5.128,17.261,均P<0.05);PFNA组Harris评分为(87.30±6.18)分,优良率为92.30%,而ALP组Harris评分为(76.77±4.59)分,优良率为80.77%,两组优良率差异有统计学意义(χ²=0.019,P<0.05)。观察组并发症发生率为0.00%,明显低于对照组的7.69%(P<0.05)。结论与ALP比较,PFNA治疗老年人股骨粗隆间骨折疗效显著,固定强度较佳,手术创伤小,骨折愈合迅速,不良反应发生率低。

【关键词】 股骨骨折; 骨固定钢丝; 骨折固定术,内; 骨折愈合; 老年人

Comparison of the effect of PFNA and ALP in the treatment of elder patients with femoral intertrochanteric fracture  Wang Fujun, Gong Baoquan.

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【Abstract】Objective To compare the clinical effects of PFNA and ALP in the treatment of elder patients with femoral intertrochanteric fracture. Methods The clinical data of 52 elder patients with femoral intertrochanteric fracture in the Second People’s Hospital of Huoqiu County from March 2011 to November 2017 were retrospectively analyzed. According to the different operation method, the patients were divided into PFNA group(treated with PFNA) and ALP group(treated with ALP), with 26 cases in each group. The operation time, the amount of bleeding, healing time of fracture, postoperative complications, the function of hip joint and incidence of adverse reactions were compared between the two groups. Results The operative Time[(80.1±6.3)min], intraoperative bleeding[(156.2±4.7)mL], bed time[(20.3±2.9)d] and fracture healing time[(77.3±3.2)d] in the PFNA group were significantly lower than those in the ALP group, the differences were statistically significant(all P<0.05). The Harris Assessment scores of the PFNA group was (87.30±6.18) points, the excellent rate of the PFNA group was 92.3%, while the Harris Assessment scores of the ALP group was (76.77±4.59) points, the excellent rate of the ALP group was 80.77%, the difference was statistically significant in the excellent rate(χ²=0.019,P<0.05). The incidence of adverse reactions of the PFNA group was 0.00%, which was lower than 7.69% of the ALP group(P<0.05). Conclusion The proximal femoral intramedullary nail (PFNA) is effective in the treatment of intertrochanteric fracture of the elderly, with better fixation strength, smaller operative trauma, faster fracture healing and lower adverse reaction rate.

【Key words】Femoral fractures; Bone wires; Fracture fixation, internal; Fracture healing; Aged
叶酸联合甲钴胺用于脑小血管病
同型半胱氨酸血症的效果分析

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【摘要】目的  探讨叶酸联合甲钴胺用于脑小血管病伴同型半胱氨酸血症（Hcy）血症的临床效果。方法  选择聊城市第二人民医院2015年1月至2016年12月诊治的脑小血管病伴高Hcy血症患者78例为研究对象，且伴有血管性轻度认知功能障碍，采用随机数字表法分为两组，对照组39例，给予常规治疗，观察组39例，在对照组治疗基础上给予叶酸联合甲钴胺治疗。比较两组治疗前、治疗后Hcy、维生素B12、叶酸水平和阿尔茨海默病量表评分情况。结果  治疗前，两组Hcy水平差异无统计学意义（t=0.34，P=0.74）。对照组治疗后3.6个月血浆Hcy水平与治疗前差异均无统计学意义（t=0.36, 1.30，均P＞0.05）；观察组治疗后3个月[(19.98±3.65) mol/L]、6个月[(14.96±3.54) mol/L]Hcy水平较治疗前[(26.38±2.95) mol/L]均明显降低（t=8.52, 15.48，均P＜0.05），且均明显低于对照组（t=7.11,12.35，均P＜0.05）。治疗前，两组维生素B12和叶酸水平差异均无统计学意义（t=0.27, 0.86，均P＞0.05）；对照组治疗前后维生素B12和叶酸水平差异均无统计学意义（均P＞0.05）；对照组治疗后3.6个月维生素B12和叶酸水平较治疗前均明显升高（均P＜0.05），且均明显高于对照组（均P＜0.05）。治疗前，两组ADAS-cog量表评分差异无统计学意义（t=0.14, P＞0.05）；对照组治疗前后ADAS-cog量表评分差异均无统计学意义（均P＞0.05）；观察组治疗后3个月[(12.05±2.13) 分]、6个月[(10.24±2.84) 分]ADAS-cog量表评分较治疗前[(15.07±3.56) 分]明显降低（t=4.55, 6.62，均P＜0.05），且较对照组亦显著降低（均P＜0.05）。结论  脑小血管病伴有高Hcy血症患者应用叶酸和甲钴胺能够明显降低Hcy水平，提高维生素B12及叶酸水平，有助于减轻其血管性认知功能障碍。

【关键词】脑血管疾病；同型半胱氨酸血症；叶酸；甲钴胺

Analysis of the effect of folic acid combined with methylcobalamin in the treatment of cerebral small vessel disease with hyperhomocysteinemia  Chen Xiaowei.

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【Abstract】Objective To investigate the clinical effect of folic acid combined with methylcobalamin in the treatment of cerebral small vessel disease with hyperhomocysteinemia. Methods From January 2015 to December 2016, 78 patients who were diagnosed cerebral small vessel disease with high homocysteinemia(Hcy) and also associated with vascular mild cognitive impairment in the Second People's Hospital of Liaocheng were selected as the research objects, and they were randomly divided into control group and observation group, with 39 cases in each group. The control group was given routine treatment, and the observation group was treated with folic acid combined with methylcobalamin on the basis of treatment of the control group. The levels of The Hcy, vitamin B12, folic acid and the Alzheimer's disease assessment scale - cognitive subscale(ADAS-cog) scores before and after treatment for 3 and 6 months were compared between the two groups. Results Before treatment, there was no statistically significant difference in the level of plasma Hcy between the two groups (t=0.34, P=0.74). There was no statistically significant difference in the level of plasma Hcy of the control group between before and after 3 and 6 months treatment (t=0.36,1.30, all P＞0.05). The plasma Hcy level in the observation group after 3 and 6 months treatment[(19.98±3.65) mol/L, (14.96±3.54) mol/L] were significantly lower than that before treatment[(26.38±2.95) mol/L] (t=8.52, 15.48, all P＜0.05), which were also significantly lower than that in the control group(t=7.11,12.35, all P＜0.05). Before treatment, there were no statistically significant differences in vitamin B12 and folic acid levels between the two groups(t=0.27,0.86, all P＞0.05). There was no statistically significant difference in the levels of
vitamin B\textsubscript{12} and folic acid of the control group between before and after 3 and 6 months treatment (all $P > 0.05$). The vitamin B\textsubscript{12} and folic acid levels in the observation group after 3 and 6 month treatment were significantly higher than those before treatment (all $P < 0.05$), which were also significantly higher than those in the control group (all $P < 0.05$). Before treatment, there were no statistically significant differences in the ADAS–cog scale score between the two groups ($t = 0.14, P > 0.05$). There was no statistically significant difference in the ADAS–cog scale score of the control group between before and after 3 and 6 months treatment (all $P > 0.05$). The scores of ADAS–cog scale in the observation group after 3 and 6 months treatment [(12.05 ± 2.13) points, (10.24 ± 2.84) points] were significantly lower than that before treatment [ (15.07 ± 3.56) points ] ($t = 4.55, 6.62$, all $P < 0.05$), which were also significantly lower than that in the control group (all $P < 0.05$). Conclusion Folic acid combined with methylcobalamin in the treatment of cerebral small vessel disease with hyperhomocysteinemia can significantly reduce the Hcy, vitamin B\textsubscript{12} and folic acid levels, which can help to relieve the vascular cognitive impairment, so it is worthy of promotion and application.

【Key words】 Basal ganglia cerebrovascular disease; Hyperhomocysteinemia; Folic acid; Mecobalamin
血府逐瘀汤联合 α-硫辛酸注射液对 2 型糖尿病周围神经病变患者神经传导速度及血清 8-异前列腺素 2α、单核细胞趋化蛋白-1 水平的影响

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【摘要】目的 探讨血府逐瘀汤联合 α-硫辛酸注射液治疗 2 型糖尿病周围神经病变(DPN)的疗效及对患者神经传导速度、血清 8-异前列腺素 2α(8-iso-PGF2-α)、单核细胞趋化蛋白-1(MCP-1)水平的影响。方法选取首都医科大学良乡教学医院 2015 年 11 月至 2017 年 4 月 DPN 患者 78 例为研究对象,采用随机数字表法分为对照组(n = 39)与研究组(n = 39)。常规治疗基础上对照组采取 α-硫辛酸注射液,研究组在对照组基础上加用血府逐瘀汤,均治疗 1 个月。疗程结束后统计两组临床疗效、治疗前后神经传导速度[运动神经传导速度(MNCV)、感觉神经传导速度(SNCV)]、血清 8-iso-PGF2-α、MCP-1 水平及不良反应。结果研究组总有效率(94.87%)高于对照组(74.36%)(χ² = 6.303, P < 0.05);疗程结束后两组腓总神经及正中神经 MNCV、SNCV 较治疗前增高,且研究组高于对照组(P < 0.05);疗程结束后两组血清 8-iso-PGF2-α、MCP-1 水平较治疗前降低,且研究组 8-iso-PGF2-α[(12.38 ± 1.02) ng/L]、MCP-1[(159.30 ± 22.12) pg/mL]低于对照组[(159.30 ± 22.12) pg/mL]。结论采用血府逐瘀汤联合 α-硫辛酸注射液治疗 DPN,可有效改善患者神经传导速度,降低血清 8-iso-PGF2-α、MCP-1 水平,提高治疗效果,且安全性高。

【关键词】糖尿病,2 型; 糖尿病神经病变; 神经传导; 血府逐瘀汤; α-硫辛酸注射液; 前列腺素; 单核细胞趋化蛋白类; 疗效比较研究

Effects of Xuefu Zhuyu Decoction combined with α-thioctic acid injection on nerve conduction velocity and serum levels of 8–iso–PGF2 –α and MCP –1 in patients with type 2 diabetic peripheral neuropathy
Zhou Yan, Zhang Hong, Qi Ying.
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川崎病 75 例的治疗药物分析

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【摘要】 目的 分析川崎病患儿的治疗药物情况。方法 采用回顾性分析方法,抽取重庆三峡中心医院 2014-2017 年的治疗川崎病的电子病历并进行筛选。收集并整理数据,将川崎病患儿的治疗药物按口服药、注射剂、中成药和西药等分门别类进行统计探讨其用药特点。根据相关检查、检验结果和临床症状总体评估药物疗效。结果 75 例患者中共使用了 30 种注射剂,32 种口服药;排名前 10 位注射剂分别为注射用人免疫球蛋白、注射用盐酸头孢硫脒、热毒宁注射液、注射用磷酸肌酸钠、注射用哌拉西林他唑巴坦、利巴韦林注射液、注射用人重组干扰素 α2b、注射用还原型谷胱甘肽、维生素 B6 注射液、苯巴比妥钠注射液。西药和中成药并用,并对排名靠前的中成药的针剂、口服剂进行了分析。统计并分析了川崎病患儿的支柱药物、抗感染药物的使用情况和治疗效果。结论 药物治疗方案较好,患儿病情均得到好转。在以后的实践中,还应不断总结经验提高诊治水平。

【关键词】 皮肤黏膜淋巴结综合征; 药物疗法; 抗菌药; C 反应蛋白

Analysis of medical treatment of 75 patients with Kawasaki disease  Wan Suxin, Yin Xiaoling.
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微创经皮肾镜碎石取石术治疗输尿管上段结石的临床疗效观察

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【摘要】 目的 探讨微创经皮肾镜碎石取石术治疗输尿管上段结石的临床疗效。方法 选取 2016 年 8 月至 2017 年 10 月在金华市第五医院外科和金华市中心医院泌尿外科治疗输尿管上段结石的患者 100 例, 采用随机数字表法将患者分为观察组和对照组, 每组 50 例, 观察组采用微创经皮肾镜取石术治疗, 对照组采用体外冲击波碎石术治疗, 对比两组的治疗效果。结果 对照组患者的手术时间(88.33 ± 14.71) min, 术中出血量(54.71 ± 3.64) mL, 住院时间(7.73 ± 1.52) d, 结石清除效果(80.00%) 及并发症发生率(20.00%) 与观察组患者的手术时间(41.42 ± 6.93) min, 术中出血量(14.33 ± 3.61) mL, 住院时间(3.88 ± 0.94) d, 结石清除效果(100.00%) 及并发症发生率(6.00%) 相比差异均有统计学意义(t = 18.956, 12.225, 6.158, χ² = 12.453, 8.145, 均 P < 0.05)。结论 微创经皮肾镜取石术治疗输尿管上段结石疗效显著, 值得在临床中进一步研究推广。

【关键词】 输尿管结石；微创经皮肾镜取石术；碎石术

Clinical effect of microinvasive percutaneous nephrolithotomy in the treatment of ureteral calculi

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改进无张力疝修补术与传统疝修补手术
治疗腹外疝的疗效比较

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【摘要】 目的 比较改进无张力疝修补与传统疝修补手术治疗腹外疝的临床疗效。方法 选择2016 年5 月至2017 年3 月武乡县中医院收治的110 例腹外疝的患者,依据随机数字表法将其分为观察组和对照组各55 例。对照组给予传统疝修补手术治疗,观察组给予改进无张力疝修补术治疗。比较两组疗效。结果 观察组总有效率为98.21%,显著高于对照组的82.14%,差异有统计学意义($\chi^2=7.13$, $P<0.05$)。观察组手术时间、出血量、住院时间及下床时间均显著短于对照组,差异均有统计学意义($t=6.75, 5.17, 6.02, 8.31$, 均 $P<0.05$)。观察组并发症发生率及疾病复发率显著低于对照组(5.36% 比21.43%, 0.00% 比16.07%),差异均有统计学意义($\chi^2=8.04, 6.37$, 均 $P<0.05$)。结论 与传统疝修补术比较而言,应用改进无张力疝修补术可获得更为满意的临床疗效,且患者术后出血量、并发症及复发率均显著下降,故值得在临床中进一步推广应用。

【关键词】 疝,腹部; 外科手术; 疗效比较研究

Comparison of the effect of modified tension free hernia repair and traditional hernia repair in the treatment of abdominal hernia  An Xingsiao.

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精准被膜解剖法联合帕瑞昔布钠
用于甲状腺手术的效果观察
郝巨民  刘素瑜

【摘要】目的 探讨精准被膜解剖法联合帕瑞昔布钠应用于甲状腺手术的效果。方法 选择 2014 年 6 月至 2016 年 6 月和顺县人民医院收治的进行甲状腺手术治疗的 150 例患者，采取随机数字表法将患者分为对照组（仅采取精准被膜解剖法）和研究组（在精准被膜解剖法基础上，联合应用帕瑞昔布钠），每组 75 例。对两组患者的总体满意度的评分（PGESN）以及视觉模拟（VAS）评分进行观察。结果 研究组手术时间、麻醉苏醒时间、术后下床时间显著低于对照组（t = 17.502, 16.775, 19.036，均 P < 0.05）；研究组吗啡用量、24 h 芬太尼用量和 PCIA 次数明显少于对照组（t = 20.197, 17.254, 5.320，均 P < 0.05），而且研究组 PGESN 评分显著高于对照组（t = 6.775, 0.5 < P < 0.05）；进行手术前，两组 VAS 评分差异无统计学意义（P > 0.05），完成手术后，静息时研究组 VAS 评分低于治疗前（t = 17.564, 20.110, 18.958，均 P < 0.05），对照组治疗后 VAS 评分低于治疗前（P < 0.05），且研究组治疗后 VAS 评分明显低于对照组（P < 0.05）。结论 对进行甲状腺手术的患者应用精准被膜解剖法联合帕瑞昔布钠，可以改善患者的临床疗效，提高患者的睡眠质量与满意度，而且还可以降低患者的 VAS 评分，值得广泛应用。

【关键词】甲状腺切除术；解剖学；帕瑞昔布钠

Observation of the application effect of precise membrane dissection combined with parecoxib sodium in patients with thyroid surgery  Hao Jumin, Liu Suyu.

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【摘要】目的：观察汉防己甲素片联合缓解病情抗风湿药治疗类风湿关节炎（RA）的临床疗效。方法：选择2015年10月至2016年8月在中国医科大学绍兴医院就诊并接受治疗的患者85例，将纳入研究的74例RA患者采用简单随机化分组方法分为观察组40例，对照组34例。观察组采用汉防己甲素片联合抗风湿药治疗，对照组仅使用抗风湿药治疗，观察治疗前后两组红细胞沉降率（ESR）、C反应蛋白（CRP）及VAS疼痛评分（VAS）。结果：用药12周后观察组CRP[(5.34±0.58)mg/L]显著低于对照组[(7.75±0.56)mg/L](Z=-3.176，P<0.05)；两组治疗4周、12周时各观察指标均较治疗前有显著下降(均P<0.01)。结论：汉防己甲素片联合抗风湿药治疗类风湿关节炎临床疗效显著，可以明显改善类风湿关节炎患者的临床症状、体征及实验室观察指标，不良反应少。

【关键词】关节炎，类风湿；汉防己甲素片；疼痛评分；红细胞沉降率；C反应蛋白

Observation of therapeutic effect of tetrandrine combined with disease-modifying anti-rheumatic drugs in the treatment of rheumatic arthritis  Hou Tao, Zhou Jianyao, Zhu Junling, Zhao Jianzhi, Han Xiaowei, Sun Weidong, Wang Gaofang, Feng Shenong, Zhong Miqian. Department of Rheumatology, Shaoxing Hospital of China Medical University, Shaoxing, Zhejiang 312030, China
精神科住院患者对健康教育的需求及影响因素分析

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【摘要】目的 探讨精神科住院患者对健康教育的需求及影响因素,为提高精神科住院患者生活质量提供参考。方法 选择 2015 年 6 月至 2016 年 12 月对台州医院及台州市第二人民医院精神科住院的患者 216 例进行评定及调查,对可能影响患者健康教育需求的相关因素进行多因素 logistic 回归分析。结果 43.92% 的患者入院时健康教育需求程度低,73.83% 患者住院期间健康教育需求较高,与医护人员直接交谈为最受欢迎健康教育方式;多元回归分析结果显示,精神科住院患者健康教育需求与自知力、文化程度呈正相关(95% CI 1.097~2.544,1.186~2.722,均 P <0.05),与简明精神疾病量表(BPRS)缺乏活力因子分、敌对猜疑因子分、激活因子分呈负相关(95% CI 0.538~0.916,0.678~0.964,0.536~0.932,均 P <0.05)。结论 精神科住院患者健康教育需求影响因素较多,医护人员需根据患者情况制定实施针对性强的健康教育。

【关键词】精神分裂症; 健康教育; 因素分析,统计学

Analysis on the demand and influencing factors of health education for inpatients with mental medicine

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二级综合性医院人力资源管理中存在的问题及对策

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【摘要】 目的 通过对二级综合性医院人力资源管理中存在问题进行分析,从而建立科学的管理机制,提高管理质量。方法 建立一套完整、科学的人力资源管理制度;建立一套系统的、规范的绩效考核体制;注重职工的发展培养。结果 职工薪酬提高。结论 通过科学管理,提高管理质量。

【关键词】 医院,综合; 人力资源管理; 问题对策

The problems existing in the secondary general hospital human resource management and countermeasures

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延续性护理模式对早产儿母亲育儿认知与心理健康的影响

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【摘要】目的 分析延续性护理模式应用在早产儿中的护理效果及对早产儿母亲育儿认知和心理状态的影响。方法 回顾性分析宁波市第四人民医院2015年6月至2016年10月收治的早产儿130例的临床资料,按照护理方法不同分为观察组和对照组,对照组采取常规护理,观察组采取延续性护理模式,对比两组护理效果。结果 观察组12月龄身长(74.95±3.64)cm,体质量(9.28±0.82)kg,对照组12月龄身长(71.02±1.89)cm,体质量(8.49±0.35)kg,组间差异均有统计学意义(t=5.981,4.179,均P<0.05)。干预后,观察组日常照护相关知识和技能(4.66±1.23)分、疾病防护相关知识和技能(4.13±0.89)分、康复相关知识和技能(4.25±0.94)分、社会服务相关知识(4.33±0.88)分,对照组分别为(3.52±0.51)分、(3.47±0.38)分、(3.51±0.34)分、(3.48±0.37)分,组间差异均有统计学意义(t=4.763,5.165,4.276,4.007,均P<0.05)。干预后,观察组焦虑自评量表评分(42.66±3.19)分,抑郁自评量表评分(47.77±3.84)分;对照组焦虑自评量表评分(49.01±4.88)分,抑郁自评量表评分(52.61±5.79)分,组间差异均有统计学意义(t=6.379,5.185,均P<0.05)。结论 延续性护理模式应用在早产儿及其母亲中可以改善患儿预后,提升早产儿母亲育儿认知程度,减轻负性情绪状态,值得在临床推广应用。

【关键词】护理; 早产儿; 心理健康

The practice of transitional nursing care model in life of puerperae with preterm infants Weng Shuzhen, Zhang Anna.
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优质护理在子宫肌瘤患者护理中的应用效果观察

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【摘要】目的 探讨优质护理在子宫肌瘤患者护理中的应用效果。方法 选取长治市第三人民医院和长治医学院附属和平医院 2014 年 1 月至 2017 年 1 月收治的子宫肌瘤患者 100 例为研究对象,采用随机数字表法分为两组,对照组 50 例,观察组 50 例。对照组采用一般护理措施,观察组采用优质护理管理质量持续改进措施。观察并比较两组临床疗效、护理质量评分、心理状况评分、生活质量评分、护理满意度等指标。结果 观察组总有效率为 96%,对照组为 80%,观察组高于对照组(χ² = 6.061, P < 0.05)。观察组基础护理、护理安全、病房管理、护理文书、消毒隔离评分分别为(89.37 ± 10.19)分、(87.53 ± 8.21)分、(87.46 ± 8.74)分、(87.68 ± 10.25)分、(86.93 ± 8.15)分,对照组分别为(79.05 ± 8.31)分、(79.72 ± 7.82)分、(78.92 ± 7.67)分、(77.59 ± 8.14)分、(78.54 ± 6.79)分,两组差异均有统计学意义(t = 5.550、4.871、5.193、5.451、5.593,均P < 0.05)。护理后,观察组焦虑、抑郁评分分别为(36.58 ± 6.92)分、(34.59 ± 5.82)分,对照组分别为(45.69 ± 7.37)分、(43.25 ± 6.05)分,两组差异均有统计学意义(t = 6.372、7.294,均P < 0.05)。护理后,观察组躯体健康、心理健康、社会功能、物质生活评分分别为(89.47 ± 8.69)分、(84.56 ± 8.21)分、(88.16 ± 9.24)分、(85.46 ± 8.95)分,均高于对照组的(80.58 ± 7.93)分、(76.72 ± 7.82)分、(79.28 ± 8.57)分、(75.92 ± 7.85)分(t = 5.343、4.889、5.082、5.666,均P < 0.05)。观察组的护理总满意率为 94%,明显高于对照组的 78%(χ² = 5.316, P < 0.05)。结论 优质护理管理在子宫肌瘤患者临床护理中具有显著应用效果,可起到提高疗效、提高护理质量、改善心理状况、改善生活质量、提高护理满意度等多重作用。

【关键词】子宫肌瘤;护理管理;护理

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Observation on the effect of high quality nursing in the nursing of hysteromyoma patients Guo Xian'e, Chang Ruimin.

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中医药防治颈动脉粥样硬化的作用机制研究现状

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【摘要】 全身动脉粥样硬化的发生是从颈动脉粥样硬化开始的，在治疗颈动脉粥样硬化的过程中采用中医药疗法对脑、肾、心等脏器的病理损害以及全身动脉粥样硬化能起到很好的防治作用。中医药疗法的特点是多组分、多靶点、多途径、多层次，它在颈动脉粥样硬化的防治过程中起到抑制炎性反应的作用，同时使血管内皮的功能受到保护，易损斑块得到稳定，心脑血管病事件的发生有所减少，氧化应激反应的程度得到降低，斑块区域得到缩小；VEGF 的表达得到上调，平滑肌细胞增殖受到抑制，微血管的新生受到抑制，斑块增殖受到抑制，基质金属蛋白酶表达得到减少，动脉粥样硬化的发展延缓，血管内皮细胞到的新生的得到促进。

【关键词】 医学,中国传统; 动脉粥样硬化; 作用机制; 颈动脉

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【Abstract】 The onset of systemic atherosclerosis is from the beginning of carotid atherosclerosis, in the treatment of carotid atherosclerosis, the use of traditional Chinese medicine therapy play good role in prevention and treatment of the pathological damage in brain, kidney, heart and other organs and systemic atherosclerosis. Chinese medicine therapy is characterized by multi-component, multi-target, multi-channel, multi-level. In the prevention and control of carotid atherosclerosis, Chinese medicine therapy can inhibit the inflammatory response, and protect the function of vascular endothelium. The expression of VEGF was up-regulated, the proliferation of smooth muscle cells was inhibited, the neovascularization of microvessels was inhibited, and the expression of VEGF was decreased. The proliferation of VEGF was inhibited, plaque proliferation was inhibited, matrix metalloproteinase expression was reduced, the development of atherosclerosis was delayed, and vascular endothelial cells were promoted.

【Key words】 Medicine, Chinese traditional; Atherosclerosis; Mechanism of action; Carotid arteries