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内镜下多环黏膜套切术与内镜黏膜下切除术治疗结直肠黏膜下肿瘤疗效比较

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【摘要】 目的 比较内镜下多环黏膜套切术(EMBM)与内镜黏膜下切除术(ESMR)治疗早期结直肠黏膜下肿瘤的效果及安全性。**方法** 选择 2012 年 1 月至 2014 年 6 月在滕州市中心人民医院内镜中心行结肠镜检查发现手术治疗的结直肠黏膜下肿瘤患者 40 例的临床资料,依据治疗方法不同分为 EMBM 组 22 例(采用 EMBM 治疗)与 ESMR 组 18 例(采用 ESMR 治疗),比较两组结直肠黏膜下肿瘤病灶完全切除率、手术时间及并发症发生情况。**结果** EMBM 组完全切除率 95.45%,ESMR 组完整切除率 94.44%,两组差异无统计学意义($\chi^2 = 0.273, P > 0.05$);EMBM 组手术时间(31.3 ± 4.0) min,明显短于 ESMR 组的(47.2 ± 4.5) min ($t = -15.194, P < 0.05$);EMBM 组出血发生率为 9.0%,明显低于 ESMR 组的 33.3% ($\chi^2 = 3.952, P < 0.05$);两组术后直肠狭窄发生率差异无统计学意义($P > 0.05$);术后随访 3~24 个月,两组均无病灶局部复发。**结论** 与 ESMR 比较,EMBM 治疗结直肠黏膜下肿瘤患者安全、有效,并发症少。

【关键词】 结直肠肿瘤; 内镜下多环黏膜套切术; 内镜黏膜下切除术

基金项目:山东省医药卫生科技发展项目(2017WS854)

Comparison of the effect of endoscopic multi-band mucosectomy and endoscopic mucosal resection for colorectal submucosal tumors Li Shuhui, Chen Peng, Zhu Shuguang, Liu Chunan.

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【Abstract】 Objective To compare the therapeutic effect and safety of endoscopic multi-band mucosectomy (EMBM) and endoscopic mucosal resection (ESMR) in the treatment of colorectal submucosal tumors. **Methods** From January 2012 to June 2014, the clinical data of 40 patients with colorectal submucosal tumors in Tengzhou Central People's Hospital were divided into EMBM group (22 cases) and ESMR group (18 cases) according to different treatment method. The complete resection rate, operation time and complications were compared between the two groups. **Results** The complete resection rate of the EMBM group was 95.45%, which of the ESMR group was 94.44%, the difference between the two groups was not statistically significant ($\chi^2 = 0.273, P > 0.05$). The operation time was shorter in the EMBM group [(31.3 ± 4.0) min] than that in the ESMR group [(47.2 ± 4.5) min], $t = -15.194, P < 0.05$. The incidence rate of hemorrhage in the EMBM group was 9.0%, which was significantly lower than 33.3% in the ESMR group ($\chi^2 = 3.952, P < 0.05$). There was no statistically significant difference between the two groups in the incidence of postoperative colorectal stricture ($P > 0.05$). All the patients were followed up for 3~24 months after operation, and no local recurrence occurred. **Conclusion** EMBM is safe and effective for colorectal submucosal tumors and the complications are less.

【Key words】 Colorectal neoplasms; Endoscopic multi-band mucosectomy; Endoscopic submucosal resection

Fund program: Medical and Health Science and Technology Development Project of Shandong Province (2017WS854)

经尿道膀胱肿瘤电切术联合吉西他滨膀胱灌注治疗浅表性膀胱癌的 临床效果分析

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【摘要】 **目的** 探究经尿道膀胱肿瘤电切术联合吉西他滨膀胱灌注治疗浅表性膀胱癌的临床疗效。**方法** 选取 2011 年 5 月至 2016 年 1 月在宁波市第七医院收治的浅表性膀胱癌患者 112 例,采用随机数字表法分为 A、B 两组,每组 56 例,A 组行单纯经尿道膀胱肿瘤电切术(TURBt),B 组行 TURBt 联合吉西他滨治疗,比较其手术情况,术后并发症、术后复发及生活质量。**结果** 两组在手术时间、留置导尿管时间及住院时间等方面差异均无统计学意义($P > 0.05$);两组术后并发症主要表现为尿频、尿痛及血尿,A 组并发症发生率为 39.29%,显著高于 B 组($\chi^2 = 36.597, P < 0.05$);B 组复发率明显优于 A 组($\chi^2 = 8.617, P < 0.05$),经治疗后,两组生活质量均较治疗前明显提高,且与 A 组相比,B 组术后在心理、生理、独立性、社会、环境生活质量评分提高更为明显($t = 29.217, 25.446, 19.517, 24.339, 36.001$,均 $P < 0.05$)。**结论** 采用经尿道膀胱肿瘤电切术联合吉西他滨膀胱灌注治疗浅表性膀胱癌,在保证治疗效果的同时,可有效减少患者术后出现各种并发症发生率,对降低患者术后复发及提高患者术后生活质量均有重要意义,值得临床推广应用。

【关键词】 膀胱肿瘤; 尿道膀胱肿瘤电切术; 吉西他滨; 化学疗法,癌,局部灌注; 浅表性膀胱癌

Clinical efficacy of transurethral resection of bladder tumor combined with gemcitabine intravesical instillation in the treatment of superficial bladder cancer

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【Abstract】 **Objective** To investigate the effect of transurethral resection of bladder tumor (TURBt) combined with gemcitabine intravesical instillation in the treatment of superficial bladder cancer. **Methods** From May 2011 to January 2016, 112 patients with superficial bladder cancer were treated in the Seventh Hospital of Ningbo. According to the digital table, the patients were randomly divided into two groups: A group was treated by TURBt, and B group was treated by TURBt combined with gemcitabine. The postoperative complications, postoperative recurrence and quality of life were compared between the two groups. **Results** The operation time, indwelling catheter time and hospitalization time between the two groups had no statistically significant differences (all $P > 0.05$). The postoperative complications of the two groups were frequent urination, dysuria and hematuria. The incidence rate of complications of A group was 39.29%, which was significantly higher than that of B group ($\chi^2 = 36.597, P < 0.05$). The recurrence rate of B group was significantly better than that of A group ($\chi^2 = 8.617, P < 0.05$). After treatment, the quality of life of the two groups was significantly improved compared with that before treatment, and compared with that of A group, the psychology, physiology, independence, social environment, quality of life scores of B group increased more significantly ($t = 29.217, 25.446, 19.517, 24.339, 36.001$, all $P < 0.05$). **Conclusion** Transurethral resection of bladder tumor combined with gemcitabine intravesical instillation in the treatment of superficial bladder cancer can ensure the treatment effect, at the same time, it can effectively reduce the postoperative complications and the emergence of various risk, reduce postoperative recurrence and improve the quality of life of patients, it has great significance and is worthy of promotion.

【Key words】 Urinary bladder neoplasms; Urethra bladder tumor electrocision; Gemcitabine; Chemotherapy, cancer, regional perfusion; Superficial bladder cancer

胸腔镜下两种不同手术入路治疗胸腺瘤的疗效比较

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【摘要】 目的 比较胸腔镜(VATS)经肋间手术与经剑突下手术治疗早期胸腺瘤的临床效果,探讨 VATS 经剑突下手术治疗胸腺瘤的可行性及临床应用价值。**方法** 选取京山县人民医院和华中科技大学同济医学院附属同济医院 2014 年 1 月至 2017 年 1 月收治符合 Masaoka 分期法 I ~ II 期诊断标准的胸腺瘤患者 30 例为研究对象,根据手术方式不同分为两组。观察组 12 例采用 VATS 经剑突下手术,对照组 18 例采用 VATS 经肋间手术。比较两组手术时间、术中出血量、引流时间、住院天数、疼痛程度、抗菌时间、并发症发生率、患者满意度等。**结果** 两组术前一般资料差异均无统计学意义。观察组手术时间、术中出血量、术后引流时间、抗菌时间、术后住院天数分别为(102.2 ± 26.6) min、(105.9 ± 29.4) mL、(3.8 ± 1.4) d、(6.8 ± 0.3) d、(8.5 ± 1.6) d,对照组分别为(124.6 ± 35.1) min、(255.6 ± 82.8) mL、(5.2 ± 1.2) d、(9.3 ± 0.8) d、(14.4 ± 1.8) d,两组差异均有统计学意义($t = 1.516, 2.517, 2.857, 4.462, 3.327$, 均 $P < 0.05$);两组并发症发生率(8.33% 比 16.67%)、满意度(82% 比 59%)差异均有统计学意义($\chi^2 = 4.013, 4.427$, 均 $P < 0.05$)。随访期间,两组患者均无复发和转移。**结论** 与 VATS 经肋间手术比较,VATS 剑突下入路手术治疗胸腺瘤减少了手术创伤,降低了并发症发生率,减轻了患者痛苦,缩短了患者住院时间,疗效更加显著。

【关键词】 胸腔镜检查; 胸外科手术,电视辅助; 胸腺瘤

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Comparison of the effect of two different surgical approaches for thymoma under thoracoscopy Cheng Shaoxian, Xu Wenli, Ai Ruihua, Hu Jinhua, Liao Yongde.

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【Abstract】 Objective To compare the effects of video assisted thoracoscopic surgery (VATS) of intercostal surgery and by subxiphoid surgical treatment for early thymoma, to investigate the feasibility and clinical application value of VATS subxiphoid surgical treatment for thymoma. **Methods** From January 2014 to January 2017, 30 thymoma patients who met the diagnostic criteria of the Masaoka stage I ~ II in the People's Hospital of Jingshan County were selected, and were divided into two groups according to the different surgical methods. The observation group (12 patients) received VATS underwent subxiphoid surgery, 18 patients in the control group were treated with VATS intercostal surgery. The operation time, blood loss, drainage time, length of stay, degree of pain, antibacterial time, incidence rate of complication and patients' satisfaction were compared between the two groups. **Results** The preoperative general data between the two groups had no statistically significant differences (all $P > 0.05$). The operation time, intraoperative bleeding volume, postoperative drainage time, antibacterial time, postoperative hospitalization time in the observation group were (102.2 ± 26.6) min, (105.9 ± 29.4) mL, (3.8 ± 1.4) d, (6.8 ± 0.3) d, (8.5 ± 1.6) d, respectively, which in the control group were (124.6 ± 35.1) min, (255.6 ± 82.8) mL, (5.2 ± 1.2) d, (9.3 ± 0.8) d, (14.4 ± 1.8) d, respectively, there were statistically significant differences between the two groups ($t = 1.516, 2.517, 2.857, 4.462, 3.327$, all $P < 0.05$). The incidence rate of complications (8.33% vs. 16.67%), satisfaction (82% vs. 59%) between the two groups had statistically significant differences ($\chi^2 = 4.013, 4.427$, all $P < 0.05$). During the follow-up period, there was no recurrence or metastasis in the two groups. **Conclusion** Compared with VATS intercostal surgery, VATS subxiphoid approach for surgical treatment of thymoma can reduce surgical trauma and reduce the incidence of complications, reduce the pain of patients, shorten the hospitalization time, its curative effect is more significant.

【Key words】 Thoracoscopy; Thoracic surgery, video-assisted; Thymoma

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介入治疗联合放疗和热疗用于中晚期肝癌的临床研究

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【摘要】 **目的** 探讨对不能手术切除的原发性肝癌行肝动脉化疗栓塞术(TACE)联合放疗和热疗的临床疗效。**方法** 分析自2014年1月至2017年1月在承德市第三医院行单纯TACE治疗或TACE联合放疗和体外高频热疗(综合治疗组)不能手术切除的原发性肝癌病例资料,分析两组临床疗效和不良反应,并用Kaplan-Meier法比较两组生存率。**结果** 全组共纳入96例患者,其中综合治疗组50例,单纯TACE组46例。综合治疗组有效率显著优于单纯TACE术组(76.1%比45.6%, $P=0.028$);综合治疗组6个月、12个月、18个月生存率分别为98.0%、89.9%、63.1%,单纯TACE组分别为91.3%、67.3%、46.8%,两组差异有统计学意义($\chi^2=7.836$, $P=0.005$)。综合治疗组3级以上急性不良反应的发生率较低,仅2例(4.0%)出现放射性肝病,且8周后复查肝功能均恢复;单纯治疗组未出现3级以上的不良反应。**结论** 对于不能手术切除的原发性肝癌患者,TACE联合放疗、热疗可显著提高疗效,且不良反应尚可耐受。

【关键词】 肝肿瘤; 肝动脉化疗栓塞术; 放射治疗; 热疗

基金项目:北京医卫健康公益基金会项目(YWJKJJKJ-B17216-010)

Clinical research of transcatheter arterial chemoembolization combined with three dimensional conformal radiotherapy and hyperthermia for primary hepatic carcinoma Lu Shurui, Cai Jundong, Liang Guijie, Liu Jing, Wang Zhenya.

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【Abstract】 **Objective** To investigate the effect of transcatheter arterial chemoembolization (TACE) combined with three dimensional conformal radiotherapy (3-DCRT) and hyperthermia on inoperable primary hepatic carcinoma. **Methods** This study retrospectively analyzed 96 patients with hepatic carcinoma in the Third Hospital of Chengde between 2014 and 2017 who received TACE or combined therapy (TACE combined with 3-DCRT and hyperthermia). Kaplan-Meier curve was used to compare the overall survival (OS) of the two groups. **Results** There were 50 cases in the combined therapy group, 46 cases in the TACE group. The effective rate of the combined therapy group was 76.1%, and that of TACE group was 45.6%, the difference was statistically significant ($P=0.028$). The overall 6-, 12- and 18-month survival rates of the combined therapy group were 98.0%, 89.9% and 63.1%, respectively, which in the TACE group were 91.3%, 67.3% and 46.8%, respectively, the difference between the two groups was significant ($\chi^2=7.836$, $P=0.005$). The incidence of adverse effect of the combined therapy group was low, only 2 patients (4.0%) developed radiation-induced liver disease (RILD), and the liver function recovered to the normal level after 8 weeks. **Conclusion** TACE combined with 3-DCRT and hyperthermia is more effective than TACE alone for inoperable primary hepatic carcinoma, and with a low incidence of adverse effect.

【Key words】 Liver neoplasms; Transcatheter arterial chemoembolization; Radiotherapy; Hyperthermia

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盐酸羟考酮缓释片直肠给药治疗 癌性疼痛的效果观察

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【摘要】 **目的** 观察盐酸羟考酮缓释片直肠给药治疗癌性疼痛的疗效和不良反应。**方法** 选择建德市第二人民医院 2016 年 7 月至 2017 年 7 月收治的癌性疼痛患者 80 例为研究对象,采用随机数字表法分为对照组 40 例、观察组 40 例。两组均使用盐酸羟考酮缓释片治疗,对照组采用口服给药,观察组采用直肠给药。比较两组患者给药后不同时间点的疼痛程度(NRS)评分、疼痛缓解有效率、治疗前后的生活质量、不良反应发生率。**结果** 给药后 1 h、3 h,观察组 NRS 评分分别为(4.49 ± 1.25)分、(3.80 ± 1.13)分,均低于对照组的(5.56 ± 1.42)分、(5.04 ± 1.10)分,差异均有统计学意义($t = 3.58, 4.97$,均 $P < 0.05$);两组患者给药后 1 d、1 周及 2 周的 NRS 评分差异均无统计学意义(均 $P > 0.05$)。观察组疼痛缓解有效率为 92.50%,明显高于对照组的 75.00%,差异有统计学意义($\chi^2 = 4.50, P < 0.05$)。观察组患者的生活质量各指标均明显优于对照组,差异均有统计学意义($t = 2.09, 2.20, 3.16, 3.28$,均 $P < 0.05$)。观察不良反应发生率为 12.50%,对照组为 10.00%,两组差异无统计学意义($P > 0.05$)。**结论** 癌性疼痛患者采用盐酸羟考酮缓释片直肠给药治疗的镇痛效果与口服给药效果相当,且不良反应少,安全性高,值得推广应用。

【关键词】 盐酸羟考酮缓释片; 投药,直肠; 癌性疼痛

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Effect of rectal administration of hydroxycodone hydrochloride sustained-release tablets on cancer pain

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【Abstract】 **Objective** To observe the efficacy and adverse effect of oxycodone hydrochloride prolonged-release tablets rectal administration in the treatment of cancer pain. **Methods** From July 2016 to July 2017, eighty patients with cancer pain in the Second People's Hospital of Jiandewere selected in the research. The patients were randomly divided into control group and observation group according to the digital table, with 40 cases in each group. The two groups were treated with oxycodone hydrochloride prolonged-release tablets, the control group was treated by oral administration, while the observation group was treated by rectal administration. At different time points after administration, the degree of pain (NRS) score, pain remission rate, quality of life before and after treatment, the incidence of adverse reactions were compared between the two groups. **Results** After the administration of 1 h, 3 h, the NRS scores of the observation group were (4.49 ± 1.25) points, (3.80 ± 1.13) points, which were lower than those of the control group [(5.56 ± 1.42) points, (5.04 ± 1.10) points], the differences were statistically significant ($t = 3.58, 4.97$, all $P < 0.05$). After administration of 1 d, 1 week and 2 weeks, the NRS scores between the two groups showed no statistically significant difference ($P > 0.05$). The pain relief rate of the observation group was 92.50%, which was significantly higher than 75.00% of the control group, the difference was statistically significant ($\chi^2 = 4.50, P < 0.05$). The indicators of quality of life in the observation group were significantly better than those in the control group, the differences were statistically significant ($t = 2.09, 2.20, 3.16, 3.28$, all $P < 0.05$). The incidence rate of adverse reaction of the observation group was 12.50%, which of the control group was 10.00%, there was no statistically significant difference between the two groups ($P > 0.05$). **Conclusion** The analgesia effect of oxycodone hydrochloride prolonged-release tablets by rectal administration is similar with oral administration for cancer pain patients, and has less adverse reaction, high safety, and it is worthy of popularization and application.

【Key words】 Oxycodone hydrochloride prolonged-release tablets; Administration, rectal; Cancer pain

Fund program: Clinical Scientific Research Fund Project of Zhejiang Medical Association (2013ZYC-A63)

帕洛诺司琼联合地塞米松预防鼻咽癌放疗中顺铂增敏所致恶心呕吐的临床分析

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【摘要】 目的 研究帕洛诺司琼联合地塞米松预防顺铂所致恶心呕吐的疗效及不良反应。**方法** 选取解放军第一六三医院(湖南师范大学第二附属医院)2015年9月至2017年8月收治的鼻咽癌患者217例为研究对象,采用随机数字表法分成两组,顺铂化疗时只用帕洛诺司琼治疗组(对照组, $n=108$)和帕洛诺司琼联合地塞米松治疗组(研究组, $n=109$),观察两组临床疗效、不良反应。**结果** 治疗1~6周,研究组头痛、头晕、疲劳发生率分别为7.2%、2.9%、3.4%,显著低于对照组的12.7%、6.0%、6.3%,两组差异均有统计学意义($\chi^2=10.902$ 、7.412、6.207,均 $P<0.05$);预防恶心呕吐的控制率对照组为75.5%、研究组为80.9%,延迟期对照组为85.5%、研究组为91.0%,两组差异均有统计学意义($\chi^2=5.615$ 、9.442,均 $P<0.05$)。**结论** 鼻咽癌放疗中顺铂增敏所致恶心呕吐采用帕洛诺司琼联合地塞米松治疗效果较好,且能减少帕洛诺司琼的药物不良反应。

【关键词】 帕洛诺司琼; 地塞米松; 恶心; 呕吐; 鼻咽肿瘤

Palonosetron combined with dexamethasone prevents nasopharyngeal carcinoma radiotherapy cisplatin - induced nausea and vomiting Long Bin, Su Jiali, Liu Limin, Yang Xinhui, Shi Xiaoyan, Long Jun, Li Shuliang, Zhou Guanghua.

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【Abstract】 Objective To investigate the efficacy and adverse reactions of palonosetron and dexamethasone in preventing cisplatin - induced nausea and vomiting. **Methods** From September 2015 to August 2017, a total of 217 nasopharyngeal carcinoma patients in the 163rd Hospital of PLA were randomly divided into two groups according to the digital table. The control group ($n=108$) was given palonosetron when used cisplatin treatment, the study group ($n=109$) was given palonosetron combined with dexamethasone. The clinical efficacy and adverse reactions in the two groups were observed. **Results** After treatment of 1-6 weeks, the incidence rates of headache, dizziness and fatigue in the study group were 7.2%, 2.9% and 3.4% respectively, which were significantly lower than those in the control group (12.7%, 6.0% and 6.3%), the differences between the two groups were statistically significant ($\chi^2=10.902$, 7.412, 6.207, all $P<0.05$). The prevention rate of nausea and vomiting in the control group was 75.5%, which in the study group was 80.9%, and at delay period, the prevention rate of nausea and vomiting in the control group was 85.5%, which in the study group was 91.0%, the differences between the two groups were statistically significant ($\chi^2=5.615$, 9.442, all $P<0.05$). **Conclusion** Palonosetron and dexamethasone are effective in the treatment of nasopharyngeal carcinoma with cisplatin - induced nausea and vomiting, and can reduce the side effects of palonosetron.

【Key words】 Palonosetron; Dexamethasone; Nausea; Vomiting; Nasopharyngeal neoplasms

人乳头瘤病毒检测及宫颈细胞液基检测 对宫颈癌前病变早期诊断的影响分析

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【摘要】 目的 分析人乳头瘤病毒(HPV)检测及宫颈细胞液基检测对宫颈癌前病变早期诊断影响。**方法** 选取 2016 年 1 月至 2017 年 1 月在永康市妇幼保健院妇科进行宫颈癌前病变筛查的患者 223 例,患者进入门诊筛查范畴后均予宫颈液基细胞学(TCT)检查和 HPV 检测,检测结果双阳性患者共 61 例进行阴道镜宫颈活检组织病理学检查,最终确诊 49 例患者为上皮细胞改变。比较不同检测方法的准确性及敏感性。**结果** 223 例患者中,宫颈炎、CIN I、CIN II-CIN III 及宫颈癌的患者中高危型 HPV 感染检出率分别为 16.22%、39.29%、71.43%、100%。合计三种不同分型的阳性检出率得出,TCT 检测的总阳性率为 28.57%,HPV 组检测的总阳性率为 44.44%,联合检测的总阳性率为 75.51%,联合检测的阳性率高于 TCT 检测($\chi^2 = 21.63, P = 0.000$)与 HPV 检测($\chi^2 = 25.51, P = 0.000$),差异有统计学意义。ASC 分型患者 TCT、HPV 及联合检测的敏感性分别为 57.14%、64.29%、85.71%,准确性分别为 64.29%、71.43%、92.86%,联合检测组的敏感性与 TCT($\chi^2 = 2.13, P = 0.140$)及 HPV($\chi^2 = 1.25, P = 0.260$)检测相似,准确性与 TCT($\chi^2 = 2.33, P = 0.130$)及 HPV($\chi^2 = 1.39, P = 0.240$)相似;LISIL 分型患者 TCT、HPV 及联合检测的敏感性分别为 56.25%、62.50%、87.50%,准确性分别为 68.75%、75.00%、93.75%,联合检测组的敏感性高于 TCT($\chi^2 = 3.86, P = 0.049$)及 HPV($\chi^2 = 4.57, P = 0.033$)检测,准确性高于 TCT($\chi^2 = 3.902, P = 0.048$)及 HPV($\chi^2 = 4.13, P = 0.034$)检测;HISIL 分型患者 TCT、HPV 及联合检测的敏感性分别为 57.89%、63.16%、89.43%,准确性分别为 73.68%、78.95%、94.74%,联合检测组的敏感性高于 TCT($\chi^2 = 4.89, P = 0.027$)及 HPV($\chi^2 = 3.99, P = 0.047$)检测,准确性高于 TCT($\chi^2 = 3.99, P = 0.048$)及 HPV($\chi^2 = 5.34, P = 0.027$)检测。**结论** 高危型 HPV 检测及 TCT 联合使用对宫颈癌前病变进行筛查简便高效,兼顾准确性与敏感性,降低漏诊率,对于宫颈癌的预防及控制具有积极的作用。

【关键词】 人乳头瘤病毒; 宫颈细胞液基检测; 宫颈癌前病变; 早期诊断

Effect of HPV detection and cervical cell basis detection on early diagnosis of cervical precancerous lesions

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【Abstract】 Objective To analyze the effect of human papillomavirus (HPV) detection and cervical cell basal fluid on the early diagnosis of cervical precancerous lesions. **Methods** From January 2016 to January 2017, 223 patients in the Maternal and Child Health Care Hospital of Yongkang who received gynecological cervical cancer precancerous lesions screening were selected. All patients into the outpatient screening categories were given cervical liquid-based cytology (TCT) examination and HPV detection, 61 patients with test results of double positive received colposcopy cervical biopsy histopathological examination, the final diagnosis of 49 patients with epithelial cell changes. The accuracy and sensitivity of different detection methods were compared. **Results** The detection rates of high risk HPV infection in cervicitis, CIN I, CIN II - CIN III and cervical cancer patients were 16.22%, 39.29%, 71.43% and 100.00% in 223 cases of this study. The total positive rate of TCT was 28.57%. The total positive rate was 44.44% in HPV group and 75.51% in combination test. The positive rate of combined detection was higher than TCT ($\chi^2 = 21.63, P = 0.000$) and HPV ($\chi^2 = 25.51, P = 0.000$), the difference was statistically significant. For ASC patients, the sensitivity of TCT, HPV and combined detection was 57.14%, 64.29% and 85.71%, respectively. The accuracy of TCT, HPV and combined detection was 64.29%, 71.43% and 92.86%, respectively. The sensitivity of combined detection was similar to TCT ($\chi^2 = 2.13, P = 0.140$) and HPV ($\chi^2 = 1.25, P = 0.260$). The accuracy

of combined detection was similar to TCT ($\chi^2 = 2.33, P = 0.130$) and HPV ($\chi^2 = 1.39, P = 0.240$). For LISIL patients, the sensitivity of TCT, HPV and combined detection was 56.25%, 62.50% and 87.50%, respectively, the accuracy was 68.75%, 75.00% and 93.75%, respectively. The sensitivity of the combined test group was higher than that of TCT ($\chi^2 = 3.86, P = 0.049$) and HPV ($\chi^2 = 4.57, P = 0.033$), and the accuracy of combined test was higher than that of TCT ($\chi^2 = 3.902, P = 0.048$) and that of HPV ($\chi^2 = 4.13, P = 0.034$). For HISIL typing patients, the sensitivity of TCT, HPV and combined detection was 57.89%, 63.16% and 89.43%, respectively, and the accuracy was 73.68%, 78.95% and 94.74%, respectively. The sensitivity of the combined test group was higher than that of TCT ($\chi^2 = 4.89, P = 0.027$) and that of HPV ($\chi^2 = 3.99, P = 0.047$), and the accuracy of combined test was higher than that of TCT ($\chi^2 = 3.99, P = 0.048$) and that of HPV ($\chi^2 = 5.34, P = 0.027$). **Conclusion** High-risk HPV detection combined with TCT in the screen of cervical cancer precancerous lesions is simple and efficient, taking into account the accuracy and sensitivity, it can reduce the rate of missed diagnosis, has a positive effect on prevention and control of cervical cancer.

【Key words】 Human papillomavirus; Cervical cell basal fluid detection; Cervical precancerous lesions; Early diagnosis

免疫型肠内营养在胃癌患者围手术期中的应用效果观察

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【摘要】 **目的** 探讨免疫型肠内营养在胃癌患者围手术期中的应用效果。**方法** 选择连云港市第二人民医院 2016 年 1 月至 2017 年 12 月收治的胃癌患者 90 例为研究对象,采用随机数字表法分为观察组、对照 A 组和对照 B 组,每组 30 例。观察组手术前、后均给予肠内营养乳剂(TPFT,瑞能);对照 A 组手术前给予瑞能,手术后给予肠内营养乳剂(TP,瑞素);对照 B 组手术前给予瑞素,手术后给予瑞能。比较三组手术前后各项营养指标、免疫指标的变化及术后情况。**结果** 入院时、术前 1 d 和术后第 5 天,三组患者总蛋白、白蛋白、前白蛋白及转铁蛋白差异均无统计学意义(均 $P > 0.05$);入院时和术前 1 d,三组各项免疫指标差异均无统计学意义(均 $P > 0.05$);术后第 5 天,观察组 IgA、IgM、IgG、CD₄⁺、CD4/CD8 分别为(2.9 ± 0.6)g/L、(1.4 ± 0.4)g/L、(12.4 ± 0.9)g/L、(37.4 ± 5.1)%、(2.2 ± 0.7),均显著高于对照 A 组的(2.3 ± 0.8)g/L、(1.1 ± 0.6)g/L、(10.8 ± 0.8)g/L、(34.2 ± 4.8)%、(1.7 ± 0.8) ($t = 3.324, 2.250, 7.100, 2.506, 2.660$, 均 $P < 0.05$),观察组 IgA、CD4/CD8 均高于对照 B 组的(2.6 ± 0.8)g/L、(1.9 ± 0.7) ($t = 2.021, 2.127$, 均 $P < 0.05$);观察组、对照 A 组、对照 B 组术后排气时间分别为(56.4 ± 7.8)h、(78.6 ± 10.4)h、(60.7 ± 10.6)h,观察组显著短于对照 A 组($t = 9.323, P < 0.05$);三组胃肠道症状及术后并发症发生率差异均无统计学意义(均 $P > 0.05$)。**结论** 围手术期应用免疫型肠内营养对胃癌患者的各营养指标及术后并发症发生率影响较小,但能够提高机体免疫功能。

【关键词】 肠道营养; 胃肿瘤; 围手术期医护

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Effect of preoperative administration of immunomodulating enteral nutrition for gastric cancer Wang Gang,

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【Abstract】 **Objective** To explore the application effect of preoperative administration of immunomodulating enteral nutrition for gastric cancer. **Methods** From January 2016 to December 2017, 90 cases with gastric cancer in the Second People's Hospital of Lianyungang were selected and randomly divided into observation group, control group A and control group B, with 30 cases in each group. The observation group was given enteral nutrition emulsion (TPFT, Ruineng) before and after operation, the control group A was given Ruineng before operation and the enteral nutrition emulsion (TP, Ruisu) after operation, the control group B was given Ruisu before operation and Ruineng after operation. The recovery, serum markers of nutritional status and immune function were evaluated and compared, and the postoperative situations were observed. **Results** There were no statistically significant differences in the total protein, albumin, prealbumin and transferrin among the three groups during admission, 1 day before operation and 5 days after operation (all $P > 0.05$). There was no statistically significant difference in immune indicators among the three groups during admission and 1 day before operation (all $P > 0.05$). At 5 days after operation, IgA, IgM, IgG, CD₄⁺ and CD4/CD8 in the observation group were (2.9 ± 0.6)g/L, (1.4 ± 0.4)g/L, (12.4 ± 0.9)g/L, (37.4 ± 5.1)%, (2.2 ± 0.7), respectively, which were significantly higher than those in the control group A [(2.3 ± 0.8)g/L, (1.1 ± 0.6)g/L, (10.8 ± 0.8)g/L, (34.2 ± 4.8)%, (1.7 ± 0.8)], respectively, $t = 3.324, 2.250, 7.100, 2.506, 2.660$, all $P < 0.05$, the IgA and CD4/CD8 in the observation group were higher than those in the control group B

[$(2.6 \pm 0.8) \text{ g/L}$, (1.9 ± 0.7) , $t = 2.021, 2.127$, all $P < 0.05$]. The postoperative exhaust time of the observation group, control group A and control group B were $(56.4 \pm 7.8) \text{ h}$, $(78.6 \pm 10.4) \text{ h}$, $(60.7 \pm 10.6) \text{ h}$, respectively, and the postoperative exhaust time of the observation group was significantly shorter than that of the control group A ($t = 9.323, P < 0.05$). There was no statistically significant difference in the gastrointestinal symptoms and postoperative complications among the three groups ($P > 0.05$). **Conclusion** In perioperative period, immunomodulating enteral nutrition has little effect on the nutritional indicators of patients with gastric cancer and the incidence of postoperative complications, but it can improve the immune function.

【Key words】 Enteral nutrition; Stomach neoplasms; Perioperative care

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三维适形放疗联合同步化疗治疗局部晚期宫颈癌的疗效、毒副反应及预后分析

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【摘要】 **目的** 对三维适形放疗联合同步化疗对局部晚期宫颈癌的疗效,毒副反应及预后进行分析。**方法** 选择 2014 年 1 月至 2015 年 1 月运城市中心医院收治局部晚期宫颈癌患者 96 例为研究对象,并根据随机数字表法分为放疗组和同步放化疗组,每组 48 例。放疗组采用以 CT 为基础的三维适形放疗和三维 192Ir 后装照射技术,同步放化疗组采用三维适形放疗和三维 192Ir 后装照射技术联合多西他赛加顺铂同步化疗。比较两组患者局部晚期宫颈癌治疗疗效;2 年生存率、肝功能损伤、白细胞减少等毒副作用发生率;治疗前和治疗后患者生存状况和卡氏评分的差异。**结果** 同步放化疗组患者局部晚期宫颈癌治疗有效率 75.00% 高于放疗组 50.00% ($\chi^2 = 4.181, P < 0.05$)。两组患者 2 年生存率分别为(75.00%)和(95.83%),同步放化疗组高于单纯放疗组($P > 0.05$)。放疗组肝功能损伤 12 例,白细胞减少 10 例,胃肠道反应 36 例,神经系统反应 13 例,肾功能损伤 1 例,同步放化疗组肝功能损伤 11 例,白细胞减少 14 例,胃肠道反应 30 例,神经系统反应 13 例,肾功能损伤 1 例,两组差异均无统计学意义(均 $P > 0.05$);治疗前两组生存状况和卡氏评分差异无统计学意义(均 $P > 0.05$);治疗后同步放化疗组生存状况和卡氏评分改善幅度更大,差异有统计学意义(均 $P < 0.05$)。**结论** 三维适形放疗联合同步化疗对局部晚期宫颈癌的疗效确切,改善患者预后,安全性高,肝功能损伤、白细胞减少等毒副反应与放疗组差异无统计学意义,值得推广。

【关键词】 宫颈癌,晚期; 三维适形放疗; 同步化疗; 毒副反应

Efficacy, toxicity and prognosis analysis of three - dimensional conformal radiotherapy combined with concurrent chemotherapy for locally advanced cervical cancer Lan Gaizhi.

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【Abstract】 Objective To explore the efficacy, toxicity and prognosis of three - dimensional conformal radiotherapy combined with concurrent chemotherapy for locally advanced cervical cancer. **Methods** From January 2014 to January 2015, 96 patients with locally advanced cervical cancer in Yuncheng Central Hospital were selected and randomly divided into radiotherapy group and concurrent chemoradiotherapy group according to the digital table, with 48 cases in each group. The radiotherapy group received CT based three - dimensional conformal radiotherapy and three - dimensional 192Ir after loading irradiation technology, the concurrent chemotherapy group received docetaxel plus cisplatin chemotherapy synchronous three - dimensional conformal radiotherapy and three - dimensional 192Ir after loading irradiation technology. The clinical effect, 2 - year survival rate, liver function injury, leukopenia and incidence of side effects, survival of patients and Karnofsky score before and after treatment were compared between the two groups. **Results** The effective rate of chemoradiotherapy of the concurrent chemoradiotherapy group was 75.00%, which was higher than 50.00% of the radiotherapy group ($\chi^2 = 4.181, P < 0.05$). The 2 - year survival rates of the two groups were 75.00%, 95.83%, respectively, which of the concurrent chemoradiotherapy group was higher than that of the radiotherapy group. In the radiotherapy group, 12 cases of liver function injury, white cells reduced in 10 cases, 36 cases of gastrointestinal reaction, 13 cases of nervous system reaction, 1 case of renal injury. In the concurrent chemoradiotherapy group, liver function injury in 11 cases, 14 cases with leukopenia, 30 cases of gastrointestinal reaction, 13 cases of nervous system reaction, 1 case of renal injury, and there were no statistically significant differences between the two groups (all $P > 0.05$). Before treatment, the living conditions and Karnofsky score had no statistically significant differences between the two groups (all $P > 0.05$). After treatment, the survival and Karnofsky score improved more significantly in the concurrent chemoradiotherapy group, the differences were statistically significant (all $P < 0.05$). **Conclusion** The curative effect of three dimensional conformal radiotherapy combined with concurrent chemotherapy on locally advanced cervical cancer is definite, and it can improve the prognosis of patients with high safety. As to liver function damage, leukocyte depletion and other toxic side effects, there are no statistically significant differences between two groups, so it is worthy of popularizing.

【Key words】 Cervical cancer, advanced; Three dimensional conformal radiotherapy; Concurrent chemotherapy; Toxic and side effects

经阴道三维超声检查对绝经后子宫内膜良、恶性疾病的鉴别诊断价值

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【摘要】 目的 探讨经阴道三维超声检查对绝经后子宫内膜良、恶性疾病的鉴别诊断价值。**方法** 回顾性分析杭州市余杭区第二人民医院 2015 年 4 月至 2017 年 4 月收治的 184 例绝经后子宫内膜疾病患者的经阴道三维超声检查资料, 比较良恶性病变子宫动脉收缩期峰值流速、阻力指数、内膜动脉收缩期峰值流速、内膜动脉阻力指数及血流显示率。**结果** 经阴道超声检查诊断绝经后子宫内膜病变准确率为 91.30% (168/184), 灵敏度为 92.00% (46/50), 特异度为 91.04% (122/134); 良、恶性病变经阴道三维超声检查子宫动脉收缩期峰值流速、阻力指数及内膜动脉收缩期峰值流速比较差异均无统计学意义 ($t = 1.17, 0.88, 0.51$, 均 $P > 0.05$); 恶性病变经阴道三维超声检查内膜动脉阻力指数显著低于良性病变 ($t = 2.59, P < 0.05$); 良恶性病变经阴道三维超声检查血流显示率分别为 19.40% (26/134)、92.00% (46/50); 恶性病变经阴道三维超声检查血流显示率显著高于良性病变 ($\chi^2 = 7.26, P < 0.05$)。**结论** 经阴道三维超声用于绝经后子宫内膜良恶性疾病鉴别诊断具有较高准确率、敏感性及特异性。

【关键词】 经阴道三维超声; 绝经后; 子宫内膜病变; 鉴别诊断

Clinical value of transvaginal three – dimensional ultrasonography in the differential diagnosis of benign and malignant endometrial diseases after menopause Dong Min, Liu Weike, Fu Xinlin.

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【Abstract】 Objective To investigate the clinical value of transvaginal three – dimensional ultrasonography in the differential diagnosis of benign and malignant endometrial diseases after menopause. **Methods** From April 2015 to April 2017, the imaging data of transvaginal three – dimensional ultrasonography of 184 patients with benign and malignant breast tumors in the Second People's Hospital of Yuhang District were retrospectively analyzed. The peak systolic flow velocity, resistance index, peak systolic velocity, intimal arterial resistance index and blood flow display rate of uterine artery of benign and malignant endometrial diseases were compared. **Results** The accuracy, sensitivity and specificity of transvaginal three – dimensional ultrasonography in the diagnosis of endometrial diseases were 91.30% (168/184), 92.00% (46/50), 91.04% (122/134), respectively. There were no statistically significant differences in the peak systolic flow velocity, resistance index, peak systolic velocity of patients with benign and malignant endometrial diseases by transvaginal three – dimensional ultrasonography ($t = 1.17, 0.88, 0.51$, all $P > 0.05$). The intimal arterial resistance index of patients with malignant endometrial diseases by transvaginal three – dimensional ultrasonography was significantly lower than patients with benign endometrial diseases ($t = 2.59, P < 0.05$). The blood flow display rates of uterine artery of patients with malignant endometrial diseases by transvaginal three – dimensional ultrasonography were 19.40% (26/134), 92.00% (46/50). The blood flow display rate of uterine artery of patients with malignant endometrial diseases by transvaginal three – dimensional ultrasonography was significantly higher than patients with benign endometrial diseases ($\chi^2 = 7.26, P < 0.05$). **Conclusion** Transvaginal three – dimensional ultrasonography in the differential diagnosis of benign and malignant endometrial diseases after menopause has higher accuracy, sensitivity and specificity.

【Key words】 transvaginal three-dimensional ultrasonography; after menopause; endometrial diseases; differential diagnosis

肾脏上皮样血管平滑肌脂肪瘤的 CT 特征和预后分析

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【摘要】 **目的** 分析肾脏上皮样血管平滑肌脂肪瘤的 CT 特征和预后。**方法** 回顾性分析连云港市第二人民医院和南京鼓楼医院泌尿外科 2004 年 1 月至 2015 年 6 月收治肾脏上皮样血管平滑肌脂肪瘤患者 17 例的临床资料。患者均接受 CT 检查,分析患者的一般资料、影像学特点、病理特点以及临床预后。**结果** 9 例患者行肾根治性切除术,8 例行肾部分切除术。肿瘤直径 1.2~12.5 cm,平均为 6.1 cm。仅 1 例患者在 CT 中可以观察到脂肪成分。CT 平扫 9 例肿瘤呈高密度,1 例呈等密度,7 例呈低密度。CT 增强扫描 1 例轻度强化、6 例中度强化、10 例显著强化。其中 8 例均匀强化,9 例强化不均。12 例肿瘤 HMB-45 阳性,3 例 melanA 阳性,2 例 HMB-45 和 melanA 均阳性。术后随访 2~126 个月,平均 28.5 个月,1 例患者出现局部复发和肺转移,1 例患者出现肾上腺转移。**结论** 肾脏上皮样血管平滑肌脂肪瘤 CT 表现不尽相同,直径 10 cm 的肿瘤多数为实性,且 CT 平扫表现为高密度,当肿瘤直径 10 cm 常伴有出血、坏死,且强化不均。与经典的肾脏血管平滑肌脂肪瘤不同,肾脏上皮样血管平滑肌脂肪瘤具有恶性潜能,可以出现局部复发和远处转移。

【关键词】 肾肿瘤; 上皮样细胞; 血管肌脂肪瘤; 体层摄影术,X 线计算机; 预后

CT features and prognosis of renal epithelioid angiomyolipoma Xia Jiabao, Yao Dongwei, Sun Zhixian, Zhu Zhitao.

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【Abstract】 Objective To analyze the computed tomography (CT) features and clinical outcomes of renal epithelioid angiomyolipoma (EAML). **Methods** From January 2004 to June 2015, 17 patients with EAML in the Second People's Hospital of Lianyungang and Nanjing Drum Tower Hospital were included in the study. All patients underwent CT examination. The patients' general data, imaging characteristics and pathologic features were determined by chart review. **Results** Nine patients underwent radical nephrectomy, and 8 patients underwent partial nephrectomy. The mean maximal tumor diameter was 6.1 cm (ranged 1.2–12.5 cm). The fat component of one lesion was detected by CT. On unenhanced CT, the intratumoral attenuations were hyperattenuating in 9 patients, isoattenuating in 1 patient and hypoattenuating in 7 patients. The contrast enhancement degree was mild in 1 patient, moderate in 6 patients and marked in 10 patients. The contrast enhancement pattern was homogeneous in 8 lesions and heterogeneous in 9 lesions. All patients were positive for melanoma (12 cases were positive for HMB-45, 3 cases were positive for melan A, and 2 cases were positive for both). The mean follow-up period was 28.5 months (ranged 2–126 months), and 15 patients were alive with no evidence of disease at the time of the last follow-up, 1 patient exhibited local recurrence and lung metastases, and another 1 patient developed distant metastasis. **Conclusion** Renal EAML has a range of imaging appearances. Our data suggested that the majority of the tumors (size 10 cm) were solid and had a tendency to be hyperattenuating on unenhanced CT images. Hemorrhaging or necrosis was observed in tumors with sizes ≥ 10 cm with heterogeneous enhancement. In contrast to classic AML, which is benign, EAML is potentially malignant and exhibits aggressive clinical features, including local recurrence and distant metastasis.

【Key words】 Kidney neoplasms; Epithelioid cells; Angiomyolipoma; Tomography, x-ray computed; Prognosis

周围型肺癌 85 例 CT 征象分析

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【摘要】 目的 分析周围型肺癌的 CT 征象。方法 回顾性分析 2012 年 7 月至 2017 年 6 月龙游县人民医院经 CT 检查的 85 例周围型肺癌患者临床资料,将 CT 检查征象进行分析并与术后病理诊断确诊结果作对照。结果 周围型肺癌患者 CT 检查结果:病变部位以右上肺后段、双下叶背段、左上肺尖后段、双上叶前段及右下叶后基底段多见,共 56 例占 65.88%。肿块形态球形或近球形占 95.29%。肿块大小直径 ≤ 50 mm 58 例占 68.23%。肿块密度均匀 72 例,不均匀 13 例。患者 CT 征象出现分叶征、毛刺征、棘突征、胸膜凹陷征,支气管血管集中征,空泡征比例分别为:94.12%、88.24%、89.41%、92.94%、52.94%、88.24%。结论 周围型肺癌患者 CT 征象与病例基础分析在周围型肺癌患者的诊断中具有重要意义。

【关键词】 肺肿瘤; 体层摄影术,X 线计算机; 诊断

Analysis of CT signs in 85 cases with peripheral lung cancer Xia Shuhui.

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【Abstract】 Objective To analyze the CT signs of peripheral lung cancer. **Methods** From July 2012 to June 2017, the clinical data of 85 patients with peripheral lung cancer examined by CT in the People's Hospital of Longyou County were retrospectively analyzed. CT findings were analyzed and compared with the results of postoperative pathological diagnosis. **Results** CT examination showed that the lesions were located in the posterior segment of the right upper lung, the dorsal segment of the double lower lobe, the posterior segment of the left superior pulmonary apex, the anterior segment of the bilateral upper lobe and the posterior basal segment of the right lower lobe in 56 cases, accounted for 65.88%. The shape of the mass was spherical or nearly spherical in 95.29%. The diameter of the mass ≤ 50 mm in 58 cases, accounted for 68.23%. The density of the mass was even in 72 cases, and 13 cases were inhomogeneous. The proportions of lobulation sign, burr sign, spinous process sign, pleural depression sign, bronchovascular concentration sign and vacuole sign were 94.12%, 88.24%, 89.41%, 92.94%, 52.94%, 88.24%, respectively. **Conclusion** CT findings and case-based analysis of patients with peripheral lung cancer are of great importance in the diagnosis of patients with peripheral lung cancer, and play a significant role in the clinical efficacy.

【Key words】 Lung neoplasms; Tomography, X-ray computed; Diagnosis

归芍六君子汤联合恩替卡韦片治疗乙型肝炎肝硬化的疗效观察

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【摘要】目的 观察归芍六君子汤联合恩替卡韦片治疗乙型肝炎肝硬化的临床疗效,为临床治疗提供参考依据。**方法** 选取 2012 年 5 月到 2015 年 1 月东阳广福医院收治的 80 例乙型肝炎肝硬化患者为研究对象,根据不同的治疗方法将患者分为对照组(40 例)和观察组(40 例)。对照组患者采用恩替卡韦片治疗,观察组患者在对照组的基础上应用归芍六君子汤治疗。观察两组治疗前、治疗 3 个月、6 个月和 12 个月后的中医证候积分、谷丙转氨酶(ALT)、门冬氨酸氨基转移酶(AST)、 γ -谷氨酰转肽酶(GGT)、总胆红素(TBil)、凝血酶原时间(PT)、乙肝病毒脱氧核糖核酸(HBV-DNA)水平。**结果** 对照组患者治疗 3、6、12 个月后的中医证候积分分别为(12.68 ± 1.82)分、(12.07 ± 1.74)分、(11.38 ± 1.63)分,低于治疗前的(14.30 ± 1.48)分($t = 4.368, 6.174, 8.388$, 均 $P < 0.05$);观察组患者治疗 3、6、12 个月后的中医证候积分分别为(11.25 ± 1.63)分、(10.40 ± 1.82)分、(9.81 ± 1.47)分,低于治疗前的(14.59 ± 1.61)分($t = 9.137, 10.828, 13.780$, 均 $P < 0.05$)。观察组患者治疗 3、6、12 个月的中医证候积分均显著低于对照组($t = 3.589, 4.220, 4.359$, 均 $P < 0.05$)。观察组治疗后的 ALT、AST、GGT、TBil 水平分别为(39.24 ± 28.37)U/L, (45.18 ± 34.35)U/L, (41.63 ± 10.55)U/L, (20.94 ± 9.15) $\mu\text{mol/L}$, 均低于对照组的(85.18 ± 27.22)U/L, (109.25 ± 37.09)U/L, (50.71 ± 9.62)U/L, (33.97 ± 10.11) $\mu\text{mol/L}$ ($t = 7.184, 7.818, 3.905, 5.898$, 均 $P < 0.05$)。对照组治疗 6 个月、12 个月后的 HBV-DNA 水平分别为(3.18 ± 1.13)copies/mL, (2.25 ± 0.51)copies/mL, 明显低于治疗前的(3.65 ± 1.19)copies/mL($t = 1.811, 6.839$, 均 $P < 0.05$)。观察组治疗 6 个月、12 个月后的 HBV-DNA 水平分别为(2.96 ± 0.97)copies/mL, (2.07 ± 0.81)copies/mL, 明显低于治疗前的(3.70 ± 1.13)copies/mL($t = 3.143, 7.415$, 均 $P < 0.05$)。**结论** 归芍六君子汤联合恩替卡韦片治疗乙型肝炎肝硬化不仅能显著改善患者临床症状,还利于加强抗病毒作用,改善患者肝功能,对疾病预后等方面有重要意义。

【关键词】 归芍六君子汤; 恩替卡韦; 肝炎乙型; 肝硬化; 疗效

基金项目:浙江省东阳市科技计划项目(2014K089)

Curative effect of Guishao Liujunzi decoction combined with entecavir tablets in the treatment of liver cirrhosis with hepatitis B Zhou Wen.

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【Abstract】 Objective To observe the clinical effect of Guishao Liujunzi decoction combined with entecavir tablets in the treatment of liver cirrhosis with hepatitis B, and to provide reference for the clinical treatment. **Methods** From May 2012 to January 2015, 80 patients with hepatitis B-induced liver cirrhosis treated in Dongyang Guangfu Hospital were selected, and they were divided into control group ($n = 40$) and observation group ($n = 40$) according to the different method. The control group was given entecavir tablets, while the observation group was given Guishao Liujunzi decoction on this basis. The TCM symptom scores and levels of alanine aminotransferase (ALT), aspartate aminotransferase (AST), gamma glutamyl transferase (GGT), total bilirubin (TBil), prothrombin time (PT), hepatitis B virus deoxyribonucleic acid (HBV-DNA) of the two groups before treatment and 3 months, 6 months and 12 months after treatment were compared. **Results** The TCM symptom scores of the control group at 3 months, 6 months and 12 months after treatment were (12.68 ± 1.82) points, (12.07 ± 1.74) points, (11.38 ± 1.63) points, respectively, which were higher than that before treatment [(14.30 ± 1.48) points, $t = 4.368, 6.174, 8.388$, all $P < 0.05$]. The TCM symptom scores of the observation group at 3 months, 6 months and 12 months after treatment were (11.25 ±

1.63) points, (10.40 ± 1.82) points, (9.81 ± 1.47) points, respectively, which were higher than before treatment [(14.59 ± 1.61) points, $t = 9.137, 10.828, 13.780$, all $P < 0.05$]. The TCM symptom scores of the observation group at 3 months, 6 months and 12 months after treatment were significantly lower than those of the control group ($t = 3.589, 4.220, 4.359$, all $P < 0.05$). After treatment, the levels of ALT, AST, GGT and TBil in the observation group were (39.24 ± 28.37) U/L, (45.18 ± 34.35) U/L, (41.63 ± 10.55) U/L, (20.94 ± 9.15) μmol/L, respectively, which were lower than (85.18 ± 27.22) U/L, (109.25 ± 37.09) U/L, (50.71 ± 9.62) U/L, (33.97 ± 10.11) μmol/L in the control group ($t = 7.184, 7.818, 3.905, 5.898$, all $P < 0.05$). The levels of HBV - DNA in the control group at 6 months and 12 months after treatment were (3.18 ± 1.13) copies/mL and (2.25 ± 0.51) copies/mL, respectively, which were significantly lower than (3.65 ± 1.19) copies/mL before treatment ($t = 1.811, 6.839$; all $P < 0.05$). The levels of HBV - DNA in the observation group at 6 months and 12 months after treatment were (2.96 ± 0.97) copies/mL and (2.07 ± 0.81) copies/mL, respectively, which were significantly lower than (3.70 ± 1.13) copies/mL before treatment ($t = 3.143, 7.415$, all $P < 0.05$). **Conclusion** Guishao Liu junzi decoction combined with entecavir tablets in the treatment of liver cirrhosis with hepatitis B not only can significantly improve the clinical symptoms of patients, but also can help to strengthen the antiviral effect, improve the liver function of patients, which has important significance to the prognosis.

【Key words】 Guishao Liu junzi Decoction; Entecavir; Hepatitis B; Cirrhosis; Curative effect

Fund program: Science and Technology Planning Project of Dongyang City, Zhejiang Province (2014K089)

血清炎性因子水平与老年人重症肺炎预后的相关性研究

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【摘要】目的 探讨血清炎性因子白介素-6(IL-6)、IL-10、肿瘤坏死因子- α (TNF- α)及C反应蛋白(CRP)与老年重症肺炎预后的相关性。**方法** 选取2015年5月至2017年9月山西大医院收治的老年重症肺炎患者82例为重症肺炎组,另选取同时期在该院治疗的老年普通肺炎患者67例为普通肺炎组,根据重症肺炎组患者转归分为存活组与死亡组,检测各组患者血清IL-6、IL-10、TNF- α 及CRP表达水平,比较各组炎性因子水平差异,并分析各炎性因子与老年重症肺炎患者预后的相关性。**结果** 重症肺炎组IL-6、IL-10、TNF- α 、CRP水平分别为(88.34 \pm 11.62)pg/mL、(16.87 \pm 3.52)pg/mL、(69.35 \pm 10.26)ng/L、(27.81 \pm 5.54)mg/L,普通肺炎组IL-6、IL-10、TNF- α 、CRP水平分别为(35.61 \pm 10.45)pg/mL、(8.12 \pm 1.37)pg/mL、(27.79 \pm 6.34)ng/L、(5.93 \pm 1.42)mg/L,两组差异有统计学意义($t=12.154, 8.637, 10.872, 6.993$,均 $P<0.05$);82例老年重症肺炎患者死亡12例,存活70例,存活组患者血清IL-6、IL-10、TNF- α 、CRP水平分别为(75.93 \pm 10.21)pg/mL、(12.93 \pm 2.31)pg/mL、(58.32 \pm 8.17)ng/L、(23.42 \pm 3.38)mg/L,死亡组患者血清IL-6、IL-10、TNF- α 、CRP水平分别为(94.11 \pm 15.32)pg/mL、(19.12 \pm 3.78)pg/mL、(72.16 \pm 11.59)ng/L、(34.91 \pm 6.54)mg/L,两组差异有统计学意义($t=10.976, 5.618, 8.742, 9.013$, $P<0.05$);经相关性分析显示,IL-6、IL-10、TNF- α 、CRP与老年重症肺炎患者的预后存在显著正相关($r=0.793, 0.332, 0.528, 0.814$,均 $P<0.05$)。**结论** IL-6、IL-10、TNF- α 、CRP与老年重症肺炎患者的预后存在显著相关性,有助于老年重症肺炎患者病情的观察及预后的评估。

【关键词】 肺炎; 白细胞介素6; 白细胞介素10; 肿瘤坏死因子 α ; C反应蛋白质; 老年人

Correlation analysis of serum inflammatory factors and prognosis of elderly patients with severe pneumonia

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【Abstract】 Objective To investigate the correlation between serum inflammatory cytokines interleukin-6 (IL-6), IL-10, tumor necrosis factor alpha (TNF-alpha), C reactive protein (CRP) and prognosis in elderly patients with severe pneumonia. **Methods** From May 2015 to September 2017, 82 cases with severe pneumonia in Shanxi Dayi Hospital were selected as severe pneumonia group, during the same period, 67 elderly patients with common pneumonia in Shanxi Dayi Hospital were selected as common pneumonia group. According to the outcome of severe pneumonia, the patients were divided into survival group and death group. The serum levels of IL-10, IL-6, TNF-alpha and CRP were detected. The correlation between the inflammatory factors and the prognosis of elderly patients with severe pneumonia was analyzed. **Results** The serum levels of IL-6, IL-10, TNF-alpha, CRP in the severe pneumonia group were (88.34 \pm 11.62)pg/mL, (16.87 \pm 3.52)pg/mL, (69.35 \pm 10.26)ng/L, (27.81 \pm 5.54)mg/L, respectively, which in the common pneumonia group were (35.61 \pm 10.45)pg/mL, (8.12 \pm 1.37)pg/mL, (27.79 \pm 6.34)ng/L, (5.93 \pm 1.42)mg/L, respectively, the differences between the two groups were statistically significant ($t=12.154, 8.637, 10.872, 6.993$, all $P<0.05$). Of 82 elderly patients with severe pneumonia, 12 cases died, 70 cases survived, the serum levels of IL-6, IL-10, TNF-alpha, CRP in the survival group were (75.93 \pm 10.21)pg/mL, (12.93 \pm 2.31)pg/mL, (58.32 \pm 8.17)ng/L, (23.42 \pm 3.38)mg/L, respectively, which in the death group were (94.11 \pm 15.32)pg/mL, (19.12 \pm 3.78)pg/mL, (72.16 \pm 11.59)ng/L, (34.91 \pm 6.54)mg/L, respectively, the differences between the two groups were statistically significant ($t=10.976, 5.618, 8.742, 9.013$, all $P<0.05$). The correlation analysis showed that IL-6, IL-10, TNF-alpha, CRP were positively correlated with the prognosis of senile patients with severe pneumonia ($r=0.793, 0.332, 0.528, 0.814$, all $P<0.05$). **Conclusion** There is a significant correlation between IL-6, IL-10, TNF-alpha, CRP and prognosis of elderly patients with severe pneumonia, which is helpful for the prognosis evaluation of elderly patients with severe pneumonia.

【Key words】 Pneumonia; Interleukin-6; Interleukin-10; Tumor necrosis factor-alpha; C-reactive protein; Aged

角膜塑形镜矫治低中度近视的临床观察

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【摘要】 **目的** 观察角膜塑形镜矫治低中度近视的临床效果和安全性, 并评价其控制近视度数增长的效果。**方法** 选择嘉兴市中医医院 2014 年 1~12 月门诊就诊低中度近视儿童 83 例(166 眼), 采用随机数字表法分为两组, 观察组 43 例(86 眼) 选用台湾亨泰角膜塑形镜, 用试戴法予以规范的角膜塑形镜验配; 对照组 40 例(80 眼) 配戴普通光学镜片。观察期为 2 年, 观察观察组裸眼视力、角膜曲率变化及眼表情况, 观察两组屈光度和眼轴长度的变化。**结果** 观察组裸眼视力戴镜后 1 d 即有明显提高, 1 周后视力趋于稳定, 1 年内视力基本稳定, 2 年左右视力有下降趋势。戴镜后 3 个月平均角膜曲率为 (41.93 ± 1.12) D, 与戴镜前的 (43.56 ± 1.44) D 比较明显降低, 差异有统计学意义 ($t = 11.539, P < 0.05$); 停戴 1 个月以上与戴镜前差异无统计学意义。观察组与对照组比较, 屈光度增长及眼球轴长增长速度明显变缓, 差异有统计学意义 ($t = 16.784, P < 0.05; t = 5.623, P < 0.05$)。戴镜初期观察组 34% 发生角膜上皮损伤, 且多不超过 II 级, 通过及时停戴及适当用药后均能明显改善并继续配戴。随配戴时间增长, 损伤比例降低。**结论** 低中度近视儿童配戴角膜塑形镜戴镜后 1 d 裸眼视力即有明显提高, 1 年内视力基本稳定, 2 年左右视力有下降趋势, 需要及时更换镜片。长期配戴可有效、安全地控制近视度数发展。

【关键词】 表面角膜镜片术; 近视; 视力; 角膜曲率

基金项目: 浙江省嘉兴市科技计划项目(2014AY21042)

Clinical observation of orthokeratology lens in the treatment of mild and moderate myopia Jiang Lijun, Zhu Yongwei, Zhang Youmei, Hu Yamin, Liu Lingling.

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【Abstract】 Objective To observe the clinical effects and safety of orthokeratology (OK) lens in the treatment of mild and moderate myopia, and to evaluate the effects on the myopia control. **Methods** The study included a total of 166 eyes in 83 myopia children who were treated in Jiaying Traditional Chinese Medicine Hospital Affiliated to Zhejiang Chinese Medical University from January 2014 to December 2014. They were randomly divided into two groups according to the digital table, 43 cases (86 eyes) in the observation group underwent standard OK lens, and the other 40 cases (80 eyes) in the control group were given common spectacles. The patients were followed up for two years. The uncorrected visual acuity, corneal curvature and ocular surface in the, observation group were examined, and diopter, axial length were examined in the two groups. **Results** The visual acuity of the observation group improved significantly at 1 day, trended to be stable at 1 week, and then was basically stable within 1 year, but decreased at 2 years. After 3 months, the mean corneal curvature [(41.93 ± 1.12) D] was significantly lower than before orthokeratology [(43.56 ± 1.44) D], and the difference was statistically significant ($t = 11.539, P < 0.05$). However, the effect didn't persist without continued OK lens wear 1 month later. Compared with the control group, the growth of the diopter and axial length in the observation group were significantly slower ($t = 16.784, P < 0.05; t = 5.623, P < 0.05$). At the initial wearing, 34% of the observation group occurred corneal epithelial injury, but they all recovered by stop wearing and appropriate medication. With the prolong of wear time, the proportion of injury reduced. **Conclusion** Uncorrected visual acuity of mild and moderate myopia children wearing OK lens can significantly improve at 1 day, then is basically stable after 1 year, but declines within 2 years, which indicates the need for timely replacement of the lens. Long-term wearing is effective and safe to control the development of myopia.

【Key words】 Epikeratophakia; Myopia; Visual acuity; Corneal curvature

Fund program: Science and Technology Planning Project of Jiaying City, Zhejiang Province (2014AY21042)

耐多药肺结核 64 例临床分析

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【摘要】 目的 分析及探索耐多药肺结核(MDR-TB)患者既往治疗情况对其疗效造成的影响。方法 收集对象为 2015 年 2 月至 2017 年 2 月在宁海第一医院接受治疗的 64 例耐多药肺结核患者,均接受抗结核治疗方案进行为期 6 个月的治疗,对其临床资料进行回顾性分析。经多因素 logistic 回归分析方法评估影响患者疗效的相关因素。结果 在对 MDR-TB 患者进行标准式化疗后发现,初次治疗和复治的 MDR-TB 患者的胸片病灶率分别是 18 例(81.82%)和 21 例(50.00%),两组差异有统计学意义($\chi^2 = 22.835, P < 0.05$)。初次治疗和复治的 MDR-TB 患者的空洞闭合率分别是 12 例(54.55%)和 17 例(40.48%),两组差异有统计学意义($\chi^2 = 8.693, P < 0.05$)。在对 MDR-TB 患者进行标准式化疗后发现,初次治疗和复治的 MDR-TB 患者的治愈率分别是 18 例(81.82%)和 23 例(54.76%),两组差异有统计学意义($\chi^2 = 21.791, P < 0.05$)。结论 初次治疗 MDR-TB 的效果明显比复治 MDR-TB 的效果好,所以说必须增强对结核病患者的耐药监察力度,早日发现病情,早日治疗 MDR-TB,对患者来说是最好的选择。

【关键词】 结核; 抗多种药物性; 肺结核; 治疗结果

Clinical analysis of 64 cases of multidrug resistant pulmonary tuberculosis Zhao Qijie, Zhang Yunyun, Ye Weizhen.

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【Abstract】 **Objective** To explore the effect of previous treatment on the efficacy of multidrug resistant pulmonary tuberculosis (MDR-TB) patients. **Methods** From February 2015 to February 2017, 64 cases with MDR-TB who received treatment in the First Hospital of Ninghai were collected. All patients received antituberculous therapy for 6 months. The clinical data were retrospectively analyzed. The factors that influence the efficacy of MDR-TB patients were evaluated by multivariate logistic regression analysis. **Results** After standard chemotherapy for MDR-TB patients, the incidence of chest radiographic lesions in primary and relapsed MDR-TB patients was 18 cases(81.82%) and 21 cases(50.00%), respectively. There was statistically significant difference between the two groups ($\chi^2 = 22.835, P < 0.05$). The cavity closure rate of MDR-TB patients after primary treatment and relapse was 54.55% and 40.48%, respectively, and there was significant difference between the two groups ($\chi^2 = 8.693, P < 0.05$). After standard chemotherapy for MDR-TB patients, the cure rates of primary and recurrent MDR-TB patients were 18 cases(81.82%) and 23 cases(54.76%), respectively, there was statistically significant difference between the two groups ($\chi^2 = 21.791, P < 0.05$). **Conclusion** The effect of initial treatment of MDR-TB is better than recurrent MDR-TB, so it is necessary to strengthen the surveillance of drug resistance in patients with tuberculosis and to find the disease as soon as possible. Early treatment of MDR-TB is the best option for patients.

【Key words】 Tuberculosis, multidrug resistant; Tuberculosis; Treatment outcome

未进行抗病毒治疗的艾滋病患者血常规指标与 CD₄⁺ T 细胞计数的相关性研究

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【摘要】 目的 研究未进行抗病毒治疗的艾滋病患者血常规各项检测指标与 CD₄⁺T、CD₈⁺T 淋巴细胞的相关性,寻求普及性好、廉价、有效的艾滋病病程的监测指标。**方法** 收集 2013 年 8 月至 2016 年 12 月昆山市疾病预防控制中心随访管理的经艾滋病实验室检测确认的艾滋病感染者或患者,应用回归分析等统计学方法对 333 名未进行抗病毒治疗的艾滋病患者血样白细胞(WBC)、淋巴细胞计数(W-SCC)等指标与 CD₄⁺T、CD₈⁺T 淋巴细胞数的相关性进行分析和研究。**结果** 333 名艾滋病患者血常规指标异常率较高,主要检测指标均在参考值范围内的仅占 30.63%。女性艾滋病感染者晚发现比例高于男性。艾滋病患者血中 WBC、W-SCC、W-LCC、RBC、HGB、PLT 指标与 CD₄⁺T 淋巴细胞的相关关系均有统计学意义,相关系数分别为 0.408、0.541、0.157、0.337、0.338、0.166。用 W-SCC(x) 估算 CD₄⁺ 淋巴细胞计数(y) 的方程为 $y = 120.913x + 90.339$ 。**结论** 未进行抗病毒治疗的艾滋病患者淋巴细胞计数指标与 CD₄⁺T 淋巴细胞具有较强的相关性,可以将其作为艾滋病患者机体免疫状况的一个重要指标。同时,应加强预防艾滋病大众宣传,促进艾滋病早发现、早治疗,提高艾滋病患者生存质量。

【关键词】 获得性免疫缺陷综合征; CD₄⁺T 淋巴细胞; 淋巴细胞计数; 晚发现比例; 相关性

基金项目:江苏省苏州市“科教兴卫”青年科技项目(KJXW2016064)

Correlation between blood routine indicators and CD₄⁺ T cell count in AIDS patients without antiviral therapy Xue Lijian, Wang Wenming, Chen Quan, Yao Qingwan, Tang Qinfang.

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【Abstract】 Objective To study the correlation between the blood routine indicators and CD₄⁺T, CD₈⁺T lymphocytes in AIDS patients without antiviral treatment, and to find a simple, cheap and effective monitoring indicator.

Methods A study of 333 AIDS patients without antiviral treatment was performed. The methods of regression analysis and other statistical methods were applied to research the correlation between WBC, W-SCC and CD₄⁺T, CD₈⁺T cell count among HIV/AIDS. **Results** The rate of routine blood abnormalities among 333 HIV/AIDS patients was very high, the main test indicators within the reference range only accounted for 30.63%. The proportion of late diagnosis infected with HIV among women was higher than that of males. Significant correlations were observed between CD₄⁺T cell count and WBC, W-SCC, W-LCC, RBC, HGB, PLT ($r = 0.408, 0.541, 0.157, 0.337, 0.338, 0.166$).

The equation between W-SCC (x) and CD₄⁺ cell count (y) was $y = 120.913x + 90.339$. **Conclusion** There is a strong correlation between CD₄⁺ T lymphocyte count and lymphocyte count in AIDS patients without antiviral treatment. It can be used as an important indicator of immune status in patients with AIDS. At the same time, we should strengthen the propaganda of AIDS prevention, promote AIDS early detection, early treatment, and improve the quality of life of AIDS patients.

【Key words】 Acquired immunodeficiency syndrome; CD₄ Lymphocyte; Lymphocyte count; Late diagnosis; Correlation

Fund program: Youth Technology Project of Health Sciences in Suzhou City, Jiangsu Province(KJXW2016064)

早期整形修复在手部深度烧伤中的应用效果评价

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【摘要】 目的 探讨早期整形手术用于手部深度烧伤的临床效果。方法 选择奉化市中医医院 2015 年 8 月至 2016 年 5 月诊治的手部深度烧伤患者 52 例为观察对象, 采用随机数字表法分为观察组与对照组各 26 例。对照组于烧伤 3 d 后实施整形手术, 观察组于 3 d 内实施早期整形手术。比较两组手部外观、功能恢复、并发症发生情况及生活质量。结果 观察组手部外观恢复优良率为 96.15%, 功能恢复优良率为 92.31%, 均高于对照组的 76.92%、69.23% ($\chi^2 = 4.13, 4.46$, 均 $P < 0.05$); 观察组并发症发生率 (3.85%) 低于对照组的 (23.08%) ($\chi^2 = 4.13, P < 0.05$); 观察组躯体功能评分 (81.20 ± 3.21) 分、心理功能评分 (82.52 ± 4.09) 分、物质生活评分 (85.65 ± 3.37) 分、社会功能评分 (84.86 ± 4.28) 分, 均优于对照组的 (70.75 ± 4.66) 分、(73.14 ± 3.82) 分、(75.98 ± 3.61) 分、(70.27 ± 4.16) 分 ($t = 9.24, 8.55, 9.98, 12.46$, 均 $P < 0.05$)。结论 早期整形手术可促进手部深度烧伤患者病情康复, 加快手部外观及相关功能恢复, 并发症少, 有利于生活质量的提高。

【关键词】 烧伤; 手; 外科, 整形; 治疗结果

基金项目: 浙江省中医药科技计划项目 (2014ZB035)

Evaluation of early plastic surgery for deep burn of hand Zhong Chao, Ji Yu.

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【Abstract】 Objective To investigate the clinical effect of early plastic surgery for hand deep burn. **Methods** From August 2015 to May 2016, 52 patients with deep burns in the Traditional Chinese Medicine Hospital of Fenghua were selected as study objects and they were randomly divided into the observation group and control group according to digital table, with 26 cases in each group. The control group was implemented plastic surgery three days after burn, the observation group received early plastic surgery within three days after burn. The hand appearance and function recovery, complications and quality of life were compared between the two groups. **Results** The hand appearance recovery rate in the observation group was 96.15%, the excellent rate of functional recovery was 92.31%, which were higher than those of the control group (76.92%, 69.23%, $\chi^2 = 4.13, 4.46$, all $P < 0.05$). The incidence rate of complications of the observation group (3.85%) was lower than the control group (23.08%) ($\chi^2 = 4.13, P < 0.05$). The physical function score, psychological function score, material life score, social function score of the observation group were (81.20 ± 3.21) points, (82.52 ± 4.09) points, (85.65 ± 3.37) points, (84.86 ± 4.28) points, respectively, which were better than those of the control group [(70.75 ± 4.66) points, (73.14 ± 3.82) points, (75.98 ± 3.61) points, (70.27 ± 4.16) points, $t = 9.24, 8.55, 9.98, 12.46$, all $P < 0.05$]. **Conclusion** Early surgery can improve the recovery of hand deep burn, accelerate the hand appearance and function recovery, with less complications and is conducive to improving the quality of life.

【Key words】 Burns; Hand; Surgery, plastic; Treatment outcome

Fund program: Science and Technology Planning Project of Traditional Chinese Medicine of Zhejiang Province (2014ZB035)

剖宫产术后再次妊娠分娩方式的研究

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【摘要】 目的 探讨剖宫产术后再次妊娠产妇的最佳分娩方式。**方法** 回顾性分析太原市第八人民医院 2015 年 1 月至 2016 年 12 月收治的 2 526 例产妇的临床资料,剖宫产共 971 例,其中二次剖宫产 367 例(对照 B 组),剖宫产后阴道分娩 604 例(观察组)。另选择同期非瘢痕子宫妊娠经阴道分娩产妇 186 例(对照 A 组)。比较三组母婴结局。**结果** 对照 A 组产程时间、产后出血量、住院时间、新生儿窒息发生率分别为 (6.30 ± 3.03) h、 (288.67 ± 220.67) mL、 (1.37 ± 0.72) d、3.76%,对照 B 组分别为 (6.30 ± 3.03) h、 (415.87 ± 356.20) mL、 (4.32 ± 0.83) d、3.54%,观察组分别为 (5.98 ± 2.87) h、 (276.44 ± 211.84) mL、 (1.42 ± 0.65) d、3.48%。对照 B 组产后出血量明显多于观察组 [(415.87 ± 356.20) mL 比 (276.44 ± 211.84) mL], 差异有统计学意义 ($t = 11.271, P < 0.05$), 住院时间明显长于观察组 [(4.32 ± 0.83) d 比 (1.42 ± 0.65) d], 差异有统计学意义 ($t = 18.034, P < 0.05$)。**结论** 在具备中转急诊剖宫产术的条件下,对符合阴道分娩条件的剖宫产再次妊娠产妇给予阴道试产是安全可行的。

【关键词】 剖宫产术,再; 剖宫产后阴道分娩; 妊娠结局

Study on the way of pregnancy delivery after cesarean section He Qiaoyun.

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【Abstract】 Objective To explore the choice of the best mode of delivery after cesarean section. **Methods** From January 2015 to December 2016, the clinical data of 2 526 pregnant women admitted in the Eighth People's Hospital of Taiyuan were retrospectively analyzed. A total of 971 cases were cesarean section, among them, the second cesarean section in 367 cases (control group B), cesarean section vaginal delivery in 604 cases (observation group). At the same period, another 186 cases with non-scar uterine pregnancy by vaginal delivery were selected as control group A. The maternal and child outcomes were compared among the three groups. **Results** The time of labor, postpartum hemorrhage, hospital stay, the incidence of neonatal asphyxia in the control group A were (6.30 ± 3.03) h, (288.67 ± 220.67) mL, (1.37 ± 0.72) d, 3.76%, respectively, which in the control group B were (6.30 ± 3.03) h, (415.87 ± 356.20) mL, (4.32 ± 0.83) d, 3.54%, respectively, which in the observation group were (5.98 ± 2.87) h, (276.44 ± 211.84) mL, (1.42 ± 0.65) d, 3.48%, respectively. The postpartum hemorrhage of the control group B was significantly higher than that of the observation group [(415.87 ± 356.20) mL vs. (276.44 ± 211.84) mL], the difference was statistically significant ($t = 11.271, P < 0.05$). The length of hospital stay of the control group B was also longer than that of the observation group [(4.32 ± 0.83) d vs. (1.42 ± 0.65) d], the difference was statistically significant ($t = 18.034, P < 0.05$). **Conclusion** In the condition of emergency intercourse with cesarean section, it is safe and feasible to give the vagina trial to the pregnancy of cesarean section which meets the conditions of vaginal delivery.

【Key words】 Cesarean section, repeat; Vaginal birth after cesarean; Pregnancy outcome

超声引导下宫腔镜治疗内突型肌壁间子宫肌瘤的价值

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【摘要】 目的 探讨超声引导下宫腔镜治疗内突型肌壁间子宫肌瘤的临床价值。**方法** 选择烟台市莱阳中心医院 2015 年 10 月至 2016 年 6 月收治的内突型肌壁间子宫肌瘤患者 96 例为观察对象, 采用随机数字表法分为两组各 48 例。对照组行常规宫腔镜下肌瘤切除术, 观察组则在对照组基础上采用超声引导定位指导下行宫腔镜下肌瘤剔除, 观察两组手术时间、术中出血量及术后住院时间, 比较两组术后复发及术后成功妊娠率。**结果** 观察组手术时间(45.6 ± 3.8) min, 短于对照组的(59.8 ± 8.5) min ($t = 10.566, P < 0.05$); 观察组术中出血量(100.5 ± 2.9) mL, 少于对照组的(156.8 ± 5.9) mL ($t = 59.332, P < 0.05$), 观察组术后住院时间(4.2 ± 0.2) d, 短于对照组的(6.5 ± 0.3) d ($t = 44.195, P < 0.05$)。观察组术后复发率(4.17%) 低于对照组(31.25%) ($\chi^2 = 10.293, P < 0.05$), 术后成功妊娠率(68.75%) 高于对照组(22.92%) ($\chi^2 = 18.374, P < 0.05$)。**结论** 超声引导下宫腔镜治疗内突型肌壁间子宫肌瘤, 手术创伤小, 术后恢复快, 显著减少术后复发概率, 提高妊娠率。

【关键词】 超声检查; 宫腔镜; 平滑肌瘤

Ultrasound - guided hysteroscopy in the treatment of uterine fibroids Xu Jie.

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【Abstract】 Objective To investigate the clinical value of ultrasonography - guided hysteroscopy in the treatment of uterine fibroids. **Methods** From October 2015 to June 2016, 96 patients with uterine fibroids in Laiyang Central Hospital were selected as study objects, and they were randomly divided into two groups, with 48 cases in each group. The control group underwent conventional hysteroscopic myomectomy. The observation group was guided by ultrasonography to guide the hysteroscopic myoma stripping under the control group. The operation time, intraoperative blood loss and postoperative hospitalization were observed. The postoperative recurrence and postoperative success rate of pregnancy were compared between the two groups. **Results** The operation time in the observation group was (40.6 ± 3.8) min, which was shorter than (59.8 ± 8.5) min in the control group ($t = 10.566, P < 0.05$). The intraoperative blood loss in the observation group was (100.5 ± 2.9) mL, which was less than (156.8 ± 5.9) mL in the control group ($t = 59.332, P < 0.05$). The hospitalization time of the observation group was (4.2 ± 0.2) d, which was shorter than (6.5 ± 0.3) d in the control group ($t = 44.195, P < 0.05$). The recurrence rate of the observation group (4.17%) was lower than that of the control group (31.25%) ($\chi^2 = 10.293, P < 0.05$). The postoperative pregnancy rate of the observation group (68.75%) was higher than that of the control group (22.92%) ($\chi^2 = 18.374, P < 0.05$). **Conclusion** Ultrasound - guided hysteroscopy is effective in the treatment of intrauterine uterine fibroids with less trauma and faster postoperative recovery. It can significantly reduce the probability of recurrence and improve the pregnancy rate.

【Key words】 Ultrasonography; Hysteroscopes; Leiomyoma

根治切除术联合抗病毒治疗肝癌合并乙型肝炎病毒感染的临床效果观察

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【摘要】 **目的** 观察根治切除术联合抗病毒治疗肝癌合并乙肝病毒感染的临床效果。**方法** 选择 2012 年 1 月至 2016 年 1 月嘉善县第一人民医院收治的肝癌合并乙肝病毒感染患者 46 例,纳入本次研究的对象有完整的临床资料,愿意配合本研究,根据随机数字表法进行分组,每组 23 例,对两组患者均接受根治切除术治疗,对照组患者术后未实施抗病毒治疗,研究组患者则在术后加用抗病毒联合治疗。两组患者均随访 1 年以上,对两组患者术前、术后肝功能指标[谷丙转氨酶(ALT)、血清白蛋白(ALB)、前白蛋白(PA)]与乙肝病毒基因(HBV-DNA)进行测定,并记录两组患者术后并发症发生率、住院时间、医疗费用及随访 1 年复发率,实施统计学分析。**结果** 两组术前 ALT、ALB、PA、HBV-DNA 差异无统计学意义($P > 0.05$),术后研究组与对照组比较差异有统计学意义[ALT:(97.74 ± 33.27) U/L 比 (142.98 ± 53.41) U/L, $t = 3.447$; ALB:(34.57 ± 5.01) g/L 比 (38.44 ± 4.32) g/L, $t = 2.805$; PA:(192.14 ± 53.24) mg/L 比 (159.85 ± 53.96) mg/L, $t = 2.042$; HBV-DNA:(4.25 ± 1.04) logcopies/mL 比 (6.22 ± 1.18) logcopies/mL, $t = 6.006$, 均 $P < 0.05$];研究组患者术后并发症显著低于对照组,住院时间明显短于对照组,医疗费用明显少于对照组,两组比较差异有统计学意义[并发症:8.70% 比 43.45%, $\chi^2 = 7.215$;住院时间:(17.43 ± 4.53) d 比 (20.94 ± 5.05) d, $t = 2.481$;医疗费用:(3.28 ± 1.24) 万元比 (4.68 ± 1.17) 万元, $t = 3.938$, 均 $P < 0.05$];两组患者随访 1 年均有复发,研究组稍低,会唔差异无统计学意义($P > 0.05$)。**结论** 肝癌合并乙肝病毒感染患者采取根治切除术与抗病毒联合治疗,可更好地改善患者的肝功能及病毒指标,缩短住院时间,减少医疗费用,而且可以减少并发症发生,安全性更高,值得借鉴。

【关键词】 肝肿瘤; 乙型肝炎病毒; 肝切除术; 抗病毒药

Effect of radical resection combined with antiviral therapy on hepatitis B virus infection Xu Mingli.

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【Abstract】 **Objective** To study the effect of radical resection combined with antiviral therapy on hepatitis B virus infection. **Methods** From January 2012 to January 2016, 46 patients with hepatocellular carcinoma complicated with hepatitis B virus infection in the First People's Hospital of Jiashan County were enrolled in this study. All the subjects included in this study had complete clinical data and were willing to cooperate with this study. According to the random number table method, the patients were divided into two groups, with 23 cases in each group. The two groups were all treated by radical resection, the control group was not given anti-viral treatment after operation, the study group was given anti-virus combination therapy after surgery. The patients were followed up for more than 1 year. The levels of liver function[alanine aminotransferase (ALT), serum albumin (ALB), prealbumin (PA)] and hepatitis B virus (HBV-DNA) were measured before and after operation in both two groups. The incidence rate of postoperative complications, length of hospital stay, medical expenses and recurrence rate were analyzed. **Results** There were no statistically significant differences in ALT, ALB, PA and HBV DNA between the two groups before operation (all $P > 0.05$). There were statistically significant differences between the two groups after operation[ALT:(97.74 ± 33.27) U/L vs. (142.98 ± 53.41) U/L, $t = 3.447$; ALB:(34.57 ± 5.01) g/L vs. (38.44 ± 4.32) g/L, $t = 2.805$; PA:(192.14 ± 53.24) mg/L vs. (159.85 ± 53.96) mg/L, $t = 2.042$; HBV-DNA:(4.25 ± 1.04) logcopies/mL vs. (6.22 ± 1.18) logcopies/mL, $t = 6.006$, all $P < 0.05$]. The incidence rate of postoperative complications, hospitalization time, medical expense of the study group were significantly lower than those of the control group[complications: 8.70% vs. 43.45%, $\chi^2 = 7.215$; hospitalization time:(17.43 ± 4.53) d vs. (20.94 ± 5.05) d, $t = 2.481$; medical expenses:(3.28 ± 1.24) million yuan vs. (4.68 ± 1.17) million yuan, $t = 3.938$, all $P < 0.05$]. After follow-up for 1 year, both two groups had recurrence, the difference was not statistically significant between the two groups ($P > 0.05$). **Conclusion** Hepatocellular carcinoma with hepatitis B virus infection in patients with radical resection and anti-virus combination therapy, can better improve the patients' liver function and viral indicators, shorten the hospital stay, reduce medical costs, and can reduce the incidence of complications, with high safety.

【Key words】 Liver neoplasms; Hepatitis B virus; Hepatectomy; Antiviral agents

采用椎间孔镜治疗双节段腰椎间盘突出症的临床效果观察

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【摘要】 目的 分析椎间孔镜治疗双节段腰椎间盘突出症疗效及安全性。方法 选择 2016 年 2 月至 2017 年 5 月间日照市中心医院诊治的 126 例双节段腰椎间盘突出患者,根据治疗方法的不同分为观察组和对照组,各 63 例。观察组采用椎间孔镜技术,对照组采用常规开窗手术,比较两组治疗情况,并比较两组手术前后疼痛视觉模拟评分法(VAS)评分、Oswestry 功能障碍指数(ODI)的差异。结果 与对照组比较,观察组住院时间短[(7.1±3.1)d 比(11.5±4.2)d],切口长度小[(1.2±0.3)cm 比(4.3±1.6)cm],术中出血量少[(22.3±8.2)mL 比(36.3±9.2)mL],两组比较差异均有统计学意义($t=9.365, 3.965, 5.566$, 均 $P<0.05$)。术前至术后 6 个月,两组 VAS 评分均呈明显下降趋势,两组 VAS 评分在组间、不同时间点、组间不同时间点交互作用差异均有统计学意义($F=5.688, 4.589, 3.998$, 均 $P<0.05$)。术前至术后 6 个月,两组 ODI 呈先下降后上升趋势,两组 ODI 在不同时间点差异有统计学意义($F=4.254, P<0.05$)。观察组疗效优良率为 87.3%,与对照组的 84.1% 比较,差异无统计学意义($\chi^2=0.259, P>0.05$)。两组不良反应发生率(6.4% 比 9.5%)比较,差异无统计学意义($\chi^2=0.434, P>0.05$)。结论 椎间孔镜治疗双节段腰椎间盘突出症疗效可靠,组织创伤小,疼痛症状轻。

【关键词】 椎间盘切除术,经皮; 椎间孔镜; 疼痛,手术后

Clinical efficacy of intervertebral foraminoscopy in the treatment of double segmental protrusion of lumbar intervertebral disc Xu Changzhong, Wei Zengchun, He Sheng.

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【Abstract】 Objective To analyze the efficacy and safety of intervertebral endoscopy in the treatment of double segmental protrusion of lumbar intervertebral disc. **Methods** From February 2016 to May 2017, 126 patients with double segment lumbar disc herniation diagnosed in Rizhao Central Hospital were divided into the observation group and the control group according to the different treatment methods, with 63 cases in each group. The observation group was treated with intervertebral foramen technique, and the control group was treated with conventional fenestration. The treatment efficacy of the two groups was compared. The differences of VAS score and ODI between the two groups before and after operation were compared. **Results** Compared with the control group, the observation group had shorter hospitalization time[(7.1±3.1) d vs. (11.5±4.2) d], smaller incision length[(1.2±0.3) cm vs. (4.3±1.6) cm], less blood loss[(22.3±8.2) mL vs. (36.3±9.2) mL], there were statistically significant differences between the two groups ($t=9.365, 3.965, 5.566$, all $P<0.05$). From preoperation to 6 months after operation, the VAS scores of the two groups showed a significant downward trend. There were statistically significant difference in the VAS scores between the two groups at different time points, between groups and at different time points ($F=5.688, 4.589, 3.998$, all $P<0.05$). From preoperation to 6 months after operation, the ODI of the two groups decreased first and then increased, and there was statistically significant difference between the two groups of ODI in different time points ($F=4.254, P<0.05$). The good rate of curative effect in the observation group was 87.3%, which in the control group was 84.1%, the difference was not statistically significant ($\chi^2=0.259, P>0.05$). There was no statistically significant difference in the incidence rate of adverse reactions between the two groups (6.4% vs. 9.5%) ($\chi^2=0.434, P>0.05$). **Conclusion** The treatment of double segment lumbar intervertebral disc herniation with intervertebral foraminoscopy is reliable, with small tissue trauma and mild pain.

【Key words】 Diskectomy, percutaneous; Intervertebral foraminoscopy; Pain, postoperative

自拟救心汤在终末期肥厚型非梗阻性心肌病心力衰竭治疗中的应用效果

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【摘要】 目的 观察自拟救心汤联合常规西医疗法治疗终末期肥厚型非梗阻性心肌病心力衰竭的临床疗效。**方法** 将 2016 年 7 月至 2017 年 10 月杭州市余杭区第一人民医院终末期肥厚型非梗阻性心肌病心力衰竭患者 60 例按照随机数字表法分为两组, 每组 30 例。对照组采用常规西医疗法, 观察组加用自拟救心汤治疗 1 周。观察两组患者治疗前后体质量、水肿程度、心功能分级、心力衰竭积分、B 型钠尿肽、血管紧张素 II、血钾、血钠、血氯含量等的变化情况。**结果** 治疗 1 周后两组心功能和心力衰竭积分均有显著改善(观察组: $t = 10.527, 15.358$, 均 $P < 0.01$; 对照组: $t = 7.504, 12.417$, 均 $P < 0.01$), 且观察组优于对照组, 差异均有统计学意义($t = 3.772, 4.446$, 均 $P < 0.01$)。治疗后, 两组 B 型利尿肽含量较治疗前明显降低(观察组: $t = 5.628$, 对照组: $t = 11.423$, 均 $P < 0.05$)。观察组患者的血管紧张素和肾素水平和治疗前相比明显下降($t = 4.355, 6.418$, 均 $P < 0.05$), 与对照组治疗后差异均有统计学意义($t = 3.521, 4.275$, 均 $P < 0.05$)。观察组不良反应发生率为 3.3%, 显著低于对照组的 23.3% ($\chi^2 = 5.192, P = 0.023$)。**结论** 自拟救心汤能够显著改善终末期肥厚型非梗阻性心肌病患者的心脏功能, 且安全性较高。

【关键词】 心肌病, 肥厚性; 心力衰竭; 医学, 中国传统; 治疗结果; 安全

Clinical effect of self-made Jiuxin decoction in the treatment of end-stage hypertrophic non-obstructive cardiomyopathy Tu Sijia, Yu Huamin, Sun Jindong, Yuan Hong.

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【Abstract】 Objective To observe the clinical effect of self-made Jiuxin decoction in the treatment of end-stage hypertrophic non-obstructive cardiomyopathy. **Methods** From July 2016 to October 2017, 60 patients with end-stage hypertrophic non-obstructive cardiomyopathy in the First People's Hospital of Yuhang District were randomly divided into two groups according to digital table, with 30 cases in each group. The control group was treated with conventional western medicine, and the observation group was treated with self-made Jiuxin soup for a week. The changes of body weight, degree of edema, NYHA class, Lee score, B-type natriuretic peptide, blood angiotensin II, blood potassium, sodium, chlorine content and other indicators before and after treatment were observed in the two groups. **Results** After one-week treatment, the cardiac function and heart failure indicators of the two groups were all significantly improved (the observation group: $t = 10.527, 15.358$, all $P < 0.01$; the control group: $t = 7.504, 12.417$, all $P < 0.01$), and the indicators of the observation group were better than those of the control group, and the differences between the two groups were statistically significant ($t = 3.772, 4.446$, all $P < 0.01$). After treatment, the levels of B-type natriuretic peptide of the two groups were significantly lower than those before treatment (the observation group: $t = 5.628$, the control group: $t = 11.423$, all $P < 0.05$). The angiotensin and renin levels in the observation group were all significantly lower than those before treatment ($t = 4.355, 6.418$, all $P < 0.05$), and the indicators of the observation group were all significantly lower than those of the control group ($t = 3.521, 4.275$, all $P < 0.05$). The incidence rate of adverse reaction of the observation group was significantly lower than that of the control group (3.3% vs. 23.3%, $\chi^2 = 5.192, P = 0.023$). **Conclusion** Self-made Jiuxin decoction can significantly improve the cardiac function in patients with end-stage hypertrophic non-obstructive cardiomyopathy and it is a safe way of treatment.

【Key words】 Cardiomyopathy, hypertrophic; Heart failure; Medicine, chinese traditional; Treatment outcome; Safety

中药注射剂处方 2 400 张点评与分析

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【摘要】 **目的** 对中药注射剂处方进行调查,分析存在不合理问题,以规范临床使用中药注射剂。**方法** 随机抽取暨南大学附属第一医院 2015 年 1 月至 2016 年 12 月住院中药注射剂处方 2 400 张,根据《处方管理办法》和《中药注射剂临床使用基本原则》对其进行分析点评。**结果** 2 400 张处方中溶媒选择不当有 104 张,占 4.3%,混合配伍的处方有 8 张,占 0.3%,超剂量使用的有 176 张,占 7.3%,使用不对症的有 92 张,占 3.8%,不适当的联合用药有 20 张,占 0.8%。**结论** 该院中药注射剂处方用药基本合理,但强化中医师继续教育 and 培训以提高理论知识,加强药师培训以改善用药水平,加强重要处方管理以确保处方质量,以促进中药注射剂合理使用。

【关键词】 中药注射剂; 合理用药

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个案管理在尿毒症患者中的临床应用

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【摘要】 目的 探讨个案管理模式对尿毒症(CKD 5 期)患者透析通路及尿毒症并发症的影响。方法 选择温岭市第一人民医院 2015 年 7 月至 2016 年 6 月诊治的 CKD 5 期非透析患者 60 例,采用随机数字表法分为观察组 31 例、对照组 29 例。对照组采用常规方法诊治、护理及随访,观察组采用个案管理模式对其进行定期宣教、电话随访 1 年。观察两组患者进入肾透析的时间、透析管路的类型、透析通路的情况、尿毒症并发症等,比较两组再次入院率、临时导管使用率、贫血指标、钙磷代谢指标等方面的差异。**结果** 随访 1 年后,观察组再次入院 ≥ 1 次的比率为 16.13%,低于对照组的 51.72%,差异有统计学意义($\chi^2 = 8.543, P < 0.05$);观察组临时血透管使用率为 0.00%,低于对照组的 27.59%,差异有统计学意义($\chi^2 = 10.280, P < 0.05$);观察组血红蛋白、甲状腺激素分别为(105.82 ± 6.91)g/L、(212.43 ± 87.32)ng/L,对照组分别为(81.82 ± 8.72)g/L、(367.57 ± 42.55)ng/L,两组差异均有统计学意义($t = 7.717, -3.645$,均 $P < 0.05$)。**结论** 个案管理模式能降低尿毒症 CKD 5 期非透析患者的再次入院率及临时血透管使用率,有益于及时建立长期透析通路,减少尿毒症晚期并发症的出现。

【关键词】 病人医护管理; 尿毒症; 透析; 并发症

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Clinical application of case management in uremia patients Cai Shasha, Zhao Lijin, Dai Zaiyou, Zhong Sen, Li Yunsheng.

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缺氧缺血性脑病新生儿血清胶质纤维酸性蛋白检测的临床意义

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【摘要】 目的 探讨缺氧缺血性脑病新生儿血清胶质纤维酸性蛋白(GFAP)检测的临床意义。方法 选取2016年2月至2017年8月杭州市余杭区第一人民医院收治的缺氧缺血性脑疾病新生儿80例作为研究对象,将其设定为观察组,并以同期出生的80例健康新生儿作为对比,设定为对照组,对两组新生儿进行血清胶质纤维酸性蛋白检测,比较两组的检测水平。**结果** 观察组患者在发病第1、3、7天血清GFAP水平明显高于对照组正常新生儿第3天GFAP水平,两组差异有统计学意义($P < 0.05$),观察组患者发病第3天血清GFAP水平明显高于发病第7天,差异有统计学意义($P < 0.05$)。轻度和中度患儿发病第1、3、7天血清GFAP水平明显低于重度患儿,轻度患儿发病第1、3、7天血清GFAP水平明显低于中度患儿,三组不同程度患儿在发病第1、3、7天血清GFAP水平每两组相比,差异有统计学意义($P < 0.05$)。血清中GFAP水平与HIE病情程度呈高度正相关关系($r = 0.715, P = 0.000$)。无后遗症的患儿第1、3、7天血清GFAP水平明显低于患有后遗症的患儿,两组差异有统计学意义($P < 0.05$)。**结论** 对HIE患儿血清GFAP含量变动的监控,不仅可以对急性期脑损伤程度做判别,还可以对HIE后遗症做预测,具有推广价值。

【关键词】 缺氧缺血性; 脑病; 新生儿; 血清胶质纤维酸性蛋白; 检测

Clinical significance of serum glial fibrillary acid protein detection in neonates with hypoxic ischemic encephalopathy Yao Haiming, Mao Yueyan, Cao Lanfang, Fan Xiaoping, Fang Chengchao.

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多指标联合检测用于结核病诊断研究

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【摘要】 目的 研究多指标联合检测用于结核病诊断效果,为临床结核病后期治疗提供依据。**方法** 选取山西省昔阳县人民医院结核病患者 200 例,时间在 2013 年 2 月至 2016 年 3 月,按照不同检测方式将结核病患者分为两组,对照组实施 PPD 皮试、腺苷脱氨酶测定,观察组进行 PPD 皮试、腺苷脱氨酶测定、血清结明试验,将两组检测结果进行比较。**结果** 单一检测阳性率和联合检测阳性率相比,差异有统计学意义($P < 0.05$),观察组结核病患者诊断符合率(93.33%)显著高于对照组(82.00%)($\chi^2 = 5.531, P < 0.05$)。**结论** 采用 PPD 皮试、腺苷脱氨酶测定、血清结明试验三种方式对结核病患者进行联合检测,具有快速、操作简便等优点,能显著提高患者诊断的阳性率,值得应用。

【关键词】 结核病; 诊断; 多指标; 联合检测

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健康教育对负压封闭引流效果的影响

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【摘要】 目的 探讨健康教育对负压封闭引流治疗效果的影响。**方法** 选取 2016 年 2 月至 2017 年 3 月在丽水市人民医院就诊的使用负压封闭引流治疗的患者 50 例, 根据随机数字表法分为观察组和对照组, 每组 25 例, 观察组患者采用持续负压封闭引流治疗联合护理干预措施, 对照组患者采用单纯负压封闭引流治疗并介入常规护理。比较分析两组患者健康教育的临床效果。**结果** 对照组患者满意率为 32.00%, 观察组患者满意率为 88.00%, 差异有统计学意义($\chi^2 = 7.916, P < 0.05$); 在疼痛指标大于 5 的情况中, 观察组患者疼痛率为 28.00%, 对照组疼痛率为 76.00%, 差异有统计学意义($\chi^2 = 6.275, 7.034, P < 0.05$); 两组患者健康教育后的乐观程度均优于教育前($\chi^2 = 7.115, 5.016, P < 0.05$)。**结论** 针对负压封闭引流治疗的成功, 少不了健康教育的辅助, 而这也为护理的质量提供了有利的保障。

【关键词】 健康教育; 负压封闭引流; 影响

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优质护理干预在胸外科手术中的应用效果 及对患者心理情绪和术后疼痛的影响

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【摘要】 目的 探讨优质护理干预在胸外科手术中的应用效果及对患者心理情绪和术后疼痛的影响。**方法** 选择 2015 年 4 月至 2017 年 4 月武警浙江省总队嘉兴医院胸外科手术患者 86 例,根据随机数字表法分为优质干预组与常规干预组,每组 43 例。优质干预组患者实施优质护理干预,常规干预组患者实施常规护理干预。比较两组干预总满意率,干预前后焦虑自评量表(SAS)、抑郁自评量表(SDS)、疼痛视觉模拟评分(VAS 评分),住院时间和术后并发症情况。**结果** 优质干预组总满意率为 97.68%,高于常规干预组的 76.74% ($\chi^2 = 8.443, P < 0.05$)。两组干预后 SAS 和 SDS 评分降低(优质干预组: $t = 30.867, 26.329$,常规干预组: $t = 15.700, 14.479$,均 $P < 0.05$);优质干预干预后 SAS 评分和 SDS 评分分别为 (34.29 ± 3.09) 分和 (32.83 ± 3.10) 分,均低于常规干预组的 (43.87 ± 3.32) 分和 SDS 评分 (42.08 ± 3.72) 分($t = 13.850, 12.526$,均 $P < 0.05$)。两组干预后 VAS 评分降低(优质干预组: $t = 23.647$,常规干预组: $t = 11.895$,均 $P < 0.05$),优质干预组干预后 VAS 评分为 (1.54 ± 0.32) 分,低于常规干预组的 (3.89 ± 0.84) 分($t = 17.143, P < 0.05$)。优质干预组住院时间为 (12.98 ± 1.84) d,短于常规干预组的 (16.09 ± 2.25) d($t = 7.016, P < 0.05$),而术后并发症为 4.65%,低于常规干预组的 27.91% ($\chi^2 = 8.531, P < 0.05$)。**结论** 优质护理干预对胸外科手术患者效果明显,可提高患者对护理满意度,减轻患者焦虑和抑郁情绪,及减轻患者术后疼痛,值得临床应用。

【关键词】 胸外科手术; 护理

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综合护理干预用于湿热蕴肺型痤疮的效果观察

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【摘要】 **目的** 观察综合护理用于湿热蕴肺型痤疮患者的临床效果。**方法** 对安徽医科大学第二附属医院 2014 年 1 月至 2015 年 12 月门诊诊治 32 例湿热蕴肺型痤疮患者予以生活起居调摄、皮肤护理、情志护理、饮食调护、中药调护等综合护理,观察综合护理的临床效果以及对患者生活质量、抑郁状况的影响。**结果** 综合护理干预后,临床有效率为 96.88%,复发率为 6.45%。综合护理干预后,患者自我感知、情感功能、社会功能评分分别为(9.12 ± 3.43)分、(9.08 ± 3.32)分、(15.03 ± 4.21)分,均较治疗前明显升高,差异均有统计学意义($t=6.95, 7.50, 6.57$, 均 $P < 0.01$);综合护理干预前后汉密尔顿抑郁量表评分[(22.11 ± 6.32)分比(15.37 ± 3.86)分]差异有统计学意义($t=8.31, P < 0.01$)。**结论** 综合护理方法对湿热蕴肺型痤疮效果明显,复发率低,并可改善患者生活质量和抑郁状况。

【关键词】 痤疮,寻常; 护理; 干预; 生活质量; 抑郁

Effect of comprehensive nursing intervention for acne vulgaris with damp heat and accumulation of lung

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个性化护理在术后粘连性肠梗阻患者中的应用

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【摘要】 目的 探讨个性化护理在术后粘连性肠梗阻患者护理中的应用效果。方法 将 2015 年 3 月 1 日至 2017 年 4 月 30 日在宁波市北仑小港医院接受治疗的 48 例粘连性肠梗阻患者用计算机随机分成两组,每组 24 例。对照组实施常规护理,观察组采取个性化护理。比较两组患者胃肠功能恢复情况、不良症状发生情况以及生活质量变化情况。结果 观察组患者腹痛腹胀消失时间(12.36 ± 3.51) min、排气恢复时间(45.25 ± 10.34) min、排便恢复时间(50.25 ± 7.84) min、胃肠功能完全恢复时间(7.53 ± 1.23) d 以及食欲不振、恶心呕吐、疼痛发生率(4.17%、4.17%、8.33%)、出院当天 SF-36 量表中各项目评分均优于对照组(均 $P < 0.05$)。结论 个性化护理应用在术后粘连性肠梗阻患者护理中的效果十分理想,在促进胃肠功能恢复、不良症状减轻的同时,还可改善患者的身心健康。

【关键词】 个性化护理; 术后; 肠梗阻

基金项目:浙江省医学会临床科研基金项目(2013ZYC-A78)

Application of individualized nursing care in patients with adhesive intestinal obstruction after operation

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Found Program: Clinical Research Foundation of Zhejiang Medical Association (2013ZYC - A78)

舒适护理干预对慢性阻塞性肺疾病患者生活质量的影响

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【摘要】 目的 探讨舒适护理干预对慢性阻塞性肺疾病(慢阻肺)患者生活质量的影响。方法 选择 2014 年 10 月至 2016 年 10 月西山煤电集团公司职工总医院 86 例慢阻肺患者作为研究对象,采用随机数字表法分为普通组和舒适组,每组 43 例。普通组应用普通护理干预,舒适组应用舒适护理干预。比较两组慢阻肺患者的舒适度评分、生活质量评分、满意度、焦虑评分及抑郁评分。结果 舒适组患者护理后的舒适度评分、生活质量评分分别为(96.63 ± 5.51)分、(85.36 ± 3.95)分,明显高于普通组的(76.55 ± 4.44)分、(77.30 ± 2.77)分($t = 18.607, 10.955$, 均 $P < 0.05$);舒适组患者满意度为 95.35%,明显高于普通组的 79.07% ($\chi^2 = 5.107, P < 0.05$);舒适组患者护理后的焦虑、抑郁评分分别为(8.34 ± 3.56)分、(10.36 ± 3.71)分,明显低于普通组的(11.30 ± 3.58)分、(13.41 ± 3.54)分($t = 3.844, 3.900$, 均 $P < 0.05$)。结论 对慢阻肺患者采取舒适护理干预,能显著增加患者舒适度及满意度,改善其焦虑及抑郁情绪,提高其生活质量。

【关键词】 肺疾病,慢性阻塞性; 护理; 生活质量

基金项目:山西省自然科学基金(2012011044-1)

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综合性护理干预在结肠癌患者围手术期的 护理价值分析

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【摘要】 **目的** 探究结肠癌患者在围术期接受综合性护理干预的价值。**方法** 选取 2015 年 2 月 20 日至 2016 年 5 月 30 日台州市台州恩泽医疗中心(集团)路桥医院结肠癌患者 100 例,均接受手术治疗,简单随机化法分为两组,其中对照组在围手术期接受基础护理干预,观察组则在围手术期接受综合性护理干预,比较两组经不同护理干预结果的差异性。**结果** 观察组手术耐受性优良率(100.00%)明显高于对照组(92.00%)($\chi^2 = 4.166, P = 0.041$);观察组结肠癌患者的伤口愈合时间、住院时间均明显短于对照组($t = 2.535, 3.116, P = 0.012, 0.002$);观察组并发症发生率(8.00%)明显低于对照组(24.00%)($\chi^2 = 4.761, P = 0.029$);观察组结肠癌患者的护理总满意率(96.00%)明显高于对照组(84.00%)($\chi^2 = 4.000, P = 0.046$)。**结论** 结肠癌患者在围术期接受综合护理干预,能够降低并发症发生率,缩短康复时间,提高患者的耐受性和护理满意度。

【关键词】 护理; 综合性护理干预; 围手术期; 结肠肿瘤; 满意度; 手术耐受性

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Fund program: Clinical Scientific Research Fund Project in Zhejiang Provincial Medical Association (2013 ZYC - A137)

快速康复外科理念护理用于老年腹股沟疝 日间手术患者的效果观察

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【摘要】 目的 探讨快速康复外科理念护理对老年腹股沟疝日间手术患者的术后恢复的影响。方法 选择浙江省青春医院及宁波市医疗中心医院 2014 年 1 月至 2016 年 3 月采用日间手术模式行腹股沟疝修补术的老年患者 110 例,按照随机数字表法分为对照组和观察组各 55 例。两组患者均行腹股沟疝日间手术,对照组给予常规护理方式,观察组给予快速康复外科理念护理。评价两组患者术后恢复情况,观察两组患者术后 6 h 疼痛程度分布,观察两组患者术后应激反应及术后并发症发生率,观察两组患者术后对医疗及护理服务的评价,观察两组患者对护理的满意度。**结果** 对照组术后首次下床时间、术后首次进食时间、术后排气时间、术后排便时、术后完全自理时间、住院时间分别为(18.94 ± 2.06)h、(6.28 ± 1.23)h、(7.72 ± 1.36)h、(18.72 ± 2.36)h、(48.28 ± 3.00)h、(24.44 ± 4.06)h,观察组首次下床时间、术后首次进食时间、术后排气时间、术后排便时、术后完全自理时间、住院时间分别为(16.15 ± 2.16)h、(4.14 ± 1.40)h、(4.99 ± 1.41)h、(16.69 ± 2.41)h、(43.60 ± 3.01)h、(21.34 ± 3.50)h,观察组均短于对照组,差异具有统计学意义($t = 6.93, P = 0.00; t = 8.52, P = 0.00; t = 10.33, P = 0.00; t = 4.46, P = 0.00; t = 8.17, P = 0.00; t = 4.29, P = 0.00$);对照组术后 6h 2 例患者无疼痛,11 例患者轻度疼痛,35 例患者中度疼痛,9 例患者重度疼痛;观察组术后 6 h 4 例患者无疼痛,22 例患者轻度疼痛,22 例患者中度疼痛 4 例患者重度疼痛;两组患者疼痛程度相比较,具有统计学差异($\chi^2 = 9.01, P = 0.03$);对照组患者术后出现 18 例胃肠道反应,12 例头晕,10 例手术区不适,9 例发热,2 例切口感染,7 例尿潴留,观察组患者术后出现 9 例胃肠道反应,7 例头晕,8 例手术区不适,4 例发热,0 例切口感染,2 例尿潴留,在术后胃肠道反应方面,观察组患者显著低于对照组($\chi^2 = 3.97, P = 0.04$);观察组患者在术前医疗服务评分、术前焦虑恐惧评分、听护理人员讲解后对疾病认知评分、术后关怀评分方面评分分别为(3.18 ± 0.31)分、(3.10 ± 0.10)分、(3.49 ± 0.39)分、(3.69 ± 0.45)分,对照组分别为(2.90 ± 0.26)分、(3.48 ± 0.13)分、(2.72 ± 0.41)分、(2.92 ± 0.28)分,观察组均高于对照组患者($t = 5.13, P = 0.00; t = 17.18, P = 0.00; t = 10.09, P = 0.00; t = 10.77, P = 0.00$)。**结论** 采用快速康复外科理念护理可显著帮助患者术后恢复,减轻术后疼痛程度,减少术后应激不适及并发症的发生率,提高对护理的评价度及护理满意度,因此值得临床推广应用。

【关键词】 日间手术; 快速康复外科护理; 腹股沟疝; 术后应激反应

Effects of rapid rehabilitation surgery on postoperative recovery in elderly patients with inguinal hernia surgery Zhu Yuehua, Chen Huiying.

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综合护理干预对先兆流产患者血清孕酮诱导的封闭因子、白细胞介素 8、肿瘤坏死因子 α 、孕酮及心理状态的影响

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【摘要】 目的 探讨综合护理干预对先兆流产患者血清孕酮诱导的封闭因子(PIBF)、白细胞介素 8(IL-8)、肿瘤坏死因子 α (TNF- α)、孕酮及心理状态的影响。方法 选择 2014 年 8 月至 2016 年 4 月宁波市北仑区中医院先兆流产孕产妇 180 例,根据护理方式的不同分为两组,各 90 例。所有患者均行黄体酮联合人绒毛膜促性腺激素(HCG)肌注,口服维生素 E、叶酸等药物,孕周 12 周以上者可给予抑制宫缩药物,联合中成药滋肾育胎丸口服,对照组行常规护理方式,观察组行综合护理干预。记录两组患者入院及出院时血清 IL-8、TNF- α 炎症因子水平,血清孕酮、PIBF,采用症状自评量表(SCL-90)评估患者出院时的心理状态,记录孕产妇保胎成功率及分娩孕周。结果 治疗联合护理后,对照组 IL-8 为(45.74 \pm 6.90) pg/mL,观察组 IL-8 为(37.84 \pm 7.67) pg/mL;对照组 TNF- α 为(54.47 \pm 10.00) pg/mL,观察组 TNF- α 为(46.96 \pm 10.07) pg/mL,两组 IL-8、TNF- α 水平较入院时有所下降,观察组下降水平高于对照组,差异均有统计学意义($t = 24.51, P = 0.00; t = 30.13, P = 0.00; t = 59.79, P = 0.00; t = 62.40, P = 0.00; t = 6.51, P = 0.00; t = 5.02, P = 0.00$);治疗联合护理后,对照组血清孕酮为(63.84 \pm 7.65) nmol/L,观察组血清孕酮为(70.21 \pm 8.02) nmol/L,对照组 PIBF 为(478.47 \pm 24.00) nmol/L,观察组 PIBF 为(511.96 \pm 26.07) nmol/L,两组血清孕酮、PIBF 水平较入院时有所升高,观察组下降水平高于对照组,差异均有统计学意义($t = 17.37, P = 0.00; t = 23.12, P = 0.00; t = 49.65, P = 0.00; t = 54.68, P = 0.00; t = 5.451, P = 0.00; t = 8.96, P = 0.00$);出院时观察组患者躯体化、强迫症状、人际关系敏感、抑郁、焦虑、恐怖、敌对、精神病性、偏执等 9 个方面心理状态评分均低于对照组($t = 30.87, P = 0.00; t = 48.81, P = 0.00; t = 21.05, P = 0.00; t = 23.30, P = 0.00; t = 34.89, P = 0.00; t = 37.04, P = 0.00; t = 73.79, P = 0.00; t = 42.97, P = 0.00; t = 27.78, P = 0.00$);观察组保胎成功率为 91.11,高于对照组的 80.00($\chi^2 = 4.50, P = 0.03$),但两组分娩孕周差异无统计学意义($t = 1.35, P = 0.09$)。结论 综合性护理对患者心理状态的改善效果肯定,并有可能是通过改善患者的免疫状态而提高正常妊娠结局。

【关键词】 流产,先兆; 护理; 孕酮

Effects of comprehensive nursing intervention on PIBF, IL - 8, TNF - α , progesterone and psychological status in patients with threatened abortion Gao Chunli.

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乳腺癌分子分型及其临床治疗意义

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【摘要】 乳腺癌是一种常见的严重威胁女性健康的恶性肿瘤,分子分型基于分子水平为乳腺癌的病理学分类提供了一种新的分类方式,并对临床治疗起到了极其重要的指导意义。目前,乳腺癌分子分型主要分为以下亚型:Luminal A 型、Luminal B 型、HER-2 过表达型和三阴性乳腺癌。不同分子分型治疗反应、预后及临床应用现状均有着不同的特征。

【关键词】 乳腺肿瘤; 分子分型; 临床治疗

The molecular subtyping of breast cancer and its clinical treatment significance Li Dihang, Liang Yunsheng.

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【Abstract】 The breast cancer is a usual and serious malignant tumor which threatens the women's health. Molecular subtyping bases on the molecular level, and provides a new classification method for the breast cancer pathology classification, and plays an important guidance significance for the clinical treatment. At present, the breast cancer molecular subtyping is mainly divided into the following subtypes; the Luminal A type and Luminal B type, HER-2 overexpression and the triple negative breast cancer. Different molecular subtyping has different characteristics in treatment reaction, prognosis and the clinical application situation.

【Key words】 Breast neoplasms; Molecular subtyping; Clinic Treatment