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皮下负压引流和可吸收缝线在预防颅骨修补术后并发症中的效果分析

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【摘要】目的 探讨皮下负压引流和可吸收缝线在预防颅骨修补术后并发症中的临床效果。方法 回顾性分析滨州医学院附属医院神经外科 2012 年 1 月至 2018 年 2 月收治的颅骨缺损患者 175 例的临床资料，依据术中处理方式的不同分为术中用丝线缝合帽状腱膜同时行普通引流组(普通引流组)97 例和可吸收缝线缝合帽状腱膜同时行负压引流组(负压引流组)78 例，丝线和可吸收缝线缝合帽状腱膜均为间断缝合，引流管放在皮下金属钛板外面，术后 48~72h 拔除。比较两组术后并发症发生情况。结果 负压引流组皮下积液、积血、线结反应、切口感染发生率分别为 1.3% (1/78)、0.0% (0/78)、0.0% (0/78)，均显著低于普通引流组的 11.3% (11/97)、20.6% (20/97)、7.2% (7/97)，差异均有统计学意义（$\chi^2 = 6.85, 18.16, 4.13, \text{均 } P < 0.05$）。结论 颅骨修补术中应用可吸收缝线缝合帽状腱膜同时皮下负压引流可以明显减少和预防颅骨修补术后并发症。

【关键词】负压伤口疗法；引流术；颅骨缺损；颅骨修补术；手术后并发症

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Effect of subcutaneous negative pressure drainage and absorbable suture on prevention of postoperative complications of cranioplasty

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【Abstract】Objective To explore the therapeutic effect of subcutaneous negative pressure drainage and absorbable suture in preventing postoperative complications of cranioplasty. Methods The clinical data of 175 cases of skull defect admitted and treated in Department of Neurosurgery of the Affiliated Hospital of Binzhou Medical University from January 2012 to February 2018 were retrospectively analyzed. According to the different intraoperative treatment methods, 97 cases were treated with thread suture to the galea aponeurotica combined with general drainage (the general drainage group), and 78 cases were treated with absorbable suture to the galea aponeurotica combined with negative pressure drainage (the negative pressure drainage group). The galea aponeurotica were sutured intermittently with both silk thread and absorbable suture, and the drainage tube was placed outside the metal titanium plate under the skin, and removed after 48~72 hours. The postoperative complications of the two groups were compared. Results The incidence rates of subcutaneous hemorrhage, knotting reaction, infection of incision in the negative pressure drainage group were 1.3% (1/78), 0.0% (0/78), and 0.0% (0/78), respectively, which were significantly lower than those in the average drainage group [11.3% (11/97), 20.6% (20/97), 7.2% (7/97)], the differences were statistically significant ($\chi^2 = 6.85, 18.16, 4.13, \text{all } P < 0.05$). Conclusion The application of absorbable suture suturing galea aponeurotica and subcutaneous negative pressure drainage in skull repair can significantly reduce and prevent postoperative complications of cranioplasty.

【Key words】Negative-pressure wound therapy; Drainage; Skull defect; Cranioplasty; Postoperative complications

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控制性减压术治疗中老年人重型颅脑损伤的临床研究

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【摘要】 目的 探讨应用控制性减压术治疗中老年人重型颅脑损伤的临床疗效。方法 回顾性分析晋中市第一人民医院 2016 年 2 月至 2017 年 9 月 82 例重型颅脑损伤患者临床资料, 采用大样本控制性减压术治疗的 37 例患者作为对照组, 采取控制性减压术治疗的 45 例患者作为观察组, 评价两组患者的临床疗效。结果 观察组总有效率为 93.33% (42/45), 高于对照组的 75.68% (28/37) (χ^2 = 5.068, P < 0.05); 观察组并发症发生率为 4.44% (2/45), 明显低于对照组的 18.92% (7/37) (χ^2 = 4.354, P < 0.05); 观察组 Barthel 指数评分 [(86.8 ± 3.4) 分], 神经行为认知状况测试 (NCSE) 评分 [(84.9 ± 3.6) 分] 以及格拉斯哥昏迷指数 (GCS) 评分 [(13.2 ± 0.5) 分] 均明显高于对照组 [(78.9 ± 6.7) 分, (80.3 ± 5.4) 分, (12.6 ± 1.7) 分, t = 3.908, 4.606, 2.255, P < 0.05]。结论 中老年人重型颅脑损伤临床应用控制性减压术治疗, 疗效显著, 并发症少, 有效的改善了患者临床症状, 预后效果好。

【关键词】 颅脑损伤; 减压术; 外科; 减压颅骨切除术; 预后; 疗效比较研究; 老年人

基金项目: 山西省自然科学基金项目(201601D011102)

Clinical study of controlled decompression in the treatment of elderly patients with severe craniocerebral injury

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【Abstract】Objective To explore the curative effect of controlled decompression in the treatment of elderly patients with severe craniocerebral injury. Methods The clinical data of 82 patients with severe head injury in the First People's Hospital of Jinzhong were retrospectively analyzed from February 2016 to September 2017. Thirty-seven patients who took the big bone flap decompression for the treatment were selected as control group, and 45 patients who took controlling decompression for the treatment were selected as observation group. The clinical efficacy of the two groups was evaluated. Results The total effective rate of the observation group was 93.33% (42/45), which was higher than 75.68% (28/37) of the control group (χ^2 = 5.068, P < 0.05). The incidence rate of complication of the observation group was 4.44% (2/45), which was lower than 18.92% (7/37) of the control group (χ^2 = 4.354, P < 0.05). The Barthel score [(86.8 ± 3.4) points], NCSE score [(84.9 ± 3.6) points] and GCS score [(13.2 ± 0.5) points] of the observation group were significantly higher than those of the control group [(78.9 ± 6.7) points, (80.3 ± 5.4) points, (12.6 ± 1.7) points, t = 3.908, 4.606, 2.255, all P < 0.05]. Conclusion The curative effect of controlled decompression in the treatment of severe craniocerebral injury is distinct, and it has fewer complications, and can effectively improve the clinical symptoms, the prognosis effect is good.

【Key words】 Craniocerebral trauma; Decompression, surgical; Decompressive craniectomy; Prognosis; Comparative Effectiveness research; Aged

Fund program: Natural Fund Project of Shanxi Province(201601D011102)
Individual microsurgical treatment of hypertensive basal ganglia hematomas via different sylvian anatomical points

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Objective To study the surgical strategy and clinical efficacy of hypertensive basal ganglia hematomas via transsylvian transinsular approach individually. Methods The clinical data of 45 patients with hypertensive basal ganglia hematomas underwent microsurgical treatment with different sylvian anatomical points in Jianhu Hospital Affiliated to Nantong University from October 2014 to June 2016 were retrospectively analyzed.

Results The anterior hematoma was dissected through anterior point of lateral fissure, accounted for 66.7% (30 cases), the posterior hematoma was dissected through rolandic points under lateral fissure, accounted for 22.2% (10 cases), the long axis type hematoma was dissected between the anterior point of the lateral fissure and the lower rolandic point, accounted for 11.1% (5 cases). The postoperative CT scan showed that 42 cases were removed the hematomas for more than 90.0%, 3 cases were removed the hematomas for more than 75.0%, there was no postoperative rebleeding. According to GOS score, 14 cases returned to preoperative life status, 20 cases recovered sufficiently to return to family life, 9 cases could ambulate with a crutch but needed assistance, one case showed vegetative survival, one patient died. Conclusion Transsylvian transinsular approach via individual sylvian anatomical point should be advocated to remove basal ganglia hematomas, and it has the advantages of minimally invasion, high hematoma evacuation rate, low rebleeding rate, good neurological recovery and so on.

Key words Intracranial hemorrhage, hypertensive; Microsurgery; Craniotomy; Hematoma; Glasgow outcome scale

Fund program: Research Project of Medical Reform Pilot Unit of Health and Family Planning Commission of Jiangsu Province (YG201512)
改良翼点入路手术对颅脑创伤患者
神经功能及预后的影响

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【摘要】 目的 探讨改良翼点入路手术对颅脑创伤患者神经功能及预后的影响。方法 选择杭州市大江东医院2014年7月至2016年7月收治的颅脑创伤患者100例作为研究对象，根据不同手术方式分为两组，每组50例。对照组予传统手术入路治疗，观察组予改良翼点入路手术治疗。观察两组患者的神经功能、安全性及预后。结果 两组患者治疗前神经功能缺损程度评分（NDS）及格拉斯哥昏迷指数（GCS）评分差异均无统计学意义（t=1.03，P>0.05）。治疗后，两组NDS评分均较治疗前显著降低（t=5.62，7.23，均P<0.05），且观察组NDS评分较对照组显著提高（t=3.46，4.75，t<0.05）。对照组GCS评分降低（t=4.32，P<0.05），观察组GCS评分较对照组显著提高（t=5.27，P<0.05）。治疗后，两组患者Spitzer指数均较治疗前显著提高（t=3.27，P<0.05），且观察组Spitzer指数较对照组显著提高（t=5.62，7.36，t<0.05）。治疗后，两组患者Spitzer指数均显著高于对照组。结论 在颅脑创伤患者治疗中，实施改良翼点入路术治疗，其神经功能恢复优于传统手术，病死率及并发症发生率更低，安全性更高，提高患者生活质量，预后佳。
【关键词】 颅脑损伤； 外科手术； 手术后并发症； 格拉斯哥昏迷评分； 预后； 疗效比较研究
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Influence of improved pterion approach on nerve function and prognosis of craniocerebral trauma patients

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【Abstract】Objective To explore the effects of improved pterion approach on neurological function and prognosis of patients with craniocerebral trauma. Methods From July 2014 to July 2016, 100 patients with craniocerebral trauma admitted to Hangzhou Dajiang East Hospital were selected in this study, and they were divided into two groups according to different surgical methods, with 50 cases in each group. The control group was given traditional surgical approach, and the observation group was given improved pterion approach surgery. The neurological function, safety and prognosis of the two groups were observed. Results The NDS scores and GCS scores had no statistically significant differences between the two groups before treatment (t=1.03, 0.98, all P>0.05). After treatment, the NDS scores of the two groups were significantly reduced (t=5.62, 7.23, all P<0.05), the GCS scores of the two groups were significantly improved (t=3.46, 4.75, all P<0.05). The NDS score of the observation group was (13.72±5.42) points, which was significantly lower than that of the control group (20.72±6.51) points (t=4.32, P<0.05). The GCS score of the observation group was (11.25±2.63) points, which was significantly higher than that of the control group (8.42±1.35) points (t=3.27, P<0.05). The incidence rate of complications of the control group was significantly higher than that of the observation group [48% (24/50) vs. 18% (9/50), χ²=7.36, P<0.05]. The mortality rate of the control group was significantly higher than that of the observation group [32% (15/50) vs. 16% (8/50), χ²=3.17, P<0.05], and the recovery rate of the control group was significantly lower than that of the observation group [14% (7/50) vs. 28% (14/50), χ²=6.35, P<0.05]. Before treatment, there were no statistically significant differences in the Spitzer index between the two groups (t=1.01, 0.98, all P>0.05). After treatment, the Spitzer index of the two groups were significantly lower than those before treatment (t=2.72, 3.64, 2.83, 3.45, 3.52, 3.67, 3.84, 4.61, 4.53, 5.27, all P<0.05), which of the observation group were significantly higher than those of the control group (t=2.56, 2.73, 4.26, 4.43, 3.95, all P<0.05). Conclusion The improved pterion approach in the treatment of patients with craniocerebral trauma has better neural functional recovery than traditional surgical treatment, and it has lower mortality rate and complication rate, better security, and can encourage patients to improve the quality of life, and it has better prognosis.

【Key words】 Cerebrocerebral trauma; Surgical procedures, operative; Glasgow coma scale; Postoperative complications; Prognosis; Comparative effectiveness research
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【摘要】目的探讨微创颅内血肿清除术治疗脑出血的疗效及对患者神经功能恢复、血清炎性因子水平的影响。方法选择2016年1月至2017年12月浙江新安国际医院收治的脑出血患者100例，采用随机数字表法分为对照组（常规治疗）和观察组（常规治疗加微创颅内血肿清除术）每组50例。观察两组疗效、神经功能恢复情况及hs-CRP、IL-6、IL-8、TNF-α水平。结果治疗后，两组患者血肿周围水肿均显著下降(t=5.74, 9.32, 7.41, 6.58, 均P<0.05)，且观察组较对照组显著改善(t=8.29, 5.28, 均P<0.05)；观察组优良率90%（45/50），显著高于对照组的72%（36/50）（χ²=3.62, P<0.05）；治疗后，两组炎性因子降低，观察组较对照组显著提高(t=5.41, 7.86, 均P<0.05)，且观察组NDS评分均较对照组显著降低(t=5.31, P<0.05)，观察组GCS评分均较高对照组显著提高(t=3.84, P<0.05)；两组患者各炎性因子均较治疗前显著下降(t=3.27, 3.75, 3.38, 3.61, 5.74, 4.39, 6.52, 8.26, 均P<0.05)，且两组比较，观察组炎性因子均显著低于对照组(t=4.37, 3.92, 8.52, 4.28, 均P<0.05)。结论对脑出血患者在常规治疗上行微创颅内血肿清除术，疗效满意，可促进神经功能恢复，改善hs-CRP、IL-6、IL-8、TNF-α水平，值得应用。

【关键词】脑出血；外科手术，微创性；颅内血肿清除术；C反应蛋白；白细胞介素6；白细胞介素8；肿瘤坏死因子α

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Curative effect of minimally invasive removal of intracranial hematoma in the treatment of cerebral hemorrhage and its influence on neurological functional recovery, serum inflammatory factor levels
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【Abstract】Objective To explore the effects of minimally invasive intracranial hematoma removal in the treatment of cerebral hemorrhage, and its influence on neurological functional recovery, serum levels of high-sensitivity C-reactive protein (hs-CRP), interleukin-6 (IL-6), interleukin-8 (IL-8), tumor necrosis factor-α (TNF-α). Methods From January 2016 to December 2017, 100 patients with cerebral hemorrhage admitted to Zhejiang Xian’an International Hospital were selected and randomly divided into two groups according to the digital table, with 50 cases in each group. The control group was given routine symptomatic treatment, the observation group received minimally invasive intracranial hematoma removal combined with conventional treatment. The curative effect, restoration of nerve function, the levels of hs-CRP, IL-6, IL-8 and TNF-α were observed in the two groups.

Results After treatment, the blood loss and edema volume around the hematoma in the two groups were declined significantly (t=5.74, 9.32, 7.41, 6.58, 9.32, 5.31, 4.39, 6.52, 8.26, P<0.05), and the improvements of the observation group was better than those of the control group (t=8.52, 5.28, all P<0.05). The excellent and good rate of the observation group was 90% (45/50), which was significantly higher than 72% (36/50) of the control group (χ²=3.62, P<0.05). After treatment, the NDS scores of the two group were significantly lower than those before treatment (t=4.64, 5.75, all P<0.05), the GCS scores of the two groups were significantly improved (t=5.41, 7.86, all P<0.05). The NDS score of the observation group was significantly lower than that of the control group (t=5.31, P<0.05), the GCS score of the observation group was significantly higher than that of the control group (t=3.84, P<0.05). After
treatment, the levels of inflammatory factors in the two groups were significantly reduced compared with those before treatment ($t=3.27, 3.75, 3.38, 5.74, 4.39, 6.52, 8.26$, all $P<0.05$), the levels of inflammatory factors in the observation group were significantly lower than those in the control group ($t=4.37, 3.92, 8.52, 4.28$, all $P<0.05$). \textbf{Conclusion} Minimally invasive removal of intracranial hematoma combined with conventional treatment in the treatment of patients with cerebral hemorrhage can obtain satisfactory clinical effect, can promote neural functional recovery, improve inflammatory factor levels (hs – CRP, IL – 6, IL – 8, TNF alpha), it is worthy of application.

\textbf{Key words} Cerebral hemorrhage; Surgical procedures, minimally invasive; Intracranial hematoma removal; C-reactive protein; Interleukin-6; Interleukin-8; Tumor necrosis factor-alpha

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微创手术与保守治疗高血压脑出血的疗效比较

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【摘要】 目的 比较微创手术与保守治疗高血压脑出血的临床疗效。方法 选择西山煤电集团古交矿区总医院2015年1月至2018年1月收治的高血压脑出血患者85例为研究对象，根据治疗方法不同分为微创手术组（46例）和保守治疗组（39例）。微创手术组采用微创手术治疗，保守治疗组采用内科保守治疗，比较两组患者的临床疗效、住院时间、并发症发生率、神经功能缺损评分、日常生活能力评分及预后。结果 微创手术组总有效率为95.65%（44/46），高于保守治疗组的79.49%（31/39）（χ²=5.586，P<0.05）。微创手术组住院时间为（8.52±2.31）d，明显短于对照组的（11.79±3.05）d（t=5.617，P<0.05）。微创手术组并发症发生率为6.52%（3/46），低于保守治疗组的25.64%（10/39）（χ²=5.955，P<0.05）。两组治疗后神经功能缺损评分均较治疗前显著降低（t=9.455，16.773，均P<0.05），日常生活能力评分均较治疗前显著增高（t=8.372，14.085，均P<0.05），治疗后微创手术组优于保守治疗组（t=6.974，5.063，P<0.05）。结论 在高血压脑出血疾病中，采用微创手术治疗的疗效优于保守治疗，在患者具备手术指征时应首选微创手术治疗。

【关键词】 脑出血；高血压；外科手术；微创性；临床对照试验

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Comparison of curative effects of minimally invasive surgery and conservative treatment for hypertensive intracerebral hemorrhage

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【Abstract】Objective To compare the clinical effect of minimally invasive operation and conservative treatment on hypertensive intracerebral hemorrhage. Methods From January 2015 to January 2018, 85 patients with hypertensive intracerebral hemorrhage in Gujiao Mining Area General Hospital of Xishan Coal and Electricity Group were selected. According to the treatment methods, the patients were divided into two groups; the minimally invasive operation group (n=46) and the conservative treatment group (n=39). The minimally invasive operation group was treated with minimally invasive surgery, and the conservative treatment group was treated with the conservative therapy of neurology. The clinical efficacy and hospital stay of the two groups were compared. The incidence of complications, neurological impairment score, ADL score and prognosis of the two groups were compared. Results The total effective rate of the minimally invasive surgery group was 95.65%, which was higher than 79.49% of the conservative treatment group (χ²=5.586, P<0.05). The length of hospitalization in the minimally invasive surgery group was (8.52±2.31) d, which was significantly shorter than (11.79±3.05) d in the control group (t=5.617, P<0.05). The incidence rate of complication of the minimally invasive surgery group was 6.52%, which was lower than 25.64% of the conservative treatment group (χ²=5.955, P<0.05). After treatment, the nerve function defect score of the two groups was significantly reduced (t=9.455, 16.773, all P<0.05), the daily life ability score was significantly increased (t=8.372, 14.085, all P<0.05), which in the invasive surgery group were better than those in the conservative treatment group (t=6.974, 5.063, all P<0.05). Conclusion The good prognosis rate of the minimally invasive surgery group was 67.39% (31/46), which was significantly higher than 43.59% (17/39) of the conservative treatment group (χ²=4.864, P<0.05). Conclusion Minimally invasive surgery is superior to conservative treatment in the treatment of hypertensive intracerebral hemorrhage.

【Key words】Cerebral hemorrhage; Hypertension; Surgical procedures, minimally invasive; Controlled clinical trial

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改良大骨瓣开颅术在重型颅脑外伤救治中的效果分析

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【摘要】目的 比较改良标准大骨瓣开颅术与标准外伤大骨瓣开颅术在重型颅脑外伤患者治疗中的效果,探讨改良标准外伤大骨瓣开颅术的临床应用价值。方法 选择如皋博爱医院2015年1月至2017年1月收治的重型颅脑外伤患者(格拉斯哥昏迷指数评分3~8分,急性硬膜下血肿)92例为研究对象,采用随机信封抽签法将其分为对照组46例、观察组46例。对照组给予传统标准外伤大骨瓣开颅术,观察组采用改良标准外伤大骨瓣开颅术治疗,比较两组患者术后1d,5d,10d的颅内压水平,采用日常生活能力量表(ADL)评估6个月后两组患者的神经功能。结果 观察组术后1d,5d,10d的颅内压分别为(23.19±2.82)mmHg,(15.26±2.77)mmHg,(11.22±2.75)mmHg,对照组分别为(28.12±2.32)mmHg,(19.14±2.17)mmHg,(14.23±2.17)mmHg(t=47.544,37.922,29.504, P<0.05);术后6个月,根据ADL分级,观察组Ⅰ、Ⅱ级31例(67.39%),高于对照组的21例(45.65%),两组差异有统计学意义(χ²=4.423,P<0.05)。结论 改良标准外伤大骨瓣开颅术在重型颅脑外伤患者治疗中的效果优于标准外伤大骨瓣开颅术。

【关键词】颅脑损伤; 神经外科手术; 颅内压; 日常生活活动; 血肿,硬膜下

Clinical analysis of modified standard traumatic craniectomy in the treatment of severe craniocerebral trauma

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【Abstract】Objective To analyze the clinical effect of modified standard traumatic craniectomy and standard large cranietomy in the treatment of severe cranioencebral trauma. And to evaluate the clinical value of modified standard traumatic cranietomy in the treatment of severe cranioencebral trauma. Methods Ninety-two patients with severe cranioencebral trauma treated in Rugao Bo’ai Hospital (GCS3~8, acute subdural hematoma) from January 2015 to January 2017 were divided into two groups using random envelope drawing method, with 46 cases in each group. The control group was treated by standard large cranietomy, and the observation group was treated by modified standard traumatic cranietomy. The intracranial pressure levels and activity of daily living scale (ADL) were compared between the two groups. Results At 1 d, 5 d, 10 d after operation, the intracranial pressure levels of the observation group were (23.19±2.82)mmHg, (15.26±2.77)mmHg and (11.22±2.75)mmHg, which were lower than those of the control group [(28.12±2.32)mmHg, (19.14±2.17)mmHg and (14.23±2.17)mmHg] (t=47.544, 37.922, 29.504, all P<0.05). At 6 months after operation, according to ADL, the good rate of postoperative recovery in the observation group (67.39%, 31/46) was significantly higher than the control group (45.65%, 21/46), the difference was statistically significant (χ²=4.423, P<0.05). Conclusion The modified standard traumatic cranietomy has a certain value in the treatment of patients with severe cranioencebral trauma.
左旋芹菜甲素治疗阿尔茨海默症的疗效分析

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【摘要】 目的 观察芹菜籽提取物左旋芹菜甲素对阿尔茨海默病(Alzheimer's disease, AD)的治疗作用，分析简明精神状态量表(MMSE)和阿尔茨海默病评估量表认知部分(ADAS-Cog)评分的相关性。方法 选取2009年1月至2014年12月在秦皇岛军工医院住院的AD患者34例,采用芹菜籽提取物左旋芹菜甲素进行治疗,评价患者治疗前及治疗后18 d, 36 d, 72 d的MMSE和ADAS-Cog, 分析两者的相关性。结果 治疗后72 d的MMSE评分[(22.59±1.13)分]与治疗前[(20.53±1.42)分], 治疗后18 d[(20.44±1.24)分], 36 d[(20.97±1.17)分]比较, 差异均有统计学意义(t=6.619, 7.473, 5.807, 均P<0.05); 治疗后72 d的 ADAS-Cog评分[(17.09±1.53)分]与治疗前[(20.47±2.85)分], 治疗后18 d[(20.18±2.34)分], 36 d[(20.18±2.49)分]比较, 差异均有统计学意义(t=6.093, 6.445, 6.165, 均P<0.05); MMSE评分和ADAS-Cog评分经过Pearson相关系数分析显示具有显著负相关(r=-0.259, P=0.000)。结论 芹菜籽提取物左旋芹菜甲素能显著改善AD患者的认知功能, MMSE评分和ADAS-Cog评分具有显著负相关性。

【关键词】 阿尔茨海默病; 简明精神病状态评定量表; 芹菜素; 认知; 治疗结果

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Analysis of efficacy of L-αpinigen A in the treatment of Alzheimer’s disease
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【Abstract】Objective To evaluate the effects of L-α-pinigen A on Alzheimer’s disease (AD), and analyze the correlation between MMSE and ADAS-cog scores. Methods From January 2009 to December 2014, 34 patients with AD were selected in Qinhuangdao Military Industry Hospital. They were treated with celery seed extract L-α-pinigen. The MMSE scores and ADAS-cog scores were evaluated before treatment and 18, 36 and 72 d after treatment. The correlation between MMSE scores and ADAS-cog scores was analyzed. Results There were statistically significant differences in the MMSE scores between 72 d after treatment[(22.59±1.13) points] and before treatment[(20.53±1.42) points], 18 d after treatment[(20.44±1.24) points] and before treatment[(20.97±1.17) points] (t=6.619, 7.473, 5.807, all P<0.05). There were statistically significant differences in ADAS-Cog scores between 72 d after treatment[(17.09±1.53) points] and before treatment[(20.47±2.85) points], 18 d after treatment[(20.18±2.34) points] and before treatment[(20.18±2.49) points] (t=6.093, 6.445, 6.165, all P<0.05). The MMSE score and ADAS-Cog score had negative correlation by Pearson analysis (r=-0.259, P=0.000). Conclusion L-α-pinigen A can significantly improve the cognitive function of patients with AD. There is significant negative correlation between the MMSE scores and ADAS-cog scores.

【Key words】 Alzheimers disease; Brief psychiatric rating scale; Apigenin; Cognition; Treatment outcome

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个体化康复治疗对精神分裂症患者
生活质量及疗效的影响

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摘要 目的 探讨个体化康复治疗训练对住院精神分裂症患者生活质量及疗效的影响。方法 将符合诊断标准的 88 例精神分裂症患者按照随机数字表法分为干预组 (42 例) 和对照组 (43 例), 两组患者均接受常规精神科临床治疗、护理, 干预组在此基础上另外实施 8 周的个体化康复治疗。采用阳性与阴性症状量表 (PANSS)、精神分裂症患者生活质量量表 (SQLS) 在患者干预前、干预 8 周末分别进行评定并比较。结果 实施 8 周的个体化康复治疗后, 干预组 PANSS 量表评分中阳性症状、一般精神病理、PANSS 总分分别为 (14.65 ± 3.68) 分, (24.21 ± 3.23) 分, (52.83 ± 7.12) 分, 对照组分别为 (21.82 ± 4.25) 分, (28.08 ± 4.56) 分, (60.67 ± 9.52) 分, 两组差异均有统计学意义 (t = 5.18, 3.35, 3.92, 均 P < 0.01), 而阳性症状评分差异无统计学意义 (P > 0.05)。干预组与干预前相比, PANSS 各因子分及总分差异均有统计学意义 (t 1 = 2.17, 5.98, 3.86, 4.13, 均 P < 0.05)。干预组训练后 SQLS 评分中心理社会、动机和精力、症状和不良反应, SQLS 总分分别为 (32.64 ± 7.32) 分, (39.45 ± 10.87) 分, (18.16 ± 10.48) 分, (90.34 ± 24.17) 分, 两组差异均有统计学意义 (t 2 = 3.94, 4.72, 3.87, 5.01, 均 P < 0.01)。结论 个体化康复治疗能够有效提高精神分裂症患者的疗效, 提高患者的生活质量。

关键词: 康复; 精神分裂症; 生活质量; 治疗结果; 精神残疾人

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Impact of personal rehabilitation treatment on life quality and curative effect of schizophrenia patients

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Abstract Objective To explore the impact of the personal rehabilitation treatment on life quality and curative effect of the schizophrenia patients. Methods A total of 84 patients with chronic schizophrenia in Shanxi Rongjun Corelle Hospital were randomly divided into intervention group and control group on the basis of random number table, the two groups received psychiatric routine therapy nursing and general entertainment therapy, and the intervention group received 8 weeks of individualized rehabilitation therapy on this basis. The Schizophrenics Quality of Life Scale (SQLS) and Positive and Negative Symptoms Scale (PANSS) were respectively used to evaluate the effect of the two groups before and after intervention. Results After 8 weeks of systematic social skills training, the scores of negative symptoms, general psychopathology and total PANSS score in the intervention group were (14.65 ± 3.68) points, (24.21 ± 3.23) points, (52.83 ± 7.12) points, respectively, which in the control group were (21.82 ± 4.25) points, (28.08 ± 4.56) points, (60.67 ± 9.52) points, respectively, the differences between the two groups were statistically significant (t 1 = 5.18, 3.35, 3.92, all P < 0.01) , while the positive symptom score had no statistically significant difference between the two groups (P > 0.05). The PANSS scores and total score in the intervention group after intervention had statistically significant differences compared with those before intervention (t 2 = 2.17, 5.98, 3.86, 4.13).
4.13, all $P < 0.05$). After the intervention training, the psychosocial score, motivation and energy score, symptoms and adverse reactions score, and total score of SQLS in the intervention group were (32.64 ± 7.32) points, (39.45 ± 10.87) points, (18.16 ± 10.48) points, (90.34 ± 24.17) points, which in the control group were (35.32 ± 10.64) points, (43.82 ± 12.43) points, (21.05 ± 11.52) points, (98.25 ± 32.29) points, respectively, and the differences between the two groups were statistically significant ($t = 2.46, 3.51, 3.12, 3.96$, all $P < 0.05$). The SQLS scores and total score in the intervention group after intervention had statistically significant differences compared with those before intervention ($t = 3.94, 4.72, 3.87, 5.01$, all $P < 0.01$).

**Conclusion** The personal rehabilitation treatment can greatly promote the curative effect of patients with chronic schizophrenia, improve their life qualities.

**Key words** Rehabilitation; Schizophrenia; Quality of life; Treatment outcome; Mentally disabled persons

**Fund program**; Key Technological Research Projects of Jinchong City, Shanxi Province (S1604)

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舒肝解郁胶囊辅助治疗精神分裂症患者抑郁症状的效果研究

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【摘要】 目的 探讨精神分裂症患者予以舒肝解郁胶囊辅助治疗对其抑郁症状的作用。方法 选取2016年1月28日至2017年1月24日温岭市精神康复医院82例精神分裂症患者为研究对象，所有患者存在抑郁症状，采用随机数字表法分为两组，每组41例。组间均采取常规治疗，在此基础上，对照组使用喹硫平治疗，观察组使用舒肝解郁胶囊治疗。观察两组病情改善及不良事件发生情况。结果 观察组治疗2周，1个月后汉密尔顿抑郁量表（HAMD）评分低于对照组，分别为（16.97±2.23）分，（12.53±1.88）分（t=3.06，5.52，P<0.05）；观察组治疗1周，2周，1个月后简明精神病量表（BPRS）评分均低于对照组，分别为（30.29±2.41）分，（25.47±2.59）分，（21.03±2.77）分（t=6.17，6.60，10.20，P<0.05）。阳性与阴性症状量表（PANSS）评分方面，观察组治疗1周，2周，1个月分别为（72.76±3.83）分，（41.50±3.46）分，（33.94±2.89）分，优于对照组（t=4.02，12.25，13.40，P<0.05）；观察组不良事件发生率[4.88%（2/41）]显著低于对照组[19.51%（8/41）]（χ²=4.10，P<0.05）；观察组3个月，6个月后复发率分别为7.32%（3/41），12.20%（5/41），低于对照组的26.83%（11/41），34.15%（14/41）（χ²=5.51，5.55，P<0.05）。结论 舒肝解郁胶囊应用于精神分裂症辅助治疗中，可有效改善患者抑郁症状。

【关键词】 精神分裂症；舒肝解郁胶囊；抑郁；复发；简明精神病状态评定量表

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Effect of Shugan Jieyu capsule on depression in patients with schizophrenia

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【Abstract】Objective To investigate the effect of Shugan Jieyu capsule on depression in patients with schizophrenia. Methods From January 28, 2016 to January 24, 2017, 82 schizophrenic patients in Wenling Psychiatric Rehabilitation Hospital were selected in the study. All the patients had depressive symptoms and were divided into two groups by random number table method, with 41 cases in each group. Both two groups were treated with routine therapy. The control group was treated with quetiapine, and the observation group was given Shugan Jieyu capsule. The improvement of the disease and the occurrence of adverse events in the two groups were observed. Results At two weeks and one month after treatment, the Hamilton Depression Scale (HAMD) scores of the observation group [(16.97±2.23) points and (12.53±1.88) points] were lower than those of the control group (t=3.06, 5.52, all P<0.05). After one week, two weeks and one month of treatment, the Brief Psychiatric Rating Scale (BPRS) scores of the observation group [(30.29±2.41) points, (25.47±2.59) and (21.03±2.77) points] were lower than those of the control group (t=6.17, 6.60, 10.20, all P<0.05). The incidence rate of adverse events in the observation group [4.88% (2/41)] was obviously lower than that in the control group [19.51% (8/41)] (χ²=4.10, P<0.05). The recurrence rates of the observation group after 3 months and 6 months were 7.32% (3/41) and 12.20% (5/41), respectively, which were lower than those of the control group [26.83% (11/41) and 34.15% (14/41)] (χ²=5.51, 5.55, P<0.05). Conclusion Shugan Jieyu capsule can effectively improve the depressive symptoms of schizophrenia patients.

【Key words】Schizophrenia; Shugan Jie Yu capsule; Depressive; Recurrence; Brief psychiatric rating scale

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镇肝熄风汤配合镜像疗法对阴虚风动型脑卒中患者上肢功能恢复的疗效观察

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【摘要】目的观察镇肝熄风汤配合镜像疗法对阴虚风动型脑卒中患者上肢功能恢复的疗效。方法选取温州市中医院康复科2015年1月至2017年10月收治的阴虚风动型脑卒中伴有上肢偏瘫患者90例，采用随机数字表将患者分成三组，每组30例。所有患者给予常规西医治疗，同时辅以肢体功能康复训练；在此基础上，联合治疗组给予中医药治疗联合镜像疗法康复治疗，镜像组给予镜像治疗法，对照组仅常规处理，三组患者治疗的疗程均为8周。采用上肢功能评分法（ARAT）、上肢动作评分法（FMA）、功能独立量表（FIM）评估日常生活能力，以评价镇肝熄风汤配合镜像疗法对患者上肢功能康复的疗效，同时比较三组患者治疗前后中医证候评分的变化。结果治疗后，三组患者的上肢FMA评分、ARAT评分、FIM评分较治疗前均有提升（均P<0.01）。联合治疗组患者的上肢FMA评分（33.80±17.17分）、ARAT评分（13.57±4.62分）、FIM评分（69.54±19.23分）明显高于镜像组（25.90±4.67分）、对照组（21.90±4.87分），FIM评分（49.80±23.51分）、FIM评分（59.89±22.56分），P=0.001，0.025，0.000。联合治疗组在Ashworth上肢痉挛评分（1.23±0.34分）明显低于镜像组（1.91±0.46分），P=0.048，和对照组（1.72±0.51分），P=0.043，镜像组和对照组与治疗前比较，差异均无统计学意义（t=0.58，P=0.290，t=1.21，P=0.079）。中医学证候疗效积分评定联合治疗组有效率为24例，镜像组有效率为18例，对照组有效率为6例。结论镇肝熄风汤配合镜像疗法能更好地改善阴虚风动型脑卒中患者的上肢功能，改善患者的日常生活能力，对于上肢痉挛的改善更加有效，值得临床推广。

【关键词】卒中；脑；上肢；功能恢复；医学；中医传统；治疗结果

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Effect of Zhen′gan Xifeng decoction combined with mirror therapy on the recovery of upper limb function of stroke patients with syndrome of Yin deficiency and wind stirring

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【Abstract】 Objective To observe the effect of Zhen′gan Xifeng decoction combined with mirror therapy on the recovery of upper limb function of stroke patients with syndrome of Yin deficiency and wind stirring. Methods From January 2015 to October 2017, 90 stroke patients with syndrome of Yin deficiency and wind stirring complicated with hemiplegia of upper limbs in Wenzhou Hospital of Traditional Chinese Medicine were randomly divided into the combined treatment group, the mirror treatment group and the control group according to the digital table, with 30 cases in each group. All patients were treated with conventional western medicine, combined with limb function rehabilitation training; on this basis, the combined treatment group was given mirror therapy in conjunction with Zhen′gan Xifeng decoction, the mirror group was given mirror treatment, the control group only received routine treatment. The three groups were treated for 8 weeks. The recovery of upper limb function score (FMA), arm action test score (ARAT), functional independent measurement (FIM) were used to evaluate the curative effect, and the TCM syndrome scores of the patients before and after treatment were compared in the three groups. Results After treatment, the FMA scores, ARAT scores and FIM scores of the three groups were higher than those before treatment (all P<0.01). The upper limb FMA score (33.80±17.17 points), ARAT score (13.57±4.62 points), FIM score (69.54±19.23 points) in the combined treatment group were significantly higher than those in the mirror group (25.90±6.47 points), (11.57±3.84 points), (49.80±23.51 points), P=0.001, 0.036, 0.001 and the control group (21.90±4.87 points), (10.32±3.21 points), (49.80±23.51 points), P=0.001, 0.025, 0.000. The Ashworth upper limb spasticity score in the combined treatment group (1.23±0.34 points) was significantly lower than that
in the mirror group \((1.91 \pm 0.46)\) points, \(P = 0.048\) and the control group \((1.72 \pm 0.51)\) points, \(P = 0.043\), compared with before treatment, the scores in the mirror group and the control group had no statistically statistical differences \((t = 0.58, P = 0.290, t = 1.21, P = 0.079)\). The effectiveness of the combined treatment group was 24 cases after treatment of TCM syndrome, and 18 cases were effective in the mirror group, and 6 cases were effective in the control group. **Conclusion** The combination of Zhen’gan Xifeng decoction and mirror therapy can better improve the upper extremity motor function of the stroke patients with syndrome of Yin deficiency and wind stirring, promote the recovery of the motor function of the affected side and improve the daily living ability of the patients. The improvement of upper limb spasm is more effective, it is worthy of clinical promotion.

**Key words** Stroke; Brain; Upper extremity; Recovery of function; Medicine, Chinese traditional; Treatment outcome

**Fund program** Science and Technology Planning Project of Wenzhou City, Zhejiang Province (Y20160288)

急性脑梗死患者并发肺部感染的危险因素及预后分析

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【摘要】 目的 探究急性脑梗死患者并发肺部感染的危险因素及预后。方法 以2015年5月至2017年10月晋中市第一人民医院收治的急性脑梗死患者236例为观察对象，对其临床资料进行分析，结合是否并发感染，将其分为感染组（36例）、未感染组（200例）。随访半年，研究对比感染组和未感染组患者的临床资料及预后情况。结果 感染组与未感染组的年龄、意识障碍、吞咽困难、侵人性操作、大面积脑梗死等差异均有统计学意义（均P<0.05）。经logistic回归分析显示，年龄、意识障碍、吞咽困难、侵人性操作、大面积脑梗死等均有统计学意义（均P<0.05）。Results The age, disturbance of consciousness, difficulty swallowing, invasive operation, large area cerebral infarction between the infected group and uninfected group had statistically significant differences (all P<0.05). Logistic regression analysis showed that the results of age, consciousness disorder, dysphagia, invasive operation and massive cerebral infarction all had statistically significant differences (all P<0.05). In the infected group, the length of hospitalization (23.24±5.61 d) and the cost of hospitalization (15 239.24±3 522.60 CNY) were significantly higher than those in the uninfected group (15.65±2.35 d, 9687.24±2 215.78 CNY) (t=13.671, 12.486, all P<0.05). After treatment for 6 months, the neural function defect scale of the infection group (24.26±2.12 points) was significantly higher than that of the uninfected group (16.24±2.23 points) (t=15.800, all P<0.05). Conclusion There are many risk factors of pulmonary infection in patients with acute cerebral infarction, such as advanced age, invasive operation, disturbance of consciousness, dysphagia, large area cerebral infarction and so on. The prognosis of patients with acute cerebral infarction complicated with pulmonary infection is poor.

【关键词】 脑梗死； 呼吸道感染； 危险因素； 日常生活活动能力； 住院时间； 住院费用
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Risk factors and prognosis of acute cerebral infarction patients complicated with pulmonary infection

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【Abstract】 Objective To explore the risk factors and prognosis of pulmonary infection in patients with acute cerebral infarction. Methods From May 2015 to October 2017, the clinical data of 236 patients with acute cerebral infarction in the First People’s Hospital of Jinzhong were studied. The patients were divided into infection group (36 cases) and uninfected group (200 cases) according to whether or not the infection occurs. The clinical data and prognosis were compared between the two groups for half a year. Results The age, disturbance of consciousness, difficulty swallowing, invasive operation, large area cerebral infarction between the infected group and uninfected group had statistically significant differences (all P<0.05). Logistic regression analysis showed that the results of age, consciousness disorder, dysphagia, invasive operation and massive cerebral infarction all had statistically significant differences (all P<0.05). In the infected group, the length of hospitalization (23.24±5.61 d) and the cost of hospitalization (15 239.24±3 522.60 CNY) were significantly higher than those in the uninfected group (15.65±2.35 d, 9687.24±2 215.78 CNY) (t=13.671, 12.486, all P<0.05). After treatment for 6 months, the neural function defect scale of the infection group (24.26±2.12 points) was significantly higher than that of the uninfected group (16.24±2.23 points) (t=15.800, all P<0.05). Conclusion There are many risk factors of pulmonary infection in patients with acute cerebral infarction, such as advanced age, invasive operation, disturbance of consciousness, dysphagia, large area cerebral infarction and so on. The prognosis of patients with acute cerebral infarction complicated with pulmonary infection is poor.

【Key words】 Brain infarction; Respiratory tract infections; Risk factors; Activity of daily living; Length of stay; Cost of hospitalization
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抗癫痫药物单药与联合治疗对老年人脑卒中后癫痫发作的疗效、预后及癫痫再发作的影响分析

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【摘要】目的探讨抗癫痫药物(AEDs)单药与联合治疗对脑卒中后癫痫发作的疗效、预后及癫痫再发作的影响。方法浙江绍兴市中心医院神经内科和药剂科于2013年11月至2017年12月收治的入选对象中,脑卒中后癫痫发作患者280例,根据患者病情和预后及癫痫再发作情况,将合并治疗分为单药治疗组和联合治疗组,每组140例。结果单药与联合治疗组的疗效及预后差异均有统计学意义(χ2=22.857, P<0.001)。早发性癫痫患者单药与联合治疗后发作率及有效率比较,差异均有统计学意义(发作率:40.0%(36/90) vs. 16.0%(8/50), χ2 = 8.591, P = 0.003;有效率:88.9%(80/90) vs. 100.0%(50/50), χ2 = 5.983, P = 0.014);晚发性癫痫患者单药与联合治疗后发作率及有效率比较,差异均有统计学意义(发作率:40.0%(20/50) vs. 82.2%(74/90), χ2 = 25.974, P = 0.000;有效率:64.0%(32/50) vs. 79.9%(79/90), χ2 = 11.065, P = 0.000)。结论脑卒中后癫痫发作与卒中部位、类型及危险因素无关;早发性癫痫多为部分性发作,对AEDs疗效好,晚发性癫痫多为全面强直阵挛发作;未观察到单药与联合治疗在早发性或晚发性癫痫再发作及预后中存在差别。

【关键词】 脑卒中; 癫痫; 抗癫痫药物; 预后; 老年人
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Efficacy, prognosis and causes of recurrent epileptic seizures after antiepileptic drug monotherapy and combination therapy for senile post-stroke seizures
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【Abstract】Objective To investigate the effect of single antiepileptic drugs(AEDs) and combination therapy on the effect of seizure after stroke, prognosis and recurrent seizures. Methods From November 2013 to December 2017, 280 patients with epilepsy and epilepsy that had been included in the epilepsy course and AEDs course for >6 months in Shaoxing Central Hospital were divided into early-onset epilepsy group and late-onset epilepsy group according to the patients’ condition, with 140 cases in each group. According to different AEDs treatment regimens, they were further divided into monotherapy group(valproate) and combination therapy group(valproate, oxcarbazepine combined with levetiracetam). Results The proportion of monotherapy in the early-onset epilepsy group was significantly higher than that of the late-onset epilepsy group, and the proportion of the late-onset epilepsy group was significantly higher than that of the early-onset epilepsy group(χ2 = 22.857, P < 0.0001). The incidence and effectiveness of epilepsy patients after single-agent and combination therapy in the early-onset epilepsy group and late-onset epilepsy group had statistically significant differences[onset rate:40.0%(36/90) vs. 16.0%(8/50), χ2 = 8.591, P = 0.003; effective rate:88.9%(80/90) vs. 100.0%(50/50), χ2 = 5.983, P = 0.014]. The incidence and effectiveness of single-agent and combination therapy in the late-onset epilepsy group had statistically significant differences[seizure rate:40.0%(20/50) vs. 82.2%(74/90), χ2 = 25.974, P = 0.000; effective rate:64.0%(32/50) vs. 79.9%(79/90), χ2 = 11.065, P = 0.000]. Conclusion The time of post-stroke epilepsy is not related with the site, type and risk factors of stroke; early epilepsy usually manifested partial seizures and had better curative effect of AEDs, and late epilepsy usually manifested overall tonic clonic seizure; there were no obvious difference in curative effect and recurrence rate of early and late epilepsy on single and combined AEDs treatment.

【Key words】Cerebral stroke; Epilepsy; Anti-epileptic drugs; Prognosis; Aged
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论著
抗癫痫药物单药与联合治疗对老年人脑卒中后癫痫发作的疗效、预后及癫痫再发作的影响分析
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【摘要】目的探讨抗癫痫药物(AEDs)单药与联合治疗对脑卒中后癫痫发作的疗效、预后及癫痫再发作的影响。方法浙江绍兴市中心医院神经内科和药剂科于2013年11月至2017年12月收治的入选对象中,脑卒中后癫痫发作患者280例,根据患者病情和预后及癫痫再发作情况,将合并治疗分为单药治疗组和联合治疗组,每组140例。结果单药与联合治疗组的疗效及预后差异均有统计学意义(χ2=22.857, P<0.001)。早发性癫痫患者单药与联合治疗后发作率及有效率比较,差异均有统计学意义(发作率:40.0%(36/90) vs. 16.0%(8/50), χ2 = 8.591, P = 0.003;有效率:88.9%(80/90) vs. 100.0%(50/50), χ2 = 5.983, P = 0.014);晚发性癫痫患者单药与联合治疗后发作率及有效率比较,差异均有统计学意义(发作率:40.0%(20/50) vs. 82.2%(74/90), χ2 = 25.974, P = 0.000;有效率:64.0%(32/50) vs. 79.9%(79/90), χ2 = 11.065, P = 0.000)。结论脑卒中后癫痫发作与卒中部位、类型及危险因素无关;早发性癫痫多为部分性发作,对AEDs疗效好,晚发性癫痫多为全面强直阵挛发作;未观察到单药与联合治疗在早发性或晚发性癫痫再发作及预后中存在差别。

【关键词】脑卒中; 癫痫; 抗癫痫药物; 预后; 老年人
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Efficacy, prognosis and causes of recurrent epileptic seizures after antiepileptic drug monotherapy and combination therapy for senile post-stroke seizures
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【Abstract】Objective To investigate the effect of single antiepileptic drugs(AEDs) and combination therapy on the effect of seizure after stroke, prognosis and recurrent seizures. Methods From November 2013 to December 2017, 280 patients with epilepsy and epilepsy that had been included in the epilepsy course and AEDs course for >6 months in Shaoxing Central Hospital were divided into early-onset epilepsy group and late-onset epilepsy group according to the patients’ condition, with 140 cases in each group. According to different AEDs treatment regimens, they were further divided into monotherapy group(valproate) and combination therapy group(valproate, oxcarbazepine combined with levetiracetam). Results The proportion of monotherapy in the early-onset epilepsy group was significantly higher than that of the late-onset epilepsy group, and the proportion of the late-onset epilepsy group was significantly higher than that of the early-onset epilepsy group(χ2 = 22.857, P < 0.0001). The incidence and effectiveness of epilepsy patients after single-agent and combination therapy in the early-onset epilepsy group and late-onset epilepsy group had statistically significant differences[onset rate:40.0%(36/90) vs. 16.0%(8/50), χ2 = 8.591, P = 0.003; effective rate:88.9%(80/90) vs. 100.0%(50/50), χ2 = 5.983, P = 0.014]. The incidence and effectiveness of single-agent and combination therapy in the late-onset epilepsy group had statistically significant differences[seizure rate:40.0%(20/50) vs. 82.2%(74/90), χ2 = 25.974, P = 0.000; effective rate:64.0%(32/50) vs. 79.9%(79/90), χ2 = 11.065, P = 0.000]. Conclusion The time of post-stroke epilepsy is not related with the site, type and risk factors of stroke; early epilepsy usually manifested partial seizures and had better curative effect of AEDs, and late epilepsy usually manifested overall tonic clonic seizure; there were no obvious difference in curative effect and recurrence rate of early and late epilepsy on single and combined AEDs treatment.

【Key words】Cerebral stroke; Epilepsy; Anti-epileptic drugs; Prognosis; Aged
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不同药物治疗急性期精神分裂症的临床效果比较

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【摘要】目的 比较氨磺必利、奥氮平、齐拉西酮治疗急性期精神分裂症的早期反应及对后期疗效。
方法 选取2014年11月至2017年6月太原市精神病医院精神科、太原九州皮肤病医院精神科收治的急性期精神分裂症患者105例作为研究对象，其中75例患者来自太原精神病医院精神科，30例患者来自太原九州皮肤病医院精神科，采用随机数字表法分组。采用氨磺必利治疗的记为甲组（35例），采用奥氮平治疗的记为乙组（35例），采用齐拉西酮治疗的记为丙组（35例）。观察三组阳性症状、阴性症状、精神病理评分（PANSS评分）、疗效（治愈、显著、好转、无效）、不良事件（锥体外系不良事件（EPS）、静坐不能、恶心、心动过速、视物模糊、体位性头晕、体质量增加、总不良事件）。结果 三组自治疗后2周起阳性症状、阴性症状、精神病理评分均显著下降（均P<0.05）；三组患者在相应时间段的阳性症状、阴性症状、精神病理评分上差异均无统计学意义（均P>0.05）。三组治疗效果差异无统计学意义（P>0.05）。丙组在EPS发生上显著低于乙组（14.29%（5/35）比40.00%（14/35），χ² = 5.851，P<0.05），在中不良事件上，丙组显著低于甲组和乙组（χ² = 5.833，4.690，均P<0.05），但甲组和乙组之间在不良事件的发生率差异无统计学意义（P>0.05）。结论 氨磺必利、奥氮平及齐拉西酮对于急性期精神分裂症患者均有较好的的早期反应控制和后期疗效，齐拉西酮的不良事件发生率显著低于其他两种药物；但患者采用哪种药物治疗，还需要根据个体情况制定具体方案。

【关键词】精神分裂症；氨磺必利；奥氮平；齐拉西酮；疗效比较研究
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Comparison of the effects of different medications in the treatment of acute onset schizophrenia
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【Abstract】Objective To compare the therapeutic effect of different drug in the treatment of schizophrenia in acute stage. Methods From November 2014 to June 2017, 105 patients with acute schizophrenia admitted in Department of Psychiatry of Taiyuan Psychiatric Hospital and Department of Psychiatry of Jizhou Dermatological Hospital of Taiyuan were selected in the study. Seventy – five patients were from the Department of Psychiatry, Taiyuan Psychiatric Hospital. Thirty patients were from the Department of Psychiatry, Jizhou Dermatology Hospital. The patients were divided into three groups by random number method, with 35 cases in each group. A group was given amisulpride. B group was given olanzapine. C group was given ziprasidone. The PANSS score (positive symptoms, negative symptoms, mental pathological score), curative effect (cured, significantly improved, invalid), adverse events (EPS, akathisia, nausea, rapid heart beat, blurred vision, orthostatic dizziness, weight gain, total adverse events) in the three groups were observed. Results After treatment for 2 weeks, the positive symptoms, negative symptoms, mental pathological score in the three groups were significantly decreased (all P<0.05). The positive symptoms, negative symptoms, mental pathological score at corresponding period had no statistically significant differences among the three groups (all P>0.05). There was no statistically significant difference in therapeutic effect among the three groups (P>0.05). The occurrence of EPS of C group was significantly lower than that of B group [14.29% (5/35) vs. 40.00% (14/35), χ² = 5.851, P<0.05]. The incidence rate of adverse events of C group was significantly lower than that of A group and B group (χ² = 5.833, 4.690, all P<0.05). However, there was no statistically significant difference in the occurrence of adverse events between A group and B group (P>0.05). Conclusion Amisulpride, olanzapine and ziprasidone in the treatment of acute phase of schizophrenia has good early reaction control and late curative effect. The adverse events of ziprasidone is significantly less than the other two drugs. But patients adopt which kind of drugs also need to formulate specific solutions according to individual circumstance.

【Key words】Schizophrenia; Ammonia sulfoniu; Olanzapine; Ziprasidone; Comparative effectivehess research
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中老年人复发性良性阵发性位置性眩晕与血清 25 羟维生素 D 的关系

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【摘要】目的 探讨血清 25 羟维生素 D (25-OHD) 与中老年人复发性良性阵发性位置性眩晕 (BPPV) 之间的相关性。方法 选取浙江衢化医院 2015 年 10 月至 2016 年 10 月诊治的中老年 BPPV 患者 250 例为研究对象，根据患者是否复发分为复发组 (120 例) 和非复发组 (130 例)；另选取同期于该院体检中心体检的老年人 100 例为对照组，检测三组血清 25-OHD 水平和骨密度，应用眩晕障碍程度评定量表 (DHI) 对三组研究对象进行评分，对 25-OHD、骨质疏松及 DHI 评分与 BPPV 相关性进行分析。结果 对照组、非复发组、复发组血清 25-OHD 水平分别为 (35.12 ± 3.95) μg/L、(21.62 ± 4.32) μg/L、(16.25 ± 3.86) μg/L，三组差异有统计学意义 (F = 4.567, P < 0.05)；对照组、非复发组、复发组骨密度分别为 (0.97 ± 0.61) μg/L、(-1.24 ± 0.19) μg/L、(-2.62 ± 0.37) μg/L，组间差异有统计学意义 (F = 6.478, P < 0.05)；对照组、非复发组、复发组 DHI 评分分别为 (4.62 ± 3.15) 分、(35.26 ± 12.54) 分、(53.28 ± 11.68) 分，组间差异有统计学意义 (F = 6.231, P < 0.05)。回归分析显示，中老年人 BPPV 病情严重程度与 25-OHD 水平呈负相关关系 (r = -0.367, P < 0.05)。结论 25-OHD 水平与中老年人 BPPV 病情严重程度有相关性。

【关键词】眩晕；25-羟维生素 D；骨密度；中年人；老年人

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Relationship between recurrent benign paroxysmal positional vertigo and serum 25 - hydroxyvitamin D in middle - aged and elderly patients

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【Abstract】Objectives To investigate the correlation between serum 25 - hydroxyvitamin D (25 - OHD) and benign paroxysmal positional vertigo (BPPV) in middle - aged and elderly patients. Methods From October 2015 to October 2016, 250 middle - aged and elderly patients with idiopathic BPPV in Quhua Hospital of Zhejiang Province were selected in the research. According to whether the patients relapsed, the patients were divided into recurrence group (120 cases) and non - recurrence group (130 cases). And 100 healthy subjects who were examined in our hospital during the same period were selected as the healthy control group (control group). The serum 25 - OHD levels and bone mineral density (BMD) were compared. The DHI scores of the three groups were scored and compared. Then, the correlation between 25 - OHD, osteoporosis and DHI score and BPPV was analyzed. Results The levels of serum 25 - OHD in the control group, non - relapse group and recurrence group were (35.12 ± 3.95) μg/L, (21.62 ± 4.32) μg/L and (16.25 ± 3.86) μg/L, respectively, there were statistically significant differences among the three groups (F = 4.567, P < 0.05). The BMD in the control group, non - relapse group and recurrence group were (0.97 ± 0.61) μg/L, (-1.24 ± 0.19) μg/L, (-2.62 ± 0.37) μg/L, respectively, and the difference was statistically significant (F = 6.478, P < 0.05). The DHI scores in the control group, non - relapse group and relapse group were (4.62 ± 3.15) points, (35.26 ± 12.54) points, (53.28 ± 11.68) points, respectively, there were statistically significant differences among the three groups (F = 6.231, P < 0.05). Regression analysis showed that the severity of BPPV in middle - aged and elderly patients was negatively correlated with 25 - OHD level (r = -0.367, P < 0.05). Conclusion The level of 25 - OHD is negatively correlated with the severity of BPPV in middle - aged and elderly patients.

【Key words】Vertigo; 25-Hydroxyvitamin D; Bone density; Middle aged; Aged

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糖尿病足复发感染 90 例临床特点及危险因素分析

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【摘要】目的 通过分析糖尿病足感染患者的临床资料，探讨糖尿病足复发感染的临床特征及相关危险因素。方法 选择 2014 年 1月至2017年12月厦门大学附属第一医院整形美容烧伤科收治的糖尿病足感染患者158例为研究对象，其中90例糖尿病足复发感染者，行常规细菌培养，对比分析复发感染与非复发感染患者临床资料，多因素 logistic 回归分析糖尿病足复发感染相关危险因素。结果 90例糖尿病足复发感染者培养108株病原菌，其中革兰阳性菌（G+）,革兰阴性菌（G-）,其他病原菌分别占54.63%（59株）,39.81%（43株）,5.56%（6株）,糖尿病足复发感染与非复发感染患者在病程,年龄,白细胞计数,血红蛋白,纤维蛋白原,白蛋白水平及 Wanger 分级 4~5 级比例,双下肢周围血管病变,近期使用抗菌药物,溃疡愈合时间比较,差异均有统计学意义（t=6.003,6.132,3.144,4.322,4.513,11.179,7.164,χ²=4.269,8.613,25.083,23.298,均P<0.05）,多因素分析显示糖尿病足复发感染独立危险因素为双下肢周围血管病变,近期使用抗菌药物,溃疡愈合时间≥65 d,双下肢周围血管病变,近期使用抗菌药物的糖尿病足患者复发感染的风险较高,应密切观察,依据患者自身情况早期采取预防措施。结论溃疡愈合时间≥65 d,双下肢周围血管病变,近期使用抗菌药物的糖尿病足患者复发感染的风险较高,应密切观察,依据患者自身情况早期采取预防措施。

【关键词】糖尿病足;复发;危险因素;周围血管疾病;抗感染药;伤口愈合

Clinical features and risk factors of 90 patients with diabetic foot recurrent infection

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【Abstract】Objective To investigate the clinical features and risk factors of diabetic foot recurrence infection in diabetes mellitus (DM) patients. Methods A total of 158 patients with diabetic foot infection from January 2014 to December 2017 admitted to the First Affiliated Hospital of Xiamen University were selected in the study. There were 90 patients with diabetic foot recurrence. The clinical data of patients with recurrent infection and non-recurrent infection were compared and analyzed. Multivariate logistic regression was used to analyze the risk factors associated with recurrent infection of diabetic foot. Results Ninety patients with recurrent infection of diabetic foot were cultured with 108 strains of pathogens, of which Gram-positive (G+), Gram-negative (G-), and other pathogens accounted for 54.63% (59 strains), 39.81% (43 strains), 5.56% (6 strains), respectively. The differences in disease duration, age, white blood cell count, hs-CRP, hemoglobin, fibrinogen, albumin levels, and Wanger grade 4 to 5 ratio, peripheral vascular lesions of the lower extremities, recent use of antibiotics and the healing time of ulcers in patients of diabetic foot recurrence and non-recurrent infections were statistically significant (t=6.003, 6.132, 3.144, 4.322, 4.513, 11.179, 7.164, χ²=4.269, 8.613, 25.083, 23.298, all P<0.05). Multivariate analysis showed that the independent risk factors for diabetic foot recurrence were peripheral vascular lesions of the lower extremities, recent use of antimicrobial agents, ulcer healing time more than 65 days (χ²=5.134, 4.807, 10.512, all P<0.05). Conclusion The results show that patients with ulcer healing time more than 65 days, vascular lesions around the lower extremities, and diabetic foot who recently used antibiotics have a higher risk of recurrent infections. Close observation should be made to take early precautionary measures based on the patients’ own condition.

【Key words】Diabetic foot; Infections; Risk factors; Peripheral arterial disease; Anti-infective agents; Wound healing

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雾化吸入联合孟鲁司特治疗
小儿感染后咳嗽疗效分析

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【摘要】目的 探讨雾化吸入联合孟鲁司特治疗小儿感染后咳嗽的临床疗效。方法 选择山西大医院儿科2016年1月至2018年1月诊治的感染后咳嗽患儿100例，采用随机数字表法将患儿分为两组，每组50例。对照组不用药，观察组采用孟鲁司特口服+布地奈德雾化吸入治疗，比较两组的临床疗效、症状评分、肺功能指标、炎性因子指标、不良反应。结果 观察组总有效率高于对照组(96% (48/50)比80% (40/50)，P < 0.05)。治疗后，两组的日间咳嗽、夜间咳嗽、咳痰等症状评分均低于治疗前(均P <0.05)，而观察组各项症状评分均低于对照组(均P <0.05)。两组不良反应发生率差异无统计学意义(6% (3/50)比4% (2/50)，P > 0.05)。结论 孟鲁司特口服与布地奈德雾化吸入联合治疗方案可对小儿感染后咳嗽予以有效治疗，可缓解其症状，改善其肺功能，对其呼吸道炎症反应予以抑制，且安全性可靠。

【关键词】咳嗽，感染后；孟鲁司特；布地奈德；雾化器和汽化器；呼吸功能试验；儿童

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Analysis of curative effect of atomization inhalation combined with montelukast in the treatment of cough after infantile infection
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【Abstract】Objective To investigate the clinical efficacy of atomization inhalation combined with montelukast in the treatment of children with post infectious cough. Methods From January 2016 to January 2018, 100 children with post-infection cough were selected and randomly divided into two groups according to the digital table, with 50 cases in each group. The observation group was treated with oral budesonide atomization inhalation. The control group was not given drugs. The clinical efficacy, symptom score, pulmonary function index, inflammatory factor index and adverse reaction were compared between the two groups. Results The total effective rate in the observation group was higher than that in the control group(96% (48/50) vs. 80% (40/50), P < 0.05). After treatment, the scores of daytime cough, nocturnal cough and expectoration in both two groups were lower than those before treatment (all P <0.05), which in the observation group were lower than those in the control group(all P < 0.05). After treatment, the two pulmonary function indicators of FEV1, FEV1/FVC in the observation group were higher than those in the control group(all P < 0.05), and the inflammatory cytokines such as CRPIL-6, TNF-α in the observation group were lower than those in the control group(all P < 0.05). There was no statistically significant difference in the total incidence of adverse reactions between the two groups(6% (3/50)比4% (2/50), P > 0.05). Conclusion The combination of oral montelukast and budesonide atomization inhalation can effectively treat children with cough after infection, relieve their symptoms, improve the lung function, suppress the inflammatory reaction of respiratory tract, and it is safe and reliable.

【Key words】Cough after infantile infection; Monteleukast; Budesonide; Nebulizers and vaporizers; Respiratory function tests; Child

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腹腔镜辅助 D2 根治术治疗进展期胃癌术后发生并发症的相关因素分析

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【摘要】 目的 分析进展期胃癌行腹腔镜辅助 D2 根治术患者术后发生并发症的相关因素。方法 选
取嘉兴市第一医院 2015 年 8月至2017年7月收治的进展期胃癌患者80例，符合入选者均采取腹腔镜辅
助 D2 根治术进行治疗，通过 logistic 回归分析模型对入选患者的术后并发症相关危险因素进行分析。结
果 有33例次(41.25%)患者在术后出现系统并发症，其中出现Ⅱ级及以上系统并发症的患者有19例次
(23.75%)；有15例次(18.75%)患者在术后出现局部并发症，其中出现Ⅱ级及以上局部并发症的患者有
12例次(15.00%)。伴随疾病的数量以及年龄均是进展期胃癌患者行腹腔镜辅助 D2 根治术后出现系统并发
症及局部并发症的相关危险因素 (OR=1.982, 95% CI:2.183~34.405, OR=6.587, 95% CI:1.738~32.495, P<0.05)。
术前是否进行新辅助化疗和重建方式、年龄等均是进展期胃癌患者行腹腔镜辅助 D2 根治术后出现局部并发症
的相关危险因素 (OR=8.273, 95% CI:4.982~35.394, OR=12.304, 95% CI:2.384~88.921, OR=6.365, 95%
 CI:2.183~21.384, P<0.05)。结论 在对进展期胃癌患者采用腹腔镜辅助 D2 根治术进行治疗的同
时应该注意控制患者的年龄和术前新辅助化疗，重建方式、伴随疾病等相关危险因素，从而保障患者的手
术安全以及避免其出现术后并发症。

【关键词】 胃肿瘤； 手术后并发症； 腹腔镜检查； 因素分析，统计学； 抗肿瘤联合化疗方案； 年
龄因素

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Analysis of the related factors of complications after laparoscopic D2 radical operation in the treatment of advanced gastric cancer

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【Abstract】Objective To analyze the related factors of postoperative complications after laparoscopic assisted D2 radical resection for advanced gastric cancer. Methods From August 2015 to July 2017, 80 patients with advanced gastric cancer admitted to the First Hospital of Jiaxing were selected. All the patients were treated with laparoscopic – assisted D2 radical resection, and the risk factors related to postoperative complications were analyzed by logistic regression analysis model. Results There were 33 cases (41.25%) with postoperative system complications, 19 cases (23.75%) with complications of level Ⅱand above; 15 cases (18.75%) with postoperative local complications, among them 12 cases (15.00%) appeared level Ⅱand above local complications. The number of concomitant diseases and age were related risk factors for systemic complications in patients with advanced gastric cancer after laparoscopic D2 radical resection (OR=1.982, 95% CI:2.183~34.405, OR=6.587, 95% CI:1.738~32.495, all P<0.05). The preoperative neoadjuvant chemotherapy, reconstruction method and age were the risk factors for local complications in patients with advanced gastric cancer after laparoscopic D2 radical resection (OR=8.273, 95% CI:4.982~35.394, OR=12.304, 95% CI:2.384~88.921, OR=6.365, 95% CI:2.183~21.384, all P<0.05). Conclusion Treatment of advanced gastric cancer patients with laparoscopic D2 radical mastectomy, attention should be paid to control the patients’ age, preoperative neoadjuvant chemotherapy, reconstruction mode, associated disease and other related risk factors. In order to ensure the safety of patients and to avoid postoperative complications.

【Key words】Stomach neoplasms; Postoperative complications; Laparoscopy; Factor analysis, statistical; Antineoplastic combined chemotherapy protocols; Age factors

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【摘要】目的 分析小儿脊柱结核临床症状及手术治疗的效果。方法 选取山西医学科学院山西大医院 2012 年 10 月至 2017 年 10 月收治的脊柱结核儿童 60 例，其中男性患儿 31 例，女性患儿 29 例；所有患儿年龄 (7.92 ± 2.93) 岁；颈椎病变患儿 4 例，胸椎病变患儿 3 例，胸腰椎病变患儿 23 例，腰椎病变患儿 28 例，腰骶椎病变患儿 2 例。有 27 例患儿合并有神经损害，其中有 2 例患儿 Frankel 分级为 A 级，有 4 例患儿为 B 级，有 7 例患儿为 C 级，有 14 例患儿为 D 级。所有入选患儿均给予手术治疗，并且在术前和术后均进行站立位全脊柱 X 线片拍摄，测量患儿的躯干矢状偏移距离和矢状面 Cobb 角，记录所有患儿的脊柱融合情况和融合固定节段。结果 有 52 例 (86.67%) 患儿的临床症状以病变部位的疼痛或是放射痛为主要表现，有 45 例 (75.00%) 患儿表现为局部可触及包块，有 7 例 (11.67%) 患儿表现为可触及椎旁或腹部包块，有 37 例 (61.67%) 患儿合并有后凸畸形并且病变部位可见脊柱不同程度的隆起；有 11 例 (18.33%) 患儿表现为感觉异常、肢体麻木，有 11 例 (18.33%) 患儿存在行走困难。60 例脊柱结核患儿均存在 X 线异常表现，其主要表现为患儿病变区的生理曲度异常或出现后凸畸形，其主要表现在术前平均躯干矢状偏移距离为 184.29 ± 23.28 mm；术后矫正为 15.7°，术后矫正为 31.3°，矫正率达到 76.21%；患儿术前平均椎体后凸为 76.7°，术后矫正为 15.7°，平均矫正了 55.9°；患儿术前平均躯干矢状偏移距离为 15.42 mm，术后矫正为 0.63 mm，平均矫正了 96.8%。结论 疼痛是小儿脊柱结核的首发症状，大多数合并有严重的后凸畸形；对脊柱结核患儿采用外科手术治疗能够取得较好的临床效果，值得在临床上加以推广。其中对术式入路和融合范围的选择则是治疗过程的关键。

【关键词】结核，脊柱； 疼痛； 疾病特征； 外科手术； 治疗结果； 儿童

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Clinical symptoms of spinal tuberculosis in children and the effect of surgical treatment

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【Abstract】Objective To analyze the clinical symptoms of spinal tuberculosis in children and the effect of surgical treatment. Methods From October 2012 to October 2017, 60 cases of spinal tuberculosis admitted to Shanxi Daiyi Hospital were selected, including 31 male children and 29 female children. The age of the children was (7.92 ± 2.93) years old; 4 children with cervical vertebra lesions, 3 children with cervical thoracic junction lesions, 23 children with thoracic vertebra lesions, 28 children with lumbar vertebra lesions, and 2 children with lumbar sacral vertebra lesions. There were 27 children with neurological damage. Among them, 2 children with Frankel classification of A, 4 children with B, 7 children with C, and 14 children with D. All children were treated by surgery, and standing full spine X-rays were taken before and after operation. The sagittal deviation distance and sagittal Cobb angle of the children’s trunk were measured, and spinal fusion and fixation of all children were recorded. Results In 52 cases (86.67%), the main symptoms were pain or radiation pain, 45 cases (75.00%) showed local palpable mass, and 7 cases (11.67%) had palpable paraspinal or abdominal mass. There were 37 cases (61.67%) with kyphosis and different degrees of spinal bulge, 11 cases (18.33%) showed abnormal sensation and limb numbness. There were 11 cases (18.33%) with walking difficulty. All 60 cases of spinal tuberculosis had abnormal X-ray manifestations. There were abnormal physiological curvature or kyphosis in the diseased area of children, the intervertebral space of children became narrow, and the edge of vertebral body was blurred, there were widening, flattening or wedge-like changes. The operative time was (184.29 ± 23.28) min, and the intraoperative bleeding was (475.39 ± 30.28) mL.
The fusion fixation segment was \((10.27 \pm 1.92)\) and the sagittal plane was \((10.27 \pm 1.92)\). Cobb angle was 106.7°, postoperative correction was 31.3°, the correction rate was 76.21%, the mean preoperative correction of thoracic kyphosis was 76.7°, postoperative correction was 15.7°, the average correction was 55.9°, the mean sagittal deviation distance of trunk was \(-15.42\) mm, postoperative correction was 0.63 mm, and the average correction was 20.68 mm. **Conclusion** Pain is the first symptom of spinal tuberculosis in children, most of them will be complicated with severe kyphosis. Surgical treatment of children with spinal tuberculosis can get better clinical results, and it is worthy of popularizing in clinic. The choice of surgical approach and fusion range is the key to the treatment process.

**Key words** Tuberculosis, spinal; Pain; Disease attributes; Surgical procedures, operative; Treatment outcome; Child

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阻塞性睡眠呼吸暂停低通气综合征患者 C 反应蛋白、纤维蛋白原和红细胞沉降率水平分析

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【摘要】目的 探讨阻塞性睡眠呼吸暂停低通气综合征(OSAHS)患者 C 反应蛋白(CRP)、纤维蛋白原(FIB)和红细胞沉降率(ESR)的变化及其与睡眠呼吸参数之间的关系。方法 选择 2015 年 6 月至 2018 年 8 月在萍乡市人民医院经多导睡眠监测(PSG)确诊的 OSAHS 患者[睡眠呼吸低通气指数(AHI)≥5 次/h]70 例(观察组)及鼾症患者(AHI<5 次/h)20 例(对照组)为研究对象,检测并比较两组的 CRP、FIB、ESR 水平及其与睡眠呼吸参数的相关性。结果 两组年龄、性别和体质量指数(BMI)差异均无统计学意义(P>0.05)。观察组 CRP、FIB、ESR 分别为(4.5±3.0)mg/L,(3.3±0.9)g/L,(11.4±5.4)mm/h,均明显高于对照组(2.0±1.5)mg/L,(2.9±0.5)g/L,(7.6±2.6)mm/h,差异均有统计学意义(t=5.12,2.68,4.36,均P<0.05)。CRP 与 AHI、氧减指数(ODI)均呈正相关(r=0.285,0.282,均 P<0.05),与最低血氧饱和度(SaO2),平均 SaO2 均呈负相关(r=−0.257,−0.259,均 P<0.05);FIB 与 AHI、ODI 均呈显著正相关(r=0.430,0.311,均 P<0.01),与最低 SaO2 呈显著负相关(r=−0.287,P<0.01);ESR 与睡眠呼吸参数均无相关性。结论 OSAHS 患者 CRP、FIB、ESR 均增高,且 CRP、FIB 与 OSAHS 严重程度有较好的相关性,提示 OSAHS 患者存在系统性炎症反应。

【关键词】睡眠呼吸暂停,阻塞性; 低通气综合征; C 反应蛋白; 纤维蛋白原; 红细胞沉降率; 疾病: 多道睡眠描记术; 对比研究

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Analysis of C - reactive protein, fibrinogen and erythrocyte sedimentation rate in patients with obstructive sleep apnea hypopnea syndrome

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【Abstract】Objective To investigate the changes of C - reactive protein (CRP), fibrinogen (FIB) and erythrocyte sedimentation rate (ESR) in patients with obstructive sleep apnea – hypopnea syndrome (OSAHS), and their relationship with sleep respiratory parameters. Methods From June 2015 to August 2018, 70 OSAHS patients [observation group, apnea hypopnea index (AHI)≥5/h] and 20 persons in the snoring control group (control group, AHI <5/h) who received the monitor of polysomnography in the Pingxiang People’s Hospital were enrolled. The levels of CRP, FIB and ESR were measured and compared between the two groups. The correlations were analyzed between the levels of inflammatory markers and sleep breathing parameters. Results The two groups had no statistically significant differences in age, gender and BMI (all P>0.05). The CRP, FIB and ESR of the observation group were (4.5±3.0)mg/L,(3.3±0.9)g/L,(11.4±5.4)mm/h, respectively, which were significantly higher than those of the control group (2.0±1.5)mg/L,(2.9±0.5)g/L,(7.6±2.6)mm/h (t=5.12,2.68,4.36, all P<0.05). The level of CRP was positively correlated with AHI, oxygen desaturation index (ODI) (r=0.285, P<0.05 and r=0.282, P<0.05), and negatively correlated with the lowest SaO2 and the average SaO2 (r=−0.257, P<0.05 and r=−0.259, P<0.05). The level of FIB was positively correlated with AHI, ODI (r=0.430, P<0.01 and r=0.311, P<0.01), and negatively correlated with the lowest SaO2 (r=−0.287, P<0.01). There were no correlations between ESR and sleep breathing parameters. Conclusion The levels of CRP, FIB and ESR are increased in OSAHS patients, and the levels of CRP and FIB are proportional to the severity of OSAHS, suggesting that OSAHS patients has systemic inflammatory response.

【Key words】Sleep Apnea, Obstructive; Hypoventilation syndrome; C-reactive protein; Fibrinogen; Erythrocyte sedimentation rate; Inflammation; Polysomnography; Comparative study

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经椎弓根伤椎植骨置钉固定与跨伤椎椎弓根置钉固定治疗胸腰椎骨折的疗效比较

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【摘要】目的 比较经椎弓根伤椎植骨置钉固定与跨伤椎椎弓根置钉固定治疗胸腰椎骨折的疗效。方法 选取威海市中心医院2015年1月至2016年12月收治的胸腰椎骨折患者84例作为研究对象,按照随机数字表法分为两组,各42例。对照组采取跨伤椎椎弓根置钉固定治疗,研究组采取经椎弓根伤椎植骨置钉固定治疗,术后随访12个月。比较两组患者术中出血量、手术时间、术后引流液、骨折愈合时间、住院天数和手术前后椎体前缘压缩比,后凸 Cobb角及术后并发症的发生情况。结果 两组术后引流液、骨折愈合时间及住院天数差异均无统计学意义(t=1.38,1.79,1.20,均P>0.05),但研究组术中出血量[(183.85±13.88)mL],手术时间[(119.74±14.85)min]较对照组[(137.97±14.24)mL,(99.46±13.42)min]增加(t=4.86,P<0.01)。研究组与对照组术后椎体前缘压缩比[(92.15±8.70)%,(83.75±7.04)%;均明显升高,且术后研究组较对照组升高明显(t=4.86,P<0.01);研究组与对照组术后后凸 Cobb角[(10.15±2.47)°,(14.53±4.85)°]较术前均明显下降,且术后研究组较对照组下降明显(t=5.21,P<0.01)。研究组与对照组后凸畸形发生率为4.76%,与对照组的14.29%比较,差异无统计学意义(χ²=2.21,P=0.14)。结论 经椎弓根伤椎植骨置钉固定在促进胸腰椎骨折患者伤椎复位,矫治后凸畸形及重建椎体高度方面明显优于跨伤椎椎弓根置钉固定,且不会引起严重并发症,具有良好的安全性,因此具有良好的临床应用价值。

【关键词】脊柱骨折; 胸椎; 腰椎; 骨折固定; 内; 骨钉; 伤椎复位; 后凸畸形; 后凸 Cobb角

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Comparison of effects of transpedicular grafting of vertebral pedicle screw and strode over fractured vertebra of vertebral pedicle screw in the treatment of thoracolumbar fractures
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【Abstract】Objective To compare the effects of transpedicular grafting of vertebral pedicle screw and strode over fractured vertebra of vertebral pedicle screw in the treatment of thoracolumbar fractures. Methods From January 2015 to December 2016, 84 cases of thoracolumbar fractures in Weihai Central Hospital were randomly divided into two groups according to the digital table, with 42 cases in each group. The control group received strode over fractured vertebra of vertebral pedicle screw, and the study group received transpedicular grafting of vertebral pedicle screw. The patients were followed up for 12 months. The bleeding loss, operation time, postoperative drainage, fracture healing time, hospitalization days and anterior compression ratio of vertebral body, kyphosis Cobb angle before and after treatment and postoperative complications were compared between the two groups. Results There were no statistically significant differences in postoperative drainage volume, fracture healing time and hospitalization days between the two groups (t=1.38,1.79,1.20, all P>0.05), but the intraoperative bleeding volume[(183.85±13.88)mL] and operation time[(119.74±14.85)min] in the study group were significantly higher than those in the control group[(137.97±14.24)mL,(99.46±13.42)min] (t=4.86,P<0.01). Compared with the control group, the compression ratio of the anterior vertebral body in the study group was significantly increased after operation[(92.15±8.70)% vs. (83.75±7.04)%] (t=4.86,P<0.01), and the kyphotic Cobb angle in the study group and the control group were significantly decreased compared with those before operation[(10.15±2.47)°,(14.53±4.85)°], and the postoperative kyphotic Cobb angle in the study group was significantly lower than that in the control group (t=5.21, P=0.01). The incidence rate of postoperative complications in the study group was 4.76%, which showed no statistically significant difference compared with the control group (14.29% ,χ²=2.21,P=0.14). Conclusion Transpedicular grafting of vertebral pedicle screw is superior to strode over fractured vertebra of vertebral pedicle screw in promoting reduction, correcting posterior process deformity and reconstructing vertebral height in patients with thoracolumbar fractures, and it does not cause serious complications, so it has good clinical value.

【Key words】Spinal fractures; Thoracic vertebrae; Lumbar vertebrae; Fracture fixation, internal; Bone nails; Traumatic vertebral reduction; Posterior process deformity; Convex Cobb angle

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【摘要】目的 研究瑞芬太尼联合丙泊酚靶控输注在妇科腹腔镜手术麻醉中的效果。方法 研究对象选自曲靖市妇幼保健院2016年8月至2018年8月收治的132例需要进入妇科腹腔镜患者，将所选患者按照简单随机化原则分为两组，观察组66例，实施瑞芬太尼联合丙泊酚靶控输注的措施进行麻醉对照组66例，实施施芬太尼静脉复合麻醉的措施。观察两组患者的临床应用效果。结果 观察组患者麻醉起效时间（1.3±0.3）min，清醒时间（5.2±1.5）min，麻醉恢复时间（19.6±5.3）min，使用镇痛药时间（23.6±3.5）min，均短于对照组的（3.1±0.6）min，（5.0±3.5）min，（4.06±4.8）min，（48.3±4.4）min（t=12.742, 15.102, 11.245, 12.354, 均P<0.05），且在进行手术治疗过程中观察组患者血流动力学插管后1min，气腹10min，手术治疗30min，手术完成后30min时的心率，收缩压（SBP），舒张压（DBP）分别为（82.38±7.45）/min，（85.65±8.54）/min，（77.58±8.65）/min，（80.12±7.77）/min，SBP；（136.25±20.14）mmHg，（140.36±18.02）mmHg，（129.14±15.24）mmHg，（131.25±16.19）mmHg，DP；（986.45±11.02）mmHg，（86.59±10.11）mmHg，（80.12±7.89）mmHg，（82.52±8.17）mmHg，均优于对照组的（88.14±10.01）/min，（95.36±8.48）/min，（86.58±7.33）/min，（87.48±8.47）/min，SBP；（140.28±21.57）mmHg，（144.59±21.35）mmHg，（137.33±18.47）mmHg，（136.25±18.47）mmHg，DP；（90.0±10.14）mmHg，（90.25±11.24）mmHg，（84.25±10.14）mmHg，（82.55±8.84）mmHg（F=1.320, 1.245, 1.365, 均P<0.05）。结论 对于进行妇科腹腔镜手术的患者在进行麻醉时选用瑞芬太尼联合丙泊酚靶控输注的措施，有助于增强麻醉效果，并且药效作用时间短，有利于保证手术质量，值得在临床上推广应用。

【关键词】瑞芬太尼；丙泊酚；妇科外科手术；腹腔镜检查；麻醉

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Effect of remifentanil combined with propofol on anesthesia in gynecological laparoscopic surgery
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【Abstract】Objective To study the effect of remifentanil combined with propofol target – controlled infusion on anesthesia of gynecological laparoscopic surgery. Methods From August 2016 to August 2018, 132 patients who needed to undergo gynecological laparoscopy in the Maternal and Child Health Care Hospital of Qujing were selected. The patients were randomly divided into two groups according to the principle of simple randomization, with 66 cases in each group. The observation group was given. remifentanil combined with propofol administered by target – controlled infusion for anesthesia. The control group were given fentanyl intravenous anesthesia. The clinical efficacy of the two groups was observed. Results The onset time of anesthesia [(1.3±0.3) min], awake time [(5.2±1.5) min], anesthesia recovery time [(19.6±5.3) min] and analgesic time [(23.6±3.5) min] in the observation group were all shorter than those in the control group [(3.1±0.6) min, (5.0±3.5) min, (4.06±4.8) min, (48.3±4.4) min] (t=12.742, 15.102, 11.245, 12.354, all P<0.05). At 1 min after hemodynamic intubation, 10 min after pneumoperitoneum, 30 min after operation and 30 min after operation, the heart rate, systolic blood pressure (SBP) and diastolic blood pressure (DBP) in the observation group were (82.38±7.45) times/min, (85.65±8.54) times/min, (77.58±8.65) times/min, (80.12±7.77) times/min, SBP; (136.25±20.14) mmHg, (140.36±18.02) mmHg, (129.14±15.24) mmHg, (131.25±16.19) mmHg, DBP; (986.45±11.02) mmHg, (86.59±10.11) mmHg, (80.12±7.89) mmHg, (82.52±8.17) mmHg, which were better than those in the control group [heart rate; (88.14±10.01) times/min, (95.36±8.48) times/min, (86.58±7.33) times/min, (87.48±8.47) times/min, SBP; (140.28±21.57) mmHg, (144.59±21.35) mmHg, (137.33±18.47) mmHg, (136.25±18.47) mmHg, DP; (90.0±10.14) mmHg, (90.25±11.24) mmHg, (84.25±10.14) mmHg, (82.55±8.84) mmHg (F=1.320, 1.245, 1.365, all P<0.05). Conclusion Remifentanil combined with propofol target controlled infusion for patients undergoing gynecological laparoscopic surgery is helpful to enhance the anesthetic effect, and has a short pharmacodynamic effect, which is conducive to ensuring the quality of surgery. Therefore, it is worthy of popularization in clinical practice.

【Key words】remifentanil; Propofol; Gynecological surgical procedures; Laparoscopy; Anesthesia

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吲哚美辛直肠给药预防内镜逆行胰胆管造影术后胰腺炎随机对照试验的 Meta 分析

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【摘要】 目的 评价吲哚美辛直肠给药预防内镜逆行胰胆管造影术 (ERCP) 后胰腺炎 (post-ERCP pancreatitis, PEP) 的有效性和安全性。方法 计算机检索 PubMed, Cochrane 图书馆,中国期刊全文数据库 (CNKI), 维普中文科技期刊全文数据库 (VIP), 中国生物医学文献数据库 (CBM), 万方数据等数据库公开发表的吲哚美辛直肠给药预防 ERCP 术后胰腺炎的随机对照试验, 检索年限均为自建立至 2017 年 12 月。由 2 位研究者按照纳入与排除标准筛选文献、提取资料和评价纳入研究偏倚风险后, 采用 RevMan 5.3 统计软件进行 Meta 分析。结果 共纳入 8 项研究, 合计 3240 例患者。Meta 分析结果显示: 应用吲哚美辛直肠给药可显著降低 PEP 的发生率 (OR = 0.57, 95% CI: 0.45 ~ 0.73, P < 0.00001) 及中重度 PEP 发生率 (OR = 0.51, 95% CI: 0.30 ~ 0.85, P = 0.010); 其引起的主不良反应为胃肠道出血, 但与安慰剂组比较差异无统计学意义 (OR = 0.63, 95% CI: 0.25 ~ 1.52, P = 0.300)。结论 吲哚美辛直肠给药能够有效降低 ERCP 术后胰腺炎的发生率, 且无严重不良反应。但受纳入研究数量所限, 尚需更多大样本高质量的随机双盲对照研究进行验证。【关键词】 吲哚美辛; 投药, 直肠; 胰胆管造影术, 内窥镜逆行; 胰腺炎; 安慰剂; 双盲法; 随机对照试验; Meta 分析 DOI: 10.3760/cma.j.issn.1008-6706.2019.10.023

Indomethacin for preventing post – endoscopic retrograd cholangiopancreatography pancreatitis by rectal administration: a Meta – analysis of randomized controlled trial

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【Abstract】 Objective To assess the effectiveness and safety of indomethacin in preventing post – endoscopic retrograd cholangiopancreatography pancreatitis (PEP) by rectal administration. Methods Retrieved from PubMed, Cochrane Library, CNKI, VIP, CBM and Wanfang database, randomized blinding placebo – controlled trails about indomethacin for preventing PEP by rectal administration were included from establishment to December 2017 and comprehensively evaluated. Two reviewers independently screened literature according to the inclusion and exclusion criteria, extracted data, assessed the risk bias of included studies, and then Meta – analysis was performed using the RevMan 5.3 software. Results A total of 8 RCTs involving 3240 patients were included. The results of Meta – analysis showed that indomethacin could reduce the incidence of PEP (OR = 0.57, 95% CI: 0.45 ~ 0.73, P < 0.00001) and moderate or severe PEP (OR = 0.51, 95% CI: 0.30 ~ 0.85, P = 0.010). The adverse reactions of indomethacin was gastrointestinal bleeding, and there was no statistically significant difference between indomethacin and placebo (OR = 0.63, 95% CI: 0.25 ~ 1.52, P = 0.300). Conclusion Indomethacin is safe and effective in reducing the incidence of PEP by rectal administration. Since the limitation of quantity of included studies, large – scale and high – quality randomized double – blinding placebo – controlled trails are needed to verify the above conclusion.【Key words】 Indomethacin; Administration, rectal; Cholangiopancreatography, endoscopic retrograde; Pancreatitis; Placebos; Double-blind method; Randomized controlled trial; Meta-analysis DOI: 10.3760/cma.j.issn.1008-6706.2019.10.023
不同剂量地塞米松对免疫性血小板减少症疗效及调节性 T 细胞的影响

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【摘要】 目的 探讨不同剂量地塞米松对免疫性血小板减少症 (ITP) 疗效及调节性 T 细胞的影响。方法 选取 2017 年 2 月至 2018 年 6 月山西医科大学第二医院诊治的 ITP 患者 68 例为研究对象, 根据随机数字表法分为观察组和对照组各 34 例。观察组应用大剂量地塞米松治疗 (40 mg/d), 对照组应用标准剂量地塞米松治疗 (10~15 mg)。观察两组治疗效果, 治疗后血小板计数以及调节性 T 细胞水平。结果 两组患者治疗后血小板计数较治疗前明显上升, 且观察组治疗后 1 周 [(52.64 ± 20.05) × 10^9/L 比 (30.17 ± 18.61) × 10^9/L], 2 周 [(71.08 ± 28.38) × 10^9/L 比 (45.22 ± 22.42) × 10^9/L] 和 4 周 [(122.15 ± 38.17) × 10^9/L 比 (92.08 ± 38.64) × 10^9/L] 血小板水平明显高于对照组, 差异均有统计学意义 (t = 6.325、8.532、9.851, 均 P < 0.05)。观察组与对照组治疗效果比较, 差异有统计学意义 (Z = 3.846, P < 0.05)。其中, 观察组显效率 (52.94% 比 8.82%) 以及总有效率 (97.06% 比 82.35%) 均明显高于对照组, 差异均有统计学意义 (χ^2 = 6.257, 3.981, 均 P < 0.05)。患者术后 CD_{4}^{+}CD_{25}^{−}T 淋巴细胞表达水平明显高于治疗前, 且术后 7d 及 14d 观察组 CD_{4}^{+}CD_{25}^{−}T 淋巴细胞表达水平明显高于对照组 [(5.36 ± 1.48) % 比 (4.88 ± 1.12) %], [(9.37 ± 2.04) % 比 (6.82 ± 2.08) %], 差异均有统计学意义 (t = 4.335, 6.358, 均 P < 0.05)。结论 大剂量地塞米松对 ITP 患者疗效好, 患者治疗后血小板和外周血 CD_{4}^{+}CD_{25}^{−} 调节性 T 淋巴细胞上升明显。

【关键词】 血小板减少症; 地塞米松; 剂量效应关系; 药物; T 淋巴细胞, 调节性
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Effects of different doses of dexamethasone on immune thrombocytopenia and regulatory T cells

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干扰素与咪喹莫特联合多功能电离子治疗
肛周尖锐湿疣的临床疗效研究

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【摘要】目的 探讨干扰素与咪喹莫特联合多功能电离子治疗肛周尖锐湿疣的临床疗效。方法 选取华中科技大学同济黄州医院2017年1月至2018年1月收治的肛周尖锐湿疣患者80例为研究对象，采用随机数字表法分为两组。其中对照组40例采用咪喹莫特联合多功能电离子治疗，观察组40例在对照组基础上加用干扰素。治疗2个月后，比较两组患者的总满意率、治疗前后外周T淋巴细胞亚群变化及临床疗效。结果 观察组患者的总满意率为95.0%（38/40），高于对照组的82.5%（33/40），差异有统计学意义（$\chi^2 = 6.23, P < 0.05$）。治疗后两组患者CD4+、CD8+及CD4+/CD8+等T淋巴细胞亚群均较治疗前改善，且观察组改善情况优于对照组，差异均有统计学意义（均$P < 0.05$）。观察组患者的治愈率为92.5%（37/40）高于对照组的82.5%（33/40），复发率为20.0%（8/40）低于对照组的32.5%（13/40），差异均有统计学意义（$\chi^2 = 4.28, 3.72, P = 0.031, 0.028$）。结论 干扰素与咪喹莫特联合多功能电离子治疗肛周尖锐湿疣，可改善患者免疫功能，促进其临床康复，且复发率降低，值得临床借鉴。

【关键词】尖锐湿疣；肛周腺；干扰素；咪喹莫特；病人满意度；淋巴细胞亚群；复发；免疫功能

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Clinical effect of interferon and imiquimod combined with multifunction electric ion in the treatment of perianal condyloma acuminatum

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氢吗啡酮复合罗哌卡因用于硬膜外分娩镇痛的效果以及对产后泌乳的影响

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【摘要】目的 评价氢吗啡酮复合罗哌卡因用于硬膜外分娩镇痛的效果以及对产后泌乳的影响。
方法 选择衢州市人民医院2017年9月至2018年9月行分娩镇痛单胎足月妊娠产妇60例，年龄范围21~37岁，美国麻醉医师协会(ASA)Ⅰ或Ⅱ级，采用随机数字表法分为三组：0.15%罗哌卡因组(A组)、0.15%罗哌卡复合0.4mg/ml吗啡组(B组)和0.15%罗哌卡复合4μg/ml氢吗啡酮组(C组)，每组20例。记录分娩镇痛前(T0)、负荷剂量后10min(T1)、30min(T2)及宫口开全时(T3)的视觉模拟评分(VAS评分)，并记录注射负荷量后30min的下肢运动阻滞程度评分(Bromage分级)。记录恶心、呕吐、皮肤瘙痒等不良反应情况。
结果 与A组比较，T1~T3时B组产妇VAS评分分别为(2.6±0.7)分、(1.6±0.4)分、(2.4±0.5)分，C组产妇VAS评分分别为(2.9±0.7)分、(1.5±0.5)分、(2.7±0.5)分，与A组组比较均明显降低，差异均有统计学意义(F = 3.98、4.16、3.27，均P < 0.05)。与B组比较，A组和C组的嗜睡、瘙痒发生率均明显降低(均P < 0.05)。与A组比较，B组和C组胎儿娩生后2h时血清PRL浓度均明显升高，产后泌乳开始时间均明显提前(均P < 0.05)。三组产妇Bromage分级差异无统计学意义。
结论 氢吗啡酮4μg/ml复合0.15%罗哌卡因用于硬膜外分娩镇痛时镇痛效果好，可促进催乳素分泌，泌乳开始时间提前，不良反应发生率低。

【关键词】自然分娩；镇痛；产妇；分娩疼痛；泌乳痛；罗哌卡因；氢吗啡酮；吗啡
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Analgesia effect of hydromorphone mixed with ropivacaine for patient–controlled epidural analgesia during delivery
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气道闭合压和中心静脉血氧饱和度变化率对机械通气患者撤机的预测价值

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【摘要】目的 探讨口腔闭合压（P0.1）和中心静脉血氧饱和度变化率（△SCVO2）对机械通气患者撤机的预测价值。方法 选取2016年4月至2018年4月苍南县第二人民医院重症监护病房（ICU）收治的机械通气患者50例作为研究对象，对患者实施P0.1和△SCVO2等的检测，并根据患者撤机是否成功分为拔管不成功（EF）组和拔管成功（ES）组，比较两者的撤机参数。结果 50例接受机械通气的患者中，ES组36例，EF组14例。两组患者改良吸气机撤机指数[（23.75±2.31）分比（22.10±2.74）分，t=2.152，P=0.051]、自主呼吸试验（SBT）前[(72.17±10.23)%比(73.20±6.54)%，t=0.349，P=0.733]及SBT 30 min[(74.23±9.67)%比(68.09±7.23)%，t=2.148，P=0.051]SCVO2差异无统计学意义，ES组的P0.1[(4.21±0.87)%比(6.71±1.21)%，t=8.150，P=0.000]和△SCVO2[(2.85±0.13)%比(6.98±0.12)%，t=102.948，P=0.000]明显低于EF组。P0.1与拔管成功呈负相关关系（r=-0.517，P=0.037），△SCVO2与拔管成功呈正相关（r=0.621，P=0.021）关系。P0.1=4.60 cmH2O为预测机械通气患者能否成功撤机临界参考阈值，灵敏度为92.7%，特异度为76.0%。△SCVO2=4.80%为临界参考阈值，敏感度为94.3%，特异度为91.4%。结论 机械通气患者的撤机中，P0.1为4.60 cmH2O和△SCVO2为4.80%是EF的可靠预测指标。

【关键词】呼吸，人工；重症监护病房；撤机；口腔闭合压；静脉血氧饱和度；自主呼吸试验

Predictive value of airway closure pressure and change rate of the saturation of the central venous oxygen in weaning patients underwent mechanical ventilation

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肝切除术后患者应用不同疗程抗生素对其术后感染发生率影响

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【摘要】 目的 分析肝切除术后患者应用不同疗程抗生素对其术后感染发生的影响。方法 将新绛县人民医院2015年1月至2016年12月收治的107例行肝切除术的临床资料进行回顾性分析，术后均给予抗生素以预防感染，根据患者疗程的不同，其中短期治疗（使用1 d）为短疗程组49例，长期治疗（使用3～5 d）为长疗程组58例。比较两组手术相关指标（手术时间、术中出血量、尿管留置时间、肛门阻断时间、胃管留置时间、术后下床时间和术后拆线时间等）、白细胞计数（WBC）、中性粒细胞比例（NEUT）、总胆红素（TBIL）及术后感染的发生情况。结果 两组手术相关指标（手术时间、术中出血量、尿管留置时间、肛门阻断时间、腹腔双套管时间、胃管留置时间、术后下床时间、术后拆线时间）比较差异均无统计学意义（t=0.35, 0.18, 0.20, 1.28, 1.13, 0.10, 0.61, 0.40, 均P>0.05）。两组术前与术后1周WBC、NEUT及TBIL水平的比较，差异均无统计学意义（t=0.06, 0.34, 0.29, 0.47, 0.13, 0.09，均P>0.05）。短疗程组术后感染发生率为4.08%，与长疗程组的5.17%比较，差异无统计学意义（χ²=0.04，P>0.05）。结论 肝切除术后患者应用不同疗程抗生素对手术相关指标、血常规、肝功能等方面无明显影响，短期应用抗生素对预防术后感染的效果与长期使用者相当。

【关键词】 肝切除术； 抗菌药； 外科伤口感染； 白细胞计数； 胆红素； 肝功能试验
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Influence of different courses of antibiotics on postoperative infection rate after hepatectomy

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健康教育流程对人工髋关节置换术患者康复的影响

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【摘要】 目的 探讨健康教育流程对人工髋关节置换术患者康复的影响。方法 选择 2017 年 1 月至 2018 年 3 月金华市中医医院收治的实施人工髋关节置换术的患者 100 例作为研究对象，根据随机数字表法将患者分为观察组和对照组，每组 50 例。观察组患者运用健康教育流程，对照组患者运用常规健康教育。比较分析两组患者的临床康复情况。结果 两组患者干预前相关各项知识知晓率差异均无统计学意义（χ² = 1. 201, 1. 321, 0. 231, 2. 031, 均 P > 0. 05），两组患者干预后对相关知识知晓率均显著提升，干预前后差异均有统计学意义（χ² = 36. 251, 32. 124, 25. 321, 26. 021, 15. 201, 22. 031, 20. 123, 18. 532, 均 P < 0. 05），且观察组患者干预后对相关知识的知晓率均显著高于对照组，差异均有统计学意义（χ² = 15. 265, 8. 021, 21. 032, 25. 068, 均 P < 0. 05）。两组干预前 Barthel 指数和 Harris 评分差异均无统计学意义（均 P > 0. 05），两组患者干预后较干预前 Barthel 指数和 Harris 评分均有所升高（t = 22. 365, 32. 154, 24. 632, 34. 032, 均 P < 0. 05），观察组患者 Barthel 指数和 Harris 评分显著高于对照组，差异均有统计学意义（t = 6. 235, 7. 235, 均 P < 0. 05）。两组干预前生活质量评分差异均无统计学意义（均 P > 0. 05），两组患者干预后生活质量评分较干预前均显著提高（均 P < 0. 05），观察组患者干预后的生活质量评分显著高于对照组，差异均有统计学意义（t = 12. 351, 15. 232, 9. 236, 5. 135, 7. 302, 均 P < 0. 05）。结论 对人工髋关节置换术患者应用细化健康教育流程，拓宽患者对疾病的知识面，增强患者配合治疗程度，提高患者的生活能力，改善患者的生活质量，满足患者的需求。

【关键词】 关节成形术,置换,髋；骨折；健康教育；骨科；康复；护理；生活质量；病例对照研究

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Effect of health education process on rehabilitation of patients undergoing hip arthroplasty

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三通管更换时间对先天性心脏病患儿体外循环术后
输液过程血流动力学及感染的影响

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【摘要】目的 探讨三通管更换时间对先天性心脏病(先心病)患儿体外循环术后输液过程血流动力学的影响。方法 将2017年5月至2018年4月温州医科大附属第二医院收治100例先心病患儿根据病例入选先后进行编号,运用CHISS统计软件将患者随机分为A、B、C、D四组,每组25例,A、B、C、D四组分别于24h、48h、72h、96h更换三通管,比较A、B、C、D四组血流动力学、微生物检出率及成本效益。结果更换三通管后:A组中心静脉压(CVP)(64.33±7.96)mmHg、平均动脉血压(MAP)(8.97±3.12)mmH2O,B组CVP(60.63±6.99)mmHg,MAP(7.24±2.83)mmH2O,C组CVP(61.50±8.20)mmHg,MAP(7.01±2.98)mmH2O,D组CVP(61.73±8.51)mmHg,MAP(7.25±3.53)mmH2O,组间比较差异具有统计学意义(F=4.899、3.356,均P<0.05);100份血液培养中,CPB术后患儿细菌培养阳性8份(8.0%),导管相关感染6例(6.0%),其中A、B组细菌培养阳性3份(3.0%),导管相关感染3例(3.0%),C、D组细菌培养阳性1份(1.0%),导管相关感染1例(1.0%),组间比较差异具有统计学意义(F=4.909、5.848,均P<0.05);A组人均所需花费(92.78±14.59)元与B组(70.66±10.26)元、C组(73.82±9.91)元、D组(76.62±9.48)元,差异有统计学意义(χ2=13.397,P<0.05)。结论 对四组患者血流动力学变化、输液接头细菌培养结果、导管相关性感染发生率、成本效益比较,CPB术后患儿的三通管更换时间以72h为宜。

【关键词】三通管;心脏缺损,先天性;体外循环;血流动力学;中心静脉压;平均动脉压;细菌学;成本效益

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Influence of three-way tube replacement time on hemodynamics and infection during transfusion after cardiopulmonary bypass in children with congenital heart disease

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集束化护理策略预防乳腺癌术后患者经外周静脉穿刺中心静脉置管化疗并发症的效果观察

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【摘要】目的 探讨集束化护理策略对于预防乳腺癌术后患者经外周静脉穿刺中心静脉置管(Peripherally inserted central catheter, PICC)化疗期间并发症的效果,供临床参考。方法 选取2014年6月至2018年6月浙江衢化医院收治的228例乳腺癌术后患者作为研究对象,所有患者于术后行PICC置管化疗。按照随机数字表法将入选患者分为研究组(118例)和对照组(110例)。对照组实施PICC置管常规护理,研究组实施集束化护理措施。比较两组患者各种类型并发症的发生情况以及总并发症发生率。结果研究组在渗血、导管相关血流感染、静脉血栓、导管异常、静脉炎等方面的并发症发生率均低于对照组(1.69%比8.18%, 0.85%比5.45%, 0.00%比3.64%, 0.00%比4.55%, 1.69%比7.27%, $\chi^2=5.217, 4.060, 4.368, 4.484, 4.233, P=0.022, 0.044, 0.037, 0.019, 0.040$;研究组总并发症发生率为4.24%, 对照组为29.09%, 差异有统计学意义(4.24%比29.09%, $\chi^2=21.966, P=0.000$)。结论 采用集束化护理策略后,在乳腺癌患者术后行PICC置管化疗期间,渗血、导管相关血流感染、静脉血栓、导管异常、静脉炎等并发症发生率有所下降,值得关注。

【关键词】 护理; 乳腺肿瘤; 导管插入术; 中心静脉导管; 抗肿瘤联合化疗方案
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Effect of cluster nursing strategy on prevention of complications during PICC catheterization in patients with breast cancer after surgery

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综述

微小 RNA 在胶质细胞瘤发生发展中的作用

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【摘要】 胶质瘤是神经系统常见肿瘤，在神经胶质细胞瘤中有些 MicroRNA 的表达上调的; 有些则是下调的; 有些 MicroRNA 表达促进胶质瘤的发生发展，而有些 MicroRNA 则是抑制作用。MicroRNA 是一种小的，在物种进化中相当保守，通过和靶基因信使 RNA 碱基配对引导沉默复合体来降解信使 RNA 或阻碍其翻译。因此，通过研究 MicroRNA 在胶质细胞瘤中的表达不仅可以为胶质细胞瘤的早期诊断提供依据，并且可以为临床治疗胶质细胞瘤的治疗提供新的方案。通过阅读文献本研究从 MicroRNA 在胶质细胞瘤中的表达，作用靶点及其对胶质细胞瘤生物学特性的影响进行综述。

【关键词】 神经胶质瘤； 微小 RNA； 综述

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Role of microRNAs in the development of gliocyna
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【Abstract】 Glioma is a common tumor of the nervous system. In some gliomas, some of the expressions of microRNA are up-regulated. Some of them are down regulated. Some microRNA expressions promote the development of gliomas, while some microRNA exert inhibitory effects. MicroRNA is a small species, which is quite conservative in the evolution of species. It degrades messenger RNA or impedes its translation by guiding the silencing complex with target gene messenger RNA base pairs. Therefore, by studying the expression of microRNA in glioma, we can not only provide evidence for early diagnosis of glioma, but also provide a new plan for clinical treatment of glioma. By reading the literature, the expression of microRNA in glioma, the target of action and its effect on the biological characteristics of glioma were reviewed.

【Key words】 Glioma; MicroRNA; Review

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