向奋战在抗疫一线的广大医务工作者致敬！

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青少年特应性皮炎血清维生素 D 水平检测及临床意义
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【摘要】目的 探讨血清维生素 D 水平与青少年特应性皮炎严重程度之间的关系。方法 选取 2016 年 3 月至 2017 年 2 月山西省人民医院收治的特应性皮炎 (AD) 患者 102 例为 AD 组及同期健康体检者 100 例为对照组, 比较两组维生素 D 值及水平分布情况; 根据特应性皮炎评分指数 (SCORAD) 将 AD 患者分为轻度组、中度组及重度组, 检测三组患者血清 25-羟维生素 D₃ [25-(OH)D₃] 值、总 IgE (TIgE) 水平及外周血嗜酸性粒细胞百分比 (EOS%) 结果 AD 组与对照组在维生素 D 水平分布上比较差异无统计学意义 (χ² = 2.718, P = 0.257)。AD 组 25-(OH)D₃ 水平低于对照组 [(18.43 ± 3.73) μg/L] 比 [(19.47 ± 3.27) μg/L, t = 2.112, P = 0.036], 维生素 D 缺乏、不足、足够的 25-(OH)D₃ 分别为 (11.11 ± 1.65) μg/L, (17.49 ± 1.69) μg/L, (21.73 ± 1.17) μg/L, 对照组分别为 (12.86 ± 1.47) μg/L, (17.55 ± 1.34) μg/L, (22.05 ± 1.32) μg/L, AD 组中维生素 D 缺乏的水平低于对照组维生素 D 缺乏的水平 (t = 2.588, P = 0.017), 在维生素 D 不足及足够的水平上比较两组差异无统计学意义 (P > 0.05)。AD 组中轻度 40 例, 中度 29 例及重度 33 例, 三组患者的血清 25-(OH)D₃ 值、TIgE 及外周血 EOS% 差异均有统计学意义 (F = 6.315, 35.813, 31.285, 均 P < 0.01)。重度组血清 25-(OH)D₃ 低于轻度组 (t = 3.640, P < 0.01), 但重度组与中度组及中度组与轻度组差异无统计学意义 (P > 0.05); 在 TIgE 和外周血 EOS% 上比较, 重度组 > 中度组 > 轻度组 (t = 8.318, 8.788, 均 P < 0.01; t = 4.322, 4.784, 均 P < 0.01); 血清 25-(OH)D₃ 值与 TIgE 水平 (r = -302, P < 0.01) 及外周血 EOS% (r = -508, P < 0.01) 呈负相关。结论 青少年 AD 患者存在维生素 D 缺乏及不足, 低维生素 D 水平与高 TIgE 及 EOS% 有相关性, 且 AD 的严重程度和血清维生素 D 降低, TIgE 水平及外周血 EOS% 升高关系密切。

【关键词】 皮炎, 特应性; 青少年; 维生素 D; 疾病严重程度指数; 总免疫球蛋白 E; 嗜酸性粒细胞

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Serum vitamin D levels of atopic dermatitis in adolescents and its clinical significance
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【Abstract】Objective To investigate the relationship between the serum level of vitamin D and severity of atopic dermatitis (AD) in adolescents. Methods From March 2016 to February 2017, 102 adolescents with AD (AD group) and 100 healthy adolescents (control group) were selected. The distribution and serum levels of vitamin D in the two groups were compared. According to SCORing atopic dermatitis (SCORAD) score, AD patients were divided into mild group, moderate group and severe group. The levels of 25 - (OH)D₃, total IgE (TIgE) and peripheral blood eosinophil cells percentage (EOS%) were detected in the three groups. Results There was no statistically significant difference in the proportion of patients with vitamin D deficiency, insufficiency and sufficiency between the AD group and control group (χ² = 2.718, P = 0.257). The serum level of 25 -(OH)D₃ in the AD group was lower than that in the control group [(18.43 ± 3.73) μg/L vs. (19.47 ± 3.27) μg/L, t = 2.112, P = 0.036]. The mean values of vitamin D deficiency, insufficiency and sufficiency in the AD group were (11.11 ± 1.65) μg/L, (17.49 ± 1.69) μg/L, (21.73 ± 1.17) μg/L, respectively, which in the control group were (12.86 ± 1.47) μg/L, (17.55 ± 1.34) μg/L, (22.05 ± 1.32) μg/L, respectively. The level of vitamin D deficiency in the AD group was significantly lower than that in the control group (t = 2.588, P = 0.017), but there were no statistically significant differences in vitamin D insufficiency and sufficiency between the AD group and control group. In 102 AD patients, 40 cases were mild, 29 cases were moderate and 33 cases were severe. The levels of 25 -(OH)D₃, TIgE and peripheral blood EOS% had statistically significant differences among the three groups (F = 6.315, 35.813, 31.285, all P < 0.01). The
25-(OH)D₃ level of the severe group was lower than that of the mild group \((t = 3.64, P = 0.097)\). However, there was no statistically significant difference between the severe and moderate groups and moderate and mild groups \((P > 0.05)\). Regarding the TlgE level and EOS%, severe group > moderate group > mild group \((t = 8.318, 8.788, all P < 0.01; t = 4.322, 4.784, all P < 0.01)\). The value of 25-(OH)D₃ was negatively correlated with the TlgE level \((r = -0.302, P < 0.01)\) and EOS% \((r = -0.508, P < 0.01)\) in the AD group. **Conclusion** Vitamin D deficiency or insufficiency exists in adolescents with AD. Low level of vitamin D is correlated with high TlgE level and EOS%. The severity of AD is closely correlated with increased serum levels of TlgE and EOS%, as well as decreased serum levels of vitamin D.

**Key words** Dermatitis, atopic; Adolescents; Vitamin D; Severity of illness index; IgE; Eosinophilia cell

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以奥美拉唑为主的三联疗法治疗小儿消化性溃疡疗效观察

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【摘要】目的 观察以奥美拉唑为主的三联疗法治疗小儿消化性溃疡的临床效果。方法 选择庆元县人民医院 2016 年 9 月至 2018 年 9 月收治的消化性溃疡患儿 86 例为观察对象,采用随机数字表法分为两组,每组 43 例。对照组采用雷尼替丁为主的三联疗法治疗,观察组采用以奥美拉唑为主的三联疗法治疗,两组疗程均为 30 天。比较两组幽门螺杆菌根除率、临床效果、胃肠激素水平及不良反应发生情况。结果 观察组幽门螺杆菌根除率、总有效率分别为 97.67% (42/43)、95.35% (41/43),均高于对照组的 81.40% (34/43)、79.07% (34/43),差异均有统计学意义 (χ² = 6.081, P < 0.05)。治疗后,观察组促胃液素、胃动素分别为 (75.29 ± 8.31) μmol/L、(164.88 ± 15.05) ng/L, 均低于对照组的 (81.07 ± 8.96) μmol/L、(204.15 ± 17.67) ng/L, 差异均有统计学意义 (t = 3.102, 11.095, P < 0.05); 观察组生长抑素为 (22.67 ± 3.95) ng/L, 高于对照组的 (18.31 ± 3.31) ng/L, 差异有统计学意义 (t = 5.548, P < 0.05); 两组不良反应发生率差异无统计学意义 (χ² = 0.938, P > 0.05)。结论 以奥美拉唑为主的三联疗法治疗小儿消化性溃疡安全有效,有助于根除幽门螺杆菌,降低胃泌素、胃动素和提高生长抑素水平。

【关键词】消化性溃疡; 多种药物疗法; 奥美拉唑; 雷尼替丁; 螺杆菌; 肠胃; 生长抑素; 儿童; 对比研究

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Effect of triple therapy with omeprazole in the treatment of children with peptic ulcer

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【Abstract】Objective To observe the clinical effect of omeprazole based triple therapy in the treatment of children with peptic ulcer. Methods From September 2016 to September 2018, 86 children with peptic ulcer in the People’s Hospital of Qingyuan County were selected in this study. By using the random number table method, they were divided into two groups, with 43 cases in each group. The control group received ranitidine based triple therapy treatment, the observation group was given omeprazole based triple therapy treatment. The treatment course of the two groups was 30 days. The eradication rate, clinical effect, gastrointestinal hormone level and adverse reactions of helicobacter pylori were compared between the two groups. Results The eradication rate and total effective rate of helicobacter pylori in the observation group were 97.67% (42/43) and 95.35% (41/43), respectively, which were higher than those in the control group [81.40% (34/43) and 79.07% (34/43)], the differences were statistically significant (χ² = 6.081, P < 0.05). After treatment, the levels of gastrin and motilin in the observation group were (75.29 ± 8.31) μmol/L, (164.88 ± 15.05) ng/L, respectively, which were lower than those in the control group [(81.07 ± 8.96) μmol/L, (204.15 ± 17.67) ng/L], the differences were statistically significant (t = 3.102, 11.095, P < 0.05). The somatostatin level of the observation group was (22.67 ± 3.95) ng/L, which was higher than that of the control group [(18.31 ± 3.31) ng/L], and the difference was statistically significant (t = 5.548, P < 0.05). There was no statistically significant difference in the incidence of adverse reactions between the two groups (χ² = 0.938, P > 0.05). Conclusion Omeprazole based triple therapy is safe and effective in the treatment of children with peptic ulcer, which is helpful to eradicate helicobacter pylori, reduce gastrin, motilin levels and improve the level of somatostatin.

【Key words】Peptic ulcer; Polypharmacy; Omeprazole; Ranitidine; Helicobacter pylori; Gastrins; Motilin; Somatostatin; Child; Comparative study

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血浆 B 型利钠肽联合 Tei 指数检测在介入术前先天性心脏病患儿左室功能评估中的价值

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【摘要】目的 探讨血浆 B 型利钠肽 (BNP) 与 Tei 指数联合检测在评估介入术前先天性心脏病患儿左室功能中的价值。方法 选取 2017 年 4 月至 2019 年 4 月在中山市大涌医院、中山市博爱医院准备接受介入治疗的先天性心脏病患儿 60 例为观察对象，按照美国纽约心脏病协会 (NYHA) 心功能分级法分为心功能 I 级组和心功能 II 级组，每组 30 例。另外选择同期健康儿童 30 例作为健康对照组。比较不同组别儿童血浆 BNP 浓度、左室射血分数 (LVEF) 及左室 Tei 指数的差异，探讨其与心功能的相关性，同时对血浆 BNP 浓度与 Tei 指数的相关性进行分析。结果 心功能 II 级组血清 BNP 浓度 [ (6.8 ± 1.2) ng/L]、左心室 Tei 指数 [ (0.63 ± 0.08)] 均高于心功能 I 级组 [ (5.4 ± 1.3) ng/L, (0.48 ± 0.11)]，差异均有统计学意义 (t = 1.92, 3.01, P < 0.05)，且两组均明显高于健康对照组 [ (3.7 ± 1.5) ng/L, (0.33 ± 0.09)]，差异均有统计学意义 (t = 2.14, 2.28, 4.19, 6.14, 0.63, 1.2, 0.05, P < 0.05)，且两组 LVEF 均显著低于健康对照组 (t = 10.32, 4.51, P < 0.05)。随着心功能不全严重程度的增加，BNP 及 Tei 指数逐渐升高 (F = 3.054, 3.491, 0.48, 0.11), LVEF 值逐渐下降 (F = 12.500, P < 0.05)。同时直线相关性分析结果显示，血浆 BNP 浓度与左心室 Tei 指数具有良好的正相关关系 (r = 0.69, P < 0.01)。结论 血浆 BNP 联合 Tei 指数检测能够迅速准确的评估介入术前先天性心脏病患儿左室功能，作为临床检测的敏感指标，具有临床推广价值。

【关键词】心脏缺损，先天性；血管成形术，气囊，冠状动脉；手术前期；利钠肽，脑；心室功能，左；儿童

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Clinical value of plasma BNP combined with Tei index in evaluating left ventricular function in children with congenital heart disease before interventional therapy

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【Abstract】Objective To explore the clinical value of combined detection of plasma BNP and Tei index in evaluating left ventricular function in children with congenital heart disease before interventional therapy. Methods From April 2017 to April 2019, a total of 60 children with congenital heart disease who were going to receive interventional therapy in Dachong Hospital of Zhongshan and Boai Hospital of Zhongshan were selected as observation subjects, and the patients were divided into cardiac function class I group and cardiac function class II group according to NYHA cardiac function classification, with 30 cases in each group. At the same time, 30 normal children were selected as healthy control group. The differences of plasma BNP concentration, left ventricular ejection fraction (LVEF) and left ventricular Tei index in different group were compared. The correlation between the plasma concentration and the cardiac function was investigated, and the correlation between the plasma BNP concentration and the Tei index was analyzed. Results The concentration of serum BNP [ (6.8 ± 1.2) ng/L] and the Tei index of left ventricle (0.63 ± 0.08) in the cardiac function class II group were significantly higher than those in the cardiac function class I group [ (5.4 ± 1.3) ng/L, (0.48 ± 0.11)], and the differences were statistically significant (t = 1.92, 3.01, all P < 0.05). These two indicators of the two groups were higher than those of the healthy control group.
[(3.7 ± 1.5) ng/L, (0.33 ± 0.09)], the differences were statistically significant (t = 2.14, 2.28, 4.19, 6.14, all P < 0.05). In addition, the LVEF of the cardiac function class II group was significantly lower than that of the cardiac function class I group (t = 5.00, P < 0.05), and the LVEF of the two groups were significantly lower than those of the healthy control group (t = 10.32, 4.51, all P < 0.05). With the increase of severity of cardiac insufficiency, the BNP and Tei index gradually increased (F = 3.054, 3.491, all P < 0.05), and the LVEF value decreased gradually (F = 12.50, P < 0.05). At the same time, the linear correlation analysis showed that the plasma BNP concentration had a positive correlation with the left ventricular Tei index (r = 0.69, P < 0.01).

**Conclusion** Plasma BNP combined with Tei index can quickly and accurately assess the left ventricular function in children with congenital heart disease before intervention. As a sensitive index for clinical detection, it has clinical application value.

【Key words】Heart defects, congenital; Angioplasty, balloon, coronary; Preoperative period; Natriuretic peptide, brain; Ventricular function, left; Child

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2016年浙江省温岭地区EV71型轻、重症手足口病患儿病毒分离株VP1和VP4区基因特征分析

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【摘要】目的 分析并比较2016年浙江省温岭地区EV71型轻、重症手足口病(HFMD)患儿病毒分离株VP1和VP4区基因特征及进化关系。方法 研究对象为2016年浙江省温岭市第一人民医院分离鉴定的EV71型HFMD患儿，随机选取轻、重症HFMD患儿EV71病毒株各6例，进行VP1和VP4区基因扩增和测序，利用DNAStar和Mega6.0软件对测序结果与美国国立生物信息中心公布的EV71典型基因代表株(A、B1~5、C1~4亚型)进行核苷酸和氨基酸比对分析，并构建系统进化树。结果 轻、重症手足口病患儿性别(χ²=14.51，P<0.05)和年龄(t=2.82，P<0.05)差异无统计学意义。两组EV71分离株的VP1区核苷酸同源性为95.8%~99.6%，氨基酸同源性为99.1%~100%;VP4区核苷酸同源性为95.0%~99.9%，氨基酸同源性为99.0%~100%，轻、重症EV71分离株同源性高。它们与典型C4a基因型代表株最接近，氨基酸同源性为：VP196.6%~100%(V170L突变)和VP494.3%~100%(T7A突变)。3例EV71型重症HFMD患儿分离株分别出现VP1区V170L突变(缬氨酸→亮氨酸)，VP1区A293S(丙氨酸→丝氨酸)以及VP4区T7A(苏氨酸→丙氨酸)，其他未见明显突变。结论 2016年浙江温岭地区轻、重症HFMD患儿EV71病毒分离株VP1和VP4区同源性高，且均属于C4a基因亚型。其中几个位点的氨基酸突变可能与浙江温岭地区HFMD患儿疾病危重有关。

【关键词】手足口病;肠道病毒71;基因型;疾病严重程度;突变

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Sequence analysis of VP1 and VP4 genes of enterovirus 71 strains isolated from children with severe and mild hand–foot and mouth disease

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【Abstract】Objective To analyze and compare VP1 and VP4 genetic characteristics of human enterovirus 71 (EV71) isolated from children with severe and mild hand–foot and mouth disease (HFMD). Methods EV71 strains isolated from severe HFMD patients (6 cases) and mild HFMD patients (6 cases) in Taizhou district, Zhejiang province were included during 2016. Total virus RNA was extracted by Viral RNA Mini Extraction Kit, and reverse transcription polymerase chain reaction (RT-PCR) was used to amplify the sequence of the VP1 and VP4 genes of EV71. And then the sequencing results were compared with those of A, B, C genotype reference EV71 strains from GenBank by nucleotide alignment and amino acid alignment analysis. Results There were no statistically significant differences in sex and age between the two groups(χ²=14.51, t=2.82, all P<0.05). The homogeneity between EV71 strains from severe patients and mild patients was 95.8% ~ 99.6% and 99.1% ~ 100.0% for VP1 nucleotide sequences and amino acid sequences, respectively, while 95.0% ~ 99.9% and 99.0% ~ 100.0% for VP4 nucleotide sequences and amino acid sequences, respectively. The twelve EV71 strains isolated from HFMD patients in Taizhou shared the highest identity with EV71 – genotype C, especially genotype C4a. In addition, compared with the mild patients, three respective strains from severe HFMD patients showed mutations at the residue 170 in the VP1 protein (V→L), residue 293 in the VP1 protein (A→S) and residue 7 in the VP4 protein (T→A). Conclusion All EV71 strains isolated from severe and mild HFMD patients in Taizhou district share high homology of nucleotide and amino sequence, and all of them belong to subgenogroup C4a. The mutations in the VP1 and VP4 of EV71 might be
related to HFMD disease severity.

【Key words】Hand–foot and mouth disease; Enterovirus 71; Genotype; Disease severity; Mutation

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Diagnostic performance of T – SPOT test for pediatric tuberculosis

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【Abstract】Objective To investigate the diagnostic performance of T – SPOT test for pediatric tuberculosis (TB). Methods The results of T – SPOT and PPD in 67 TB children and 71 TB − excluded children that diagnosed and treated in the People’s Hospital of Jianyang from June 2014 to May 2017 were retrospectively analyzed. The diagnostic efficacy and consistency of the two tests, and the diagnostic efficacy of combined examination were evaluated. Results The sensitivity, specificity, positive predictive value, negative predictive value, positive likelihood ratio, negative likelihood ratio, Youden’s index of T – SPOT were 88.1% , 94.4%, 93.7%, 89.3%, 15.6, 0.13, 0.83, respectively. While the above parameters of PPD were 68.7%, 74.6%, 71.9%, 71.6%, 2.71, 0.42, 0.43, respectively. T – SPOT had higher sensitivity, specificity, positive predictive value, negative predictive value compared with PPD, and the differences were statistically significant ( $ \chi^2 = 7.44, 10.54, 10.51, 7.45, \text{all } P < 0.01$ ). The positive rates of T – SPOT for pulmonary and extra – pulmonary TB were 90.9% and 82.6%, and the difference was not statistically significant ( $ P > 0.05$ ). The positive rate of T – SPOT was higher in 5 – 18 years old group than that in 0 – 4 years old group(95.1% vs. 76.2%, $ \chi^2 = 5.01, P < 0.05$ ). The latter group held a diagnostic concordance greater than the former(kappa value 0.78 vs. 0.23 ). The sensitivity of combined tests had no statistically significant difference compared with T – SPOT alone ( $ P > 0.05$ ). Conclusion T – SPOT outperformed PPD in diagnostic assistance of pediatric TB overall. The diagnostic superiority is noticeable in the >4 – 18 years old other than the 0 – 4 years old. Compared with T – SPOT alone, combined tests should not be regarded to have increased sensitivity.

【Key words】T – lymphocytes; Enzyme – linked immunospot assay; Tuberculosis, pulmonary; Mycobacterium tuberculosis; Tuberculin test; Diagnosis; Child

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小儿肺热咳喘颗粒辅助治疗痰热壅肺型小儿支气管肺炎的疗效及对血清活化蛋白和白细胞介素 1 受体的影响

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【摘要】 目的 观察小儿肺热咳喘颗粒辅助治疗痰热壅肺型小儿支气管肺炎的疗效及对血清活化蛋白 (APC) 和白细胞介素 1 受体 (IL-1R) 的影响。方法 选择 2016 年 6 月至 2018 年 6 月丽水市妇幼保健院收治的小儿支气管肺炎患儿 116 例为观察对象,采用随机数字表法均分为观察组和对照组各 58 例,两组患儿均给予常规治疗,观察组在此基础上采用小儿肺热咳喘颗粒辅助治疗。观察两组患儿治疗后疗效、临床症状消失时间,以及治疗前后的 APC 和 IL-1R 水平变化情况。结果 治疗后,观察组的临床总有效率为 96.55%, 高于对照组的 81.03%, 差异有统计学意义 (χ² = 7.017, P = 0.008); 观察组的退热时间、肺部啰音消失时间、X 线炎症消失时间及咳嗽消失时间均短于对照组,差异均有统计学意义 (t = 9.134, 13.157, 3.407, 8.532, P < 0.05)。治疗前,两组患儿的血清 APC 和 IL-1R 水平比较,差异均无统计学意义 (t = 0.480, 0.501, P > 0.05); 治疗后, 两组患儿的血清 APC 水平均升高 (P < 0.05), 且观察组高于对照组 (t = 5.029, P < 0.05); 而两组血清 IL-1R 水平均降低 (P < 0.05), 且观察组低于对照组 (t = 11.835, P < 0.05)。结论 小儿肺热咳喘颗粒辅助治疗痰热壅肺型小儿支气管肺炎疗效确切, 可迅速改善患儿的临床症状, 可能与其可降低血清 IL-1R 水平和提高 APC 水平有关。

【关键词】 小儿肺热咳喘颗粒; 支气管肺炎; 中西医结合疗法; 活化蛋白; 白细胞介素 1 受体; 疗效; 改善症状

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Effect of Xiaoerfeire Kechuan Granule in the treatment of children with bronchopneumonia and its effect on serum APC and IL-1R

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【Abstract】 Objective To observe the effect of Xiaoerfeire Kechuan Granule in the treatment of bronchopneumonia in children and its effect on serum activating protein (APC) and interleukin-1 receptor (IL-1R). Methods From June 2016 to June 2018, 116 children with pediatric bronchial pneumonia admitted to the Maternal and Child Health Hospital of Lishui were selected as observation subjects. According to the random number table method, the patients were divided into observation group and control group, with 58 cases in each group. Both groups were given conventional therapy. On the basis of this treatment, the observation group was treated with Xiaoerfeire Kechuan Granule. The therapeutic effects, the disappearance time of clinical symptoms, and the changes of APC and IL-1R levels before and after treatment were observed. Results After treatment, the total effective rate of the observation group was 96.55%, which was higher than that of the control group (81.03%), the difference was statistically significant (χ² = 7.017, P = 0.008). The defervescence time, lung voice disappeared time, disappearance time of X-ray inflammation and disappearance time of cough in the observation group were shorter than those in the control group, and the differences were statistically significant (t = 9.134, 13.157, 3.407, 8.532, P < 0.05). Before treatment, there were no statistically significant differences in the serum APC and IL-1R levels between the two groups (t = 0.480, 0.501, P > 0.05). After treatment, the serum APC levels increased in both two groups (P < 0.05), and the APC level of the observation group was higher than that of the control group (t = 5.209, P < 0.05); the serum IL-1R level of the two groups were decreased (P < 0.05), and the IL-1R level of the observation group was lower than that of the control group (t = 11.835, P < 0.05). Conclusion Xiaoerfeire Kechuan Granule is effective in the treatment of children with bronchopneumonia, which can improve the clinical symptoms of children rapidly, its
mechanism may be related to lowering serum IL-1R level and increasing APC level.

【Key words】 Xiaoeifei Kechuan Granule; Bronchial pneumonia; Integrated Chinese and western medicine therapy; activating protein; IL-1R; Efficacy; Improve symptoms

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高频振荡通气与常频机械通气交替应用治疗早产儿呼吸窘迫综合征的疗效观察

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【摘要】 目的 探讨高频振荡通气与常频机械通气交替应用治疗早产儿呼吸窘迫综合征的疗效。方法 选取泰安市妇幼保健院2015年4月至2017年8月收治的早产儿呼吸窘迫综合征174例进行研究,采用随机数字表法将其分为三组,常频组采用常频机械通气治疗,高频组采用高频振荡通气治疗,交替应用组联合常频机械通气与高频振荡通气治疗,治疗后比较三组患儿用氧时间、机械通气时间、氧合功能、并发症及存活情况。结果 交替应用组用氧时间及机械通气时间均较常频组和高频组短,差异均有统计学意义(均P<0.05)。治疗开始后各组患儿动脉血氧分压(PaO₂)与动脉血氧分压与吸入氧浓度比(PaO₂/FiO₂)增高,动脉血二氧化碳分压(PaCO₂)、氧合指数(OI)与呼吸指数(RI)降低,与治疗前比较差异均有统计学意义(均P<0.05)。治疗12h、24h及48h时交替应用组PaO₂与PaO₂/FiO₂高于常频组与高频组,PaCO₂、OI与RI低于常频组与高频组,差异均有统计学意义(均P<0.05)。结论 高频振荡通气与常频机械通气交替应用治疗早产儿呼吸窘迫综合征有利于提高氧合功能,缩短用氧时间与机械通气时间,安全性良好。

【关键词】 呼吸窘迫综合征; 早产儿; 常频机械通气; 高频振荡通气

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Alternate application efficacy of high – frequency oscillatory ventilation and constant – frequency mechanical ventilation in the treatment of premature infants with respiratory distress syndrome

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【Abstract】 Objective To investigate the alternate application efficacy of high – frequency oscillatory ventilation and constant – frequency mechanical ventilation in the treatment of premature infants with respiratory distress syndrome. Methods From April 2015 to August 2017, 174 premature infants with respiratory distress syndrome were chosen in this research and randomly divided into three groups. CF group was treated with constant – frequency mechanical ventilation, HF group was treated with high – frequency oscillatory ventilation, AP group was treated with alternate application of constant – frequency mechanical ventilation and high – frequency oscillatory ventilation. After treatment, the oxygen time, mechanical ventilation time, oxygenation, complications and survival in the three groups were compared. Results The oxygen time, mechanical ventilation time of the AP group were shorter than those of the HF group and the CF group, the differences were statistically significant ( all P < 0.05). After treatment, the PaO₂ and PaO₂/FiO₂ were increased in each group, and the PaCO₂, OI and RI were decreased, and the differences were statistically significant compared with before treatment ( all P < 0.05). At 12 h, 24 h and 48 h after treatment, the PaO₂ and PaO₂/FiO₂ in the AP group were higher than those in the CF group and the HF group, the PaCO₂, OI and RI were lower than those in the CF group and the HF group( all P < 0.05). There were no statistically significant differences in the incidence of complications and survival rate among the three groups ( all P > 0.05). Conclusion Alternate application of high – frequency oscillatory ventilation and constant – frequency mechanical ventilation in the treatment of premature infants with respiratory distress syndrome can improve oxygenation, shorten oxygen time and mechanical ventilation time, with good safety.

【Key words】 Respiratory distress syndrome; Premature infants; Constant – frequency mechanical ventilation; High – frequency oscillatory ventilation

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Clinical observation of recombinant human growth hormone in the treatment of growth hormone deficiency

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Abstract
Objective To investigate the clinical effect of recombinant human growth hormone (rhGH) in the treatment of children with growth hormone deficiency and its effect on thyroid function. Methods From June 2016 to June 2018, 81 children with growth hormone deficiency in Da Jiangdong Hospital of Hangzhou were selected. The rhGH was given 1 time before bedtime, and the treatment course was 6 months. The growth and development, bone metabolism and thyroid function were compared before treatment, 3 months and 6 months after treatment. Results The height and growth rate at 3 months after treatment (131.76 ± 2.28 cm, 10.40 ± 0.87 cm/year) were higher than those before treatment (127.32 ± 3.49 cm, 4.32 ± 1.08 cm/year) (F = 7.973, P = 0.000, F = 12.314, P = 0.000), and the levels of BGP and ALP at 3 months after treatment (129.34 ± 8.97 ng/mL and ALP (108.49 ± 6.51 U/L, F = 8.971, P = 0.000, F = 15.427, P = 0.000), and treatment 6 months (18.01 ± 4.35 kg/m²), which was significantly different in BMI among before treatment (17.21 ± 4.28 kg/m²), 3 months after treatment (17.86 ± 5.14 kg/m²) and 6 months after treatment (18.40 ± 5.14 kg/m²) (F = 0.762, P = 0.391). The serum levels of BGP and ALP at 3 months after treatment (7.19 ± 0.38 ng/mL, 129.34 ± 8.97 U/L) and at 6 months after treatment (7.94 ± 0.63 ng/mL, 154.67 ± 10.42 U/L) were higher than those before treatment (6.38 ± 0.57 ng/mL and ALP (108.49 ± 6.51 U/L, F = 8.971, P = 0.000, F = 15.427, P = 0.000), and the levels of BGP and ALP at 6 months after treatment were higher than those 3 months after treatment (t = 9.175, P = 0.000, t = 16.581, P = 0.000). There were no statistically significant differences in serum FT3, TSH and FT4 levels before treatment, 3 months after treatment and 6 months after treatment (F = 0.893, P = 0.391, F = 8.571, P = 0.000, F = 10.563, P = 0.000), and the levels of BGP and ALP at 6 months after treatment were higher than those 3 months after treatment (t = 9.175, P = 0.000, t = 16.581, P = 0.000). Conclusion rhGH has significant clinical effects on children with growth hormone deficiency, and it has no significant effect on thyroid function, which is worthy of clinical reference.

Keywords Growth disorders; Human growth hormone; Thyroid function tests

Conclusion rhGH has significant clinical effects on children with growth hormone deficiency, and it has no significant effect on thyroid function, which is worthy of clinical reference.
胸腔镜简易褥式缝合法治疗
无膈肌后缘的新生儿膈疝

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【摘要】 目的 探讨胸腔镜下应用注射器带线简易褥式缝合法治疗无膈肌后缘新生儿膈疝的初步经验。
方法 回顾性分析淮安市妇女儿童医院 2015 年 3 月至 2017 年 10 月采用胸腔镜下注射器针头带线的简易褥式缝合法治疗无膈肌后缘膈疝患儿 10 例的临床资料, 其中男 6 例, 女 4 例; 入院年龄 10 min 至 1 d。足月儿 7 例, 早产儿 3 例。体质量 2.3 ~ 3.5 kg(平均 2.88 kg), 均为左侧膈疝。在裂隙的体表投影处肋间取 2 ~ 3 个预备缝合部位, 切开皮肤 1 mm, 两根 2-0 不可吸收缝线绕过相应肋骨, 通过注射器针头分次插入膈肌缺损的前缘的肌肉之间, 第一根线头由第二根线环带出体外进行打结, 关闭后外侧裂隙, 线结位于肋间皮下。
结果 在胸腔镜膈疝修补术的实施过程中, 10 例膈疝患儿均应用该简化技术成功修复无膈肌后缘的新生儿膈疝后外侧裂隙。手术时间为 25 ~ 60 min(平均 37.5 min)。10 例患儿随访 3 ~ 33 个月(平均 16.5 个月), 无死亡和复发病例。1 例新生儿术后合并皮下气肿术后 1 周消失。结论 胸腔镜下应用注射器带线简易褥式缝合法治疗无膈肌后缘的新生儿膈疝是一个有效而且可靠的技术, 具有操作简单, 手术时间短, 效果确切等优点。

【关键词】 病, 横膈; 胸腔镜检查; 修复外科手术; 婴儿, 新生

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Thoracoscopic repair with simplified mattress sutures in the treatment of diaphragmatic hernia in neonates without posterolateral rim of diaphragm

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【Abstract】 Objective To explore the initial experience of thoracoscopic repair with simplified mattress sutures in the treatment of diaphragmatic hernia in neonates without posterolateral rim of diaphragm. Methods A retrospective review of the new simplified technique in 10 cases from March 2015 to October 2017 was performed. Of the patients, 6 cases were male, 4 cases were female. The age was 10 min ~ 1 d, 7 cases were term newborns, and 3 cases were premature. The mean weight was 2.88 kg (ranged 2.3 ~ 3.5 kg). All the 4 cases were left ~ sided. Two to three primary suture sites were taken from the relative intercostal region of the body surface projection of the defect. A snip incision about 1 mm of the skin was done. Two 2 ~ 0 non ~ absorbable sutures round the rib were inserted between the front edged of the defect and the diaphragm muscle through a syringe needle. The first thread was brought out of the body by the ring of the second thread and knot tying was made extracorporally. The posterolateral defect was closed; the knot was under the skin of intercostals space. Results Ten neonates with CDH were repaired successfully using this new simplified technique. The mean operative time was 37.5 min (ranged 25 ~ 60 min) for each CDH repair. No cases required conversion to open surgery, blood loss was minimal. The 10 cases were followed up for 16.5 months (ranged 5 ~ 24 months), with no death and no recurrence. One neonate complicated with subcutaneous emphysema postoperatively and healed in one week. Conclusion The new technique of thoracoscopic repairing with simplified mattress sutures when no posterolateral rim of diaphragm exists has all the advantages of thoracoscopy in neonates combined with the advantages of reduced operative time, simplicity, feasibility and definite curative effect and has the value of clinical popularization.

【Key words】 Hernia, diaphragmatic; Thoracoscopy; Reconstructive surgical procedures; Infant, newborn

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前白蛋白和γ-谷氨酰转肽酶对新生儿高胆红素血症的影响

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【摘要】目的 探讨检测前白蛋白(PA)、γ-谷氨酰转肽酶(γ-GT)在判断新生儿高胆红素血症病情中的临床意义。方法 选取温州医科大学附属苍南医院2017年8月至2018年8月诊治的新生儿高胆红素血症300例为研究对象,均为足月分娩,其中早期新生儿210例,晚期新生儿90例。按照高胆红素血症严重程度分别为轻度(50例)、中度(150例)及重度(100例)。分别检测各组新生儿血PA、γ-GT水平。结果 晚期新生儿血PA、γ-GT水平分别为(95.81 ± 4.58)mg/L、(44.97 ± 5.21)IU/L,明显高于早期新生儿的(94.77 ± 6.32)mg/L、(53.88 ± 6.32)IU/L(t = 1.410,11.767,P = 0.160,0.000)。随着胆红素水平的增加,患儿血PA水平逐渐下降(P < 0.05);中度、重度血γ-GT水平明显高于轻度(t = 2.222,2.020,P = 0.027,0.046);而中度与重度血γ-GT水平相比较(t = 0.712,P = 0.477)。中度与重度新生儿血PA水平相比较(t = 1.741,P = 0.083);而中度、重度间血PA水平明显低于轻度(t = 2.357,3.277,P = 0.019,0.001)。重度与中度间血清γ-GT水平差异无统计学意义(t = 0.719,P = 0.474);而重度与中度血清PA水平低于轻度(t = 3.234,2.117,P = 0.001,0.043);三组间两两血清γ-GT水平比较,其中重度与中度间比较(t = 0.297,P = 0.767),重度与轻度比较(t = 0.269,P = 0.788),中度与轻度比较(t = 0.013,P = 0.989)差异无统计学意义。结论 通过检测不同时期新生儿高胆红素血症血PA、γ-GT水平可为临床判断患儿病情提供参考,从而指导临床合理治疗。

【关键词】前白蛋白 γ-谷氨酰转肽酶 高胆红素血症 新生儿 诊断价值 足月 胆红素

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Effects of PA and γ-glutamyltranspeptidase on hyperbilirubinemia in neonates

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【Abstract】Objective To explore the clinical significance of prealbumin(PA) and γ-glutamyltranspeptidase (γ-GT) detection in evaluation of hyperbilirubinemia in neonates at different stages. Methods From August 2017 to August 2018, 300 full-term delivery patients with neonatal hyperbilirubinemia were selected, including 210 early-stage neonates and 90 late-stage neonates. According to the severity of bilirubinemia, the patients were classified into mild group (50 cases), moderate group (150 cases), and severe group (100 cases). The blood levels of PA and γ-GT of each group were detected. Results The levels of PA and γ-GT in late neonates were (95.81 ± 4.58)mg/L,(44.97 ± 5.21) IU/L, respectively, which were significantly higher than those in early neonates (94.77 ± 6.32)mg/L, (53.88 ± 6.32) IU/L(t = 1.410, 11.767, P = 0.160, 0.000). With the increase of bilirubin level, the blood PA level was gradually decreased(P < 0.05). The blood γ-GT level of moderate and severe patients were significantly higher than that of mild ones (t = 2.222, 2.020, P = 0.027, 0.046). The blood levels of γ-GT and PA had no statistically significant differences between moderate patients and severe patients (t = 0.712, 1.741; P = 0.477, 0.083). The blood PA level of moderate and severe patients were significantly lower than that of mild patients (t = 2.357, 3.277, P = 0.019, 0.001). The serum PA levels had no statistically significant difference between severe patients and moderate patients (t = 0.719, P = 0.474); and the serum PA levels of severe and moderate patients were lower than that of mild patients (t = 3.234, 2.117, P = 0.001, 0.043). The serum γ-GT levels among the three groups had no statistically significant differences (severe vs. moderate; t = 0.297, P = 0.767; severe vs. mild; t = 0.269, P = 0.788; moderate vs. mild; t = 0.013, P = 0.989). Conclusion By detecting the levels of PA and γ-GT in neonatal hyperbilirubinemia in different periods, it can provide a reference for clinical judgment of the condition of the children, thus guiding clinical rational treatment.

【Key words】Prealbumin; γ-glutamyltranspeptidase; Hyperbilirubinemia; Neonatal; Diagnostic value; Full term; Bilirubin

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中药泡浴联合蓝光照射治疗新生儿病理性黄疸疗效分析

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【摘要】目的 观察中药泡浴联合蓝光照射治疗新生儿病理性黄疸的疗效和安全性。方法 选取舟山市妇幼保健院 2018 年 1～10 月收治的新生儿病理性黄疸 94 例,采用随机数字表法分为对照组、观察组各 47 例。对照组在常规治疗基础上行蓝光照射治疗,观察组在对照组基础上联合茵陈蒿汤加减泡浴治疗,两组疗程均为 7 d。比较两组治疗前后总胆红素(TBIL)、非结合胆红素(UCB)、总胆汁酸(TBA)、超敏 C 反应蛋白(HS-CRP) 和 β-葡萄糖醛酸苷酶(β-GD) 水平变化及临床疗效、不良反应发生率。结果 治疗 7 d 后,观察组 TBIL、UCB、TBA、HS-CRP 分别为 (116.4 ± 6.9) μmol/L、(153.6 ± 8.2) μmol/L、(8.3 ± 1.3) μmol/L、(4.9 ± 0.6) mg/L, 均低于对照组的(153.6 ± 8.2) μmol/L、(249.3 ± 42.3) μmol/L、(25.9 ± 2.9) μmol/L、(18.3 ± 0.5) mg/L(t = 15.851, 20.329, 624.7, 508.7, 均 P < 0.05); 两组治疗前后 β-GD 均降低, 观察组下降更明显 (P < 0.05)。观察组总有效率为 97.9% (46/47), 明显高于对照组的 85.1% (40/47); 观察组不良反应发生率为 4.3% (2/47), 明显低于对照组的 29.8% (17/47), 两组差异均有统计学意义(χ² = 11.562, 14.605, 均 P < 0.01)。结论 中药泡浴联合蓝光照射治疗新生儿病理性黄疸疗效确切, 不良反应发生率低。

【关键词】 黄疸,新生儿; 中草药; 浴疗学; 色光疗法; 胆红素; 胆汁酸类和盐类; C 反应蛋白; 胆脱氢酶; 对比研究

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Efficacy and safety of Yinchenhao Decoction combined with blue light irradiation in the treatment of neonatal pathological jaundice

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【Abstract】Objective To explore the efficacy and safety of Yinchenhao Decoction combined with blue light irradiation in the treatment of neonatal pathological jaundice. Methods From January 2018 to October 2018, a total of 94 neonates with pathological jaundice admitted to our hospital were divided into the control group and the observation group, with 47 cases in each group. On the basis of conventional treatment, the control group was given blue light irradiation treatment, while the observation group was treated with Yinchenhao Decoction on the basis of the control group. The changes of TBIL, UCB, TBA and HS−CRP levels, β−GD levels, clinical efficacy and incidence of adverse events were compared between the two groups after 7 days of treatment. Results After 7 days of treatment, the TBIL, UCB, TBA and HS−CRP levels in the observation group were (116.4 ± 6.9) μmol/L, (153.6 ± 8.2) μmol/L, (8.3 ± 1.3) μmol/L, (4.9 ± 0.6) mg/L, respectively, which were lower than those in the control group [(153.6 ± 8.2) μmol/L, (249.3 ± 42.3) μmol/L, (25.9 ± 2.9) μmol/L, (18.3 ± 0.5) mg/L] (t = 15.851, 20.329, 624.7, 508.7, all P < 0.05). The β−GD level reduced more significant in the observation group, which in both two groups were decreased after treatment (all P < 0.05). The total effective rate of the observation group was 97.9% (46/47), which was significantly higher than that of the control group [85.1% (40/47)], and the total incidence of adverse reactions in the observation group was 4.3% (2/47), which was significantly lower than that in the control group [29.8% (17/47)], the differences were statistically significant (χ² = 11.562, 14.605, all P < 0.01). Conclusion Yinchenhao Decoction combined with blue light irradiation is effective in the treatment of neonatal pathological jaundice.
jaundice, possibly by affecting β-GD levels. In addition, it can significantly reduce the incidence of adverse reactions in children, with better efficacy and higher safety. It is worthy of clinical reference and promotion.

【Key words】Jaundice, neonatal; Drugs, Chinese herbal; Balneology; Color therapy; Bilirubin; Bile acids and salts; C-reactive protein; Aldehyde dehydrogenase; Comparative study

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静脉溶栓联合药物治疗轻型缺血性卒中的疗效观察

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【摘要】目的 探讨静脉溶栓后行双重抗血小板联合小牛血清去蛋白注射液治疗轻型缺血性卒中的疗效。方法 选取瑞安市人民医院2017年10月至2018年12月确诊的轻型缺血性卒中患者82例,采用随机数字字表法分为对照组(n=41例)和观察组(n=41例),对照组静脉溶栓后给予阿司匹林治疗,观察组在对照组基础上联合双重抗血小板和小牛血清去蛋白注射液治疗,两组疗程3个月,比较两组总有效率及治疗前后血液流变学指标变化、神经功能缺损程度改善情况、日常生活能力及回归社会的能力变化,并观察并发症及预后情况。结果 观察组总有效率为95.12%(39/41),高于对照组的78.05%(32/41)(χ²=5.145, P<0.05)。治疗后,观察组美国国立卫生研究院卒中评分量表(NIHSS)评分、改良Rankin评分量表(mRS)评分、Barthel指数(BI)评分分别为(76.05±4.86)分、(92.15±6.73)分、(0.87±0.36)分,对照组分别为(78.05±4.39)分、(92.51±6.12)分、(0.92±0.35)分,差异均具有统计学意义(t=8.592,11.308,7.099,均P<0.05);观察组全血黏度、血浆黏度、血小板聚集率分别为(4.13±0.36) mPa/s,(1.39±0.31) mPa/s,(32.35±2.61)%,均低于对照组的(4.65±0.72) mPa/s,(1.62±0.47) mPa/s,(39.07±3.25)%,(t=32.740,2.382,9.400,均P<0.05)。两组均未出现脑出血和病死病例,两组复发率差异无统计学意义(χ²=2.565, P>0.05)。结论 轻型缺血性卒中患者给予静脉溶栓治疗后,行双重抗血小板联合小牛血清去蛋白注射液治疗能改善患者的神经功能,生活能力及血液流变学指标。

【关键词】卒中; 血栓溶解疗法; 阿司匹林; 血小板聚集抑制剂; 小牛血清去蛋白注射液; 药物疗法,联合; 血液流变学; 预后

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Therapeutic effect of intravenous thrombolysis combined with drug therapy on mild ischemic stroke

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【Abstract】Objective To explore the effect of dual antiplatelet combined with calf serum deproteinized injection in the treatment of mild ischemic stroke after intravenous thrombolysis. Methods From October 2017 to December 2018, 82 patients with mild ischemic stroke who were diagnosed in the People’s Hospital of Ruian were selected. The patients were divided into control group (41 cases) and observation group (41 cases) according to random number table method. The control group was treated with aspirin after intravenous thrombolysis. On this basis, the observation group was treated with dual antiplatelet combined with calf serum deproteinized injection. The course of treatment was 3 months in both two groups. The total effective rate, the changes of hemorheological indicators, the improvement of neurodeficit, the ability of daily living and the ability of returning to society were compared between the two groups before and after treatment. The complications and prognosis were recorded. Results The total effective rate of the observation group was 95.12%(39/41), which was higher than 78.05%(32/41) of the control group (χ²=5.145, P<0.05). After treatment, the National Institutes of Health Stroke Score Scale (NIHSS) score, Modified Rankin Score (mRS), Barthel index (BI) score of the observation group were (0.34±0.18) points, (92.15±6.73) points, (0.87±0.36) points, respectively, which of the control group were (0.92±0.35) points, (76.05±4.86) points, (1.64±0.52) points, respectively, there were statistically significant differences between the two groups (t=8.592,11.308,7.099, all P<0.05). The whole blood viscosity, plasma viscosity and platelet aggregation rate of the observation group were (4.13±0.36) mPa/s, (1.39±0.31) mPa/s, (32.35±2.61)% respectively, which were lower than those of the control group [(8.65±0.72) mPa/s, (1.62±0.47) mPa/s, (39.07±3.25)%, respectively].
(39.07 ± 3.25)% \ (t = 32.740, 2.382, 9.400, \text{all } P < 0.05). \text{There were no cases of cerebral hemorrhage and death in the two groups, and there was no statistically significant difference in recurrence rate between the two groups (} \chi^2 = 2.565, P > 0.05). \text{Conclusion} \text{ After intravenous thrombolytic therapy for patients with mild ischemic stroke, dual antiplatelet therapy combined with calf serum deproteinized injection can improve the neurological function, life ability and hemorheological indicators of patients, with good prognosis, it is safe and effective.}

【Key words】 Stroke; Thrombolytic therapy; Aspirin; Platelet aggregation inhibitors; Calf serum deproteinized injection; Drug therapy, combination; Hemorheology; Prognosis

**Fund program:** Science and Technology Planning Project of Wenzhou City, Zhejiang Province (Y20170349)

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阿维 A 联合中药治疗脓疱型银屑病疗效观察

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【摘要】目的 观察阿维 A 联合中药治疗脓疱型银屑病的疗效。方法 选择长治市第二人民医院 2011 年 7 月至 2017 年 10 月收治的脓疱型银屑病患者 91 例，采用随机数字表法分为治疗组 31 例、对照组 I 30 例与对照组 II 30 例，三组在基础治疗的同时分别采用阿维 A 联合中药、单纯阿维 A 口服、单纯服中药治疗，对比三组患者的疗效、体温下降时间、脓疱完全消退时间以及住院时间。结果 治疗组总有效率 93.55% (29/31)，对照组 I 70.00% (21/30)，对照组 II 73.33% (22/30)，治疗组成明显高于两个对照组 (χ² = 5.720, 4.546, 均 P < 0.05)，对照组 I 和对照组 II 总有效率差异无统计学意义 (P > 0.05)；治疗组体温下降时间 (4.24 ± 0.86) d、脓疱完全消退时间 (7.38 ± 0.72) d、住院时间 (23.46 ± 0.61) d，对照组 I 分别为 (7.45 ± 0.92) d，(10.45 ± 0.52) d，(30.01 ± 0.82) d，对照组 II 分别为 (8.56 ± 0.78) d，(11.56 ± 0.35) d，(31.53 ± 0.68) d，对照组 I 显著短于对照组 II (t = 14.083, 19.037, 35.476, 均 P < 0.05)，治疗组均显著短于对照组 I 与对照组 II (t = 20.529, 28.682, 48.826, 5.041, 9.699, 7.816, 均 P < 0.05)。结论 阿维 A 胶囊联合中药治疗脓疱型银屑病临床疗效好、显效快，可在较短时间内控制体温，缩短脓疱消退时间，同时可有效缩短住院时间。

【关键词】银屑病；皮肤疾病；阿维 A；中草药；药物疗法；联合；治疗结果；对比研究

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Therapeutic effect of acitretin combined with traditional Chinese Medicine on pustular psoriasis

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【Abstract】Objective To observe the efficacy of acitretin combined with traditional Chinese medicine in the treatment of pustular psoriasis. Methods From July 2011 to October 2017, 91 patients with pustular psoriasis admitted to the Second People’s Hospital of Changzhi were randomly divided into treatment group (n = 31), control group I (n = 30) and control group II (n = 30) according to the digital table. The patients in the three groups were treated with acitretin combined with traditional Chinese medicine, oral acitretin and traditional Chinese medicine, respectively. The therapeutic effects, the time required for hypothermia, the time required for the complete disappearance of pustules and the average length of hospitalization were compared among the three groups. Results The total effective rate was 93.55% (29/31) in the treatment group, 70.00% (21/30) in the control group I and 73.33% (22/30) in the control group II. The total effective rate in the treatment group was significantly higher than that in the two control groups (χ² = 5.720, 4.546, all P < 0.05). There was no statistically significant difference in total effective rate between the control group I and the control group II (P > 0.05). The fever alleviating time, completely disappearance time of pustules, average hospital stay in the treatment group were (4.24 ± 0.86) d, (7.38 ± 0.72) d, (23.46 ± 0.61) d, respectively, which in the control group I were (7.45 ± 0.92) d, (10.45 ± 0.52) d, (30.01 ± 0.82) d, respectively, which in the control group II were (8.56 ± 0.78) d, (11.56 ± 0.35) d, (31.53 ± 0.68) d, respectively, which in the control group I were significantly shorter than those in the control group II (t = 14.083, 19.037, 35.476, all P < 0.05), which in the treatment group were significantly lower than those in the control group I and the control group II (t = 20.529, 28.682, 48.826, 5.041, 9.699, 7.816, all P < 0.05). Conclusion Acitretin capsule combined with traditional Chinese medicine is effective in the treatment of pustular psoriasis, which can control body temperature in a short time, shorten the time of disappearance of pustule, relieve the pain of patients, and shorten the time of hospitalization at the same time.

【Key words】Psoriasis; Skin diseases; Avera; Drugs, Chinese herbal; Drug therapy, combination; Treatment outcome; Comparative study

Fund program: Research Project of traditional Chinese Medicine of Health and Family Planning Commission of Shanxi Province (2014ZY07)

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腹腔镜法置管与手术切开法置管对尿毒症腹膜透析患者导管相关并发症及微炎症状态的影响

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【摘要】目的 探讨腹腔镜法与手术切开法置管对尿毒症腹膜透析(PD)患者导管相关并发症及微炎症状态的影响。方法 选择建德市第一人民医院2014年1月至2019年3月行PD治疗的尿毒症患者98例，按置管方法不同分为A组38例，B组60例。A组采用腹腔镜法置管，B组采用手术切开法置管。观察两组手术指标、导管并发症、微炎症状态、早期导管技术生存率。结果 A组手术时间([35.00±3.14]min)较B组([50.00±5.17]min)短，手术费用([5800.0±318.9])元较B组([3400.0±297.4]元)高，术后视觉模拟评分(VAS)[(3.25±0.49)]分较B组[(3.25±0.49)]分低，两组差异均有统计学意义(t = 11.540, 9.317, 10.328, 36.578, 均P < 0.05)。A组导管相关并发症发生率为10.53%(4/38)，B组为28.33%(17/60)，两组差异有统计学意义(χ² = 4.838, P < 0.05)。两组置管前超敏C反应蛋白(hs-CRP)、白细胞介素6(IL-6)、肿瘤坏死因子α(TNF-α)差异均无统计学意义(均P > 0.05)，B组置管后hs-CRP、IL-6、TNF-α分别为([12.52±3.75]mg/L, [12.02±3.76]mg/L, [15.92±5.72]ng/L, [9.63±2.36]mg/L, [9.11±3.54]ng/L)，均高于A组的([6.39±2.82]mg/L, [15.24±4.01]ng/L, [14.71±3.21]ng/L, [17.51±3.76]mg/L, [16.72±5.34]ng/L)，均P < 0.05。随访2个月，A组透析管技术生存率为89.47%(34/38)，B组为71.67%(43/60)，两组差异有统计学意义(χ² = 4.382, P < 0.05)。结论 腹腔镜法置管在尿毒症PD患者中的应用效果满意，具有疼痛轻、并发症少等优点，且患者微炎症状态轻，早期导管技术生存率高。

【关键词】 尿毒症；腹膜透析；腹腔镜；导管插入术；手术后并发症；C反应蛋白；白细胞介素6；肿瘤坏死因子α

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Comparison of the effects of laparoscopic catheterization and surgical incision catheterization on catheter-related complications and microinflammation in uremic peritoneal dialysis patients

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【Abstract】Objective To compare the effects of laparoscopic and surgical catheterization on catheter-related complications and microinflammation in uremic peritoneal dialysis (PD) patients. Methods According to different catheterization methods, 98 uremic patients who were scheduled to undergo peritoneal dialysis in the First People’s Hospital of Jiande from January 2014 to March 2019 were divided into group A (38 cases), group B (60 cases). Laparoscopic catheterization was used in group A, and incision catheterization was used in group B. Surgical parameters, catheter complications, microinflammation and survival rate of early catheterization were observed in the two groups. Results The operation time of group A was (35.00±3.14) min, which was shorter than that of group B ([50.00±5.17] min), and the operation cost of group A was (5800.0±318.9) CNY, which was higher than that of group B ([3400.0±297.4] CNY), and the visual analogue score (VAS) of group A was (2.33±0.31) points, which was lower than that of group B ([3.25±0.49] points), there were statistically significant differences between the two
groups \((t = 11.540, 9.317, 36.578, \text{all } P < 0.05)\). The incidence of catheter-related complications in group A was 10.53% \((4/38)\), which was significantly lower than 28.33% \((17/60)\) in group B \((\chi^2 = 4.383, P < 0.05)\). There were no statistically significant differences in high-sensitivity C-reactive protein \((\text{hs-CRP})\), interleukin-6 \((\text{IL-6})\) and tumor necrosis factor-alpha \((\text{TNF-\alpha})\) levels between group A and group B before catheterization \((\text{all } P > 0.05)\). After catheterization, the levels of \text{hs-CRP}, \text{IL-6} and \text{TNF-\alpha} in group B were \((12.52 \pm 3.75) \text{mg/L}, (12.02 \pm 3.76) \text{ng/L}, (15.92 \pm 5.72) \text{ng/L})\), respectively, which were higher than those in group A \([(9.63 \pm 2.36) \text{mg/L}, (9.11 \pm 3.54) \text{ng/L}, (13.41 \pm 5.61) \text{ng/L})\] \((t = 4.244, 4.081, 4.510, \text{all } P < 0.05)\). After 2 months of follow-up, the survival rate of dialysis tube technique was 89.47% \((34/38)\) in group A and 71.67% \((43/60)\) in group B, there was statistically significant difference between the two groups \((\chi^2 = 4.382, P < 0.05)\).

**Conclusion** Application of laparoscopic catheterization in uremic PD patients has satisfactory effect, light pain, fewer complications, mild inflammation and high survival rate of early catheterization technology, which is worthy of clinical promotion.

**[Key words]** Uremia; Peritoneal dialysis; Laparoscopy; Catheterization; Postoperative complications; C-reactive protein; Interleukin-6; Tumor necrosis factor-alpha

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重症脑卒中患者早期肠内与肠外营养支持的效果比较

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【摘要】目的 比较早期肠内与肠外营养支持用于重症脑卒中患者的临床效果。方法 选择永康市第一人民医院2017年6月至2018年7月收治的重症脑卒中患者65例为研究对象，采用随机数字表法分为对照组32例和观察组33例，对照组采取早期肠外营养支持，观察组实施早期肠内营养支持。比较两组的营养指标、生化指标、美国国立卫生研究院卒中评分量表（NIHSS）评分、临床肺部感染（CPIS）评分及并发症发生情况。结果 营养支持后，观察组血清总蛋白（TP）、白蛋白（Alb）、血红蛋白（Hb）分别为（57.01±2.59）g/L、（39.98±2.64）g/L、（126.86±10.75）g/L，均高于对照组的（54.28±0.76）g/L、（37.31±2.35）g/L、（120.75±13.46）g/L，差异均有统计学意义（t=5.727，4.302，2.025，P<0.05）；观察组血糖（GLU）、血肌酐（SCr）、丙氨酸氨基转移酶（ALT）、血清总胆红素（TBIL）、血尿素氮（BUN）、丙氨酸氨基转移酶分别为（12.35±2.38）μmol/L、（84.37±13.62）μmol/L、（47.84±4.03）μmol/L，均低于对照组的（14.18±2.37）μmol/L、（91.84±13.21）μmol/L、（66.28±3.76）μmol/L（t=3.106，2.449，19.060，P<0.05）；观察组甘油三酯（TG）、血清白蛋白（ALB）、血清总胆红素（TBIL）、丙氨酸氨基转移酶（ALT）、血尿素氮（BUN）分别为（1.95±0.45）mmol/L、BUN（5.80±0.61）mmol/L，均高于对照组的（1.66±0.30）mmol/L、（5.32±0.43）mmol/L（t=0.341，3.656，P<0.05）；观察组NIHSS评分（10.31±2.10）分，CPIS评分（3.67±0.76）分，均低于对照组的（14.68±2.75）分、（3.79±1.45）分（t=5.279，2.763，P=0.001，0.008）；观察组并发症发生率（9.38%，3/33）低于对照组（31.25%，10/32），差异有统计学意义（χ²= 4.986，P<0.05）。结论 早期肠内营养支持与早期肠外营养支持相比，更能够改善重症脑卒中患者的营养状况，安全有效。

【关键词】卒中；肠道营养；胃肠外营养；营养支持；白蛋白类；血清白蛋白；血红蛋白类；疗效比较研究

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Comparison of the clinical effects of early enteral and parenteral nutrition support in patients with severe stroke
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【Abstract】Objective To compare the clinical effects of early enteral and parenteral nutrition support in patients with severe stroke. Methods From June 2017 to July 2018, 65 patients with severe stroke admitted in the First People’s Hospital of Yongkang were selected in the study, and the patients were randomly divided into control group (32 cases) and observation group (33 cases) according to the digital table. The control group received early parenteral nutrition support, while the observation group received early enteral nutrition support. The nutritional index, biochemical index, NIHSS score, CPIS score of clinical pulmonary infection and the incidence of complications were compared between the two groups. Results After nutritional support, the serum levels of total protein (TP), albumin (Alb), hemoglobin (Hb) in the observation group were (57.01±2.59) g/L, (39.98±2.64) g/L, (126.86±10.75) g/L, respectively, which were significantly higher than those in the control group [(54.28±0.76) g/L, (37.31±2.35) g/L, (120.75±13.46) g/L] (t=5.727, 4.302, 2.025, P<0.05). The serum levels of glucose (GLU), creatinine (SCr), alanine aminotransferase (ALT) in the observation group were (12.35±2.38) μmol/L, (84.37±13.62) μmol/L, (47.84±4.03) μmol/L, respectively, which were lower than those in the control group [(14.18±2.37) μmol/L, (91.84±13.21) μmol/L, (66.28±3.76) μmol/L] (t=3.106, 2.449, 19.060, P<0.05). The levels of triglyceride (TG), serum urea nitrogen (BUN) in the observation group were (1.95±0.45) mmol/L, (5.80±0.61) mmol/L, respectively, which were higher than those in the control group [(1.66±0.30) mmol/L, (5.32±0.43) mmol/L] (t=0.341, 3.656, P<0.05). The scores of NIHSS and CPIS in the observation group were (10.31±2.10) points
and (3.00 ± 0.76) points, respectively, which were lower than those in the control group [ (14.68 ± 2.75) points, (3.79 ± 1.45) points ] (t = 5.279, 2.763, P = 0.001, 0.008). The incidence of complications in the observation group [ 9.38% (3/33) ] was lower than that in the control group [ 31.25% (10/32) ], and the difference was statistically significant (χ² = 4.986, P < 0.05).

Conclusion Compared with early parenteral nutrition support, early enteral nutrition support can improve the nutritional status of patients with severe stroke and is safe and effective.

【Key words】 Stroke; Enteral nutrition; Parenteral nutrition; Nutritional support; Albumins; Serum albumin; Hemoglobins; Comparative effectiveness research

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Study on the diagnostic value of multimodal ultrasound in thyroid microcarcinoma

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Abstract

Objective To study the diagnostic value of multimodal ultrasound in thyroid microcarcinoma (TMC). Methods The clinical data of 203 TMC patients in the Sixth Hospital of Shanxi Medical University from March 2015 to January 2019 were retrospectively analyzed. The preoperative multimodal ultrasound results [high frequency ultrasonography (HFU), color Doppler (DU), ultrasonic elastography (UE)] were collected, the postoperative pathological results were seen as the gold standard, and the consistency of multimodal ultrasound diagnosis and the pathological results was analyzed, the diagnosis effect index of multimodal ultrasound was calculated, ROC curve was used to analyze the diagnostic value of multimodal ultrasound for TMC. Results The diagnostic results of HFU, UE were highly consistent with the postoperative pathological results (0.8 < Kappa ≤ 1.0). There was a high consistency between DU and gold standard (0.6 < Kappa ≤ 0.8). The sensitivity, specificity, and diagnostic coincidence rate of multimode ultrasonic in the diagnosis of TMC were 97.52%, 91.94%, and 95.96%, respectively. HFU and UE had high diagnostic value for TMC (AUC > 0.9). DU had medium diagnostic value for TMC (0.7 ≤ AUC ≤ 0.9). Conclusion Multimodal ultrasonography has high diagnostic value for TMC, and it can be used in many fields such as clinical diagnosis, efficacy evaluation and reexamination due to its good repeatability and non-invasive.

Keywords Thyroid neoplasms; Ultrasonography; Ultrasonography, doppler, color; Elasticity imaging techniques; ROC curve; Area under curve; Diagnosis; Case – control studies

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沙库巴曲缬沙坦钠片治疗慢性心力衰竭临床疗效观察及对患者心功能和血清 B 型利钠肽水平的影响

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【摘要】目的 探讨沙库巴曲缬沙坦钠片治疗慢性心力衰竭患者的临床疗效及对心功能和血清 B 型利钠肽（BNP）水平变化的影响。方法 选择 2017 年 12 月至 2019 年 2 月浙江绿城心血管病医院收治的慢性心力衰竭患者 102 例, 按照随机数字表法分为对照组和治疗组, 每组 51 例。对照组采用常规治疗, 治疗组在常规治疗基础上联合沙库巴曲缬沙坦钠片治疗。两组疗程均为 12 周。比较两组治疗疗效, 治疗前后心功能（包括左室射血分数（LVEF）、每搏心输出量（SV）和左心室舒张末内径（LVEDD））、血清 BNP、6 min 步行距离（6MWD）及生活质量改善情况。结果 治疗组治疗总有效率为 94.12% (48/51), 高于对照组的 72.55% (37/51), 差异有统计学意义（χ² = 8.541, P < 0.05）。治疗组治疗后 LVEF[(60.28 ± 6.97) %] 和 SV[(78.91 ± 4.23) mL] 高于对照组[(52.31 ± 4.56) % 和(71.35 ± 6.74) mL], 而 LVEDD[(54.89 ± 5.26) mm] 低于对照组[(61.74 ± 4.80) mm], 差异均有统计学意义（t = 6.834, 6.785, 6.870, P < 0.05）。治疗组治疗后血清 BNP 水平[(164.32 ± 14.39) ng/L] 低于对照组[(248.96 ± 23.15) ng/L], 而 6MWD[(353.27 ± 42.26) m] 高于对照组[(273.21 ± 34.47) m], 差异均有统计学意义（t = 22.175, 10.484, P < 0.05）。治疗组治疗后明尼苏达生活质量表 (MLHFQ) 评分[(27.83 ± 5.41) 分] 低于对照组[(41.98 ± 7.64) 分], 差异有统计学意义（t = 10.794, P < 0.05）。结论 沙库巴曲缬沙坦钠片治疗慢性心力衰竭患者临床疗效良好, 可改善患者心功能, 降低血清 BNP 水平, 值得临床推广应用。

【关键词】 心力衰竭; 沙库巴曲缬沙坦钠片; 心脏功能试验; 每搏输出量; 利钠肽, 脑; 生活质量

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Clinical observation of sakubatral and valsartan sodium tablets in the treatment of heart failure and its effect on cardiac function and serum BNP level

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【Abstract】Objective To investigate the clinical efficacy of sakubatral and valsartan sodium tablets in the treatment of heart failure and its effect on cardiac function and serum B - type natriuretic peptide (BNP). Methods From December 2017 to February 2019, 102 patients with heart failure admitted to Lyucheng Cardiovascular Hospital of Zhejiang Province were selected and divided into control group and treatment group according to random number table method, with 51 cases in each group. The control group was treated with routine treatment, while the treatment group was treated with sakubatral and valsartan sodium tablets on the basis of routine treatment. Both two groups were treated for 12 weeks. The heart function [including left ventricular ejection fraction (LVEF), cardiac output per stroke (SV) and left ventricular end - diastolic diameter (LVEDD)], serum BNP, 6 - minute walking distance (6MWD) and quality of life were compared between the two groups before and after treatment. Results The total effective rate of the treatment group was 94.12% (48/51), which was higher than 72.55% (37/51) of the control group, the difference was statistically significant (χ² = 8.541, P < 0.05). After treatment, the LVEF[(60.28 ± 6.97) %] and SV[(78.91 ± 4.23) mL] in the treatment group were higher than those in the control group[(52.31 ± 4.56) % and (71.35 ± 6.74) mL], while the LVEDD in the treatment group [(54.89 ± 5.26) mm] was lower than that in the control group[(61.74 ± 4.80) mm], the differences were statistically significant (t = 6.834, 6.785, 6.870, all P < 0.05). After treatment, the serum BNP level in the treatment group[(164.32 ± 14.39) ng/L] was lower than that in
the control group [248.96 ± 23.15 ng/L], while the 6MWD in the treatment group [353.27 ± 42.26 m] was higher than that in the control group [273.21 ± 34.47 m], the differences were statistically significant (t = 22.175, 10.484, all P < 0.05). After treatment, the MLHFQ score in the treatment group [27.83 ± 5.41 points] was lower than that in the control group [41.98 ± 7.64 points], the difference was statistically significant (t = 10.794, P < 0.05).

**Conclusion** Sakubattral and valsartan sodium tablets has good clinical efficacy in treating heart failure, it can improve cardiac function and reduce serum BNP level, which is worthy of clinical application.

**Keywords** Heart Failure; Sakubattral and valsartan sodium tablets; Heart function tests; Stroke volume; Natriuretic peptide, brain; Quality of Life

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定向软通道穿刺抽吸引流术治疗基底节区自发性脑出血效果观察及对患者神经功能的影响

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【摘要】目的 探讨定向软通道穿刺抽吸引流术治疗基底节区自发性脑出血患者的临床效果及对患者神经功能的影响。方法 选择建德市第一人民医院于2017年1月至2018年12月收治的基底节区自发性脑出血患者61例, 按照随机数字表法分为对照组30例与观察组31例。对照组采用常规保守治疗, 观察组在对照组基础上采用定向软通道穿刺抽吸引流术治疗。比较两组治疗疗效, 治疗前、治疗后1周、治疗后2周神经功能缺损程度(NIHSS)评分, 日常生活活动能力(ADL)评分和脑水肿体积变化,及并发症发生情况。结果 观察组总有效率(96.77%)高于对照组(76.67%) (χ²=3.989, P<0.05)；观察组NIHSS评分治疗后1周(16.54±2.19)分, 治疗后2周(9.12±1.24)分, 均低于对照组的(19.98±1.65)分,(13.25±2.37)分(t=6.911, 8.568, 均P<0.05)；观察组ADL评分治疗后1周(43.42±5.67)分, 治疗后2周(63.98±3.46)分, 均高于对照组的(37.89±2.86)分,(52.37±4.10)分(t=4.785, 11.967, P<0.05)；观察组脑水肿体积治疗后1周(12.08±2.14)mL, 治疗后2周(4.37±0.89)mL, 均小于对照组的(16.89±3.20)mL,(9.74±1.07)mL(t=6.922, 21.339, 均P<0.05)。观察组并发症发生率(6.45%)低于对照组(30.00%) (χ²=5.720, P<0.05)。结论 定向软通道穿刺抽吸引流术治疗基底节区自发性脑出血患者临床效果良好, 可减轻神经功能缺损程度, 并发症少, 值得临床研究。

【关键词】脑出血; 穿刺抽液术; 神经功能缺损; 日常生活活动能力; 脑水肿体积; 并发症

Clinical effect of directional soft – channel puncture and suction drainage in the treatment of spontaneous cerebral hemorrhage in basal ganglia and its influence on neurological function

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【Abstract】Objective To investigate the clinical effect of directional soft – channel puncture and suction drainage in the treatment of spontaneous cerebral hemorrhage in basal ganglia and its influence on neurological function. Methods From January 2017 to December 2018, 61 patients with spontaneous cerebral hemorrhage in basal ganglia were selected in the First People’s Hospital of Jiande. According to the random table method, they were divided into control group (30 cases) and observation group (31 cases). The control group was treated conservatively, while the observation group was treated with directional soft – channel puncture and suction drainage combined with conventional therapy. The therapeutic effects, NIHSS score, ADL score, brain edema volume change and complications were compared before treatment, 1 week after treatment and 2 weeks after treatment. Results The total effective rate of the observation group (96.77%) was higher than that of the control group (76.67%) (χ²=3.989, P<0.05). The NIHSS score of the observation group was (16.54 ± 2.19) points at one week after treatment and (9.12 ± 1.24) points at two weeks after treatment, which were lower than those of the control group [(19.98 ± 1.65) points and (13.25 ± 2.37) points] (t=6.911, 8.568, all P<0.05). The ADL score of the observation group was (43.42 ± 5.67) points at one week after treatment and (63.98 ± 3.46) points at two weeks after treatment, which were higher than those of the control group [(37.89 ± 2.86) points and (52.37 ± 4.10) points] (t=4.785, 11.967, all P<0.05). The volume of brain edema of the observation group was (12.08 ± 2.14) mL at 1 week after treatment and (4.37 ± 0.89) mL at 2 weeks after treatment, which were lower than those of the control group [(16.89 ± 3.20) mL and (9.74 ± 1.07) mL] (t=6.922, 21.339, all P<0.05). The incidence of complications in the observation
group (6.45\%) was lower than that in the control group (30.00\%) (\( \chi^2 = 5.720, P < 0.05 \)). **Conclusion** Directional soft-channel puncture and suction drainage is effective in the treatment of spontaneous cerebral hemorrhage in basal ganglia, which can reduce the degree of neurological deficit and with fewer complications, and it is worthy of clinical study.

**[Key words]** Cerebral hemorrhage; Paracentesis; Neurological deficit; Activity of daily living; Brain edema volume; Complications

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【摘要】 目的 探讨肿块局部扩大切除术治疗不同大小的甲状腺单发良性病变的临床治疗效果。方法 选择常熟市第二人民医院 2008 年 6 月至 2011 年 6 月收治的甲状腺单发良性病变患者 132 例作为观察组，根据肿块大小分为两组：≤2 cm 组 (64 例)；>2 cm 组 (68 例)。另外随机选取同时期因甲状腺单发良性病变行次全切除术的病例共 62 例为对照组。比较各组患者切口大小、手术时间、术中出血量、术后引流量、住院天数、住院费用及术后并发症 [ 声音嘶哑、饮水呛咳、低钙、甲状腺功能减退症 ( 甲减 )、肿瘤复发 ] 的发生情况，并分别与同时期 62 例因甲状腺单发良性病变行次全切除术的病例为对照组进行比较。结果 ≤2 cm 组切口大小、手术时间、术中出血量、术后引流量、住院天数、住院费用均少于或短于对照组 [ (3.6±0.4) cm 比 (4.5±0.6) cm, (40.1±9.6) min 比 (76.2±15.3) min, (52.2±17.8) mL 比 (81.2±16.8) mL, (49.8±15.7) mL 比 (78.1±12.4) mL, (4.9±0.9) d 比 (6.1±1.2) d, (7.125±219.4) 元比 (8321.2±308.1) 元, t=9.935,15.917,9.690,11.205,6.363,25.161,均 P<0.05]。≤2 cm 组术后声音嘶哑发生率低于对照组 [0.0% (0/132) 比 6.5% (4/62), χ² = 4.4244, P<0.05]；≤2 cm 组术后甲减发生率低于对照组 [0.0% (0/132) 比 8.1% (5/62), χ² = 5.374, P<0.05]；其他术后并发症包括饮水呛咳、低钙、患侧肿瘤复发的发生率与对照组差异均无统计学意义 ( χ² = 2.097, 1.040, 0.443, 0.968, 均 P>0.05)。>2 cm 组手术时间、住院费用均低于对照组 [ (49.6±12.7) min 比 (76.2±15.3) min, (7 641.6±382.4) 元比 (8 321.2±308.1) 元, t = 10.820, 11.090, 均 P<0.05]；切口大小、术中出血量、术后引流量、住院天数与对照组差异均无统计学意义 ( t = 1.740, 1.709, 1.850, 1.487, 均 P>0.05)；术后并发症包括声音嘶哑、饮水呛咳、低钙、甲减的发生率与对照组差异均无统计学意义 ( χ² = 2.175, 0.443, 1.105, 1.670, 均 P>0.05)；随访 7～10 年，>2 cm 组肿瘤术后复发率高于对照组 [10.3% (7/68) 比 1.6% (1/62), χ² = 4.232, P<0.05]。结论 与常用的次全切除术相比，肿块局部扩大切除术治疗较小的甲状腺单发良性病变 (≤2 cm) 效果良好，切口大小、手术时间、术中出血量、术后引流量、住院天数、住院费用均占优势，术后声音嘶哑和术后甲减的并发症可减少，且不增加患侧肿瘤复发率，值得临床推广应用。但对于较大的甲状腺单发良性病变 ( >2 cm)，因复发率较高不宜采用。

【关键词】 甲状腺疾病；肿瘤；甲状腺切除术；甲状腺功能减退症；手术后并发症

Clinical effect of extended lumpectomy in the treatment of patients with single benign thyroid disease

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【Abstract】 Objective To investigate the clinical effect of extended lumpectomy in the treatment of patients with single benign thyroid disease of different sizes. Methods From June 2008 to June 2011, 132 patients with single benign thyroid lesion in the Second People’s Hospital of Changshu were selected as observation group. According to the size of the lump, 132 patients with single benign thyroid disease were divided into two groups; ≤2 cm group (64 patients) and >2 cm group (68 patients). In addition, 62 patients with single benign thyroid lesion underwent subtotal thyroidectomy at the same time were randomly selected as control group. The incision size, operating time, intraoperative blood loss, postoperative drainage volume, hospital day, hospital cost and postoperative complications ( hoarseness, water bucking, low calcium, hypothyroidism, tumor recurrence ) of the two groups were recorded and compared with the control group. Results The incision size, operating time, intraoperative blood loss, postoperative drainage volume, hospital day, hospital cost of ≤2 cm group were less or shorter than those of the control group [(3.6±0.4) cm vs. (4.5±0.6) cm, (40.1±9.6) min vs. (76.2±15.3) min, (52.2±17.8) mL vs. (81.2±16.8) mL, (49.8±15.7) mL vs. (78.1±12.4) mL, (4.9±0.9) d vs. (6.1±1.2) d, (7.125±219.4) yuan vs. (8321.2±308.1) yuan, t=9.935,15.917,9.690,11.205,6.363,25.161,均 P<0.05]. ≤2 cm group术后声音嘶哑发生率低于对照组 [0.0% (0/132) 比 6.5% (4/62), χ² = 4.4244, P<0.05]；≤2 cm 组术后甲减发生率低于对照组 [0.0% (0/132) 比 8.1% (5/62), χ² = 5.374, P<0.05]；其他术后并发症包括饮水呛咳、低钙、患侧肿瘤复发的发生率与对照组差异均无统计学意义 ( χ² = 2.097, 1.040, 0.443, 0.968, 均 P>0.05)。>2 cm 组手术时间、住院费用均低于对照组 [ (49.6±12.7) min 比 (76.2±15.3) min, (7 641.6±382.4) yuan 比 (8 321.2±308.1) yuan, t = 10.820, 11.090, 均 P<0.05]；切口大小、术中出血量、术后引流量、住院天数与对照组差异均无统计学意义 ( t = 1.740, 1.709, 1.850, 1.487, 均 P>0.05)；术后并发症包括声音嘶哑、饮水呛咳、低钙、甲减的发生率与对照组差异均无统计学意义 ( χ² = 2.175, 0.443, 1.105, 1.670, 均 P>0.05)；随访 7～10 年，>2 cm 组肿瘤术后复发率高于对照组 [10.3% (7/68) 比 1.6% (1/62), χ² = 4.232, P<0.05]。论 与常用的次全切除术相比，肿块局部扩大切除术治疗较小的甲状腺单发良性病变 (≤2 cm) 效果良好，切口大小、手术时间、术中出血量、术后引流量、住院天数、住院费用均占优势，术后声音嘶哑和术后甲减的并发症可减少，且不增加患侧肿瘤复发率，值得临床推广应用。但对于较大的甲状腺单发良性病变 ( >2 cm)，因复发率较高不宜采用。
The incidence of postoperative hoarseness in \( \leq 2 \) cm group was lower than that in the control group \( \chi^2 = 4.4244, P < 0.05 \). The incidence of postoperative hypothyroidism in \( \leq 2 \) cm group was lower than that in the control group \( \chi^2 = 5.374, P < 0.05 \). The incidences of postoperative water bucking, low calcium and tumor recurrence of \( \leq 2 \) cm group had no statistically significant differences compared with those of the control group \( \chi^2 = 2.175, 0.443, 1.105, 1.670, \text{all } P > 0.05 \). The patients were followed up for 7–10 years, the postoperative recurrence rate in \( > 2 \) cm group was higher than that in the control group \( \chi^2 = 4.232, P < 0.05 \). Conclusion  Compared with conventional subtotal thyroidectomy, extended lumpectomy in the treatment of patients with small single benign thyroid disease (\( \leq 2 \) cm) has good effect. The incision size, operating time, intraoperative blood loss, postoperative drainage volume, hospital day, hospital cost, postoperative hoarseness and postoperative hypothyroidism are less than subtotal thyroidectomy. And it don't increase tumor recurrence rate of ipsilateral thyroid gland. So it is worthy of clinical application. But it is not suitable for larger single benign thyroid disease (\( > 2 \) cm) because of higher recurrence rate.

**Keywords** Thyroid diseases; Neoplasms; Thyroidectomy; Hypothyroidism; Postoperative complications

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Clinical effect of intra – abdominal pressure monitoring on jejunal nutrition in critically ill patients

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【Abstract】 Objective To investigate the clinical effect of intra – abdominal pressure monitoring on jejunal nutrition in critically ill patients. Methods From March 2017 to September 2018, 124 critically ill patients who needed early jejunal nutrition in ICU of our hospital were selected and randomly divided into observation group (63 cases) and control group (61 cases) according to the digital table. The observation group adjusted enteral nutrition according to IAP monitoring, while the control group was routinely observed and guided enteral nutrition. Intra – abdominal pressure was compared between the two groups. The changes of blood lactic acid, endotoxin and APACHE II score were compared between the two groups. Results After treatment for 7 days and 14 days, the intra – abdominal pressure of the observation group \((14.28 \pm 2.36)\) mmHg and \((12.08 \pm 1.78)\) mmHg were lower than those of the control group \((16.05 \pm 2.55)\) mmHg and \((15.21 \pm 2.11)\) mmHg \((t = 4.013, 8.939, all P < 0.05)\). After treatment for 14 days, the blood lactic acid, endotoxin, APACHE II score in the observation group were \((2.19 \pm 0.73)\) mmol/L, \((0.71 \pm 0.21)\) U/L and \((10.02 \pm 1.54)\) (in the control group \((3.98 \pm 0.95)\) mmol/L, \((0.92 \pm 0.23)\) U/L and \((13.06 \pm 1.72)\) \((t = 11.788, 5.313, 10.376, all P < 0.05)\). The incidences of abdominal distension \((9.52\%)\) and gastric retention \((7.94\%)\) in the observation group were significantly lower than those in the control group \((28.57\%, 27.87\%)\) \((\chi^2 = 7.930, 8.437, all P < 0.05)\). Conclusion Early jejunal nutrition under the monitoring of intra – abdominal pressure in critically ill patients can help to reduce intra – abdominal hypertension, promote the rehabilitation of patients, decrease the incidence of complications of jejunal nutrition and improve patients’ tolerance, which is worthy of clinical promotion.

【Key words】 Enteral nutrition; Pressure; Abdominal cavity; Lactic acid; Endotoxins; APACHE II score
内脏脂肪面积在糖尿病肾病危险因素筛查中的应用价值

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【摘要】目的 探讨生物电阻抗法测定的内脏脂肪面积(VFA)在糖尿病肾病危险因素筛查中的应用价值及其与尿蛋白/肌酐比值(UACR)的关系。方法 选取巴彦淖尔市医院2018年住院治疗的糖尿病患者60例，采用生物电阻抗法测定VFA，同时检测身体质量指数(BMI)、糖化血红蛋白(HbA1c)、UACR，分析VFA与UACR之间的关系。结果 内脏肥胖患者UACR较非肥胖患者增高[(25.9±3.3) mg/g 比(19.8±4.1) mg/g, t = −3.871, P < 0.05]。VFA与BMI对肥胖患病率评估差异有统计学意义[(65% (39/60) 比 68% (41/60), χ² = 18.100, P < 0.05]。VFA与UACR有相关性(r = 0.470, P < 0.05)。结论 生物电阻抗法测定的VFA与UACR有相关性，可用于糖尿病肾病危险因素筛查。

【关键词】糖尿病肾病；糖尿病，2型；腹内脂肪；尿蛋白；肌酐；人体质量指数；糖化血红蛋白；肥胖

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Application value of visceral fat area in screening risk factors of diabetic nephropathy

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脂必泰胶囊联合阿托伐他汀钙治疗冠心病的疗效观察

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【摘要】目的 讨论脂必泰胶囊联合阿托伐他汀钙治疗冠心病的临床疗效。方法 选取德惠市中医院2017年3月至2019年3月收治的冠心病患者89例为研究对象，采用随机数字表法分为观察组45例和对照组44例。两组患者均予以硝酸酯类、钙离子拮抗剂、血管紧张素转换酶抑制剂等常规对症治疗，对照组在此基础上采用阿托伐他汀钙片治疗，观察组采用脂必泰胶囊联合阿托伐他汀钙片治疗。比较两组患者的临床疗效，观察患者治疗前后血脂指标的变化。结果 观察组总有效率为91.1%（41/45），高于对照组的75.0%（33/44），两组差异有统计学意义（$\chi^2=6.937, P<0.05$）。治疗后，观察组血清总胆固醇（TC）为（1.69±0.31）mmol/L、甘油三酯（TG）为（3.54±0.41）mmol/L，对照组分别为（2.04±0.35）mmol/L、（4.11±0.49）mmol/L，两组均低于治疗前（对照组：$t=6.671, 5.681, \text{均 } P<0.05$），观察组均低于对照组，差异均有统计学意义（$t=6.357, 6.120, \text{均 } P<0.05$）。结论 在常规治疗基础上，脂必泰胶囊联合阿托伐他汀钙片治疗冠心病，能提高临床疗效，有效调节血脂水平。

【关键词】 冠状动脉疾病；脂必泰胶囊；阿托伐他汀钙；药物疗法，联合；总胆固醇；甘油三酯；血脂；治疗结果

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Effect of Zhibitaicapsulecombinedwithatorvastatincalciuminthetreatmentofcoronaryheartdisease

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知信行健康教育模式在手术患者术后疼痛管理中的应用效果

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【摘要】目的  在手术患者术后疼痛管理中应用知信行健康教育模式,并分析知信行健康教育模式的应用效果。方法  选择 2017 年 3 月至 2019 年 3 月舟山市妇幼保健医院接受的手术患者 100 例,采用随机数字表法将对照组与研究组各 50 例,分别予以常规教育护理、知信行健康教育模式。比较两组自我管理行为评分、术后疼痛评分、护理总满意率。结果  研究组的自我管理行为评分[（83.81±5.21）分]高于对照组[（71.35±5.23）分],术后疼痛评分[（2.72±0.16）分]低于对照组[（4.91±0.71）分],差异均有统计学意义(t=11.93,21.28,均 P＜0.05);研究组的护理总满意率(96.00%)高于对照组(84.00%),差异有统计学意义(χ²=4.00,P＜0.05)。结论  在手术患者术后疼痛管理中应用知信行健康教育模式,可以有效提高患者的自我管理水平,能够帮助其减轻机体疼痛感,且增加患者满意度。

【关键词】外科手术; 疼痛; 健康教育; 疾病管理; 病人满意度

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Application effect of Zhixinxing health education mode in postoperative pain management of surgical patients

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OEC管理模式在老年病临床护理管理中的应用

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【摘要】目的  分析OEC管理模式在老年病临床护理管理中的应用及效果。方法  选择2015年6月至2017年5月海南省老年病医院49名护理人员为研究对象,按OEC管理模式设立考核目标、考核单元、考核内容,确立考核指标体系、护理日清体系和奖励机制。比较OEC管理实施前后患者对护理工作的满意度和护理质量,评估OEC管理模式的实施效果。结果  OEC管理模式实施后,医院整体护理能力[(97.2±3.2)分]、病区护理管理能力[(96.1±5.4)分]、医疗文书管理水平[(97.8±2.8)分]、基础护理能力[(98.3±5.1)分]等护理工作质量以及患者满意度(97.2%)均明显高于实施前(t=3.86,3.61,3.26,3.38, \chi^2=5.42,均P<0.05)。结论  OEC管理模式对提高老年病临床护理工作质量,实现护理的目标化和精细化管理有较明显的作用。

【关键词】护理管理研究; 护理;  OEC管理模式; 病人满意度; 老年人

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Application of OEC management mode in the clinical nursing management of elderly patients

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中医护理对脑梗死患者恢复期心理状态、生活质量及满意度影响

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【摘要】目的 探讨中医护理对脑梗死患者恢复期心理状态、生活质量及护理满意度影响。方法 选取2016年8月至2018年8月浙江省人民医院收治的脑梗死恢复期患者136例为研究对象,采用随机数字表法将其分为对照组和研究组,每组68例。对照组予以常规护理,研究组予以常规护理联合中医护理。比较两组患者的心理状态、生活质量以及护理满意度。结果 研究组护理后焦虑自评量表和抑郁自评量表评分均明显低于对照组(\(t=6.158,7.013\),均 \(P<0.001\))。研究组护理后SF-36各维度评分均明显高于对照组(\(t=9.642,10.057,11.570,8.671,11.975,10.643\),均 \(P<0.05\))。研究组护理满意度为98.53% (67/68),明显高于对照组的83.82% (57/68) (\(\chi^2 = 18.016, P < 0.001\))。结论 中医护理对于脑梗死恢复期患者心理状态的调节、生活质量的提高以及和谐护患关系的构建具有非常重要的临床意义。

【关键词】脑梗死; 传统医学,中国; 护理; 恢复期; 焦虑 抑郁; 生活质量; 满意度
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Effect of traditional Chinese medicine nursing on mental state, quality of life and satisfaction of patients with cerebral infarction in recovery period
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失效模式与效应分析在乳腺癌患者放化疗中的应用效果分析

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【摘要】目的 探讨失效模式与效应分析(FMEA)在乳腺癌放化疗过程中的应用效果。方法回顾性分析温州医科大学附属第一医院2017年3月至2019年3月行放化疗的乳腺癌患者120例的临床资料，根据护理方法不同分为两组，观察组60例采用FMEA护理管理干预，对照组60例采用常规护理干预。评价两组患者干预后乳腺癌患者生命质量测定量表(FACT-B)、抑郁自评量表(SDS)及焦虑自评量表(SAS)评分情况，比较两组患者满意度、病情知晓情况，观察并发症发生情况。结果干预后，观察组各项生活质量评分均显著优于对照组(均P<0.05)。观察组病情知晓率、满意度分别为 98.33%、95.83%，均显著高于对照组的 83.33%、81.67%(χ²=8.107，P<0.05)。观察组FACT-B、SDS、SAS 评分分别为 (130.26 ± 14.42)分、(42.35 ± 4.32)分、(38.35 ± 4.66)分，均显著优于对照组的(112.25 ± 8.93)分、(59.24 ± 6.95)分、(51.42 ± 6.23)分(t=5.236,3.236,11.865,均P<0.05)。观察组并发症发生率为 11.67%，显著低于对照组的 28.33%(χ²=5.208, P=0.022)。结论 实施FMEA护理管理能有效提高乳腺癌患者放化疗过程中的生活质量，缓解患者心理和生理上的各种不适，提高患者的满意度，降低并发症发生率。

【关键词】乳腺肿瘤；放射疗法；药物疗法；模型，组织管理；失效模式与效应分析；护理；生活质量；病人满意度

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Application of failure mode and effect analysis in radiotherapy and chemotherapy for breast cancer patients
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Application of focus resolution technique in improving positive emotion of nurses in obstetrics and gynecology

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医院-社区-患者三元联动延续护理模式在高血压患者管理中的应用效果

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【摘要】目的 探讨医院-社区-患者三元联动延续护理模式在高血压患者管理中的应用效果。方法 选择 2018 年 2 月至 2019 年 1 月临海市中医院收治的高血压患者 136 例,采用随机数字表法分为对照组和研究组,每组 68 例。对照组出院时给予常规出院指导与健康宣教,出院后定期进行门诊随访;研究组在此基础上给予医院-社区-患者三元联动延续护理模式进行干预。比较两组干预前与干预 6 个月后健康依从性,血压指标与生活质量的变化。结果 干预后研究组收缩压、舒张压分别为 (103.2±10.5) mmHg、(75.0±4.8) mmHg,均低于对照组的 (114.5±8.6) mmHg、(82.6±4.2) mmHg,差异均有统计学意义 (t=6.856,5.985,均P<0.05)。干预后研究组社会功能、生活状态、躯体功能及心理功能评分分别为 (60.2±2.3) 分、(45.3±3.2) 分、(45.2±2.6) 分、(49.5±2.6) 分,均高于对照组的 (54.5±3.0) 分、(40.2±3.0) 分、(40.3±2.5) 分、(45.2±2.0) 分 (t=5.056,5.266,6.053,4.985,均P<0.05)。结论 医院-社区-患者三元联动延续护理模式在高血压患者中具有显著的管理效果,能够有效提高患者对健康的依从性,改善血压指标与生活质量,值得应用。

【关键词】护理;高血压;医院;社区医学;病人;疾病管理;治疗依从性

Application of hospital – community – patient ternary continuous nursing model in the management of hypertensive patients
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医联体模式下急救护理技能同质化培训路径的探讨

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【摘要】 目的 探讨在医联体模式下急救技能同质化培训路径的应用效果。方法 选择绍兴市柯桥区中医医院湖塘、柯岩、夏履三家医联体分院护士39名为观察对象,成立急救技能培训管理小组,设计急救技能同质化培训路径,根据路径严格落实培训,运用PDCA工具进行质量监控,不断完善,实施后评价效果,比较同质化培训路径前后的效果。结果 湖塘、柯岩、夏履三家医联体分院护士经过同质化培训,急救药物知识知晓评分[(92.6±5.3)分、(94.5±5.2)分、(92.0±3.4)分]、急救流程知晓评分[(94.6±4.2)分、(89.5±4.8)分、(94.0±3.8)分]、应急流程知晓评分[(95.4±3.9)分、(89.1±4.1)分、(93.0±3.5)分]、团队配合评分[(90.3±1.2)分、(90.5±3.1)分、(86.4±2.5)分]均显著提高,与培训前差异均有统计学意义(均P<0.05);急救技术操作合格率、急救药品耗材完好率、急救设备完好率均为100.0%,与培训前差异均有统计学意义(均P<0.05)。结论 急救技能同质化培训路径能有效提升医联体各分院急救水平和应急能力,值得在医联体内应用和推广。

【关键词】 急救医疗服务; 护理; 护士; 在职培训; 临床路径; 医疗联合体

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Research on the homogenization training path of emergency nursing skills in medical community mode

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Clinical research progress of integrated traditional Chinese and western medicine in the treatment of infectious mononuclear cell hypertrophy in children

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【Abstract】 Discussions are made on the etiology and pathogenesis, classification, stages, special prescriptions, special medicines, Chinese patent medicines and external treatment of traditional Chinese medicine. This paper reviews the treatment of infectious mononucleosis (IM) in children by integrated traditional Chinese and western medicine in recent years, and provides new ideas for clinical treatment of IM.

【Key words】 Infectious mononucleosis; Medicine, Chinese traditional; Overview; Child

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