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同型半胱氨酸、叶酸检测在结肠息肉和结肠癌诊断中的意义

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【摘要】目的 探讨同型半胱氨酸（Hcy）、叶酸（FA）检测在结肠息肉和结肠癌患者诊断中的临床意义。

方法 选择山东大学附属济南市中心医院2018年10月至2019年10月诊治的结肠癌患者35例（结肠癌组）、结肠息肉患者70例（结肠息肉组；增生性息肉组、腺瘤性息肉组各35例）及健康志愿者30例（对照组）作为研究对象，检测并比较血清Hcy、FA水平的差异，分析血清Hcy、FA对结肠息肉、结肠癌鉴别诊断的价值。

结果 结肠癌组血清Hcy、FA分别为（18.4±5.1）μmol/L、（5.2±1.4）ng/L，增生性息肉组分别为（15.1±5.1）μmol/L、（6.5±2.1）ng/L，腺瘤性息肉组分别为（15.9±4.2）μmol/L、（6.8±2.3）ng/L，对照组分别为（9.2±3.2）μmol/L、（7.5±2.1）ng/L，差异均具有统计学意义（F=23.584, 7.671, 均P<0.05）。与增生性息肉组、腺瘤性息肉组比较，结肠癌组Hcy水平更高，FA水平更低，差异均具有统计学意义（t=4.328, 3.279, 3.844, 4.731, 均P<0.05）。增生性息肉组与腺瘤性息肉组Hcy、FA差异均无统计学意义（P>0.05）。Hcy鉴别结肠癌、结肠息肉的曲线面积为0.815，最佳界值为18.1μmol/L，对应诊断灵敏度、特异度分别为81.1%、74.8%；FA鉴别结肠癌及结肠息肉的曲线下面积为0.172，最佳界值为5.5 ng/L，对应诊断灵敏度、特异度分别为80.5%、76.9%。结论 检测血清Hcy、FA有助于结肠息肉与结肠癌的诊断和鉴别诊断。

【关键词】半胱氨酸；叶酸；血清学试验；结肠息肉；结肠肿瘤；诊断，鉴别

DOI: 10.5760/cma.j.issn.1008-6706.2020.16.001

Clinical significance of homocysteine and folic acid in the diagnosis of colonic polyp and colon cancer

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【Abstract】Objective To investigate the clinical significance of homocysteine (Hcy) and folic acid (FA) detection in the diagnosis of patients with colon polyps and colon cancer. Methods From October 2018 to October 2019, 35 patients with colon cancer (colon cancer group) and 70 patients with colon polyps (colon polyps group; hyperplastic polyp group and adenomatous polyp group, each group in 35cases) diagnosed and treated in Ji’nan Central Hospital Affiliated to Shandong University were selected in the study, and 30 healthy volunteers were selected as control group. The serum Hcy and FA levels of the patients with colon cancer and colon polyps and the control group were detected and compared. The value of serum Hcy and FA in the differential diagnosis of colon polyps and colon cancer was analyzed. Results The serum levels of Hcy and FA in the colon cancer group were (18.4±5.1) μmol/L and (5.2±1.4) ng/L, respectively, which in the hyperplastic polyp group were (15.1±5.1) μmol/L and (6.5±2.1) ng/L, respectively, which in the adenomatous polyp group were (15.9±4.2) μmol/L and (6.8±2.3) ng/L, respectively, which in the control group were (9.2±3.2) μmol/L and (7.5±2.1) ng/L, respectively, the differences were statistically significant (F=23.584, 7.671, all P<0.05). Compared with the hyperplastic polyp group and the adenomatous polyp group, the Hcy level in the colon cancer group was higher and the FA level in the colon cancer group was lower, the differences were statistically significant (t=4.328, 3.279, 3.844, 4.731, all P<0.05). There were no statistically significant differences in Hcy and FA between the hyperplastic polyp group and the adenomatous polyp group (all P>0.05). The area under the curve of Hcy for the identification of colon cancer and colon polyps was 0.815, and the optimal limit was 18.1μmol/L, the corresponding diagnostic sensitivity and specificity were 81.1% and 74.8%, respectively. The area under the curve of FA for the identification of colon cancer and colon polyps was 0.172, and the optimal threshold was 5.5ng/L, the corresponding diagnostic sensitivity and specificity were 80.5% and 76.9%, respectively. Conclusion Detection of serum Hcy and FA is helpful for the diagnosis and
differential diagnosis of colon polyps and colon cancer.

【Key words】 Cysteine; Folic acid; Serologic tests; Colonic polyps; Colonic neoplasms; Diagnosis, differential

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.001
超声检查在酒精性肝病诊断中的价值分析

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【摘 要】 目的 分析超声检查在酒精性肝病诊断中的价值。方法 选取义乌市精神卫生中心 2015 年 4 月至 2017 年 12 月诊治的疑似酒精性肝病患者 68 例为观察对象,对患者进行超声检查,肝功能检查,以临床最终诊断结果为参照,分析超声检查的诊断价值。结果 肝功能检查显示,36 例患者诊断为酒精性肝病,32 例患者诊断为脂肪肝,误诊 12 例,漏诊 12 例;超声检查显示,47 例患者诊断为酒精性肝病,21 例患者诊断为脂肪肝,误诊 1 例,漏诊 2 例。常规肝功能检查诊断酒精性肝病的敏感度、特异度、总准确率分别为 62.50% (30/48), 70.00% (14/20), 64.71% (44/68), 超声检查诊断酒精性肝病的敏感度、特异度、总准确率分别为 95.83% (46/48), 95.00% (19/20), 95.59% (65/68), 超声检查诊断酒精性肝病的敏感度、特异度、总准确率均高于常规肝功能检查,两者差异均有统计学意义 ($\chi^2 = 16.168, P < 0.05$)。超声检查显示,35 例为酒精性脂肪肝,8 例为酒精性肝炎,4 例酒精性肝硬化,诊断符合率为 97.92% (47/48), 经一致性检测,Kappa 检验值为 0.895, 提示一致性良好。结论 超声检查对酒精性肝病有较佳的诊断效果,准确率较高,且可对疾病类型进行诊断。

【关键词】 肝疾病; 肝硬化; 脂肪肝; 酒精性; 肝炎; 酒精性; 超声检查; 肝功能试验; 诊断; 对比敏感度

基金项目: 浙江省医药卫生科技计划项目 (2014KYB297)

Clinical value of ultrasonic examination in the diagnosis of alcoholic liver disease
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【Abstract】 Objective To analyze the clinical value of ultrasonic examination in the diagnosis of alcoholic liver disease. Methods From April 2015 to December 2017, 68 patients with suspected alcoholic liver disease in the Mental Health Center of Yiwu were examined by ultrasound and liver function test. The diagnostic value of ultrasound examination was analyzed. Results Liver function examination showed that 36 cases were diagnosed as alcoholic liver disease, 32 cases were diagnosed as fatty liver, 12 cases were misdiagnosed and 12 cases missed diagnosis. Ultrasound examination showed that 47 patients were diagnosed as alcoholic liver disease, 21 patients were diagnosed as fatty liver, 1 patient was misdiagnosed and 2 patients were missed diagnosis. The sensitivity, specificity and total accuracy of routine liver function examination in diagnosis of alcoholic liver disease were 62.50% (30/48), 70.00% (14/20), 64.71% (44/68), respectively. The sensitivity, specificity and total accuracy of ultrasound in diagnosis of alcoholic liver disease were 95.83% (46/48), 95.00% (19/20), 95.59% (65/68), respectively. The sensitivity, specificity and total accuracy of ultrasonic examination in diagnosis of alcoholic liver disease were significantly higher than those of routine liver function examination ($\chi^2 = 16.168, 4.329, 20.379$, all $P < 0.05$). Ultrasound examination showed that 35 cases were alcoholic fatty liver, 8 cases were alcoholic hepatitis and 4 cases were alcoholic cirrhosis. The coincidence rate of diagnosis was 97.92% (47/48). The Kappa test value was 0.895, which indicated that the consistency was good. Conclusion Ultrasonic examination is effective and accurate in diagnosis of alcoholic liver disease, and it can be used to diagnose the type of disease.

【Key words】 Liver diseases, alcoholic; Fatty liver, alcoholic; Hepatitis, alcoholic; Liver cirrhosis, alcoholic; Ultrasonography; Liver function tests; Diagnosis; Contrast sensitivity

Fund program: Medical and Health Science and Technology Planing Project of Zhejiang Province (2014KYB297)
乌苯美司胶囊联合 FOLFOX4 方案治疗原发性胃癌及对患者 Skp2 与 P27kipl 蛋白表达的影响

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【摘要】目的 探讨乌苯美司胶囊联合 FOLFOX4 方案治疗原发性胃癌的近期疗效及对患者 Skp2 与 P27kipl 蛋白表达的影响。方法 选取 2017 年 6 月至 2019 年 6 月台州市第一人民医院住院治疗的原发性胃癌患者 114 例为研究对象，采用随机数字表法分为观察组与对照组各 57 例。对照组给予 FOLFOX4 化疗方案治疗，观察组在对照组基础上增加乌苯美司胶囊治疗。连续治疗 3 个周期后，对两组患者的近期疗效、免疫功能指标、Skp2 与 P27kipl 蛋白表达水平、不良反应发生率等进行统计比较。结果 治疗后观察组患者的客观缓解率（ORR）、疾病控制率（DCR）分别为 77.19%（44/57）、61.40%（35/57），均高于对照组的 57.89%（33/57）、42.11%（24/57）（\( \chi^2 = 4.842, P = 0.039 \)）。治疗后观察组 SKP2 和 CDK1 细胞，CDK2/CDK1 细胞水平均高于对照组，而 CDK1 细胞水平低于对照组，差异均有统计学意义（\( t = 3.803, 4.538, 4.187, 6.042, P = 0.000, 0.000, 0.000, 0.000 \)）。治疗后观察组 Skp2 蛋白水平高于对照组，P27kipl 蛋白水平低于对照组，差异均有统计学意义（\( t = 3.971, 4.110, P = 0.000, 0.000 \)）。治疗期间观察组、对照组不良反应发生率分别为 33.33%（19/57）、24.56%（14/57），两组差异无统计学意义（\( \chi^2 = 1.066, P = 0.302 \)）。结论 乌苯美司胶囊联合 FOLFOX4 方案治疗原发性胃癌患者的近期疗效显著，能够提升患者的免疫功能，调节 Skp2 与 P27kipl 蛋白表达水平。治疗安全性良好，值得临床推荐。

【关键词】原发性胃癌； 乌苯美司； 化疗治疗； 奥沙利铂； 亚叶酸钙； 氟尿嘧啶； 近期疗效； 免疫功能

DO1: 10.3760/cma.j.issn.1008-6706.2020.16.003

Application of ubenimex capsule combined with FOLFOX4 regimen in the treatment of patients with primary gastric cancer and its effect on the expression of Skp2 and P27kipl protein

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【Abstract】Objective To study the effect of ubenimex capsule combined with FOLFOX4 on the expression of Skp2 and p27kipl in patients with primary gastric cancer. Methods From June 2017 to June 2019, 114 patients with primary gastric cancer who hospitalized in the First People’s Hospital of Taizhou were divided into observation group and control group according to the random digital table method, with 57 cases in each group. The control group was treated with FOLFOX4 chemotherapy, and the observation group was treated with ubenimex capsule on the basis of the control group. After three cycles of continuous chemotherapy, the short-term efficacy, the level of immune function index, the expression of Skp2 and p27kipl protein, and the incidence of adverse reactions were compared.

Results The objective remission rate (ORR) and disease control rate (DCR) in the observation group were 77.19% (44/57) and 61.40% (35/57), respectively, which were higher than those in the control group [57.89% (33/57) and 42.11% (24/57)] (\( \chi^2 = 4.842, P = 0.039 \)). After treatment, the levels of CDK1, CDK2 cells and the ratio of CDK2/CDK1 in the observation group were higher than those in the control group, while the level of CDK1 cells in the observation group was lower than that in the control group, the differences were statistically significant (\( t = 3.803, 4.538, 4.187, 6.042, P = 0.000, 0.000, 0.000, 0.000 \)). After treatment, the Skp2 protein level in the observation group was lower than that in the control group, and the p27kipl protein level in the observation group was higher than that in the control group, the differences were statistically significant (\( t = 3.971, 4.110, P = 0.000, 0.000 \)). During the treatment, the incidences of adverse reactions in the observation group and the control group were
33.33% (19/57) and 24.56% (14/57), respectively, the difference between the two groups was statistically significant ($\chi^2 = 1.066, P = 0.302$). **Conclusion** Ubenimex combined with FOLFOX4 can improve the immune function of patients with primary gastric cancer, regulate the expression of Skp2 and p27kip1 protein, and has good therapeutic safety, which is worthy of clinical recommendation.

**Key words** Primary gastric cancer; Ubenimex; Chemotherapy; Oxaliplatin; Calcium folinate; Fluorouracil; Short-term efficacy; Immune function

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.003
腹腔镜结肠癌根治术治疗进展期结肠癌的效果观察

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【摘要】 目的 观察腹腔镜结肠癌根治术治疗进展期结肠癌的临床效果。方法 选取忻州市人民医院2015年6月至2019年2月诊治的进展期结肠癌100例为研究对象，采用抛掷硬币法分为观察组50例、对照组50例。观察组患者采用腹腔镜结肠癌根治术治疗，对照组患者采用传统开腹手术治疗。对比两组患者的手术指标、术后恢复情况以及并发症发生情况。结果 观察组出血量、手术时间分别为(120.44±10.15)mL，(90.65±5.19)min，对照组分别为(154.69±15.44)mL，(130.66±4.18)min，两组差异均有统计学意义(t=13.107，P<0.05)；两组淋巴结清扫数差异无统计学意义(P>0.05)；观察组患者术后恢复进食时间、住院时间分别为(3.82±0.96)d,(10.57±1.28)d，对照组分别为(4.97±0.34)d,(14.96±2.01)d，差异均有统计学意义(t=7.984，P<0.05)。结论 腹腔镜结肠癌根治术治疗进展期结肠癌，出血量少，手术时间短，患者术后恢复快，效果优于开腹手术。

【关键词】 腹腔镜； 结肠肿瘤； 结肠切除术； 失血，手术； 时间因素； 住院时间； 手术后并发症； 病例对照研究
DOI:10.3760/cma.j.issn.1008-6706.2020.16.004

Effect of laparoscopic radical operation for advanced colon cancer

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【Abstract】 Objective To observe the clinical effect of laparoscopic radical operation for advanced colon cancer. Methods From June 2015 to February 2019, 100 patients with advanced colon cancer diagnosed and treated in the People’s Hospital of Xinzhou were randomly divided into two groups by coin toss method, with 50 cases in each group. The observation group received laparoscopic radical operation, while the control group received traditional laparotomy. The operation indicators, recovery after operation and the occurrence of the complications were compared between the two groups. Results The bleeding volume and operation time of the observation group were (120.44±10.15)mL,(90.65±5.19)min, respectively, which of the control group were (154.69±15.44)mL and (130.66±4.18)min, respectively, the differences between the two groups were statistically significant(t=13.107,42.454, all P<0.05). There was no statistically significant difference between the two groups in the number of lymphadenectomy (P>0.05). The postoperative recover eating time, postoperative recover exhaust time and hospitalization time in the observation group were (3.82±0.96)d,(10.57±1.28)d, respectively, which were significantly shorter than those in the control group [(4.97±0.34)d,(14.96±2.01)d], and the differences were statistically significant(t=7.984,24.199,13.026, all P<0.05). There was no statistically significant difference in the incidence of complications between the two groups (P>0.05). Conclusion Laparoscopic radical operation for advanced colon cancer has the advantages of less bleeding, shorter operation time, faster postoperative recovery and better effect compared with open operation.

【Key words】 Laparoscopy; Colonic neoplasms; Colectomy; Blood loss, surgical; Time factors; Length of hospital stay; Postoperative complications; Case–control studies
DOI:10.3760/cma.j.issn.1008-6706.2020.16.004
中西医结合治疗肝胃不和型功能性消化不良临床研究

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【摘要】 目的 探讨中西医结合治疗肝胃不和型功能性消化不良的临床疗效。方法 选择温岭市中医院2018年6月至2019年6月收治的功能性消化不良患者92例，依据随机数字表法分为观察组46例与对照组46例。对照组口服马来酸曲美布汀治疗，观察组在对照组基础上结合自拟中药汤剂治疗。两组疗程均为4周。比较两组治疗疗效，治疗前后中医症候积分和胃动力学指标变化，及不良反应发生情况。结果 观察组总有效率(93.48%)高于对照组(69.57%) (χ²=8.731, P<0.05)。两组治疗后上腹痛、腹胀、早饱和嗳气反酸积分均较治疗前降低 (P<0.05)；观察组治疗后上腹痛、腹胀、早饱和嗳气反酸积分均低于对照组 (t=11.068 <22.320, 15.073, 14.369, P<0.05)。两组治疗后血清胃动素(MLT)和瘦素(LEP)水平较治疗前升高，而促肾上腺皮质激素释放激素(CRH)水平较治疗前降低，差异均有统计学意义(均P<0.05)；观察组治疗后血清MLT和LEP水平均高于对照组，而CRH水平低于对照组，差异均有统计学意义(t=12.022, 15.884, 16.536, P<0.05)。观察组不良反应发生率(4.35%)低于对照组(23.91%) (χ²=7.256, P<0.05)。结论中西医结合治疗肝胃不和型功能性消化不良患者疗效良好，可改善胃动力，且不良反应少，值得临床借鉴。

【关键词】 马来酸曲美布汀； 自拟中药汤剂； 肝胃不和型； 功能性消化不良； 疗效； 中医症候；胃动力学； 不良反应

DOI:10.3760/cma.j.issn.1008-6706.2020.16.005

Clinical study on the treatment of functional dyspepsia of liver – stomach disharmony with integrated traditional Chinese and western medicine

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【Abstract】Objective To explore the clinical effect of integrated traditional Chinese and western medicine in the treatment of functional dyspepsia of liver – stomach disharmony. Methods From June 2018 to June 2019, 92 patients with functional dyspepsia admitted to Wenling Hospital of Traditional Chinese Medicine were divided into observation group (46 cases) and control group (46 cases) according to random number table method. The control group was treated with trimethobutine maleate orally, while the observation group was treated with self – made traditional Chinese medicine decoction on the basis of the control group. Both two groups were treated for 4 weeks. The therapeutic effect, the changes of TCM symptom score, gastric motility index and adverse reactions were compared between the two groups before and after treatment. Results The total effective rate of the observation group (93.48%) was higher than that of the control group (69.57%) (χ²=8.731, P<0.05). After treatment, the scores of upper abdominal pain, abdominal distension and early saturated belch acid in the two groups were lower compared with those before treatment (all P<0.05). After treatment, the scores of upper abdominal pain, abdominal distension and early saturated belch acid in the observation group were lower than those in the control group (t=11.068 <22.320, 15.073, 14.369, all P<0.05). After treatment, the levels of serum MLT and LEP in the two groups were higher than those before treatment (all P<0.05), while the level of CRH were lower than those before treatment (all P<0.05). After treatment, the levels of serum MLT and LEP in the observation group were higher than those in the control group, while the level of CRH in the observation group was lower than that in the control group, the differences between the two groups were statistically significant (t=12.022, 15.884, 16.536, all P<0.05). The incidence of adverse reactions in the observation group (4.35%) was lower than that in the control group (23.91%) (χ²=7.256, P<0.05).
Conclusion  The combination of traditional Chinese and western medicine has good effect on functional dyspepsia of liver–stomach disharmony, it can improve gastric motility, and has few adverse reactions, which is worthy of clinical reference.

【Key words】 Trimebutine maleate; Self prepared decoction of traditional Chinese medicine; Liver–stomach disharmony; Functional dyspepsia; Curative effect; TCM syndrome; Gastric dynamics; Adverse reactions

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.005
消化内镜下切除术与腹腔镜手术治疗<3.5 cm胃间质瘤的临床效果比较

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【摘要】目的 比较消化内镜下切除和腹腔镜手术治疗直径<3.5 cm胃间质瘤的疗效和安全性。方法采用分层抽样法选取2018年1月至2020年1月运城市中心医院收治的直径<3.5 cm胃间质瘤患者100例，摸球法分为两组；对照组（50例）采用腹腔镜手术治疗，观察组（50例）采用消化内镜下切除术治疗。比较两组治疗效果。结果 两组手术时间为（6.31±13.52）min，短于对照组的（71.24±15.04）min（t=2.703，P=0.004）；观察组术中出血量为（38.15±2.55）mL，少于对照组的（40.12±3.56）mL（t=3.181，P=0.001）；观察组术后禁食时间为（20.02±3.85）h，短于对照组的（22.12±2.96）h（t=3.058，P=0.001）；观察组术后恢复通便时间为（18.61±1.89）h，短于对照组的（20.05±3.13）h（t=2.785，P=0.003）；观察组住院时间为（6.25±1.96）d，短于对照组的（7.06±1.16）d（t=2.515，P=0.007）；观察组并发症发生率为4.00%，低于对照组的8.00%（χ²=0.177，P=0.673）；两组肿瘤危险度分级差异无统计学意义（Z=0.386，P=0.534）。结论 应用消化内镜下切除术治疗直径<3.5 cm胃间质瘤具有手术时间短、出血少、术后恢复快等优势。

【关键词】胃肠道间质肿瘤；胃内镜检查；疗效；安全性

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.006

Comparison of the efficacy and safety of endoscopic digestive resection and laparoscopic surgery in the treatment of gastric stromal tumor with diameter <3.5 cm
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【Abstract】Objective To compare the efficacy and safety of endoscopic digestive resection and laparoscopic surgery in the treatment of gastric stromal tumor with diameter <3.5 cm. Methods Stratified sampling was used to select 100 patients with diameter <3.5 cm gastric stromal tumor from January 2018 to January 2020 in Yuncheng Central Hospital, and they were divided into two groups by touching the ball method. The control group (50 cases) was treated with laparoscopic surgery, and the observation group (50 cases) was treated with digestive endoscopic resection. The therapeutic effects of the two groups were compared. Results The operative time of the observation group was (63.51±13.52) min, which was shorter than that of the control group [(71.24±15.04) min] (t = 2.703, P = 0.004). The intraoperative blood loss in the observation group was (38.15±2.55) mL, which was less than that in the control group [(40.12±3.56) mL] (t = 3.181, P = 0.001). The postoperative fasting time of the observation group was (20.02±3.85) h, which was shorter than that of the control group [(22.12±2.96) h] (t = 3.058, P = 0.001). The postoperative recovery defecation time of the observation group was (18.61±1.89) h, which was shorter than that of the control group [(20.05±3.13) h] (t = 2.785, P = 0.003). The length of hospital stay in the observation group was (6.25±1.96) d, which was shorter than that in the control group [(7.06±1.16) d] (t = 2.515, P = 0.007). The incidence of complications was 4.00% in the observation group, and 8.00% in the control group, the difference between the two groups was statistically significant (χ² = 0.177, P = 0.673). There was no statistically significant difference in tumor risk classification between the two groups (Z = 0.386, P = 0.534). Conclusion Endoscopic digestive resection in the treatment of gastric stromal tumor with diameter <3.5 cm has advantages of short operation time, less bleeding and fast postoperative recovery, etc., and has certain efficacy and safety.

【Key words】Gastrointestinal stromal tumors; Endoscopes, gastrointestinal; Laparoscopy; Curative effect; Security

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.006
胃复春联合替普瑞酮对慢性萎缩性胃炎患者血清核转录因子-κB、环氧合酶-2、白细胞介素8的影响

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【摘要】目的 观察胃复春联合替普瑞酮对慢性萎缩性胃炎(CAG)患者血清核转录因子-κB(NF-κB)、环氧合酶-2(COX-2)、白细胞介素8(IL-8)的影响。方法将2017年6月至2018年6月在余姚市妇幼保健院就诊且符合纳入标准的CAG患者118例，依据随机单盲法将其分为联合治疗组和西药组各59例。两组患者在常规治疗的基础上，联合治疗组给予胃复春和替普瑞酮联合口服治疗，西药组给予口服替普瑞酮治疗；治疗2个疗程后，观察比较两组临床症状改善情况、胃镜下疗效及患者血清NF-κB、COX-2、IL-8水平的变化情况。

结果 经过2个疗程的治疗后，共脱落4例患者，其中联合治疗组、西药组各2例。联合治疗组患者在充血(85.42%)、水肿(86.00%)、糜烂(80.77%)、胆汁反流(41.18%)方面的改善情况均明显优于西药组(充血(66.67%)、水肿(68.63%)、糜烂(52.17%)、胆汁反流(35.29%))。(χ²=5.718, P<0.05)；两组患者胃镜下观察积分(联合治疗组1.98±0.65分，西药组2.03±0.57分)均比治疗前(联合治疗组0.92±0.47分，西药组1.19±0.46分)显著改善(t=6.127, P<0.05)，联合治疗组的积分差高于西药组(t=5.413, P<0.05)；联合治疗组症状积分：上腹疼痛(2.89±1.45分)、嗳气(2.62±1.38分)、反酸(2.34±0.87分)、恶心呕吐(3.06±1.67分)、均明显优于西药组(上腹疼痛3.98±1.58分，嗳气3.72±0.93分，反酸4.16±1.26分，恶心呕吐4.92±1.15分)。(t=8.142, P<0.05)。联合治疗组NF-κB(8.94±2.01ng/mL)、COX-2(11.84±3.27ng/mL)及IL-8(28.32±6.85pg/mL)水平在治疗后明显降低，且差异均有统计学意义(t=9.643, 8.976, 8.942, P<0.05)。结论胃复春可明显改善患者胃镜下胃黏膜充血、水肿、糜烂情况，有效抑制胃黏膜萎缩，与替普瑞酮联合应用治疗CAG疗效确切，这可能与其调节血清NF-κB、COX-2及IL-8的水平相关。

【关键词】胃炎，萎缩性；核转录因子-κB；环氧合酶-2；白细胞介素8；胃复春；替普瑞酮

DOI:10.3760/cma.j.issn.1008-6706.2020.16.007

Effect of Weifuchun combined with teprenone on serum nuclear factor-κB, cyclooxygenase-2 and interleukin-8 in patients with chronic atrophic gastritis

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【Abstract】Objective To observe the effect of Weifuchun combined with teprenone on serum nuclear transcription factor-κB (NF-κB), cyclooxygenase-2 (COX-2) and interleukin-8 (IL-8) in patients with chronic atrophic gastritis (CAG). Methods From June 2017 to June 2018, 118 CAG patients who admitted in the Yuyao Maternal and Child Health Hospital and met the inclusion criteria were divided into combination treatment group and western medicine group according to the randomized single-blind method, with 59 cases in each group. On the basis of conventional treatment, the combination treatment group was given Weifuchun and teprenone in combination with oral therapy, and the western medicine group was given oral teprenone. After 2 courses of treatment, the improvement of clinical symptoms, efficacy under gastroscopy and the changes of serum NF-κB, COX-2 and IL-8 levels of the two groups were observed and compared. Results After two courses of treatment, a total of 4 patients were shed, of which 2 cases were in the combined treatment group and 2 cases in the western medicine group. The patients in the combination treatment group had significantly better improvements in congestion (85.42%), edema (86.00%), erosion (80.77%) and bile reflux (41.18%) than those in the western medicine group (congestion 66.67%, edema 68.63%, erosion 52.17%, bile reflux 35.29%); (χ²=5.718, P<0.05).
The underwent gastroscopy scores of the two groups after treatment [combined treatment group (1.98 ± 0.65) points, the western medicine group (2.03 ± 0.57) points] were significantly improved compared with pre-treatment [combined treatment group (0.92 ± 0.47) points, the western medicine group (1.19 ± 0.46) points] (t = 6.127, 5.764, all P < 0.05). The score difference of the combined treatment group was higher than that of the western medicine group (t = 5.413, P < 0.05). The symptom scores of the combined treatment group [epigastric pain (2.89 ± 1.45) points, belching (2.62 ± 1.38) points, and acid reflux (2.34 ± 0.87) points, nausea and vomiting (3.06 ± 1.67) points] were significantly better than those of the western medicine group [upper abdominal pain (3.98 ± 1.58) points, belching (3.72 ± 0.93) points, acid reflux (4.16 ± 1.26) points, nausea and vomiting (4.92 ± 1.15) points] (t = 8.142, 6.199, 0.786, 9.462, all P < 0.05). The levels of NF-κB [(8.94 ± 2.01) ng/mL], COX-2 [(11.84 ± 3.27) ng/mL] and IL-8 [(28.32 ± 6.85) pg/mL] in the combined treatment group were significantly reduced after treatment, and the differences were statistically significant (t = 9.643, 8.096, 5.718, all P < 0.05).

**Conclusion** Weifuchun can significantly improve the gastric mucosa congestion, edema and erosion under gastroscopy, effectively inhibit gastric mucosal atrophy, and the combined use of teprenone in treating CAG is effective, which may be related to its effect on adjusting serum NF-κB, COX-2 and IL-8 levels.

**Key words** Gastritis, atrophic; Nuclear transcription factor – kappa B; Cyclooxygenase – 2; Interleukin – 8; Weifuchun; Teprenone

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.007
胃肠宁颗粒联合复方嗜酸乳杆菌片治疗腹泻型肠易激综合征的疗效及其对患者炎性因子、胃肠激素和肠黏膜屏障的影响

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【摘要】 目的 探讨胃肠宁颗粒联合复方嗜酸乳杆菌片对腹泻型肠易激综合征(D-IBS)的疗效及其对患者炎性因子、胃肠激素和肠黏膜屏障的影响。方法 选择杭州市富阳区第一人民医院2017年1月至2019年12月收治的D-IBS患者80例，按照随机数字表法分为对照组和观察组，每组40例。对照组给予复方嗜酸乳杆菌片治疗，观察组在对照组基础上结合胃肠宁颗粒治疗。两组疗程均为2周。比较两组治疗疗效，治疗前后炎性因子、胃肠激素和肠黏膜屏障的变化。结果 观察组总有效率为92.50%(37/40)，高于对照组的70.00%(28/40)，差异有统计学意义(χ²=6.646，P<0.05)。观察组治疗后血清肿瘤坏死因子α(TNF-α)、白细胞介素1β(IL-1β)和白细胞介素6(IL-6)均低于对照组[(36.15±10.12) pg/mL、(12.18±3.06) pg/mL和(18.53±2.19) pg/mL] (t=6.157,15.787,10.673,均P<0.05)。观察组治疗后血清生长抑素[Somatostatin(SS)](28.91±11.02) pg/mL和血管活性肠肽(VIP)(185.46±17.34) pg/mL均低于对照组[(45.63±12.54) pg/mL和(235.12±18.29) pg/mL] (t=6.334,12.462,均P<0.05)。观察组治疗后血清二胺氧化酶活性(Indoxylamine oxidase)(1.05±0.19) μg/L、内毒素[Serum endotoxin levels(SEL)](0.62±0.19) μg/L和D-乳酸[DL-lactate(DL-lac)](38.97±6.39) mg/L均低于对照组[(1.53±0.28) μg/L、(1.16±0.23) μg/L和(49.81±4.25) mg/L] (t=8.972,11.448,8.934,均P<0.05)。结论 胃肠宁颗粒联合复方嗜酸乳杆菌片对D-IBS患者疗效明显，可减轻炎性反应，改善胃肠激素和肠黏膜屏障功能。

【关键词】 肠易激综合征；腹泻；胃肠宁颗粒；复方嗜酸乳杆菌片；炎症介导素类；胃肠激素类

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.008

Therapeutic effect of Weichangning granule combined with compound Lactobacillus acidophilus tablet in the treatment of diarrhea type irritable bowel syndrome and its effect on inflammatory factors, gastrointestinal hormones and intestinal mucosal barrier
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【Abstract】 Objective To investigate the therapeutic effect of Weichangning granule combined with compound Lactobacillus acidophilus tablet on diarrhea type irritable bowel syndrome and its effect on inflammatory factors, gastrointestinal hormones and intestinal mucosal barrier. Methods From January 2017 to December 2019, 80 patients with diarrhea type irritable bowel syndrome admitted in the First People’s Hospital of Fuyang District were selected, and they were divided into observation group and control group according to the random digital table method, with 40 cases in each group. The control group was treated with relapsed Lactobacillus acidophilus tablets, and the observation group was treated with Weichangning granules on the basis of the control group. The course of treatment in both two groups was 2 weeks. The changes of inflammatory factors, gastrointestinal hormones and intestinal mucosal barrier were compared before and after treatment. Results The total effective rate of the observation group[92.50%(37/40)] was higher than that of the control group[70.00%(28/40)], the difference was significant ($\chi^2=6.646$, $P<0.05$). The levels of TNF-α, IL-1β and IL-6 were lower in the observation group than in the control group[(36.15±10.12) pg/mL, (12.18±3.06) pg/mL and (18.53±2.19) pg/mL](t=6.157,15.787,10.673, all $P<0.05$). The serum levels of SS[(28.91±11.02) μg/L] and VIP[(185.46±17.34) pg/mL] in the observation group were lower than those in the control group[(54.36±15.73) pg/mL, (0.79±0.12) μg/L and (18.53±2.19) pg/mL](t=6.334,12.462, all $P<0.05$). Conclusion Weichangning granule combined with compound Lactobacillus acidophilus tablet showed significant therapeutic effect on diarrhea type irritable bowel syndrome, and had positive effect on inflammatory factors, gastrointestinal hormones and intestinal mucosal barrier.
DAO \((1.05 \pm 0.19)\) U/L, endotoxin \((0.62 \pm 0.19)\) U/L and D-lactate \((38.97 \pm 6.39)\) mg/L in the observation group were lower than those in the control group \((1.53 \pm 0.28)\) U/L, \((1.16 \pm 0.23)\) U/L and \((49.81 \pm 4.25)\) mg/L \((t = 8.972, 11.448, 8.934, \text{all } P < 0.05)\).

**Conclusion** Weichangning granule combined with compound Lactobacillus acidophilus tablet has obviously curative effect on diarrhea type irritable bowel syndrome, which can reduce inflammatory reaction, improve gastrointestinal hormone and intestinal mucosal barrier function.

【**Key words**】 Irritable bowel syndrome; Diarrhea; Weichangning granules; Compound Lactobacillus acidophilus tablets; Inflammation mediators; Gastrointestinal hormones

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.008
不同随访方法降低腹膜透析相关性腹膜炎发生的应用效果分析

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【摘要】目的 探讨不同随访方法在降低腹膜透析相关性腹膜炎发生中的应用效果。方法 选取2018年7月至2019年6月在广州市花都区人民医院肾病学科长期规律随访的腹膜透析患者191例为研究对象，采用方便抽样方法，将周二门诊随访患者分为对照组95例，周四固定门诊随访的患者分为观察组96例。对照组常规随访，观察组随访时进行腹透液常规检查，发现肉眼可见问题及检验结果异常立刻干预，比较两组腹膜炎发生率。结果对照组发生腹膜炎24例，发生率为25.26%；观察组发生腹膜炎9例，发生率为9.38%。观察组腹膜炎发生率低于对照组，差异有统计学意义（χ² = 5.972, P < 0.05）。结论 腹膜透析相关性腹膜炎的发生与多种因素有关，重视腹透液常规检查和观察腹透液颜色，强化无菌换液操作，对患者的追踪随访，能够有效减少腹膜炎的发生，提高患者的透析质量。

【关键词】腹膜透析；腹膜炎；随访研究；腹透液常规检查；危机干预；对比研究

Application of peritoneal dialysis routine examination in reducing peritonitis associated with peritoneal dialysis

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【Abstract】Objective To explore the application of peritoneal dialysis routine examination in reducing the incidence of peritonitis associated with peritoneal dialysis. Methods From July 2018 to June 2019 191 patients with peritoneal dialysis who were followed up regularly in the nephrology department were selected as the study subjects. Using convenient sampling method, outpatient follow-up on Tuesday were selected as control group (95 cases) and fixed outpatient follow-up on Thursday were selected as observation group (96 cases). Routine follow-up was performed in the control group, and routine examination of peritonitis was performed in the observation group during the follow-up. Intervention was given immediately when the problems were found to the naked eye and the examination results were abnormal. The incidence of peritonitis in the two groups was compared. Results Peritonitis occurred in 24 cases in the control group (25.26%), and 9 cases in the observation group (9.38%). The incidence of peritonitis in the observation group was lower than that in the control group, and the difference was statistically significant (χ² = 5.972, P < 0.05). Conclusion The occurrence of peritoneal dialysis-related peritonitis is related to a variety of factors. Paying attention to the routine examination of peritonitis and observing the color of peritonitis, strengthening the aseptic fluid exchange operation, and following up the patients can effectively reduce the occurrence of peritonitis and improve the quality of dialysis.

【Key words】Peritoneal dialysis; Peritonitis; Follow-up studies; Routine examination of peritoneal dialysis fluid; Crisis intervention; Comparative study

【Fund program】Medical Key Discipline Construction Project of Guangzhou City, Guangdong Province (2017-2019); Science and Technology Project of Huadu District, Guangzhou City, Guangdong Province (18-HDWS-059)

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.009
内耳核磁共振造影检查对发作性前庭综合征的诊断价值

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【摘要】目的 探讨采用内耳三维快速液体衰减反转恢复 (3D-FLAIR MRI) 扫描技术用于发作性前庭综合征疑似疾病中的诊断价值。方法 回顾性分析 2018 年 7 月至 2019 年 12 月于厦门大学附属第一医院眩晕门诊诊治的发作性前庭综合征疑似患者 72 例的临床资料，所有病例合并听力下降、耳鸣及反复眩晕发作病史，将其分为两组，疑似梅尼埃病患者 37 例，或疑似前庭性偏头痛患者 35 例，经静脉注射钆喷酸葡胺稀释液 4 h 后行内耳 3D-FLAIR MRI。随访患者的阶梯治疗后确诊结果并分析其与钆造影提示结果的一致性。数据应用 SPSS 19.0 统计软件进行分析。结果 37 例疑似梅尼埃病患者中，有 21 例显示膜迷路积水征象而诊断为梅尼埃病；35 例疑似前庭性偏头痛患者中有 4 例显示膜迷路积水征象，诊断为梅尼埃病；随访并以阶梯治疗证实；膜迷路积水征象阳性 25 例中，有 23 例最终确诊为梅尼埃病，而 47 例膜迷路积水征象阴性者 2 例为梅尼埃病（以膜迷路积水征象诊断梅尼埃病的敏感度、特异度及准确度分别为 92.0%、95.9% 和 94.6%）。25 例膜迷路积水征象阳性中合并前庭性偏头痛为 3 例，47 例膜迷路积水征象阴性者最终确诊为前庭性偏头痛为 29 例（以膜迷路积水征象作为诊断前庭性偏头痛的敏感度、特异度及准确度分别为 90.6%、52.4% 和 68.9%）。结论 采用经静脉注射钆喷酸葡胺稀释液造影后行内耳 3D-FLAIR MRI 技术，对发作性前庭综合征疑似疾病有重要的鉴别作用，有利于提高前庭疾病的诊断水平。

【关键词】耳蜗前庭综合征；磁共振成像；梅尼埃病；偏头痛；膜迷路积水

Application of gadolinium radiography in suspected diseases of paroxysmal vestibular syndrome

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【Abstract】Objective To investigate the clinical value of 3D – FLAIR MRI in the diagnosis of paroxysmal vestibular syndrome. Methods The clinical data of 72 patients with suspected disease of paroxysmal vestibular syndrome diagnosed and treated in vertigo clinic of our hospital from July 2018 to December 2019 were analyzed retrospectively. All patients had a history of hearing loss, tinnitus and recurrent vertigo. They were divided into two groups: 37 patients suspected of Meniere and 35 patients suspected of vestibular migraine. 3D – FLAIR MRI of inner ear was performed after 4 hours of intravenous injection of GD DTPA diluent. The results of diagnosis were compared with those of gadolinium radiography. The data were analyzed by SPSS 19.0. Results Twenty – one patients with suspected Meniere’s disease showed signs of water accumulation in the membranous labyrinth, 4 patients with suspected vestibular migraine showed signs of water accumulation in the membranous labyrinth (P < 0.01). Twenty – three patients with positive signs of water accumulation in the membranous labyrinth were finally diagnosed as Meniere’s disease, while Meniere’s disease was found in 2 cases of 47 patients with negative signs of membranous labyrinthine hydrops (the sensitivity, specificity and accuracy of the diagnosis of Meniere’s disease were 92.0%, 95.9% and 94.6%, respectively). Three cases were complicated with vestibular migraine in the 25 cases with positive signs of membranous labyrinthine hydrops, and 29 cases were finally diagnosed as vestibular migraine in 47 cases with negative signs of membranous labyrinthine hydrocephalus (the sensitivity, specificity and accuracy of diagnosing vestibular migraine
with signs of membranous labyrinthine hydrops were 90.6%, 52.4% and 68.9%, respectively). **Conclusion** The 3D-FLAIR MRI technique of inner ear after gadolinium radiography has an important role in distinguishing the suspected diseases of paroxysmal vestibular syndrome, and is helpful to improve the diagnosis level of vestibular diseases.

**Key words** Cogan syndrome; Magnetic resonance imaging; Meniere’s disease; Migraine disorders; Labyrinth diseases
腹横肌平面阻滞联合舒芬太尼静脉注射对子宫切除术后镇痛效果及血清皮质醇、去甲肾上腺素、白细胞介素6水平的影响

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【摘要】目的探讨B超引导下腹横肌平面阻滞联合舒芬太尼静脉注射对子宫切除术后患者镇痛效果及对皮质醇（Cor）、去甲肾上腺素（NE）和白细胞介素6（IL-6）水平的影响。方法选择桐乡市第一人民医院2018年9月至2019年9月收治的子宫切除术患者78例，采用随机数字表法分为对照组与观察组各39例。对照组于关腹前给予舒芬太尼静脉注射，再连接PCIA;观察组于关腹前给予舒芬太尼静脉注射，再连接PCIA，且于手术结束即刻联合B超引导下腹横肌平面阻滞。比较两组手术时间和术中出血量，自控镇痛按压次数和首次下床时间，术后3h、术后12h和术后24h患者疼痛视觉模拟评分法（VAS）评分和舒适度评分（BCS），及术前和术后24h血清Cor、NE和IL-6水平变化。结果两组手术时间和术中出血量差异均无统计学意义（均P>0.05）；观察组自控镇痛按压次数为（8.94±1.23）次，少于对照组的（10.97±1.76）次，且首次下床时间为（10.32±2.15）h，快于对照组的（15.89±1.71）h，差异均有统计学意义（t=5.904,12.662,均P<0.05）；观察组VAS评分术后12h[（2.15±0.27）分]和术后24h[（1.84±0.18）分]，均低于对照组[（2.89±0.30）分和（2.31±0.23）分]（t=11.450,10.050,均P<0.05）；观察组BCS舒适度评分术后12h[（2.43±0.27）分]和术后24h[（2.10±0.19）分]，均低于对照组[（2.85±0.32）分和（2.56±0.23）分]（t=6.265,9.629,均P<0.05）；观察组术后24h血清Cor[（329.58±14.35）nmol/L]、NE[（48.93±3.65）ng/mL]和IL-6[（19.73±3.45）ng/mL]，均低于对照组[（412.32±27.86）nmol/L、（60.17±5.34）ng/mL和（28.65±2.36）ng/mL]（t=16.488,10.852,13.327,均P<0.05）。结论B超引导下腹横肌平面阻滞联合舒芬太尼静脉注射对子宫切除术后患者镇痛效果良好，且可减轻应激反应。

【关键词】子宫切除术；神经肌肉阻滞；镇痛；腹横肌平面阻滞；皮质醇；去甲肾上腺素；白细胞介素6；舒芬太尼


Effect of B-ultrasound-guided horizontal abdominal muscle block combined with sufentanil intravenous injection on analgesia of patients after hysterectomy and its influence on the levels of Cor，NE and IL-6

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【Abstract】Objective To investigate the effect of B-ultrasound-guided horizontal abdominal muscle block combined with sufentanil intravenous injection on analgesia of patients after hysterectomy and its influence on the levels of cortisol（Cor），noradrenaline（NE）and interleukin-6（IL-6）．Methods From September 2018 to September 2019，78 patients with hysterectomy admitted to the First People's Hospital of Tongxiang were divided into control group andobservation group according to the random digital table method, with 39 cases in each group．In the control group, sufentanil was injected intravenously before abdominal closure，and then connected to PCIA．In the observation group, sufentanil was injected intravenously before abdominal closure，and then connected to PCIA，and immediately after the operation, combined with B-ultrasound-guided horizontal abdominal muscle block．The time of operation and intraoperative hemorrhage，the times of compression and the first time of getting out of bed，the VAS score and BCS comfort score of the patients at 3h, 12h and 24h after operation，as well as the changes of serum Cor，NE and IL-6 levels before operation and 24 h after operation were compared．Results There were no statistically significant differences between the two groups in operation time and bleeding volume（all P>0.05）．The times of pressing in the observation group was（8.94±1.23），which was less than that in the control group（10.97±1.76），
and the time of getting out of bed for the first time in the observation group was (10.32 ± 2.15) h, which was faster than that in the control group [(15.89 ± 1.71) h], the differences were statistically significant (t = 5.904, 12.662, all P < 0.05). The VAS scores at postoperative 12h [(2.15 ± 0.27) points] and 24h [(1.84 ± 0.18) points] of the observation group were lower than those of the control group [(2.89 ± 0.30) points and (2.31 ± 0.23) points] (t = 11.450, 10.050, all P < 0.05). The BCS comfort scores at postoperative 12h [(2.43 ± 0.27) points] and 24h [(2.10 ± 0.19) points] of the observation group were lower than those of the control group [(2.85 ± 0.32) points and (2.56 ± 0.23) points] (t = 6.256, 9.269, all P < 0.05). At 24h after operation, the serum levels of Cor [(329.58 ± 14.35) nmol/L], NE [(48.93 ± 3.65) ng/L] and IL-6 [(19.73 ± 3.45) ng/L] in the observation group were lower than those in the control group [(412.32 ± 27.86) nmol/L, (60.17 ± 5.34) ng/L and (28.65 ± 2.36) ng/L] (t = 16.488, 10.852, 13.327, all P < 0.05). Conclusion B – ultrasound – guided horizontal abdominal muscle block combined with sufentanil has good analgesic effect on patients after hysterectomy, and it can reduce stress response, which is worthy of clinical reference.

【Key words】 Hysterectomy; Neuromuscular blockade; Analgesia; Horizontal abdominal muscle block; Cortisol; Noradrenaline; Interleukin – 6; Sufentanil

河南省豫东地区产褥期感染的相关因素分析

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【摘要】目的 分析河南省豫东地区产褥期感染的相关影响因素，为预防产褥期感染提供依据。方法 回顾性分析商丘市第一人民医院及夏邑县人民医院 2014 年 8 月至 2018 年 10 月分娩的产妇 1521 例的临床资料，其中发生产褥期感染的产妇 91 例为产褥期感染组，未发生产褥期感染的产妇 1430 例为产褥期未感染组。分析会阴切口、羊水污染、软产道损伤、产前贫血、分娩方式、胎盘残留、血红蛋白、产程时间、破膜时间、卧床时间等因素与产褥期感染的相关性。结果 产褥期感染与会阴切口、羊水污染、产前贫血、产后出血、分娩方式、胎盘残留有关（χ² = 6.439, 5.269, 10.188, 4.862, 4.125, 6.663, 均 P < 0.05），产褥期感染组破膜时间、血红蛋白、产程时间及卧床时间分别为（10.1 ± 2.1）h,（110.5 ± 10.8）g/L,（8.2 ± 1.4）h,（2.8 ± 0.6）d，无感染组分别为（11.2 ± 2.5）h,（103.2 ± 12.1）g/L,（11.7 ± 1.8）h,（4.2 ± 0.7）d，两组差异均有统计学意义（t = -4.786, 6.205, -22.689, -21.355, 均 P < 0.05）。结论 产褥期感染发生率较高，其影响因素较多，在临床实践中应针对这些危险因素采取预防措施，以减少产褥期感染的发生率。

【关键词】产褥期感染；产后出血；贫血；胎盘残留；胎膜早破；剖宫产术；羊水；危险因素；豫东地区

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.012

Analysis of factors related to puerperal infection in eastern Henan province

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【Abstract】Objective To explore and analyze the high risk factors of puerperal infection in eastern Henan province, and to provide scientific basis for prevention of postpartum infection. Methods The clinical data of 1521 cases of puerpera in the First People’s Hospital of Shangqiu and the People’s Hospital of Xinxi County from August 2014 to October 2018 were retrospectively analyzed. Of the 1521 cases, 91 cases with puerperal infection were enrolled in puerperal infection group, and 1430 patients without puerperal infection were enrolled in puerperal uninfected group. The correlation of perineum incision, amniotic fluid contamination, soft birth canal injury, prenatal anemia, mode of delivery, placental residual, hemoglobin, birth process time, rupture time and bedtime with puerperal infection was explored. Results The puerperal infection was associated with perineal incision, amniotic fluid contamination, prenatal anemia, postpartum hemorrhage, delivery mode and placental residue (χ² = 6.439, 5.269, 10.188, 4.862, 4.125, 6.663, all P < 0.05). The duration of membrane rupture, hemoglobin, length of labor and bed rest in the puerperal infection group were (10.1 ± 2.1) h, (110.5 ± 10.8) g/L, (8.2 ± 1.4) h, (2.8 ± 0.6) d, respectively, which in the non-infection group were (11.2 ± 2.5) h, (103.2 ± 12.1) g/L, (11.7 ± 1.8) h, (4.2 ± 0.7) d, respectively, the differences between the two groups were statistically significant (t = -4.786, 6.205, -22.689, -21.355, all P < 0.05). Conclusion There are many factors that can cause puerperal infection, we should take preventive measures to against these risk factors in clinical practice, and to reduce the incidence of postpartum infection.

【Key words】Puerperal infection; Postpartum hemorrhage; Anemia; Placenta, retained; Fetal membranes, premature rupture; Cesarean section; Amniotic fluid; Risk factors; Eastern Henan

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.012
心房颤动并发左心房血栓形成的危险因素分析

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【摘要】目的 探讨心房颤动(以下简称房颤)并发左心房血栓形成的相关危险因素。方法 选择绍兴市人民医院 2014 年 1月至 2018 年 12 月住院治疗的除外心脏瓣膜病引起的房颤患者 500 例,根据有无左心房附壁血栓形成分为血栓组 62 例和非血栓组 438 例,收集临床资料,采用流式细胞术测定血浆血小板微粒(PMP)水平,测定血清高敏 C 反应蛋白( hs-CRP),D 二聚体(D-D)、纤维蛋白原(Fg)、血管假性血友病因子 (vWF)水平。超声心动图测定左心室舒张末期容积(LVEF)、左心房内径(LAD)、左心室收缩末期容积 (EDV)。结果 非血栓组患者(PMP(4.81±0.64)×10^6/mL),hs-CRP(2.02±0.37)mg/L)、D-D[(1.34±0.16)mg/L]、Fg[(4.38±0.69)g/L],vWF[(145.31±14.62)ng/mL]均高于非血栓组[(3.67±0.58)×10^6/mL,(1.08±0.12)mg/L,(3.46±0.71)g/L,(122.16±12.31)ng/mL](t=14.296,14.487,15.257,9.582,13.523,均 P<0.05)。血栓组 LAD[(59.02±9.74)mm]高于非血栓组[(61.23±9.53)mm](t=4.085,P<0.05)。单因素 logistic 回归分析显示:脑卒中(OR=2.624,95% CI:1.012~1.067,P=0.011);持续性房颤(OR=3.426,95% CI:2.014~5.691,P<0.001)、房颤血栓危险度评分(CHA2DS2-VASc:OR=1.702,95% CI:1.357~2.002,P<0.001)、PMP(OR=1.562,95% CI:1.124~1.968,P<0.001)、hs-CRP(OR=1.486,95% CI:1.077~2.043,P=0.013)、D-D(OR=1.765,95% CI:1.262~2.303,P<0.001)、Fg(OR=1.637,95% CI:1.077~2.043,P<0.001)、vWF(OR=1.812,95% CI:1.242~2.328,P<0.001)、LAD(OR=1.094,95% CI:1.043~1.152,P<0.001)为血栓形成的影响因素(P<0.05)。多因素 logistic 回归分析显示:持续性房颤(OR=3.361,95% CI:1.658~6.543,P<0.001)、CHA2DS2-VASc 共计(OR=1.721,95% CI:1.242~2.065,P=0.002)、PMP(OR=1.173,95% CI:1.086~3.981,P=0.016)为血栓形成的独立影响因素。CHA2DS2-VASc 共计、PMP 及两者联合诊断血栓形成的 ROC 曲线下面积分别为 0.783(95% CI:0.708~0.806,P<0.001)、0.744(95% CI:0.741~0.747,P<0.001)、0.853(95% CI:0.850~0.858,P<0.001)。结论 PMP 为左心房血栓形成的独立影响因素,可协助 CHA2DS2-VASc 共计提高左心房血栓形成的预测。

【关键词】房颤; 血小板微粒; 左心房; 血栓; D 二聚体; 纤维蛋白原; 血管假性血友病因子; 左室射血分数


Risk factors of atrial fibrillation complicated with left atrial thrombosis

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【Abstract】Objective To investigate the predictive value of plasma platelet microparticle (PMP) levels on left atrial thrombosis of patients with non - valvular atrial fibrillation. Methods From January 2014 to December 2018, 500 patients with non - valvular atrial fibrillation in Shaoxing People's Hospital were selected and divided into thrombus group (62 cases) and non - thrombotic group (438 cases) according to the presence or absence of left atrial wall thrombosis. The plasma PMP levels were determined by flow cytometry. The serum high - sensitivity C - reactive protein (hs - CRP), D - dimer (D - D), fibrinogen (Fg) and von Willebrand factor (vWF) levels were measured. The left ventricular ejection fraction (LVEF), left atrial diameter (LAD), left ventricular end - systolic volume (ESV) and left ventricular end - diastolic volume (EDV) were measured by echocardiography. Results The PMP ([4.81±0.64]×10^6/mL), hs - CRP([2.02±0.37]mg/L), D - D([1.34±0.16]mg/L), Fg([4.38±0.69]g/L) and vWF([145.31±14.62]ng/mL) in the thrombus group were higher than those in the non - thrombosis group ([3.67±0.58]×10^6/mL,(1.08±0.12)mg/L,(3.46±0.71)g/L,(122.16±12.31)ng/mL]
(t = 14.296, 14.487, 15.257, 9.582, 13.523, all P < 0.05). The LAD in the thrombus group (59.02 ± 9.74 mm) was higher than that in the non-thrombosis group (61.23 ± 9.53 mm) (t = 4.085, P < 0.05). Univariate logistic regression analysis showed that stroke (OR = 2.624, 95% CI: 1.012 – 1.067, P = 0.011) persistent atrial fibrillation (OR = 3.426, 95% CI: 2.014 – 5. 691, P < 0.001), CHA2DS2-VASc score (OR = 1. 702, 95% CI: 1. 357 – 2. 002, P < 0.001), PMP (OR = 1. 562, 95% CI: 1. 124 – 1. 968, P < 0.001), hs-CRP (OR = 1. 486, 95% CI: 1. 077 – 2. 043, P = 0.013), DD (OR = 1. 765, 95% CI: 1. 126 – 2. 031, P < 0.001), Fg (OR = 1. 637, 95% CI: 1. 077 – 2. 043, P < 0.001), vWF (OR = 1. 812, 95% CI: 1. 242 – 2. 238, P < 0.001) and LAD (OR = 1. 094, 95% CI: 1. 043 – 1. 152, P < 0.001) were the influencing factors of thrombosis (P < 0.05). Multivariate logistic regression analysis showed that persistent atrial fibrillation (OR = 3. 361, 95% CI: 1. 658 – 6. 543, P < 0.001), CHA2DS2-VASc score (OR = 1. 721, 95% CI: 1. 242 – 2. 065, P = 0.002) and PMP (OR = 1. 173, 95% CI: 1. 086 – 3. 981, P = 0.016) were independent influencing factors for thrombosis. The areas under the ROC curve of CHA2DS2–VASc score, PMP and CHA2DS2–VASc score combined with PMP in diagnosis of thrombosis were 0. 783 (95% CI: 0. 780 – 0. 786, P < 0.001), 0. 744 (95% CI: 0. 741 – 0. 747, P < 0.001), 0. 853 (95% CI: 0. 850 – 0. 858, P < 0.001). Conclusion PMP is an independent influencing factor for left atrial thrombosis in non-valvular atrial fibrillation, which can assist the CHA2DS2–VASc score to improve the predictive value in left atrial thrombosis of non-valvular atrial fibrillation.

【Key words】 Atrial fibrillation; Platelet microparticles; Left atrium; Thrombus; D–dimer; Fibrinogen; Vascular pseudohemophilia factor; Left ventricular ejection fraction

【摘要】目的 探讨抗苗勒管激素 (AMH) 联合性激素诊断多囊卵巢综合征 (PCOS) 的临床价值及在年龄分层中的意义。方法 选取临汾市中心医院 2015 年 1 月至 2018 年 12 月收治的 PCOS 患者 164 例 (PCOS 组) 和体检健康女性 120 例 (对照组) 的临床资料, 比较两组年龄、性激素指标及 AMH 水平, 分析单一指标和联合检测诊断 PCOS 临床效能, 同时评价 AMH 水平与年龄、性激素指标间相关性, 观察年龄分层对 PCOS 诊断的影响。结果 PCOS 组血清 AMH、睾酮 (T)、黄体生成素 (LH) 及 LH/卵泡刺激素 (FSH) 比值分别为 (62.90 ± 5.19) pmol/L,(1.36 ± 0.55) nmol/L,(12.86 ± 2.4) IU/L,(2.27 ± 0.86), 均显著高于对照组的 (27.22 ± 3.72) pmol/L,(0.87 ± 0.30) nmol/L,(6.41 ± 1.18) IU/L,(1.15 ± 0.53) (t = 7.38,3.76,5.15,3.89,均 P < 0.05); AMH 诊断 PCOS 的灵敏度均显著高于 LH 和 LH/FSH 比值 (χ² = 5.72,14.10,均 P < 0.05); AMH+T,AMH+LH,AMH+T+LH 联合检测的灵敏度分别为 89.02%, 87.80% ,95.12%, 均显著高于 AMH 单独检测的 80.49% (χ² = 5.67,4.33,10.94,均 P < 0.05); AMH+LH,AMH+LH/FSH 比值诊断 PCOS 特异度差异无统计学意义 (χ² = 0.38, P > 0.05); 同时 AMH 单独,AMH+T,AMH+LH,AMH+LH/FSH 比值及 AMH+T+LH 联合诊断 PCOS 特异度差异无统计学意义 (χ² = 0.45, P > 0.05); AMH 诊断 PCOS 曲线下面积 (AUC) 为 0.846,均显著高于 T,LH,FSH 比值的 0.714,0.765,0.783 (Z = 2.09,2.43,2.20,均 P < 0.05); Spearman 相关性分析显示,PCOS 组 AMH 水平与 T,LH 及 LH/FSH 比值均呈正相关 (r = 0.27,0.25,0.33,均 P < 0.05); 对照组 AMH 水平与年龄呈负相关 (r = -0.33, P < 0.05); AMH 诊断 PCOS 临界值随年龄增加而降低,25~29 岁组和 30~37 岁组 AMH 诊断 PCOS 的灵敏度, 特异度及受试者工作特征-AUC 高于全人群。结论 AMH + T 或 AMH + LH 或两者联用有助于提高 PCOS 诊断灵敏度, 但特异度与单纯 AMH 诊断接近; 针对 AMH 临界值各年龄分层有助于提高 PCOS 诊断准确度。【关键词】抗苗勒管激素; 睾酮; 促黄体激素; 卵泡刺激素; 多囊卵巢综合征; 年龄因素; 诊断; 曲线下面积

Clinical value of AMH combined with sex hormone in the diagnosis of patients with PCOS

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【Abstract】Objective To investigate the clinical value and age stratification significance of anti – Mullerian hormone (AMH) combined with sex hormone in the diagnosis of patients with polycystic ovary syndrome (PCOS). Methods The clinical data of 164 patients with PCOS (PCOS group) and 120 healthy women (control group) were retrospectively chosen from January 2015 to December 2018. The age, sex hormone index levels and AMH levels of the two groups were compared. The clinical efficacy of single index and combined index detection in the diagnosis of PCOS were analyzed. The correlation between AMH level and age, sex hormone index was evaluated and the influence of age stratification on the diagnosis of PCOS was observed. Results The levels of AMH, T, LH and LH/FSH ratio in the PCOS group were (62.90 ± 5.19) pmol/L,(1.36 ± 0.55) nmol/L,(12.86 ± 2.4) IU/L,(2.27 ± 0.86), respectively, which were significantly higher than those in the control group [(27.22 ± 3.72) pmol/L,(0.87 ± 0.30) nmol/L,(6.41 ± 1.18) IU/L,(1.15 ± 0.53)] (t = 7.38, 3.76, 5.15, 3.89, all P < 0.05). The sensitivity of AMH in the diagnosis of PCOS was significantly higher than LH and LH/FSH (χ² = 5.72, 14.10, all P < 0.05). The sensitivity of AMH + T, AMH + LH and AMH + T + LH were 89.02%, 87.80%, 95.12%, respectively, which were significantly higher than AMH alone (80.49%) (χ² = 5.67, 4.33, 10.94, all P < 0.05). There was no significant statistically difference among AMH, T, LH and LH/FSH in the diagnosis of PCOS (χ² = 0.38, P > 0.05). There was no significant
Statistically difference in the specificity of AMH alone, AMH + T, AMH + LH, AMH + LH/FSH and combination of AMH + T + LH in the diagnosis of PCOS ($\chi^2 = 0.45, P > 0.05$). The AUC of AMH in diagnosis of PCOS was 0.86, which was significantly higher than T, LH and LH/FSH (0.714, 0.765, 0.783) ($Z = 2.09, 2.43, 2.20$, all $P < 0.05$). Spearman correlation analysis showed that there was positive correlation between AMH level and T, LH, LH/FSH in PCOS group ($r = 0.27, 0.25, 0.33$, all $P < 0.05$). There was negative correlation between AMH level and age in healthy group ($P > 0.05$). The critical value of AMH in diagnosis of PCOS was decreased with the increase of age. The sensitivity, specificity and ROC-AUC of AMH in 25–29 years old group and 30–37 years old group were higher than whole population ($r = -0.33, P < 0.05$). **Conclusion** The combination of AMH + T, AMH + LH or AMH + T + LH can improve the diagnosis sensitivity of PCOS, but the specificity is similar to AMH alone; then age stratification for the AMH critical value can increase the diagnosis accuracy of PCOS.

**Key words**  Anti-mullerian hormone; Testosterone; Luteinizing hormone; Follicle stimulating hormone; Polycystic ovary syndrome; Age factors; Diagnosis; Area under curve

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.014
耳穴压豆联合足三里穴位贴敷对妇科腹腔镜术后患者胃肠功能恢复的疗效观察

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【摘要】目的 探讨耳穴压豆联合足三里穴位贴敷在妇科腹腔镜术后患者促进胃肠功能恢复中的效果。方法 选取 2019 年 6 月至 2019 年 11 月在宁波市妇女儿童医院因子宫肌瘤、卵巢囊肿在全麻下行腹腔镜手术，并在宁波市妇女儿童医院进行术后恢复的 110 例患者为研究对象。采用随机数字表法分为观察组（n=55）与对照组（n=55）。对照组术后给予腹腔镜术后常规护理；观察组予以术前耳穴压豆联合术后足三里穴位贴敷来促进术后胃肠功能的恢复。比较观察组和对照组患者术后肠鸣音恢复时间和术后首次肛门排气时间，以及术后呕吐、腹胀发生率。结果 观察组腹腔镜术后肠鸣音恢复时间为（16.33±2.48）h，明显短于对照组的（25.50±2.20）h，差异均有统计学意义（t=19.59，24.06，均P<0.05）。观察组术后呕吐发生率为 5.45%，明显低于对照组的 21.82%，差异均有统计学意义（χ²=19.59，24.06，均P<0.05）。观察组腹胀发生率为 10.91%，明显低于对照组的 32.73%，差异均有统计学意义（χ²=19.59，24.06，均 P<0.05）。结论 在妇科腹腔镜手术中，术前应用耳穴压豆联合术后足三里穴位贴敷，能够促进术后胃肠功能的早期恢复，值得推广。【关键词】耳穴压豆；足三里；常规护理；妇科腹腔镜术后；胃肠功能恢复；肠鸣音恢复时间；肛门排气时间；呕吐；腹胀

DOI:10.3760/cma.j.issn.1008-6706.2020.16.015

Effect of auricular point pressing beans combined with Zusanli point sticking on gastrointestinal function recovery in patients after gynecological laparoscopic surgery

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【Abstract】Objective To study the effect of auricular point pressing beans combined with Zusanli point sticking on the recovery of gastrointestinal function in patients after gynecological laparoscopic surgery. Methods From June 2019 to November 2019, 110 patients who underwent laparoscopic surgery under general anesthesia for hysteromyoma and ovarian cyst in Ningbo Women and Children Hospital and recovered after surgery were selected in the study. They were randomly divided into the experimental group (n=55) and the control group (n=55) by random number table method. The control group was given routine nursing after laparoscopic operation. The observation group was given auricular point pressing beans before surgery combined with Zusanli acupuncture point sticking after operation to promote the recovery of gastrointestinal function. The time of postoperative bowel sound recovery, the time of the first postoperative anal exhaust, and the incidence of postoperative vomiting and abdominal distension were compared between the experimental group and the control group. Results The recovery time of bowel sounds after laparoscopy in the observation group was (16.33 ± 2.48) h, which was significantly shorter than that in the control group [ (25.50 ± 2.20) h ], and the first anal exhaust time in the observation group was (21.22 ± 2.45) h, which was significantly shorter than that in the control group [ (32.17 ± 2.09) h ], the differences were statistically significant (t=19.59, 24.06, allP<0.05). The incidence of postoperative vomiting in the observation group was 5.45%, which was significantly lower than 21.82% in the control group, and the incidence of abdominal distension in the observation group was 10.91%, which was significantly lower than 32.73% in the control group, and the differences were statistically significant (χ²=19.59, 24.06, all P<0.05). Conclusion In gynecological laparoscopic surgery, the application of auricular point pressing beans combined with Zusanli point sticking after operation can promote the early recovery of gastrointestinal function, which is worthy of popularizing.【Key words】Auricular point pressing beans; Zusanli; Routine nursing; Gynecological laparoscopic
surgery; Gastrointestinal function recovery; Recovery time of bowel sounds; Anal exhaust time; Vomiting; Abdominal distention

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.015
腹腔镜下可吸收生物补片修补小儿食管裂孔疝

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【摘要】目的 探讨腹腔镜下可吸收生物补片修补小儿食管裂孔疝的经验和疗效。方法 回顾性分析泉州市第一医院小儿外科2015年1月至2018年12月收治的小儿食管裂孔疝17例的临床资料,采用腹腔镜下可吸收生物补片修补并进行Nissen胃底折叠。按照美国胃肠内镜外科医师协会分类,该组滑动性疝9例,食管旁疝7例,混合型1例。所有病例术前经上消化道造影明确诊断。结果 17例患儿均在腹腔镜下完成手术,无中转开腹者。术中出血量5~10mL。术后1~2d开始进食,5~10d出院,平均8d。随访6~53个月,平均30个月,1例出现吞咽困难(食管狭窄),予以食管扩张后好转。结论 腹腔镜下可吸收生物补片修补小儿食管裂孔疝复发率低,疗效确切。

【关键词】疝,食管裂孔;腹腔镜检查; 疝修补术; 生物假体; 假体和植入物; 胃底折叠术; 儿童


Laparoscopic repair of hiatal hernia with absorbable biological mesh reinforcement in infants and children

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【Abstract】Objective To explore the efficacy and experience of laparoscopic repair of hiatal hernia with absorbable biological mesh reinforcement in infants and children. Methods The clinical data of patients with hiatal hernia undergoing laparoscopic surgery with biological mesh and Nissen fundoplication in the First Hospital of Quanzhou from January 2015 to December 2018 were retrospectively analyzed. All patients had undergone upper gastrointestinal contrast radiography and were diagnosed as hiatal hernia before operation. The clinical types were Ⅰ(10), Ⅱ(7). Results All patients underwent laparoscopic procedure without switching to laparotomy. The operation time was 100~180 min, with an average of 120 min. The mean blood loss was 5~10mL. All patients were fed 1 to 2 days postoperatively and were discharged 5 to 10 days after surgery, with an average of 8 days. All patients were followed up for 6 to 53 months with an average of 30 months. They gained good development and growth. There was no recurrence. One case had dysphagia (esophageal stricture), and improved after esophageal dilation. Conclusion Laparoscopic hiatal hernia repair with absorbable biological mesh reinforcement has low recurrence rate, fewer complications, and definite curative effect.

【Key words】Hernia, hiatal; Laparoscopy; Hernioplasty; Bioprosthesis; Prostheses and implants; Fundoplication; Child

不同血液净化方式对终末期肾脏病患者炎性因子和营养状态的影响

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【摘要】 目的 探讨不同血液净化方式对终末期肾脏病患者炎性因子和营养状态的影响。方法 选择浙江新安国际医院2017年6月至2019年6月收治的终末期肾脏病患者82例，按照随机数字表法分为A组与B组各41例。A组行高通量血液透析，B组行常规血液透析。比较两组透析前和透析6个月炎性因子、营养状态、肾功能和甲状旁腺激素（PTH）变化及并发症发生情况。结果 A组透析6个月血清肿瘤坏死因子α([153.24±20.98] ng/L)、超敏C反应蛋白([15.46±2.53] mg/L)和白细胞介素6([10.35±2.83] ng/L)低于B组([192.37±16.47]ng/L、[21.65±2.41] mg/L和[16.74±2.41]ng/L)(t=9.394,11.343,11.007,均P<0.05)。A组透析6个月血清铁蛋白([268.93±15.31]μg/L)、白蛋白([37.84±1.16]g/L)和血红蛋白([107.25±10.24]g/L)高于B组([237.18±8.97]μg/L、[33.76±1.35]g/L和[95.32±7.53]ng/L)(t=11.457,14.678,6.010,均P<0.05)。A组透析6个月血清PTH([409.27±25.48]ng/L)低于B组([501.32±41.27]ng/L)(t=12.152,P<0.05)。A组并发症发生率为12.20%(5/41)，低于B组的39.02%(16/41)，差异有统计学意义(χ²=7.746,P<0.05)。结论 高通量血液透析治疗终末期肾脏病患者效果良好，可使患者微炎症状态减轻，且患者营养状态得到有效改善，并发症少。

【关键词】 血液透析滤过；肾功能衰竭，慢性；炎症介导素类；营养状况；肾功能试验；甲状旁腺素

DOI:10.3760/cma.j.issn.1008-6706.2020.16.017

Effects of different blood purification methods on inflammatory factors and nutritional status in patients with end–stage renal disease
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【Abstract】 Objective To investigate the effect of different blood purification methods on inflammatory factors and nutritional status in patients with end–stage renal disease. Methods From June 2017 to June 2019, 82 patients with end–stage renal disease were enrolled in Zhejiang Xin'an International Hospital. They were divided into group A and group B according to the random digital table method, with 41 cases in each group. High flux hemodialysis was used in group A, and routine hemodialysis was used in group B. The changes of inflammatory factors, nutritional status, renal function, parathyroid hormone (PTH) and complications before and 6 months after dialysis were compared between the two groups. Results The levels of serum TNF-α([153.24±20.98] ng/L), hs–CRP([15.46±2.53] mg/L) and IL-6([10.35±2.83] ng/L) in group A were lower than those in group B ([192.37±16.47] ng/L, [21.65±2.41] mg/L and [16.74±2.41] ng/L)(t=9.394,11.343,11.007, all P<0.05). The serum SF([268.93±15.31]μg/L), ALB([37.84±1.16]g/L) and Hb([107.25±10.24]g/L) in group A were higher than those in group B([237.18±8.97]μg/L, [33.76±1.35]g/L and [95.32±7.53]μg/L)(t=11.457,14.678,6.010, all P<0.05). The serum creatinine([146.71±17.37] μmol/L) and urea nitrogen([14.37±2.18]mmol/L) in group A were lower than those in group B([226.38±23.15] μmol/L and [20.93±2.63]mmol/L)(t=17.626,12.296, all P<0.05). The serum PTH([409.27±25.48] ng/L) in group A was lower than that in group B([501.32±41.27] ng/L)(t=12.152,P<0.05). The incidence of complications in group A was lower than that in group B([12.20% (5/41) vs. 39.02% (16/41), χ²=7.746,P<0.05]). Conclusion High flux hemodialysis is effective in the treatment of end–stage renal disease, which can reduce the micro inflammation, high flux hemodialysis...
improve the nutritional status and reduce the complications.

【Key words】 Hemodiafiltration; Kidney failure, chronic; Inflammation mediators; Nutritional status; Kidney function tests; Parathyroid hormone

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.017
血栓弹力图在产后出血输血治疗中的临床应用

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目的 分析血栓弹力图在指导产后出血患者输血治疗中的意义。方法 选取高密市人民医院2014年5月至2020年3月收治的产后出血患者62例，采用随机数字表法分为对照组，观察组各31例，对照组在常规凝血指标指导下进行输血治疗，观察组在血栓弹力图指导下进行输血治疗。比较两组患者血小板、血浆、冷沉淀三种血液成分输注例数和输注量。结果 观察组输血中血小板9例，血浆19例，冷沉淀11例，对照组分别为18例、27例、19例，观察组血小板、血浆、冷沉淀使用例数均少于对照组，差异均有统计学意义（χ^2 = 5.314, 5.391, 4.133, 均P < 0.05）；对照组输注血小板（0.80 ± 0.25）×10^12/L，血浆（258 ± 60）mL，冷沉淀（9.2 ± 2.5）mL，对照组分别为（1.28 ± 0.39）×10^12/L，（420 ± 85）mL，（16.0 ± 3.5）mL，观察组血小板、血浆、冷沉淀输注量均少于对照组，差异均有统计学意义（t = 5.769, 8.669, 8.802，均P < 0.05）。结论 血栓弹力图比常规凝血检测结果更能合理、精准的对产后出血患者进行输血治疗指导，并可减少血液输注量。

关键词 血栓弹力描记术；血栓弹力图；血浆；冷沉淀

DOI:10.3760/cma.j.issn.1008-6706.2020.16.018

Application value of thromboelastography in the treatment of postpartum hemorrhage in women with blood transfusion

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【Abstract】Objective To analyze the clinical significance of thromboelastography in the treatment of postpartum hemorrhage (PPH). Methods From May 2014 to March 2020, 62 patients with PPH in the People's Hospital of Gaomi were selected and divided into control group and observation group according to the random digital table method, with 31 cases in each group. The control group was treated with blood transfusion under the guidance of routine coagulation test, the observation group was treated with blood transfusion under the guidance of thromboelastogram. The number and volume of platelet, plasma and cryoprecipitation were compared between the two groups. Results There were 9 cases of platelet transfusion, 19 cases of plasma transfusion and 11 cases of cryoprecipitation transfusion in the observation group, and there were 18 cases, 27 cases and 19 cases in the control group, respectively. The number of platelet, plasma and cryoprecipitation transfusion in the observation group was lower than that in the control group, the differences were statistically significant (χ^2 = 5.314, 5.391, 4.133, all P < 0.05). The platelet transfusion [(0.80 ± 0.25) ×10^12/L], plasma [(258 ± 60) mL] and cryoprecipitation transfusion [(9.2 ± 2.5) mL] in the observation group were lower than those in the control group (t = 5.769, 8.669, 8.802, all P < 0.05). Conclusion For women with PPH, the use of TEG for transfusion therapy is better, and the test is worthy of promoting in the clinic.

【Key words】Thrombelastography; Blood coagulation factors; Postpartum hemorrhage; Blood transfusion; Blood platelets; Plasma; Cryoprecipitation

DOI:10.3760/cma.j.issn.1008-6706.2020.16.018
采用 Vitapex 糊剂治疗慢性根尖周炎的效果及对血清肿瘤坏死因子 α、C 反应蛋白和白细胞介素 6 的影响

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【摘要】 目的 采用 Vitapex 糊剂治疗慢性根尖周炎的效果及对血清肿瘤坏死因子 α (TNF-α), C 反应蛋白和白细胞介素 6 影响。方法 选择杭州市大江东医院 2018 年 1 月至 2019 年 6 月收治的慢性根尖周炎患者 120 例，依据随机数字表法分为观察组 60 例与对照组 60 例。观察组患者采用 Vitapex 糊剂治疗，对照组患者采用氢氧化钙糊剂治疗。结果 观察组术后 7 d 无疼痛或轻度疼痛 (30.00 %) 多于对照组 (10.00 %) (χ² = 7.500, P < 0.05); 观察组术后 7 d 血清 TNF-α (4.68 ± 1.20) μg/L, C 反应蛋白 (4.35 ± 0.79) mg/L, 白细胞介素 6 (2.15 ± 0.54) μg/L, 均低于对照组的 (7.89 ± 1.42) μg/L, (8.19 ± 1.32) mg/L 和 (4.58 ± 1.02) μg/L (t = 13.472, 19.335, 16.309, P < 0.05); 观察组术后 6 个月根管菌落数 (4.26 ± 0.35) CFU 少于对照组的 (9.72 ± 2.43) CFU (t = 17.227, P < 0.05); 观察组总有效率 (90.00 %) 高于对照组 (73.33 %) (χ² = 5.566, P < 0.05)。结论 Vitapex 糊剂对慢性根尖周炎患者效果明显，且可降低血清 TNF-α, C 反应蛋白和白细胞介素 6 水平。

【关键词】 根尖周炎； 慢性疼痛； C 反应蛋白； 肿瘤坏死因子 α； 白细胞介素 6； 根管菌落数； Vitapex 糊剂； 氢氧化钙糊剂

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.019

Effect of Vitapex paste on chronic periapical periodontitis and its influence on serum TNF-α, C-reaction protein and IL-6

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【Abstract】Objective To investigate the effect of Vitapex paste on chronic periapical periodontitis and its influence on serum TNF-α, C-reaction protein (CRP) and IL-6. Methods From January 2018 to June 2019, 120 patients with chronic periapical periodontitis admitted to Dajiangdong Hospital in Hangzhou were randomly divided into observation group (60 cases) and control group (60 cases) according to the random digital table method. The patients in the observation group were treated with Vitapex paste, while the patients in the control group were treated with calcium hydroxide paste. The changes of serum TNF-α, CRP and IL-6, the changes of the number of bacterial colonies in the root canal before and 6 months after operation, and the therapeutic effect at 6 months after operation were compared. Results The patients with no pain or mild pain in the observation group at 7 days after operation (30.00 %) was more than that in the control group (10.00 %) (χ² = 7.500, P < 0.05). The levels of TNF-α [ (4.68 ± 1.20) μg/L], CRP [ (4.35 ± 0.79) mg/L] and IL-6 [ (2.15 ± 0.54) μg/L] in the observation group were lower than those in the control group [ (7.89 ± 1.42) μg/L, (8.19 ± 1.32) mg/L and (4.58 ± 1.02) μg/L] (t = 13.472, 19.335, 16.309, P < 0.05). At 6 months after operation, the number of bacterial colonies in the root canal of the observation group [ (4.26 ± 0.35) CFU] was lower than that of the control group [ (9.72 ± 2.43) CFU] (t = 17.227, P < 0.05). The total effective rate of the observation group (90.00 %) was higher than that of the control group (73.33 %) (χ² = 5.566, P < 0.05). Conclusion Vitapex paste is effective in the treatment of chronic periapical periodontitis, and can reduce the serum levels of TNF-α, CRP and IL-6.

【Key words】Periapical periodontitis; Pain; C-reaction protein; Tumor necrosis factor–alpha; Interleukin–6; Number of bacterial colonies in the root canal; Vitapex paste; Calcium hydroxide paste

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.019
肠道准备致食管破裂一例报告并文献复习

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【摘要】目的 结合皖南医学院弋矶山医院2020年1月收治的肠道准备致食管破裂患者1例的临床资料，以食管破裂为关键词检索中国知网数据库中2009~2019年的相关文献报道，进行分析总结。方法 该例患者因行内镜黏膜下剥离术治疗，应用硫酸镁行肠道准备后剧烈呕吐致食管破裂，经内镜下钛夹夹封及胸腔闭式引流等治疗措施治愈。结果 该患者因行内镜黏膜下剥离术治疗，应用硫酸镁行肠道准备后剧烈呕吐致食管破裂，经内镜下钛夹夹封及胸腔闭式引流等治疗措施治愈。检索文献89篇共929例食管破裂病例，男性多于女性，发生率自发性>异物性>外伤性>医源性，手术病例数(736例)>非手术病例数(193例)，治愈率(86.65%)高于病死率(13.35%)。结论 食管破裂是临床较少的急症之一，临床症状不典型，详尽的询问病史、及时有效的影像学检查才能早确诊早治疗，从而降低该病的病死率，改善该病患者的预后。

【关键词】食管疾病；食管穿孔；破裂，自发性；手术前护理；内镜黏膜下剥离术；胃镜检查；钛夹；胸腔闭式引流；诊断；治疗


Esophageal rupture caused by intestinal preparation: report of one case and literature review
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【Abstract】Objective  To summarize the clinical characteristics, diagnosis and treatment of esophageal rupture caused by intestinal preparation, in order to improve the understanding of this disease. Methods  We combined with the clinical data of one patient with esophageal rupture caused by intestinal preparation admitted to Yijishan Hospital of Wannan Medical College in January 2020, and reviewed the relevant literature reports from 2009 to 2019 in CNKI database with esophageal rupture as the key word. Results  The patient suffered from esophageal rupture due to severe vomiting after magnesium sulfate enema preparing for endoscopic submucosal dissection. The patient was cured by endoscopic titanium clip therapy and closed thoracic drainage. A total of 89 articles involving 929 cases of esophageal rupture were retrieved, and it was found that males were more than females, the incidence of spontaneous > foreignness > traumatic > iatrogenic, the number of surgical cases (736 cases) was more than that of non-surgical cases (193 cases), the cure rate (86.65%) was higher than the death rate (13.35%). Conclusion  Esophageal rupture is one of the clinical emergencies with atypical clinical symptoms. Only detailed medical history inquiry and timely, effective imaging examination can make early diagnosis and early treatment, so as to reduce the fatality rate of the disease and improve the prognosis of patients with the disease.

【Key words】Esophageal diseases; Esophageal perforation; Rupture, spontaneous; Preoperative care; Endoscopic submucosal dissection; Gastroscope; Titanium clamp; Closed thoracic drainage; Diagnosis; Treatment

临床意义

妊娠期糖尿病患者血清炎性因子、晚期氧化蛋白产物、同型半胱氨酸、血管细胞黏附分子1检测及临床意义

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【摘要】目的 探讨妊娠期糖尿病患者炎性因子、晚期氧化蛋白产物(AOPP)、同型半胱氨酸(Hcy)、血管细胞黏附分子1(VCAM-1)表达及妊娠结局变化。方法 选择浙江省台州医院于2019年1月至2020年1月收治的妊娠期糖尿病103例作为观察组;另选择同期在该院分娩的正常妊娠87例作为对照组,均采用全自动生化分析仪检测空腹血糖(FPG)和空腹胰岛素(FINS);采用ELISA法测定肿瘤坏死因子α(TNF-α)、超敏C反应蛋白(hs-CRP)、白细胞介素6(IL-6)水平。采用循环酶法测定Hcy水平。结果 观察组FPG[(8.34±1.25)mmol/L, FINS[(9.75±0.89)U/L], Hcy[(5.93±0.45)μmol/L, VCAM-1[(21.63±3.25)ng/L],TNF-α[(6.34±1.29)ng/L]和hs-CRP[(147.32±28.39)ng/L]均高于对照组[(8.72±1.84)ng/L, (2.17±0.73)ng/L, (8.97±12.41)ng/L和(38.26±11.62)ng/L],P<0.05。观察组血清AOPP[(53.21±9.89)μg/L],Hcy[(11.23±1.36)μmol/L], VCAM-1[(94.27±15.46)μg/L], TNF-α[(25.48±6.18)μg/L]和IL-6[(8.41±1.28)μg/L],IL-6[(8.34±1.25)μg/L]均高于对照组[(21.63±3.25)ng/L, (147.32±28.39)ng/L]观察组血清Hcy[(11.23±1.36)μmol/L, VCAM-1[(94.27±15.46)μg/L], TNF-α[(25.48±6.18)μg/L]和IL-6[(8.34±1.25)μg/L]均高于对照组[(21.63±3.25)ng/L, (147.32±28.39)ng/L],P<0.05。观察组血清TNF-α、IL-6和hs-CRP水平明显升高，妊娠结局不良。结论 妊娠期糖尿病患者血清炎性因子、晚期氧化蛋白产物、同型半胱氨酸、血管细胞黏附分子1表达及妊娠结局均高于对照组,且血清AOPP、Hcy和VCAM-1水平明显升高,妊娠结局不良。

【关键词】糖尿病,妊娠;肿瘤坏死因子α;超敏C反应蛋白;白细胞介素6;晚期氧化蛋白产物;同型半胱氨酸;血管细胞黏附分子;妊娠结局

DOI:10.3760/cma.j.issn.1008-6706.2020.16.021

Clinical significance of changes in inflammatory factors, AOPP, Hcy, VCAM-1 expression and pregnancy outcome in patients with gestational diabetes mellitus

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【Abstract】Objective To investigate the expression of inflammatory factors, advanced oxidation protein products (AOPP), homocysteine (Hcy), vascular cell adhesion molecule 1 (VCAM-1) and the clinical significance of pregnancy outcome in patients with gestational diabetes. Methods From January 2019 to January 2020, 103 cases of gestational diabetes in Taizhou Hospital of Zhejiang province were selected as observation group, and 87 normal pregnant women in Taizhou Hospital of Zhejiang province from January 2019 to January 2020 were selected as control group. The fasting blood glucose (FPG) and fasting insulin (FINS) were measured by automatic biochemical analyzer. The levels of tumor necrosis factor α (TNF-α), high sensitivity C-reactive protein (hs-CRP), interleukin-6 (IL-6), AOPP and VCAM-1 were measured by enzyme-linked immunosorbent assay (ELISA). The Hcy level was measured by circulating enzyme method. Results The FPG [(8.34±1.25)mmol/L] and FINS [(9.75±0.89)U/L] in the observation group were higher than those in the control group [(4.89±0.67)mmol/L and (5.93±0.45)U/L], (t = 23.088, 36.297, all P < 0.05). The serum levels of TNF-α [(21.63±3.25)ng/L], hs-CRP [(6.34±1.29)ng/L], IL-6 [(147.32±28.39)ng/L] in the observation group were higher than those in the control group [(8.72±1.84)ng/L, (2.17±0.73)ng/L, (8.97±12.41)ng/L], (t = 32.861, 26.744, 18.091, all P < 0.05). The serum levels of AOPP [(53.21±9.89)μg/L], Hcy [(11.23±1.36)μmol/L] and VCAM-1 [(94.27±15.46)μg/L] in the observation group were higher than those in the control group [(25.48±6.18)μg/L, (8.41±1.28)μg/L and (62.18±6.52)μg/L], (t = 22.674, 14.627, 18.047, all P < 0.05). The incidence of adverse pregnancy outcome in the observation group (29.13%) was lower than that in the control group.
4.60% (χ² = 19.313, P < 0.05). Conclusion The patients with gestational diabetes have obvious inflammatory reaction, higher serum levels of AOPP, Hcy and VCAM-1, and poor pregnancy outcome.

【Key words】 Diabetes, gestational; Tumor necrosis factor – alpha; Hypersensitive C – reactive protein; Interleukin – 6; Advanced oxidation protein product; Homocysteine; Vascular cell adhesion molecule; Pregnancy outcome

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.021
大脑中动脉不同监测位置对双源 CT全脑灌注成像参数的影响

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【摘要】目的 探讨双源 CT全脑灌注成像后处理大脑中动脉不同监测位置对灌注成像参数的影响。方法 回顾性分析本溪市中心医院2019年3月至2020年1月行全脑 CT灌注成像检查患者35例的双源 CT全脑灌注成像资料，每例数据进行3次图像后处理，分别选取颈内动脉 C1 段，大脑中动脉 M1 段，大脑中动脉 M2 段作为输入动脉的监测位置。取右侧颞极连续3个层面绘制感兴趣区(ROI)，测量全脑灌注成像的脑血流量(CBF)、脑血容量(CBV)、平均通过时间(MTT)、排空时间(TTD)，取3个层面的平均值。采用自身对照研究进行分析。结果 监测位置为 C1 的各个检测参数分别为 CBF(75.699 ± 15.491) mL·100 mL−1·min−1，CBV(4.892 ± 0.725) mL/100 mL，MTT(4.375 ± 0.745) s，TTD(3.926 ± 1.049) s；监测位置为 M1 的各个检测参数分别为 CBF(74.219 ± 12.722) mL·100 mL−1·min−1，CBV(4.982 ± 1.072) mL/100 mL，MTT(4.475 ± 0.871) s，TTD(4.115 ± 1.164) s；监测位置为 M2 的各个检测参数分别为 CBF(71.431 ± 14.743) mL·100 mL−1·min−1，CBV(4.797 ± 0.936) mL/100 mL，MTT(4.620 ± 1.049) s，TTD(4.105 ± 1.249) s。检测位置为 C1 与 M1 间的各检测参数差异均无统计学意义(P>0.05)。监测位置 C1 与 M2 间的 CBF、MTT 参数差异均有统计学意义(CBF：t=2.600，P<0.05；MTT：t=2.510，P<0.05)，而两者间 CBV、TTD 参数值差异均无统计学意义(P>0.05)。监测位置 M1 与 M2 两者的 CBV、MTT 参数值差异均有统计学意义(CBF：t=2.277，P<0.05；MTT：t=2.371，P<0.05)，而两者间 CBV、TTD 参数值差异均无统计学意义(均 P>0.05)。结论 选择不同监测位置对全脑灌注成像参数值有一定影响，因此在进行全脑 CT灌注成像后处理时，应尽量选取颈动脉 C1 或大脑中动脉 M1 段作为监测位置。

【关键词】大脑中动脉；颈内动脉；灌注成像；图像处理；计算机辅助；体层摄影术；X线计算机；放射摄影术；双能扫描摄影；脑血管循环；梗死；大脑中动脉

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.022

Influence of different monitor location of middle cerebral artery on whole-brain CT perfusion parameters with dual source CT

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【Abstract】Objective To explore the influence of different monitor location of middle cerebral artery on cerebral blood perfusion parameters of dual source CT whole brain perfusion imaging. Methods The data of dual source CT whole brain perfusion imaging in 35 patients of Benxi Central Hospital from March 2019 to January 2020 were retrospectively analyzed. Every data was reconstructed 3 times, M1 segment of internal carotid artery, C1 segment and C2 segment of middle cerebral artery were chosen to be the monitor location of input artery respectively. Drew ROI in continuous three levels of right temporal pole, recorded cerebral blood flow(CBF), cerebral blood volume(CBV), mean transit time(MTT) and time to drain(TTD) of ROI, the average value of ROI in the three levels could be got, using self-control method, the two related data were analysed with paired t test. Results When C1 segment was regarded as the monitor locations, the parameters were as following: CBF(75.699 ± 15.491) mL·100 mL−1·min−1, CBV(4.892 ± 0.725) mL/100 mL, MTT(4.375 ± 0.745) s, TTD(3.926 ± 1.049) s. When M1 segment was regarded as the monitor locations, the parameters were as following: CBF(74.219 ± 12.722) mL·100 mL−1·min−1, CBV(4.982 ± 1.072) mL/100 mL, MTT(4.475 ± 0.871) s, TTD(4.115 ± 1.164) s. When M1 segment was regarded as the monitor locations, the parameters were as following: CBF(71.431 ± 14.743) mL·100 mL−1·min−1, CBV(4.797 ± 0.936) mL/100 mL, MTT(4.620 ± 1.049) s, TTD(4.105 ± 1.249) s. There was no statistically significant difference among all parameters when C1 segment and M1 segment was regarded as the monitor locations (all P >
When C1 and M2 segment were regarded as the monitor locations, there were statistically significant differences in CBF and MTT between them (CBF: $t = 2.600, P < 0.05$; MTT: $t = -2.510, P < 0.05$), but there were no statistically significant differences in CBV or TTD between them (all $P > 0.05$). When M1 and M2 segment were regarded as the monitor locations, there were statistically significant differences in CBF and MTT between them (CBF: $t = 2.277, P < 0.05$; MTT: $t = -2.371, P < 0.05$), but there were no statistically significant differences in CBV or TTD between them (all $P > 0.05$).

**Conclusion** Choosing different monitor locations of input artery has influence on the parameters of CT whole brain perfusion imaging. Therefore, in the reconstruction of cerebral CT perfusion, the monitor location of input artery should select C1 segment of internal carotid artery or M1 segment of middle cerebral artery.

**Key words** Middle cerebral artery; Carotid artery, internal; Perfusion imaging; Image processing, computer-assisted; Tomography, X-ray computed; Radiography, dual-energy scanned projection; Cerebrovascular circulation; Infarction, middle cerebral artery

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.022
微创颅内血肿清除术治疗高血压脑出血的效果及对血清基质金属蛋白酶 9、白细胞介素 8、神经元特异性烯醇化酶表达的影响

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【摘要】 目的 探讨微创颅内血肿清除术治疗高血压脑出血患者的效果及对血清基质金属蛋白酶 9（MMP-9）、白细胞介素 8（IL-8）和神经元特异性烯醇化酶（NSE）表达的影响。方法 选择兰溪市人民医院 2017 年 1 月至 2018 年 12 月收治的高血压脑出血患者 60 例，按照随机数字表法分为观察组 30 例与对照组 30 例。对照组患者采用常规治疗，观察组在对照组基础上联合微创颅内血肿清除术治疗。比较两组治疗效果，术前和术后 14 d 患者 Barthel 指数 (BI) 评定量表评分和神经功能缺损程度 (NIHSS) 评分，血肿周围水肿量，MMP-9、IL-8 和 NSE 水平变化。结果 观察组术后 2 周总有效率 (93.33%) 高于对照组 (70.00%) (χ² = 5.455, P < 0.05)。术后 14 d 观察组患者 BI 评分 (60.19 ± 5.87) 分高于对照组 (49.83 ± 4.56) 分，而 NIHSS 评分 (7.93 ± 1.42) 分低于对照组 (12.87 ± 2.10) 分 (t = 7.634, 10.673, 均 P < 0.05)。术后 14 d 观察组患者血肿周围水肿量 (168.39 ± 15.42) g/L, 低于对照组 (195.31 ± 39.71) g/L; NSE (8.98 ± 2.16) μg/L, 低于对照组 (13.13 ± 2.63) μg/L (t = 15.358, 6.738, 6.679, 均 P < 0.05)。结论 高血压脑出血患者应用微创颅内血肿清除术效果明显，可降低患者血清 MMP-9、IL-8 和 NSE 水平。

【关键词】 颅内出血，高血压性； 微创颅内血肿清除术； Barthel 指数； 神经功能缺失程度； 血肿周围水肿量； 基质金属蛋白酶 9； 白细胞介素 8； 神经元特异性烯醇化酶

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.023

Effect of MPST in the treatment of hypertensive intracerebral hemorrhage and its influence on the expression of MMP-9, IL-8 and NSE

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【Abstract】Objective  To investigate the effect of microinvasive craniospinal scavenging technique (MPST) in the treatment of hypertensive intracerebral hemorrhage, and its influence on the expression of serum matrix metalloproteinase-9 (MMP-9), interleukin-8 (IL-8) and neuron specific enolase (NSE). Methods  From January 2017 to December 2018, 60 cases with hypertensive cerebral hemorrhage in Lanxi People's Hospital of Zhejiang province were divided into observation group (30 cases) and control group (30 cases) according to the digital table method. The control group was treated with conventional therapy, while the observation group was treated with MPST on the basis of the control group. The therapeutic effects of the two groups were compared, and the changes of Barthel index (BI) score, NIHSS score, perihematoma edema, MMP-9, IL-8 and NSE levels were compared. Results  The total effective rate in the observation group (93.33%) was higher than that in the control group (70.00%) (χ² = 5.455, P < 0.05). The BI score (60.19 ± 5.87) points of the observation group was higher than that of the control group (49.83 ± 4.56) points, while the NIHSS score (7.93 ± 1.42) points was lower than that of the control group (12.87 ± 2.10) points (t = 7.634, 10.673, all P < 0.05). The amount of edema around hematoma in the observation group [(6.20 ± 1.27) mL] was lower than that in the control group [(9.83 ± 1.76) mL] (t = 9.161, P < 0.05). The levels of MMP-9 [(103.24 ± 17.38) μg/L], IL-8 [(137.28 ± 25.46) μg/L], NSE [(8.98 ± 2.16) μg/L] in the observation group were lower than those in the control group [(168.39 ± 15.42) μg/L, (195.31 ± 39.71) μg/L and (13.13 ± 2.63) μg/L] (t = 15.358, 6.738 and 6.679, all
Conclusion MPST is effective in the treatment of hypertensive intracerebral hemorrhage, and it can reduce the serum levels of MMP-9, IL-8 and NSE.

【Key words】 Intracranial hemorrhage, hypertensive; Minimally invasive removal of intracranial hematoma; Barthel index; Degree of neurological deficit; Perihematoma edema; Matrix metalloproteinase-9; Interleukin-8; Neuron specific enolase

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.023
保留内括约肌挂线引流术治疗肛周脓肿 24 例疗效分析

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【摘要】  目的  探讨保留内括约肌挂线引流术治疗肛周脓肿的临床疗效。方法  选取江苏大学附属昆山医院 2018 年 1 月至 2019 年 3 月收治的肛周脓肿患者 48 例为研究对象，采用随机数字表法分为两组，治疗组 24 例采用保留内括约肌挂线引流术，即切除内口周围皮肤及黏膜，完整保留内括约肌并挂线引流；对照组 24 例采用一期切开术，即直接切开内口及内括约肌。比较两组住院时间、术后疼痛感、后遗症发生情况及复发率。结果  两组住院时间差异无统计学意义（P > 0.05）；治疗组术后第 5 天视觉模拟评分为 (2.08 ± 1.02) 分，低于对照组的 (4.88 ± 1.68) 分，两组差异有统计学意义（t = -6.974, P < 0.05）。治疗组术后肛门部分失禁及肛周皮肤潮湿、湿疹发生率均为 0% （0/24），均低于对照组的 50% （12/24）、95% （21/24），差异均有统计学意义（χ² = 16.00, 37.33, 均 P < 0.05）。结论  采用保留内括约肌挂线引流术治疗肛周脓肿，可减轻术后疼痛，降低术后肛门部分失禁及肛周皮肤潮湿、湿疹发生率，效果优于一期切开术。

【关键词】  肛门疾病； 肛周脓肿； 挂线疗法； 切开术； 引流； 疼痛； 肛门失禁； 肛周湿疹

DOI: 10.3760/cma.j.issn.1008-6706.2020.16.024

Clinical effect of internalsphincter retention in the treatment of 24 patients with perianal abscess
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DOI: 10.3760/cma.j.issn.1008-6706.2020.16.024
齐拉西酮联合奥氮平治疗难治性精神分裂症的效果及对患者认知功能、血清白蛋白、尿酸、总胆红素的影响

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【摘要】目的  观察齐拉西酮联合奥氮平治疗高龄难治性精神分裂症的效果及对患者认知功能、血清白蛋白、尿酸、总胆红素水平的影响。方法  选取 2016 年 12 月至 2018 年 12 月在舟山市第二人民医院治疗的高龄难治性精神分裂症患者 100 例,采用双盲法分为对照组和观察组各 50 例,对照组给予奥氮平治疗,观察组在对照组基础上给予齐拉西酮联合治疗。比较两组治疗总有效率;比较两组治疗前后阳性与阴性症状量表评分(PANSS)及韦氏记忆量表(WMS)、连线测验(TMT)评分;比较两组治疗前后血清白蛋白(ALB)、尿酸(UA)、总胆红素(TBiL)水平;统计两组不良反应发生情况。结果  观察组治疗总有效率高于对照组(92.00% 比 76.00%, \( \chi^2 = 4.762, P = 0.029 \)),治疗后 ALB、UA、TBiL 水平及 WMS 评分均高于对照组(\( t = 9.254, P = 0.000 \); \( t = 2.739, P = 0.007 \); \( t = 4.762, P = 0.029 \); \( t = 4.221, P = 0.000 \)),PANSS、TMT 评分均低于对照组([62.53±12.86]分比[70.53±4.86]分, \( t = 2.879, P = 0.005 \); [115.69±23.05]分比[142.65±28.31]分, \( t = 5.168, P = 0.000 \);两组治疗期间不良反应发生率差异无统计学意义( \( P > 0.05 \))。结论  齐拉西酮联合奥氮平治疗高龄难治性精神分裂症有效率高,能缓解认知功能障碍,改善血浆非酶类抗氧化物水平。

【关键词】精神分裂症; 认知功能; 非酶类抗氧化物; 齐拉西酮; 奥氮平

DOI:10.3760/cma.j.issn.1008-6706.2020.16.025

Curative effect of ziprasidone combined with olanzapine on refractory schizophrenia and its influence on cognitive function, serum albumin, uric acid and total bilirubin levels

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DOI:10.3760/cma.j.issn.1008-6706.2020.16.025
超声筛查发育性髋关节发育不良高危婴儿的临床研究

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【摘要】 目的 探讨早期超声筛查用于胎儿期羊水偏少的婴儿发育性髋关节异常（DDH）的临床价值。方法 选取东阳市妇幼保健院 2017 年 1 月至 2019 年 3 月出生且胎儿期羊水偏少的婴儿 240 例（B 组），选取该院同期胎儿期宫内环境正常的婴儿 240 例（A 组）为对照。对婴儿进行超声检查和体格检查，比较两组髋关节病理分型、DDH 阳性检出率、α、β 角测量结果及股骨头骨性髋臼覆盖率，6 个月后超声复查随访，观察治疗后的恢复情况。结果 A 组共检出 DDH 48 例，检出率为 20.00％；B 组共检出 DDH 18 例，检出率为 7.50%，A 组 DDH 检出率高于 B 组，差异有统计学意义（χ² = 15.810, P < 0.05）。A 组 α 角为（55.28 ± 8.72）°，小于 B 组的（59.43 ± 7.98）°（t = 5.439, P < 0.05）；A 组 β 角为（64.59 ± 8.68）°，大于 B 组的（61.52 ± 7.03）°（t = 4.258, P < 0.05）。A 组股骨头骨性髋臼覆盖率为（51.47 ± 7.62）%，显著低于 B 组的（60.29 ± 4.38）%，差异有统计学意义（t = 15.546, P < 0.05）。6 个月后随访，所有检出 DDH 的患儿，经治疗后超声检查均恢复正常。结论 胎儿期羊水过少是婴儿发生 DDH 的危险因素，对胎儿期羊水过少的婴儿早期 DDH 超声筛查，其准确率较高，对于降低婴儿致残率，减轻家庭和社会负担，具有一定的意义。

【关键词】 髋关节；骨疾病；发育性；超声检查；多普勒；羊水过少；胎儿发育；婴儿；诊断筛查项目；髋臼

基金项目：浙江省东阳市科学技术研究计划项目（18-349）
DOI:10.3760/cma.j.issn.1008-6706.2020.16.026

Clinical study of ultrasound screening for high risk infants with developmental dysplasia of the hip

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Fund program: Science and Technology Research Planning Project of Dongyang City, Zhejiang Province (18-349)

DOI:10.3760/cma.j.issn.1008-6706.2020.16.026
健康生态理念指导下的健康教育对 ICU 患者早期活动策略依从性、临床指标以及生活质量的影响

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【摘要】目的 探讨健康生态理念指导下的健康教育对 ICU 患者早期活动策略依从性的影响。方法 回顾性抽取舟山市中医院 2017 年 3-12 月收治的 ICU 患者 60 例作为研究对象，根据不同护理方法分为对照组 28 例和干预组 32 例，对照组采取常规护理，干预组采取健康生态理念指导下的健康教育和早期活动。对比两组早期活动策略依从性、临床相关指标、生活质量评分、焦虑自评量表（SAS）和抑郁自评量表（SDS）评分及生活自理能力评定表（Barthel）评分。结果 干预组早期活动策略依从性（93.75%）显著高于对照组（67.86%），差异有统计学意义（χ² = 6.687, P < 0.05）；干预组机械通气天数（5.62 ± 2.65）d、入住 ICU 天数（7.58 ± 2.14）d、住院总天数（14.27 ± 3.04）d 均明显短于对照组的（7.21 ± 2.73）d、（10.23 ± 2.76）d、（18.98 ± 3.26）d，早期活动天数（5.57 ± 1.37）d 明显长于对照组的（3.25 ± 1.49）d，差异均有统计学意义（t = 2.286, 4.183, 5.789, 8.990, 均 P < 0.05）；护理后，两组躯体功能、心理功能、社会功能、物质生活状态评分均有提高（均 P < 0.05），且干预组评分明显高于对照组，差异有统计学意义（P < 0.05）。结论 健康生态理念指导下的健康教育应用于 ICU 早期活动策略，可有效提高患者依从性、自理能力及认知能力，缓解焦虑、抑郁情绪，缩短住院时间，改善其生活质量。

【关键词】重症监护病房；健康教育；日常生活活动；治疗依从性；生活质量；焦虑；抑郁
DOI:10.3760/cma.j.issn.1008-6706.2020.16.027

Influence of health education under the guidance of healthy ecological concept on the compliance of early activity strategy in ICU

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DOI:10.3760/cma.j.issn.1008-6706.2020.16.027
同理心护理对子宫肌瘤切除术患者焦虑抑郁的影响

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【摘要】 目的 探讨同理心护理应用在子宫肌瘤切除手术患者中对负性情绪的影响及临床价值。方法 选择舟山医院2018年1月至2019年6月收治的子宫肌瘤患者150例作为研究对象，均在该院接受手术切除治疗，其中2018年1-8月治疗患者75例为对照组给予常规护理，2018年9月至2019年6月治疗患者75例为观察组采取同理心护理模式，对比两组护理效果。结果 干预后观察组汉密尔顿焦虑量表(HAMA)评分(6.89±1.18分)、汉密尔顿抑郁量表(HAMD)评分(6.58±1.04分)均低于对照组(HAMA评分(11.03±2.32分),HAMD评分(10.99±2.28分)),组间差异均有统计学意义(t=11.430,9.378,均P<0.05)。干预后观察组生理职能评分(90.05±8.01分)、心理健康评分(93.03±7.24分)、情绪职能评分(92.01±6.57分)、角色职能评分(88.37±5.86分)、社会职能评分(89.09±6.39分)均高于对照组(生理职能评分(82.31±5.59分)、心理健康评分(80.09±4.78分)、情绪职能评分(79.93±4.72分)、角色职能评分(77.37±3.08分)、社会职能评分(80.01±4.23分)),组间差异均有统计学意义(t=4.039,6.085,6.114,5.388,5.559,均P<0.05)。结论 同理心护理应用在子宫肌瘤切除手术患者中可以减轻负性情绪,提升生活质量,值得在临床进一步推广。

【关键词】 护理; 心理疗法; 子宫; 平滑肌瘤; 焦虑; 抑郁

基金项目: 浙江省医药卫生一般研究计划项目(2012KYB223)

Effect of empathy nursing on anxiety and depression in patients with hysteromyomectomy

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Fund program: General Research Planning Project of Medical and Health of Zhejiang Province(2012KYB223)
改善护理流程在眼科门诊工作中的效果评价

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【摘要】目的 观察改善护理流程在眼科门诊工作中的效果。方法 选取2018年10月至2019年10月在安徽理工大学第一附属医院眼科门诊就诊的患者96例为研究对象,根据护理流程不同分为流程改善组(48例)和普通流程组(48例),比较两组患者的心理状态(抑郁自评量表和焦虑自评量表评分)、对护理人员的满意度。结果 护理后流程改善组与普通流程组比较,抑郁自评量表和焦虑自评量表评分均较低[(29.4±2.6)分比(39.6±3.5)分,(36.4±5.4)分比(50.4±4.7)分],差异均有统计学意义(t=15.683,22.145,均P<0.05)。流程改善组护理满意度为95.8%(46/48),普通流程组护理满意度为83.3%(40/48),两组差异有统计学意义(χ²=5.85,P<0.05)。结论 眼科门诊就诊患者护理流程改善后,有助于提升患者心理健康新状况,提升对护理人员的满意度,提高医疗服务质量,值得借鉴。

【关键词】护理;眼科;门诊;流程
DOI:10.3760/cma.j.issn.1008-6706.2020.16.029

Evaluation of the effect of nursing process improvement in ophthalmic clinic
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聚焦解决模式对乙型肝炎病毒感染孕妇负性心理的应用

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【摘要】目的 分析聚焦解决模式应用在乙型肝炎病毒感染孕妇中的效果及临床价值。方法 选取杭州市西溪医院2018年6月至2019年6月收治的乙型肝炎病毒感染孕妇患者180例，按照理模式不同分为观察组和对照组，每组90例。对照组给予常规健康教育护理，观察组采取聚焦解决模式健康教育。比较两组护理效果。结果观察组理论知识掌握率[95.56%（86/90）]、服药遵医行为掌握率[96.67%（87/90）]、护理技巧知识掌握率[97.78%（88/90）]、满意度[97.78%（88/90）]均高于对照组[80.00%（72/90）、77.78%（70/90）、76.67%（69/90）、81.11%（73/90）]，组间差异均有统计学意义（χ²=3.881、3.991、4.018、3.671，均P<0.05）。观察组干预后抑郁量表评分[（88.13±8.65）分]、治疗依从性评分[（89.76±7.07）分]均高于对照组[（74.92±5.65）分]，治疗依从性评分[（89.76±7.07）分]、汉密尔顿焦虑量表评分[（6.76±1.11）分]，汉密尔顿抑郁量表评分[（6.23±1.01）分]均低于对照组[（11.87±2.43）分]，组间差异均有统计学意义（t=5.018、6.028，均P<0.05）。结论聚焦解决模式应用在乙型肝炎病毒感染孕妇患者中能够减轻焦虑和抑郁情绪，提升治疗依从性和满意度，提升患者知识掌握程度，值得在临床推广应用。

【关键词】护理；健康教育；肝炎，乙型；孕妇；抑郁；焦虑；药物治疗依从性

【基金项目】浙江省杭州市卫生科技计划项目(0020190418)


Application of focused resolution model in negative psychology of pregnant women infected with hepatitis B virus

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综述

胃肠道间质瘤诊断技术进展

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【摘要】 胃肠道间质瘤（GIST）是消化系统最常见间叶源性肿瘤，具有潜在恶性倾向。随着生活习惯的变化和仪器设备的更新，GIST发病率和检出率逐年升高，因而备受关注，但其临床表现无特征性。目前主要通过CT、MRI等影像学技术初诊，病理学检测为其诊断的金指标。近年来随着免疫组化技术和基因技术的发展，免疫标志物和基因检测对GIST的诊断日趋重要。笔者对GIST诊断技术进展进行综述。

【关键词】 胃肠肿瘤；胃肠道间质瘤；体层摄影术，发射型计算机，单光子；磁共振成像；超声检查；内窥镜检查；病理学，临床；免疫测定；基因测定

基金项目：山东省高等学校科技计划资助项目（J18KB119）；国家级大学生创新创业训练计划项目 (201810443032)

DOI:10.3760/cma.j.issn.1008-6706.2020.16.031

Advances in diagnosis of gastrointestinal stromal tumor

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【Abstract】Gastrointestinal stromal tumor (GIST) is the most common mesenchymal tumor in the digestive system, with potential malignant tendency. With the change of living habits and the update of instruments and equipments, the morbidity and detection rate of GIST have been increased year by year, attracting much attention. However, its clinical manifestations are not characteristic. At present, primary diagnosis is mainly made by imaging techniques such as CT and MRI, and pathological diagnosis is the gold index. In recent years, with the development of immunohistochemical technology and gene technology, immune markers and gene detection play an increasingly important role in the diagnosis of GIST. This paper reviews the progress of GIST diagnostic techniques.

【Key words】Gastrointestinal neoplasms；Gastrointestinal stromal tumor；Tomography, emission – computed, single – photon；Magnetic resonance imaging；Ultrasonography；Endoscopy；Pathology, clinical；Immunnoassay；Genetic testing

Fund program：Science and Technology Planing Project of Colleges and Universities of Shandong Province (J18KB119)；National Undergraduate Training Project for Innovation and Entrepreneurship(201810443032)

DOI:10.3760/cma.j.issn.1008-6706.2020.16.031