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# 声带白斑病理特征与内镜下黏膜剥脱术预后分析

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**【摘要】** **目的** 探讨声带白斑病理特征及内镜下黏膜剥脱术的预后。**方法** 对 186 例声带白斑患者进行回顾性分析,分析其病理特点及其与内镜下黏膜剥脱术预后的关系。**结果** 186 例声带白斑中单纯增生伴角化或不全角化的有 87 例(46.8%),复发 17 例,癌变 3 例;轻度不典型增生的有 64 例(34.4%),复发 15 例,癌变 7 例;中度不典型增生的有 29 例(15.6%),复发 13 例,癌变 10 例;重度不典型增生或原位癌的有 6 例(3.2%),复发 6 例,癌变 5 例。**结论** 声带白斑组织病理特征与其复发、癌变相关,病理分级越高,复发、癌变风险越高。

**【关键词】** 声带白斑; 病理; 复发; 癌变

**基金项目:**浙江省温岭市科技计划项目(2015C311036;2012WLCD0088)

## Histopathological features and prognostic analysis in endoscopic stripping microflap excision of vocal cords leukoplakia

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**【Abstract】** **Objective** To investigate the pathological features and prognostic analysis in endoscopic stripping microflap excision of vocal cords leukoplakia. **Methods** A total of 186 cases with vocal cord leukoplakia and treated by endoscopic stripping microflap excision were retrospectively analyzed, calculated the ratios of recurrence and malignant transformation on keratosis without dysplasia, mild dysplasia, moderate dysplasia and severe dysplasia and carcinoma in situ. Then, the association of histopathological classification with recurrence and malignant transformation in vocal cord leukoplakia were evaluated. **Results** 87 cases of all 186 patients with vocal cord leukoplakia were keratosis without dysplasia, 17 cases were recurred and 3 cases were developed to carcinoma; 64 cases were mild dysplasia, 15 cases were recurred and 7 cases were developed to carcinoma; 29 cases were moderate dysplasia, 13 cases were recurred and 10 cases were developed to carcinoma; 6 cases were severe dysplasia and carcinoma in situ, all 6 cases were recurred and 5 cases were developed to carcinoma. **Conclusion** The histopathological classification is predictive factor for the risk of recurrence and malignant transformation in vocal cord leukoplakia.

**【Key words】** Leukoplakia, vocal cord; Histopathological feature; Recurrence; Carcinogenesis

**Fund Program:** Science and technology planning project of Wenling, Zhejiang province (2015C311036; 2012WLCD0088)

# 妊娠合并症与妊娠期接触化学毒物 对出生缺陷影响的系统评价

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DOI:10.3760/ema.j.issn.1008-6706.2016.18.002

**【摘要】** **目的** 探讨妊娠合并症与妊娠期接触化学毒物对出生缺陷的影响,为制定最佳预防控制决策,实行有效的干预措施提供科学依据。**方法** 根据纳入与排除标准进行文献评价与筛选,11 篇文献纳入此次 Meta 分析,累计病例 3 248 例,对照 5 722 例。由异质性检验结果决定采用固定或随机效应模型,并对合并结果进行  $\chi^2$  检验,同时应用漏斗图综合评估纳入文献的发表性偏倚。**结果** 妊娠合并症的单因素分析合并效应值及其 95% *CI* 为 1.074(0.926 ~ 1.222),表明妊娠合并症是导致出生缺陷的危险因素;妊娠期接触化学毒物的单因素和多因素分析合并效应值及其 95% *CI* 分别为 1.426(1.147 ~ 1.704)、1.421(1.174 ~ 1.668),提示妊娠期接触化学毒物也是导致出生缺陷的危险因素。**结论** 妊娠合并症和妊娠期接触化学毒物都是导致出生缺陷发生的危险因素,这为针对性预防出生缺陷的发生提供了参考。

**【关键词】** 出生缺陷; 妊娠合并症; 妊娠期接触化学毒物; Meta 分析

**Effect of pregnancy complications and gestational exposure to toxic chemical on birth defect: a systematic evaluation** Yue Shuhua, Wan Suxin.

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**【Abstract】** **Objective** To investigate the impact of pregnancy complications and gestational exposure to toxic chemical on birth defect, to provide scientific basis for effective intervention measures. **Methods** 11 studies were included, the quality evaluation and information extraction were carried out on the studies according to include and exclude standard. 3 248 examples in case group and 5 722 examples in control group. Fixed or random effects model was used according to heterogeneity test results, and the combined result was analyzed by Chi - square test. The publication bias of the studies was also evaluated. **Results** The combined results of single factor analysis of pregnancy complications was 1.074(0.926 - 1.222), showed that pregnancy complications were risk factors of birth defects. The combined results of single factor and multiple factors analysis of gestational exposure to toxic chemical were 1.426(1.147 - 1.704), 1.421(1.174 - 1.668), also showed that gestational exposure to toxic chemical was a risk factor of birth defects. **Conclusion** Pregnancy complications and gestational exposure to toxic chemical are risk factors of birth defects, this targeted provides reference to birth defects prevention.

**【Key words】** Birth defects; Pregnancy complications; Gestational exposure to toxic chemical; Meta analysis

# 妊娠期糖尿病危险因素及对妊娠结局的影响

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DOI: 10.3760/ema.j.issn.1008-6706.2016.18.003

**【摘要】 目的** 分析妊娠期糖尿病(GDM)患者发病的危险因素,并且探讨 GDM 对妊娠结局的影响,为临床早期预防和干预提供参考依据。**方法** 选取 2014 年 1 月至 2016 年 1 月收治的 GDM 患者 220 例作为观察组,同时收集同一时期内在该院分娩的无糖尿病产妇 236 例作为对照组,通过问卷调查和临床病例资料回顾性分析 GDM 的危险因素及 GDM 对孕妇及新生儿的影响。**结果** 单因素分析及 Logistic 回归分析显示,年龄、糖尿病史、孕前体质量指数(BMI)、分娩前 1 周 BMI 及口服葡萄糖耐量试验(OGTT)时体质量等因素均为 GDM 发生的危险因素( $OR = 2.988, 5.684, 4.255, 3.765, 3.051, P = 0.003, 0.000, 0.000, 0.024, 0.021$ )。观察组羊水过多、产后出血、妊娠期高血压疾病、胎膜早破、早产及剖宫产的发生率均高于对照组,且差异有统计学意义( $\chi^2 = 5.539, 11.338, 14.103, 4.527, 8.160, 4.719, P = 0.019, 0.001, 0.000, 0.033, 0.004, 0.030$ );观察组新生儿畸形、窒息、胎儿窘迫及巨大儿的发生率均高于对照组,且差异有统计学意义( $\chi^2 = 4.929, 5.539, 4.163, 5.950, P = 0.026, 0.019, 0.041, 0.015$ )。**结论** 年龄、孕前 BMI、分娩前 1 周 BMI、OGTT 时体质量及糖尿病家族史均为 GDM 发生的危险因素,临床中应重点关注此类人群并采取相应治疗措施,从而改善对母婴产生的不良结局。

**【关键词】** 妊娠期糖尿病; 危险因素; 妊娠结局

**Analysis of risk factors for gestational diabetes mellitus and its effect on pregnancy outcome** Luo Xia, Zhu Yanfei, Chen Lifang, Wang Yi.

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**【Abstract】 Objective** To analyze the risk factors of the patients with gestational diabetes mellitus(GDM), to explore the effect of GDM on pregnancy outcome, and provide reference for early clinical prevention and intervention.

**Methods** Randomly selected 220 GDM patients who were treated from January 2014 to January 2016 as the observation group, and collected 236 cases of non-diabetic pregnant women in our hospital during the same period as control group. Retrospectively analyzed the risk factors of GDM and the effect of GDM on pregnant women and neonates by questionnaires and clinical data. **Results** Single factor analysis and Logistic regression analysis showed that the age, history of diabetes, body mass index (BMI) before pregnancy, BMI before 1 week of childbirth and weight of oral glucose tolerance test(OGTT) were the risk factors of GDM ( $OR = 2.988, 5.684, 4.255, 3.765, 3.051; P = 0.003, 0.000, 0.000, 0.024, 0.021$ ). The incidences of polyhydramnios, postpartum hemorrhage, pregnancy period hypertension, premature rupture, premature birth, cesarean section and ketoacidosis in the observation group were higher than the control group, and the differences were statistically significant ( $\chi^2 = 5.539, 11.338, 14.103, 4.527, 8.160, 4.719; P = 0.019, 0.001, 0.000, 0.033, 0.004, 0.030$ ). The incidence of newborn malformation, asphyxia, fetal distress and macrosomia in observation group were higher than the control group, and the differences were statistically significant ( $\chi^2 = 4.929, 5.539, 4.163, 5.950; P = 0.026, 0.019, 0.041, 0.015$ ). **Conclusion** The age, history of diabetes, BMI before pregnancy, BMI before 1 week of childbirth and weight of OGTT were the risk factors of GDM, which should pay close attention to these people and take corresponding treatment measures, so as to improve the adverse outcome of maternal and infant in clinic.

**【Key words】** Gestational diabetes mellitus; Risk factors; Pregnancy outcome

# 首次剖宫产术式对高龄孕妇再次剖宫产手术的影响

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**【摘要】** **目的** 探讨首次剖宫产术式对高龄孕妇再次剖宫产手术的影响。**方法** 选取再次行剖宫产手术的 251 例孕妇作为研究对象,按首次剖宫产术式将其分为对照组(新式腹壁横切口)和研究组(传统腹壁纵切口),比较两组孕妇临床指标、腹腔粘连情况及并发症发生情况。**结果** 研究组手术时间[(57.98 ± 12.26)min 比(78.39 ± 17.54)min]、术中出血量[(248.59 ± 17.32)mL 比(377.18 ± 56.04)mL]、肛门排气时间[(40.26 ± 7.25)h 比(56.02 ± 8.23)h]及住院时间[(7.21 ± 2.06)d 比(9.94 ± 3.13)d]均低于对照组,差异均有统计学意义( $t=10.576, 24.018, 16.129, 8.069$ , 均  $P < 0.05$ )。研究组腹腔粘连严重程度明显较对照组轻,且差异有统计学意义( $U=2.601, P < 0.05$ )。两组新生儿均未发生窒息等严重并发症。研究组产后出血[3.03% 比 7.56%]及腹腔粘连[50.00% 比 77.31%]发生率均低于对照组,其中腹腔粘连发生率组间比较差异有统计学意义( $\chi^2=18.862, P < 0.05$ )。**结论** 首次剖宫产术式对高龄孕妇再次剖宫产手术临床指标、腹腔粘连严重程度及并发症均有较大影响,其中新式剖宫产术式影响更大,而传统剖宫产术式影响较小。

**【关键词】** 剖宫产术; 术式; 孕妇; 高龄

## Influence of primary caesarean section on re-caesarean operation of advanced pregnant women

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**【Abstract】** **Objective** To investigate the influence of primary caesarean section on re-caesarean operation of advanced pregnant women. **Methods** 251 advanced pregnant women were chosen to research, and they were divided into research group (traditional abdominal longitudinal incision) and control group (novel abdominal transverse incision) by primary caesarean section. The clinical indicators, abdominal adhesion and complication occurrence between the two groups were compared. **Results** Operation time[(57.98 ± 12.26)min vs. (78.39 ± 17.54)min], amount of bleeding during operation[(248.59 ± 17.32)mL vs. (377.18 ± 56.04)mL], anal exhaust time[(40.26 ± 7.25)h vs. (56.02 ± 8.23)h] and length of stay[(7.21 ± 2.06)d vs. (9.94 ± 3.13)d] of the research group were all lower than the control group, the differences were statistically significant ( $t=10.576, 24.018, 16.129, 8.069$ , all  $P < 0.05$ ). The severity of abdominal adhesion of the research group was lighter than the control group, and the difference was statistically significant ( $U=2.601, P < 0.05$ ). No severe complications such as asphyxia occurred in the two groups. Postpartum hemorrhage and abdominal adhesion occurrence in the research group were lower than the control group, there was significant difference in abdominal adhesion between the two groups ( $\chi^2=18.862, P < 0.05$ ). **Conclusion** Primary caesarean section has influence on clinical indicator, abdominal adhesion severity and complications in re-caesarean operation of advanced pregnant women, and novel abdominal transverse incision has greater influence, traditional abdominal longitudinal incision little.

**【Key words】** Caesarean section; Operation; Pregnant woman; Advanced age

# 腰硬联合麻醉与气管插管全身麻醉对剖宫产手术新生儿呼吸的影响

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**【摘要】 目的** 比较腰硬联合麻醉与气管插管全身麻醉用于剖宫产手术对新生儿呼吸的影响,探讨剖宫产手术麻醉方式的选择。**方法** 选择行剖宫产产妇 140 例,采用数字表法随机分为对照组和观察组各 70 例。对照组采用气管插管全身麻醉,使用丙泊酚、苏芬太尼及顺式阿曲库铵静脉诱导,胎儿取出后再用常规药;观察组采用罗派卡因进行腰硬联合麻醉。记录两组手术时间、切皮至胎儿娩出时间及子宫切开至胎儿娩出时间;胎儿取出后采集脐动脉血行血气分析,比较两组新生儿出生后 1 min、5 min、10 min 时 Apgar 评分,第一次呼吸时间以及使用辅助呼吸、胸外按压和药物复苏总例数。**结果** 两组手术时间、切皮至胎儿取出时间及子宫切开至胎儿取出时间差异均无统计学意义( $t = 0.974, P = 0.332; t = 0.067, P = 0.947; t = 0.803, P = 0.423$ )。观察组胎儿取出 1 min 后的 Apgar 评分 $[(9.26 \pm 0.86) \text{分}]$ 明显优于对照组 $[(8.91 \pm 0.75) \text{分}]$ ( $t = -2.566, P = 0.011$ ),两组 5 min、10 min 时 Apgar 评分差异均无统计学意义( $t = -0.533, P = 0.595; t = -0.299, P = 0.765$ );观察组新生儿第一次呼吸时间 $[(7.17 \pm 3.26) \text{s}]$ 短于对照组 $[(21.34 \pm 5.75) \text{s}]$ ( $t = 17.936, P < 0.001$ )。两组新生儿脐动脉血 pH、PaCO<sub>2</sub>、PaO<sub>2</sub> 差异均无统计学意义( $t = -0.438, P = 0.662; t = 0.102, P = 0.919; t = -0.524, P = 0.601$ )。观察组使用辅助呼吸、胸外按压和药物复苏共 7 例,少于对照组的 15 例,但差异无统计学意义( $\chi^2 = 3.451, P = 0.063$ )。**结论** 腰硬联合麻醉对剖宫产手术新生儿呼吸影响更小,可安全地用于剖宫产手术,值得在临床推广应用。

**【关键词】** 麻醉, 脊椎; 麻醉, 全身; 剖宫产术; 呼吸

## Effects of combined spinal epidural anesthesia and general anesthesia in cesarean section for pediatric respiration Cao Yueqing.

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**【Abstract】 Objective** To compare the effect of combined spinal epidural anesthesia and general anesthesia for cesarean section surgery on pediatric respiration, discuss the choice of anesthesia in caesarean operation. **Methods** 140 cases of maternal line cesarean section were randomly divided into control group and observation group, 70 cases in each group. Control group used propofol, sufentanil and cis atracurium intravenous induction, after fetal take out used conventional medicine. The observation group used combined spinal epidural anesthesia with ropivacaine. Recorded the operation time, cut skin to fetal childbirth time and uterine incision to fetal childbirth time. Fetal umbilical arterial blood for blood gas analysis, compared the two groups of Apgar score at 1min, 5min, 10min after birth, the first breath of time, and the use of auxiliary breathing, chest compressions and total drug recovery. **Results** The operation time, cut skin to take time out and uterine incision to fetus fetus in the two groups had no statistical differences( $t = 0.974, P = 0.332; t = 0.067, P = 0.947; t = 0.803, P = 0.423$ ). Apgar score at 1min in the observation group  $[(8.91 \pm 0.75) \text{min}]$  was better than the control group  $[(9.26 \pm 0.86) \text{min}]$  ( $t = -2.566, P = 0.011$ ), while Apgar score between the two groups at 5min, 10min had no statistically significant differences ( $t = -0.533, P = 0.595; t = -0.299, P = 0.765$ ). The pediatric first breath  $[(7.17 \pm 3.26) \text{s}]$  of the observation group was shorter than the control group  $[(21.34 \pm 5.75) \text{s}]$  ( $t = 17.936, P < 0.001$ ). pH, PaCO<sub>2</sub>, PaO<sub>2</sub> in umbilical artery blood of the two groups had no statistically significant differences ( $t = -0.438, P = 0.662; t = 0.102, P = 0.919; t = -0.524, P = 0.601$ ). In the observation group used auxiliary breathing, chest compressions and drug recovery in all 7 cases, which was less than 15 cases in the control group, but there was no statistically significant difference ( $\chi^2 = 3.451, P = 0.063$ ). **Conclusion** The effect of combined spinal epidural anesthesia for cesarean section in pediatric breathing is smaller, it can be used in a cesarean section safely, and worth popularizing in clinical application.

**【Key words】** Anesthesia, spinal; Anesthesia, general; Cesarean section; Respiration



# 低分子肝素和阿司匹林对复发性流产患者血浆纤溶酶原激活物抑制剂-1 和组织型纤溶酶原活化因子水平的影响

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**【摘要】** 目的 探讨低分子肝素和阿司匹林对复发性流产患者的疗效及对患者血浆纤溶酶原激活物抑制剂-1 (PAI-1) 及组织型纤溶酶原活化因子 (t-PA) 水平的影响。方法 选取门诊或住院保胎治疗的复发性流产患者 70 例为治疗组, 按照治疗方法的不同分为传统治疗组与肝素治疗组, 同时选取同期正常早期妊娠 30 例为对照组, 经治疗后记录三组的妊娠结局等信息并比较三组的妊娠结局及血浆 PAI-1 及 t-PA 水平。结果 34 例传统治疗组患者中 21 例妊娠成功, 妊娠成功率 63.56%; 36 例肝素治疗组患者中 28 例妊娠成功, 妊娠成功率 83.58%, 差异有统计学意义 ( $P < 0.05$ )。肝素治疗组患者治疗后血浆 PAI-1 水平为  $(0.56 \pm 0.26)$  AU/mL, 比治疗前显著降低 ( $P < 0.05$ ), 而 t-PA 水平差异无统计学意义 ( $P > 0.05$ ); 传统治疗组血浆 PAI-1 与 t-PA 治疗前后差异均无统计学意义 ( $P > 0.05$ )。两治疗组患者不良反应、血小板及凝血功能等指标比较差异均无统计学意义。结论 肝素联合阿司匹林能改善复发性流产患者凝血状态, 显著提高治疗效果, 且具有较好的安全性。

**【关键词】** 流产, 习惯性; 阿司匹林; 低分子肝素; 纤溶酶原激活物抑制剂-1; 组织型纤溶酶原活化因子

**Effect of heparin and aspirin on peripheral blood PAI-I and t-PA in patients with recurrent spontaneous abortion** Zhou Shujun.

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**【Abstract】 Objective** To investigate the efficacy of heparin and aspirin in the treatment of recurrent spontaneous abortion and its influence on peripheral blood PAI-I and t-PA changes. **Methods** 70 patients with unexplained recurrent spontaneous abortion were selected and divided into traditional treatment group and heparin treatment group according to the different treatment method. At the same time, 30 cases with normal early pregnancy were selected as control group. After treatment, recorded the pregnancy outcomes and neonatal birth defects and the change of peripheral blood PAI-I and t-PA. **Results** The success pregnancy rates of the heparin treatment group and traditional treatment group were 83.58% (28 cases of 36 patients in success pregnancy) and 63.46% (21 cases of 34 patients in success pregnancy), the difference was statistically significant ( $P < 0.05$ ). The level of PAI-I of the heparin treatment group after using heparin was  $(0.56 \pm 0.26)$  AU/mL, which was lower than before treatment ( $P < 0.05$ ), while the t-PA had no significant difference ( $P > 0.05$ ). The levels of PAI-I and t-PA of the traditional treatment group had no statistically significant differences compared with before treatment (all  $P > 0.05$ ). The difference of the adverse reactions, platelet, coagulation function between the two groups were not significant (all  $P > 0.05$ ). **Conclusion** Heparin and aspirin can change the coagulation status of patients with recurrent spontaneous abortion. Heparin and aspirin in the treatment of recurrent spontaneous abortion can significantly increase the curative effect, and is safe.

**【Key words】** Abortion, habitual; Aspirin; Heparin; Plasminogen activator inhibitor-1; Tissue-type plasminogen activator

# 先天性血管环的产前超声声像特征分析

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**【摘要】** **目的** 分析产前超声声像在先天性血管环中的临床诊断特点及价值。**方法** 对 52 例先天性血管环胎儿资料进行分析,探讨产前超声声像在先天性血管环中的诊断特点及主要表现。**结果** 52 例胎儿中,有迷走右锁骨下动脉 7 例,右位主动脉弓伴左侧动脉导管 38 例,肺动脉吊带 2 例,5 例双主动脉弓,且胎儿均出现不同类型超声表现。52 例胎儿中,16 例合并畸形,占 30.77%。其中,排在前 3 位的分别为:室间隔缺损、法洛四联症、胎儿多囊性肾发育不全,分别占 50.00%、12.50% 及 12.50%;52 例经尸检得到证实,12 例选择终止妊娠,24 例选择分娩。其中,20 例右位主动脉弓伴左侧动脉导管,肺动脉吊带选择分娩 1 例和迷走右锁骨下动脉 3 例,产后超声检查右位主动脉弓 16 例,其余 16 例失访。**结论** 产前超声声像诊断先天性血管环效果理想,通过三血管气管切面能准确的诊断及鉴别先天性血管环,值得推广应用。

**【关键词】** 超声检查,产前; 先天性血管环; 诊断; 三血管气管切面

**Prenatal sonographic features of congenital vascular ring** Li Ru.

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**【Abstract】** **Objective** To analyze prenatal sonographic features and clinical diagnostic evaluation of congenital vascular ring. **Methods** The clinical data of 52 children with congenital vascular ring were analyzed to explore the characteristics and prenatal sonographic diagnosis mainly in congenital vascular ring. **Results** 52 cases of fetuses with vagus right subclavian artery 7 cases, right aortic arch with the left artery catheter in 38 cases, 2 cases of pulmonary artery sling, 5 cases of double aortic arch, and there were different types of ultrasound performance. In 52 cases of fetus, 16 patients with malformations, accounting for 30.77%. Among them, the top three were ventricular septal defect, tetralogy of fallot, fetal polycystic kidney agenesis, which accounted for 50.00%, 12.50% and 12.50%. 52 cases confirmed by autopsy, 12 cases chose to terminate the pregnancy, 24 cases choice of delivery. Among them, 20 cases of right aortic arch with the left side of the ductus arteriosus, pulmonary artery sling choose one case of child-birth and vagus right subclavian artery three cases, post-natal ultrasonography right aortic arch in 16 cases, and the remaining 16 patients were lost. **Conclusion** Prenatal sonography in diagnosis of congenital vascular ring has desired effect, three-vessel trachea view through accurate diagnosis and identification of congenital vascular ring, and it should be widely applied.

**【Key words】** Ultrasonography, prenatal; Congenital vascular ring; Diagnosis; Three-vessel trachea view

# 腹腔镜下孕前宫颈环扎术后妊娠结局分析

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**【摘要】 目的** 分析腹腔镜下孕前宫颈环扎术后妊娠结局,探讨其治疗宫颈功能不全的临床价值。**方法** 选择 2012 年 1 月至 2016 年 3 月因宫颈功能不全行腹腔镜下孕前环扎的患者 40 例,均有难免流产或早产史,平均流产孕周 23.7 周,术前宫颈长度均  $< 2.5$  cm,观察手术情况及术后妊娠结局。**结果** 手术平均时间  $35.6(40.2 \pm 10.4)$  min,出血量  $10.3(15.7 \pm 3.2)$  mL;术后妊娠期宫颈平均长度  $3.61(4.35 \pm 0.52)$  cm;妊娠结局:孕 37 周及以上分娩 20 例(50.0%),34~37 周 16 例(40.0%),28~34 周 3 例,均剖宫产,平均分娩孕周 35.6 周,较术前延长 12.1 周;新生儿成活 38 例(95.0%),孕 28<sup>+3</sup> 周早产儿死亡 1 例。新生儿出生体重  $2\ 800(3\ 079 \pm 500)$  g;孕 23 周难免流产 1 例(2.5%)。**结论** 腹腔镜下孕前宫颈环扎缝合线在宫颈内口水平,术后能维持有效的宫颈长度,延长孕周,改善妊娠结局,可作为孕期环扎失败或宫颈长度  $< 2.5$  cm 者有效的治疗方法。

**【关键词】** 宫颈功能不全; 环扎术,宫颈; 腹腔镜检查; 妊娠结局

**Analysis of laparoscopic cervical cerclage before pregnancy after pregnancy** Li Quanxiang, Yang Na, Gao Yanhua, Yan Feng.

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**【Abstract】 Objective** To analyze the pregnancy outcome of laparoscopic cervical cerclage before pregnancy, discuss the clinical value of the treatment of cervical incompetence. **Methods** 40 cases with cervical insufficiency during 2012.1 – 2016.3 before pregnancy underwent laparoscopic ligation. All patients had a history of abortion or premature birth, and the average gestational age was 23.7 weeks. Preoperative cervical length was less than 2.5cm. The operation condition and the pregnancy outcome after operation were observed. **Results** The average time of operation was  $35.6(40.2 \pm 10.4)$  min and the amount of bleeding was  $10.3(15.7 \pm 3.2)$  mL. Postoperative pregnancy cervical average length was  $3.61(4.35 \pm 0.52)$  cm. Pregnancy outcome: 37 weeks of gestation and above delivery 20 cases (50.0%). 34 – 37 weeks 16 cases (40.0%), 28 – 34 weeks in 3 cases, received cesarean section, the average gestational was 35.6 weeks. Compared with the preoperative abortion, the gestational week of delivery was prolonged by 12.1 weeks. Neonatal survival in 38 cases (95.0%), 1 case of gestational 28<sup>+3</sup> weeks premature death. Neonatal birth weight was  $2\ 800(3\ 079 \pm 500)$  g; 1 case (2.5%) was difficult to avoid abortion at 23 weeks of gestation. **Conclusion** Laparoscopic pre – pregnancy cervical cerclage suture in cervix mouth, postoperative can maintain effective cervical length, prolong gestational age, improve the pregnancy outcome, can be used as effective treatment for the pregnant cerclage failure or cervical length less than 2.5cm of cervical insufficiency patients.

**【Key words】** Uterine cervical incompetence; Cerclage, cervical; Laparoscopy; Pregnancy outcome

# 系统化社交技能训练对慢性精神分裂症患者阴性症状及社交技能缺陷的影响

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**【摘要】目的** 探讨系统化社交技能训练对住院慢性精神分裂症患者阴性症状及社交技能缺陷的影响。**方法** 将符合诊断标准的 82 例长期住院慢性精神分裂症患者采用数字表法随机分为干预组和对照组各 41 例, 干预组和对照组患者均接受精神科常规治疗、护理及一般工娱治疗, 干预组在此基础上实施 12 周的系统化社交技能训练。采用阳性与阴性症状量表(PANSS)、社交技能评定目录量表(SSC)在患者干预前、干预后 12 周末分别进行评定并比较。**结果** 实施 12 周的系统化社交技能训练干预后, 干预组社交技能评定目录量表 SSC 评分 $[(24.5 \pm 4.5)$ 分]明显低于对照组 $[(29.2 \pm 5.2)$ 分], 差异有统计学意义( $t = 3.212, P < 0.01$ )。干预组 PANSS 量表评分中阴性症状、一般精神病理、PANSS 总分分别为 $(14.9 \pm 3.7)$ 分、 $(24.5 \pm 3.5)$ 分、 $(52.8 \pm 7.1)$ 分, 对照组分别为 $(20.5 \pm 4.3)$ 分、 $(27.2 \pm 4.2)$ 分、 $(59.1 \pm 9.5)$ 分, 两组差异均有统计学意义( $t = 5.199, 3.317, 3.239$ , 均  $P < 0.01$ ), 而阳性症状评分差异无统计学意义( $P > 0.05$ )。干预组干预前后相比, 阴性症状分量表评分中 N2、N3、N4、N6 的评分差异均有统计学意义( $t = 4.533, 5.413, 4.501, 4.668$ , 均  $P < 0.01$ )。**结论** 系统化社交技能训练能够显著改善住院慢性精神分裂症患者的阴性症状和社交技能缺陷, 提高患者的社交技能和生活质量。

**【关键词】** 精神分裂症; 心理疗法; 康复

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**Impact of the systematic social skills training on recovery of chronic schizophrenia patients with negative symptom and social skills defects** Fan Xianli, Wu Kewen, Wang Yan, Yan Dongmei, Bai Lijuan.

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**【Abstract】Objective** To explore the impact of the systematic social skills training on recovery of chronic schizophrenia patients with negative symptom and social skills defects. **Methods** A total of 82 cases of long-term hospitalized patients with chronic schizophrenia were randomly divided into intervention group and control group by digital table, 41 cases in each group. The two groups received psychiatric routine therapy and nursing, and general entertainment therapy, and systemic social skills training was conducted in the intervention group for 12 weeks. PANSS and SSC were respectively used to evaluate the two groups before and after the intervention. **Results** After 12 weeks of systematic social skills training, the total score of SSC $[(24.5 \pm 4.5)$ points] in the intervention group was apparently lower than that in the control group $[(29.2 \pm 5.2)$ points], and the difference was statistically significant( $t = 3.212, P < 0.01$ ). Compared with the control group $[(20.5 \pm 4.3)$ points,  $(27.2 \pm 4.2)$ points,  $(59.1 \pm 9.5)$ points], in the intervention group the score of negative symptom mental pathology and total score of PANSS were  $(14.9 \pm 3.7)$ points,  $(24.5 \pm 3.5)$ points,  $(52.8 \pm 7.1)$ points. The differences of total score between the two groups were statistically significant( $t = 5.199, 3.317, 3.239$ , all  $P < 0.01$ ), while the positive symptoms score was not statistically significant( $P > 0.05$ ). Compared with before intervention, in the negative symptom table, the differences of total score N2, N3, N4, N6 had statistically significant differences( $t = 4.533, 5.413, 4.501, 4.668$ , all  $P < 0.01$ ). **Conclusion** The systematic social skills training can greatly promote chronic schizophrenia patients with negative symptom and social skills defects, improve their social skills and life qualities.

**【Key words】** Schizophrenia; Psychotherapy; Rehabilitation

**Fund Program:** Scientific Research Subject of Health Department, Shanxi Province(201202023)

# 和胃化湿汤联合四联疗法治疗幽门螺杆菌相关性消化性溃疡的效果观察

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**【摘要】** 目的 观察和胃化湿汤联合四联疗法治疗 Hp 相关性消化性溃疡的临床疗效。方法 将 80 例 Hp 相关性消化性溃疡采用区组随机化分组方法分为对照组 40 例、治疗组 40 例。对照组采用四联疗法(口服阿莫西林胶囊、左氧氟沙星片、泮托拉唑肠溶片、枸橼酸铋钾颗粒)治疗,治疗组在对照组基础上加服和胃化湿汤,疗程均为 14 d,抗 Hp 治疗结束 1 个月后评估两组 Hp 根除率。结果 治疗组 Hp 根除率 95%,对照组 80%,两组差异有统计学意义( $\chi^2=4.114, P<0.05$ )。结论 和胃化湿汤联合四联疗法治疗 Hp 相关性消化性溃疡能更安全、有效根除 Hp。

**【关键词】** 消化性溃疡; 螺杆菌,幽门; 药物治疗,联合; 和胃化湿汤

**基金项目:**浙江省湖州市科技计划项目(2013GY12)

**Effect of stomach dampness decoction combined with quadruple therapy on Helicobacter pylori associated peptic ulcer** Liu Jiaxin, Liu Dongbing, Qiu Dongze.

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**【Abstract】 Objective** To observe the clinical curative effect of stomach dampness decoction combined with quadruple therapy in the treatment of Hp related peptic ulcer. **Methods** 80 cases of Hp related peptic ulcer were randomly divided into control group and treatment group, 40 cases in each group. The control group was treated with quadruple therapy (oral amoxicillin capsule, left ofloxacin tablets, pantoprazole enteric coated tablets, citric acid bismuth potassium granule), the treatment group was given stomach dampness soup on the basis of the control group. The treatment course was 14 days, 1 month after anti Hp therapy, assessed HP eradication rate of the two groups. **Results** The Hp eradication rate of the treatment group was 95% which was higher than 80% of the control group, the difference was statistically significant ( $\chi^2=4.114, P<0.05$ ). **Conclusion** Hewei huashi decoction combined with quadruple therapy in treating Hp-related peptic ulcer has better Hp eradication rate and drug safety than the quadruple therapy.

**【Key words】** Peptic ulcer; Helicobacter pylori; Drug therapy, combination; Hewei huashi decoction

**Fund Program:** Science and technology planning project of Huzhou, Zhejiang Province (2013GY12)

# 大张中厚头部皮片在儿童功能部位创面修复中的应用

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**【摘要】 目的** 探讨应用大张中厚头部皮片在儿童功能部位创面修复中的临床效果。**方法** 研究组选择功能部位烧伤及瘢痕挛缩患儿 24 例,应用电动取皮机切取大张中厚头皮(皮片厚度 $\geq 0.25$  mm),将大张中厚头直接或打孔后移植于功能部位创面缝合包扎或打包固定,皮肤移植后 1 周进行抗瘢痕治疗及功能锻炼;对照组选择中厚皮,供皮部位位于大腿、背部,全厚皮位于腹部。两组于术后 3 个月根据温哥华瘢痕评分量表对术区瘢痕组织进行评估分析。**结果** 研究组功能部位烧伤及瘢痕挛缩畸形创面一期修复,通过早期抗瘢痕治疗,功能与外形修复效果满意,随访期间发现修复部位仍有不同程度瘢痕增生,但功能活动未受到明显影响;头部供皮区无明显瘢痕增生,未发现秃发畸形。与对照组术后 3 个月比较:术区色泽( $t=0.48, P>0.05$ )、术区血管分布( $t=0.47, P>0.05$ )、瘢痕厚度( $t=0.07, P>0.05$ )及柔软度( $t=0.42, P>0.05$ )4 个指标差异均无统计学意义。**结论** 儿童大张中厚头皮移植适用于儿童功能部位及瘢痕挛缩畸形的修复治疗,结合早期抗瘢痕治疗和功能锻炼,功能与外形均可达到临床满意效果,而且可为后期进一步进行功能与外形的修复提供更多皮源及手术方式的选择。

**【关键词】** 儿童; 大张中厚头皮; 功能部位; 创面修复

**基金项目:** 甘肃省卫生行业科研计划项目(GSWSKY-2015-07)

## Application of large piece of mid - thick head skin for repair of wound in childrens' functional location

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**【Abstract】 Objective** To investigate the clinical effect of large piece of mid - thick head skin applicated in repairing of wound in childrens' functional location. **Methods** 24 children with functional parts burn and scar contracture were selected. Using electric machine, the large piece of mid - thick head skin(thickness  $\geq 0.25$ mm) was taken, then transplanted it to functional location directly or punching, and dressed or suture package fixed it, 1 week after the skin transplanting, anti - scarring therapy and functional exercise were carried out. Control group: selected the thighs, back, abdomen as donor sites; The scar of operation area of the two groups were evaluated and analyzed after 3 months by the Vancouver Scar Scale Rating. **Results** In the study group, the functional parts burn and scar contracture deformity was primary wound repairing, by the early anti - scarring therapy, the function and appearance was satisfied with repairing, during follow - up, there were varying degrees of repair site scar, but functional activity was not significantly affected; There were no scar hyperplasia of the head blood supply area, no bald hair deformity, compared with the control group after 3 months; surgical color ( $t=0.48, P>0.05$ ), surgical vascular distribution ( $t=0.47, P>0.05$ ), scar thickness ( $t=0.07, P>0.05$ ) and softness ( $t=0.42, P>0.05$ ), four indicators had no significant statistical difference. **Conclusion** The large piece of mid - thick head skin transplanting applied in children functional parts and scar contracture deformity restorative treatment, combined with early anti - scarring therapy and functional exercise, function and appearance can achieve satisfactory clinical results, but also for further post - repair function and appearance of the skin to provide more options source and surgical methods.

**【Key words】** Children; Large sheets of scalp split thickness skin; Functional location; Wound healing

**Fund Program:** Gansu Provincial Health Industry Research Program (GSWSKY - 2015 - 07)

# 微型双边外固定支架结合有限内固定治疗中足骨折脱位的效果分析

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**【摘要】** **目的** 分析应用微型双边外固定支架结合有限内固定治疗中足骨折脱位患者的临床效果。**方法** 选择 2010 年 3 月至 2015 年 3 月在浙江省安吉县人民医院接受治疗的 200 例中足骨折脱位患者,采用数字表法随机分为对照组和观察组,每组 100 例,观察组应用微型双边固定支架结合有限内固定治疗,对照组应用常规治疗方式进行治疗,观察并比较两组患者的临床效果。**结果** 观察组手术时间( $67.46 \pm 4.53$ ) min、伤口愈合时间( $8.37 \pm 3.43$ )周,明显短于对照组[( $113.25 \pm 5.63$ ) min、( $16.44 \pm 5.63$ )周],两组差异有统计学意义( $t = 8.37, 12.24$ , 均  $P < 0.05$ )。两组患者治疗后,观察组患者出现活动受限情况(0.00%)明显低于对照组(30.00%);观察组患者疾病恢复优良率(100.00%)明显高于对照组(70.00%),两组差异有统计学意义( $\chi^2 = 35.29, P < 0.05$ )。**结论** 对于中足骨折脱位患者,应用微型双边外固定结合有限内固定对其进行治疗,患者骨折脱位矫正良好,恢复快,感染机会小,极大地减少了骨折脱位带给患者的痛苦,值得在临床上广泛应用。

**【关键词】** 骨折; 脱位; 足; 外固定器; 骨折固定术,内

**基金项目:**浙江省湖州市科技计划项目(2014GY17)

## The clinical effect of limited internal fixation combined with miniature double side external fixing support in the treatment of midfoot fracture dislocation Luo Jianmin.

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**【Abstract】** **Objective** To explore the clinical effect of limited internal fixation combined with miniature double side external fixing support in the treatment of midfoot fracture dislocation. **Methods** From March 2010 to March 2015, 200 patients of midfoot fracture dislocation in our hospital were randomly divided into the control group and the observation group according to random figure table, 100 cases in each group. The patients of the observation group were given limited internal fixation combined with miniature double side external fixing support treatment, and the patients of the control group were treated with conventional therapy. The clinical effects of the two groups were observed and compared. **Results** The operation time and wound healing time of the observation group [( $67.46 \pm 4.53$ ) min, ( $8.37 \pm 3.43$ ) weeks] were significantly shorter than those of the control group [( $113.25 \pm 5.63$ ) min, ( $16.44 \pm 5.63$ ) weeks] ( $t = 8.37, 12.24$ , all  $P < 0.05$ ). After different surgical treatment, the incidence rate of limited activity of the observation group (0.00%) was significantly lower than 30.00% of the control group. The disease recovery excellent rate of the observation group (100.00%) was significantly higher than that of the control group (70.00%), and the difference was statistically significant ( $\chi^2 = 35.29, P < 0.05$ ). **Conclusion** For midfoot fracture dislocation patients, limited internal fixation combined with miniature double side external fixing support treatment is very good to patients, which can correct fracture and dislocation, fast recovery, decrease infection opportunity, greatly reduce the patients' pain, it is worthy of widely used in clinic.

**【Key words】** Fractures, bone; Dislocations; Foot; External fixators; Fracture fixation, internal

**Fund Program:** Project of Huzhou Municipal Science and Technology Bureau (2014GY17)

# 尿微量白蛋白阴性 2 型糖尿病患者血清 肿瘤坏死因子受体水平与肾功能 损害程度相关性分析

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**【摘要】** 目的 探讨尿微量白蛋白阴性 2 型糖尿病(T2DM)患者肿瘤坏死因子受体 1(TNFR1)、TNFR2 含量与肾功能损害程度的关系。**方法** 将 90 例尿微量白蛋白阴性(24 h 尿白蛋白排泄率  $< 20 \mu\text{g}/\text{min}$ ) T2DM 患者按肾小球滤过率(eGFR)水平分为三组,eGFR  $> 90 \text{ mL} \cdot \text{min}^{-1} \cdot (1.72 \text{ m}^2)^{-1}$ 、eGFR  $60-90 \text{ mL} \cdot \text{min}^{-1} \cdot (1.72 \text{ m}^2)^{-1}$ 和 eGFR  $< 60 \text{ mL} \cdot \text{min}^{-1} \cdot (1.72 \text{ m}^2)^{-1}$ 各 30 例,测定血清 TNFR1、TNFR2 水平,同时记录相关临床指标,进行统计学分析。**结果** 尿微量白蛋白阴性 T2DM 患者血清 TNFR1、TNFR2 水平与 eGFR 呈负相关关系( $r = -0.428$ 、 $-0.335$ ,均  $P < 0.05$ ),与血肌酐(Scr)呈正相关( $r = 0.476$ 、 $0.225$ ,均  $P < 0.05$ )。同时病程、尿素氮(BUN)、Scr、血清胱抑素 C(CysC)、 $\alpha_1$  微球蛋白( $\alpha_1$ -MG)、 $\beta_2$  微球蛋白( $\beta_2$ -MG)随肾功能损害程度加重而升高,各组间差异均有统计学意义( $F = 3.758$ 、 $5.851$ 、 $71.738$ 、 $25.751$ 、 $7.530$ 、 $13.735$ ,均  $P < 0.05$ )。Logistic 回归分析显示,TNFRs 是尿微量白蛋白阴性 T2DM 患者肾功能损伤的独立危险因素( $OR = 2.009$ 、 $1.143$ ,均  $P < 0.05$ )。**结论** TNFRs 可能参与尿微量白蛋白阴性 T2DM 患者肾损伤的发生、发展,可在一定程度上反映这些患者的肾功能损伤程度,或可作为一项常规监测糖尿病肾损伤的指标。

**【关键词】** 糖尿病,2 型; 糖尿病肾病; 受体,肿瘤坏死因子, I 型; 受体,肿瘤坏死因子, II 型

**基金项目:**山西省大同市科技攻关项目(2014100-4)

## Correlation of serum TNFR level with renal function injury in patients with T2DM and normal albumin excretion Shi Zhongyue, Wang Guiying.

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**【Abstract】 Objective** To discuss the correlation of serum TNFR level with renal function injury in patients with type 2 diabetes mellitus (T2DM) and normal albumin excretion. **Methods** 90 T2DM patients with normal albumin excretion (24h urine albumin excretion rate  $< 20 \mu\text{g}/\text{min}$ ) were divided into three groups according to the estimated glomerular filtration rate level: eGFR  $> 90 \text{ mL} \cdot \text{min}^{-1} \cdot (1.72 \text{ m}^2)^{-1}$ , eGFR  $60 - 90 \text{ mL} \cdot \text{min}^{-1} \cdot (1.72 \text{ m}^2)^{-1}$  and eGFR  $< 60 \text{ mL} \cdot \text{min}^{-1} \cdot (1.72 \text{ m}^2)^{-1}$ , 30 cases in each group. The serum TNFRs level and related clinical data were measured and analyzed statistically. **Results** The levels of serum TNFR1, TNFR2 were negatively correlated with eGFR ( $r = -0.428$ ,  $-0.335$ , all  $P < 0.05$ ), and positively correlated with Scr ( $r = 0.476$ ,  $0.225$ , all  $P < 0.05$ ) in patients with T2DM and normal albumin excretion. The course of disease and the levels of BUN, Scr, CysC,  $\alpha_1$ -MG,  $\beta_2$ -MG were increased as the degree of renal function injury. All these index had statistically significant differences in three groups ( $F = 3.758$ ,  $5.851$ ,  $71.738$ ,  $25.751$ ,  $7.530$ ,  $13.735$ , all  $P < 0.05$ ). Logistic regression analysis showed that the levels of serum TNFR1, TNFR2 were independent risk factors for renal impairment in patients with T2DM and normal albumin excretion ( $OR = 2.009$ ,  $1.143$ , all  $P < 0.05$ ). **Conclusion** TNFRs may be involved in the development and progression of renal impairment, and may become a new conventional indicator for DN because of reflecting the degree of renal function injury in some extent in T2DM patients with normal albumin excretion.

**【Key words】** Diabetes mellitus, type 2; Diabetic nephropathies; Receptors, tumor necrosis factor, type I; Receptors, tumor necrosis factor, type II

**Fund Program:** Key Science and Technology Research Projects of Datong, Shanxi province (2014100-4)



# 脾多肽注射液对严重脓毒症患者免疫功能的影响

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**【摘要】 目的** 观察脾多肽注射液对 ICU 严重脓毒症患者免疫调节作用的影响。**方法** 选择 40 例严重脓毒症患者,经患者知情同意后随机分成两组,治疗组 20 例患者在使用抗生素时联合应用脾多肽注射液治疗,对照组 20 例患者不接受脾多肽注射液治疗,其余常规治疗两组基本相同。患者入院后进行血培养 + 药敏试验,评估两组患者治疗前与治疗第 3、7 和第 10 天时的序贯器官衰竭(SOFA)评分,留取各时间点外周血送检验科,监测白细胞(WBC)、中性粒细胞比率(NEU%)、降钙素原(PCT)、超敏 C 反应蛋白(hs-CRP)、白细胞介素-6(IL-6)、T 淋巴细胞总数( $CD_3^+$ )及亚群数( $CD_4^+$ 、 $CD_8^+$ 、 $CD_4^+/CD_8^+$ )的动态变化,同时观察有无药物不良事件发生。**结果** 脾多肽治疗 7 d 后,治疗组 SOFA 评分为( $3.48 \pm 1.83$ )分,较治疗前的( $5.56 \pm 2.03$ )分明显下降,且治疗组 SOFA 评分下降的程度与对照组相比,差异有统计学意义( $t = 2.793, P < 0.05$ );脾多肽治疗 10 d 后治疗组 SOFA 评分下降程度明显优于对照组( $t = 4.4019, P < 0.01$ );在炎症指标的改善程度方面,两组较治疗前均有改善,但脾多肽治疗组改善程度明显优于对照组,IL-6 在脾多肽治疗第 7 天时为( $37.61 \pm 7.51$ )mg/L,对照组为( $50.49 \pm 7.68$ )mg/L,两组差异有统计学意义( $t = 1.969, P < 0.01$ );对照组的中性粒细胞比率无明显改善;在改善机体免疫指标方面,脾多肽治疗组的  $CD_3^+$ 、 $CD_4^+$  和  $CD_4^+/CD_8^+$  治疗 3 d 后较治疗前明显升高[治疗前:( $41.27 \pm 6.91$ )%、( $19.65 \pm 5.29$ )% 和 ( $0.96 \pm 0.42$ );治疗后:( $46.57 \pm 7.11$ )%、( $24.99 \pm 7.70$ )% 和 ( $1.27 \pm 0.39$ )],  $CD_8^+$  明显降低[治疗前:( $25.62 \pm 5.18$ )%, 治疗后( $23.51 \pm 3.19$ )%],在改善时间和程度上均优于对照组( $t = 1.390, t = 1.407, t = 3.974$  和  $t = 2.081$ , 均  $P < 0.05$ ),治疗组改善机体免疫状态的疗效优于对照组;未观察到脾多肽注射液的严重药物不良事件。**结论** 脾多肽注射液作为免疫调节剂,可有效改善 ICU 内严重脓毒症患者的免疫功能。

**【关键词】** 脓毒症; 脾多肽注射液; 严重脓毒症; 免疫功能

**基金项目:**安徽省第二人民医院三新项目(2014102sx23)

## Effect of lineal polypeptide injection on the regulation of immune function of severe sepsis patients

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**【Abstract】 Objective** To investigate the effect of lineal polypeptide injection on immune function of severe sepsis patients in ICU. **Methods** 40 severe sepsis patients in ICU were randomly divided into two groups after signed the consent form; the treatment group (20 cases) and the control group (20 cases). On the 1st day of antibiotic therapy, the patients in the treatment group were simultaneously treated with lineal polypeptide intravenous injection, while the patients in the control group received the same routine treatment, but without lineal polypeptide injection, all with a 10 days treatment course. Blood bacteria culture and drug sensitivity test were completed after entering the hospital. The scores of Sequential Organ Failure Assessment (SOFA) before treatment and at day 3, 7 and 10 of therapy were evaluated. The peripheral blood of patients was taken and send to the clinical laboratory. The WBC, NEU%, PCT, hs-CRP, IL-6, total T lymphocytes ( $CD_3^+$ ) and T lymphocyte subgroup ( $CD_4^+$ ,  $CD_8^+$ ,  $CD_4^+/CD_8^+$ ) were detected in both the treatment group and the control group. Adverse drug events were also detected in the process of therapy. **Results** Compared with before treatment [ $(5.56 \pm 2.03)$  points], after 7 days of lineal polypeptide therapy, the SOFA score of the treatment group [ $(3.48 \pm 1.83)$  points] decreased significantly ( $t = 2.793, P < 0.05$ ), and after

10 days therapy, the descending degree in the treatment group was more significantly and declined earlier than the control group ( $t = 4.401, P < 0.01$ ). In the aspect of improving the inflammatory markers, two groups were all improved after therapy, but the degree of improvement in the treatment group was better than the control group. After 7 days therapy, IL-6 level was  $(37.61 \pm 7.51)$  mg/L in the treatment group, while  $(50.49 \pm 7.68)$  mg/L in the control group ( $t = 1.969, P < 0.01$ ), and the improvement of NEU% was not found in control group. In the aspect of improving the immune function, the  $CD_3^+$ ,  $CD_4^+$ ,  $CD_4^+/CD_8^+$  ratios were increased significantly [before therapy:  $(41.27 \pm 6.91)\%$ ,  $(19.65 \pm 5.29)\%$  and  $(0.96 \pm 0.42)$ ; after 3 days therapy:  $(46.57 \pm 7.11)\%$ ,  $(24.99 \pm 7.70)\%$ ,  $(1.27 \pm 0.39)$ ], and  $CD_8^+$  [before therapy:  $(25.62 \pm 5.18)\%$ , after 3 days therapy:  $(23.51 \pm 3.19)\%$ ] was decreased dramatically after 3 days of lineal polypeptide injection treatment, there was significant improvement in time and degree in the treatment group compared with the control group ( $t = 1.390, t = 1.407, t = 3.974, t = 2.081$ , all  $P < 0.05$ ). No severe adverse drug events were found. **Conclusion** As an immune modulator, lineal polypeptide injection could effectively improve the immune function of severe sepsis patients in ICU.

**【Key words】** Sepsis; Lineal polypeptide injection; Severe sepsis; Immune function

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# 全膝关节置换术后患肢不同体位 对术后出血的影响

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**【摘要】** 目的 观察全膝关节置换术后患肢不同体位对术后出血的影响,为临床诊疗提供依据。方法 选取全膝关节置换术患者 270 例,采用数字表法将患者随机分为 I 组、II 组和 III 组,每组 90 例。I 组患者患肢髋关节和膝关节均伸直;II 组髋关节抬高 45°,膝关节屈曲 70°;III 组髋关节抬高 45°,膝关节伸直。术后均干预 12 h,均放置引流袋 24 h。比较三组引流量、手术前后血红蛋白及术后 5 d 膝关节活动度。结果 术后 I 组引流量为(433.4 ± 25.3) mL,显著多于 II 组和 III 组的(402.6 ± 19.6) mL 和(403.5 ± 21.5) mL,差异均有统计学意义( $t = 5.253, 5.301$ , 均  $P < 0.05$ ), II 组和 III 组引流量差异无统计学意义( $P > 0.05$ );术后三组血红蛋白分别为(92.3 ± 4.2) g/L、(114.9 ± 6.4) g/L 和(113.2 ± 7.5) g/L,均明显降低,与术前比较差异均有统计学意义( $t = 5.083, 6.034, 7.893$ , 均  $P < 0.05$ );术后 I 组血红蛋白显著低于 II 组和 III 组( $t = 6.423, 7.043$ , 均  $P < 0.05$ ), II 组和 III 组血红蛋白比较差异无统计学意义( $P > 0.05$ );术后 5 d 三组膝关节活动度比较差异无统计学意义( $P > 0.05$ )。结论 髋关节屈曲能有效减少全膝关节置换术后出血,膝关节屈曲与伸直对术后出血无明显影响。

**【关键词】** 关节成形术,置换,膝; 术后出血; 体位

**基金项目:**浙江省绍兴市公益性技术应用研究计划(2013B70086)

**Effect of total knee arthroplasty after limb position on postoperative hemorrhage** Shen Wensheng, Ren Zhiwei, Shao Jin, Li Dansheng, Pan Luping, Lou Jie.

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**【Abstract】 Objective** To study the effect of total knee arthroplasty after limb position on postoperative hemorrhage, to provide basis for clinical diagnosis and treatment. **Methods** 270 cases of total knee arthroplasty were selected. The patients were divided into group I, group II and group III according to the random number table method, 90 cases in each group. Patients of group I with limb hip and knee were straight, group II hip joint elevation of 45 degrees, 70 degrees of knee flexion, group III hip joint elevation of 45 degrees, the knee extension. All the patients were intervened for 12h after operation, were placed drainage bag 24 hours. The lead flow, preoperative, postoperative hemoglobin and 5 days after the knee joint activity were compared in the three groups. **Results** Induced flow after surgery in group I was (433.4 ± 25.3) mL, which was significantly higher than (402.6 ± 19.6) mL and (403.5 ± 21.5) mL in group II and group III, and the differences were statistically significant ( $t = 5.253, 5.301$ , all  $P < 0.05$ ), there was no significant difference of induced flow between group II and group III ( $P > 0.05$ ). The hemoglobin levels of the three groups were (92.3 ± 4.2) g/L, (114.9 ± 6.4) g/L and (113.2 ± 7.5) g/L, which were significantly decreased after operation, the differences were statistically significant compared with before operation ( $t = 5.083, 6.034, 7.893$ , all  $P < 0.05$ ), the hemoglobin after surgery of group I was significantly lower than group II and group III, the differences were statistically significant ( $t = 6.423, 7.043$ , all  $P < 0.05$ ), there was no significant difference between group II and group III ( $P > 0.05$ ). There was no significant difference of range of motion in the three groups after 5 days of operation ( $P > 0.05$ ). **Conclusion** Hip flexion can effectively reduce bleeding after total knee arthroplasty, the flexion and extension of knee joint had no significant effect on postoperative hemorrhage.

**【Key words】** Arthroplasty, replacement, knee; Postoperative hemorrhage; Position

**Fund Program:** Zhejiang province Shaoxing City public welfare Technology Application Research Program (2013B70086)

# 经尿道钬激光切除术治疗成年人单纯性输尿管口囊肿的疗效观察

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**【摘要】** **目的** 探讨经尿道钬激光切除术治疗成年人输尿管口囊肿的临床疗效及可行性。**方法** 回顾性分析 22 例成年输尿管口囊肿患者的临床资料,均采用经尿道膀胱镜下钬激光切除术治疗输尿管口囊肿,近端保留足够的囊壁组织约 1/3。避免切除过多囊壁组织,造成输尿管膀胱反流、肾盂积水。**结果** 22 例术后病理检查:输尿管口囊肿。住院时间 6~12 d,平均 8 d。20 例患者获随访,2 例失访。随访时间为 12~26 个月,平均 17 个月。20 例患者术后随访均显示尿液分析无异常。泌尿系彩超显示患者肾积水消失 5 例,肾积水改善 15 例,无肾积水加重患者。膀胱镜检查显示输尿管口愈合光滑,囊肿无复发,排尿性膀胱尿道造影显示无膀胱输尿管反流。**结论** 经尿道膀胱镜下钬激光切除术治疗输尿管口囊肿,具有操作简便、器械要求低、安全可靠的优点,尤其对于广大基层医院,值得进一步临床推广。

**【关键词】** 输尿管口囊肿; 钬激光; 经尿道; 膀胱镜

**Transurethral holmium laser resection for adult ureterocele** Wang Shaoliang, Xu Youming, Wang Shulong, Li Fang, Chen Kan.

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**【Abstract】** **Objective** To explore the curative effect and security of transurethral holmium laser resection for adult ureterocele. **Methods** 22 cases with adult ureterocele were retrospectively studied. Eight adult ureterocele cases were male and 14 cases were female. The mean age was 36.5 years (ranged from 20 to 67 years). All of the patients were unilateral onset, 15 cases on the left side and 7 cases on the right side. The mean course of the disease was 31 months (ranged from 15d to 12 years). The clinical presentations were varied. All 22 cases were treated by transurethral holmium laser resection. About one-third of cyst wall were left in order to avoid vesicoureteral reflux and hydronephrosis. **Results** All 22 cases succeeded uneventfully. The pathologic study confirmed that 22 cases were ureterocele. The mean hospital stay was 8 days (ranged from 6 to 12 days). Mean follow-up time was 17 months (12-26 months), while 2 cases were lost. All 20 cases urine analysis was normal. Five patients showed no hydronephrosis, while 10 cases showed less hydronephrosis. Cystoscopy showed all 20 cases ureteral healing was smooth, and none showed recurrence of ureterocele. Voiding cystourethrography showed none of vesicoureteral reflux. **Conclusion** Transurethral holmium laser resection would be a good choice for adult ureterocele, because the treatment has the advantages of simple operation, low requirement of equipment, safety and reliability. Especially for the primary level hospital, transurethral holmium laser resection is worth further clinical promotion.

**【Key words】** Ureterocele; Holmium laser; Transurethral; Cystoscope

# 流式细胞术在急性白血病细胞凋亡及预后判断中的应用

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**【摘要】 目的** 探讨流式细胞术(FCM)在急性白血病患者细胞凋亡及预后判断中的临床意义。**方法** 采用 FCM 碘化丙啶(PI)DNA 定量染色法检测急性白血病患者 55 例(急性淋巴细胞白血病初治期 20 例、缓解期 25 例,急性非淋巴细胞白血病 10 例)细胞凋亡率及 DNA 周期含量的变化,并与对照组比较。**结果** 急性白血病细胞凋亡百分率(Apo%)在缓解期最高,为 $(26.70 \pm 4.11)\%$ ,初治组为 $(10.23 \pm 1.05)\%$ ,缓解期与初治期组及对照组差异均有统计学意义( $t=3.970, 2.341$ , 均  $P < 0.05$ );白血病患者 DNA 指数(DI 值)、异倍体(AN 率)、S 期细胞百分比(SPF)值分别为 $(2.03 \pm 0.66)$ 、40%、 $(15.68 \pm 2.17)$ ,均显著性增高。**结论** 急性白血病患者存在 DNA 含量的异常,凋亡量、SPF 等指标对预后判断有一定的参考价值。

**【关键词】** 细胞凋亡; 流式细胞术; 白血病; 预后

## Application of flow cytometry in the judgment of apoptosis and prognosis in patients with acute leukemia

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**【Abstract】 Objective** To investigate the clinical significance of flow cytometry(FCM) in cell apoptosis and prognosis in patients with acute leukemia. **Methods** FCM propidium iodide(PI) DNA quantitative stain was used in 55 patients with acute leukemia(acute lymphoblastic leukemia treatment in 20 cases, alleviating period of 25 cases, 10 cases of acute non lymphocytic leukemia) to detect cell apoptosis and DNA cycle content changes, and compared with the control group. **Results** Acute leukemia cell apoptosis percentage Apo% in remission period was the highest, and it was  $(26.70 \pm 4.11)\%$ , which of the initial treatment group was  $(10.23 \pm 1.05)\%$ , remission with early treatment group and control group, the differences were statistically significant( $t=3.970, 2.341$ , all  $P < 0.05$ ). Leukemia DNA index(DI), aneuploid(AN rate), S phase cell percentage(SPF) value were  $(2.03 \pm 0.66)$ , 40% and  $(15.68 \pm 2.17)$  respectively, which were significantly increased. **Conclusion** The content of DNA in patients with acute leukemia is abnormal, the amount of apoptosis, SPF and other indicators have certain reference value for the prognosis of patients with acute leukemia.

**【Key words】** Apoptosis; Flow cytometry; Leukemia; Prognosis

# 恩替卡韦与拉米夫定联合阿德福韦酯治疗 e 抗原阳性慢性乙型肝炎疗效比较

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**【摘要】 目的** 比较恩替卡韦与拉米夫定联合阿德福韦酯治疗 e 抗原阳性慢性乙型肝炎患者的疗效。**方法** 将 72 例 e 抗原阳性慢性乙型肝炎患者采用数字表法分随机为 I 组 36 例和 II 组 36 例, I 组采用恩替卡韦治疗, II 组采用阿德福韦酯和拉米夫定治疗, 两组均治疗 24 个月, 比较两组治疗后 6 个月、12 个月、24 个月 HBV-DNA 转阴率、ALT 复常率、HBeAg 转阴率、HBsAg 转阴率、HBeAg 与 HBeAb 转换率。**结果** 两组治疗后 6 个月、12 个月、24 个月的 HBV-DNA 转阴率、HBeAg 转阴率、HbeAg 及 HBeAb 转换率差异均无统计学意义, 但 I 组治疗后 6 个月、12 个月 ALT 复常率分别为 52.78%、83.33%, 明显高于 II 组的 27.78%、38.89%, 差异均有统计学意义 ( $\chi^2 = 4.677, 14.961$ , 均  $P < 0.05$ )。I 组治疗后 6 个月、12 个月、24 个月总应答率分别为 47.22%、77.78%、88.89%, II 组分别为 44.44%、72.22%、83.33%, 两组差异均无统计学意义 (均  $P > 0.05$ )。**结论** 拉米夫定联合阿德福韦酯对 e 抗原阳性慢性乙型肝炎初治患者的抗病毒疗效与恩替卡韦相似, 均能明显抑制 HBV 复制、改善肝功能, 且安全性均良好, 但恩替卡韦早期 ALT 复常率更高, 应根据临床实际情况选择。

**【关键词】** 肝炎, 乙型, 慢性; 恩替卡韦; 拉米夫定; 阿德福韦酯

## Efficacy of entecavir and lamivudine combined with adefovir dipivoxil in the treatment of e antigen positive chronic hepatitis B Li Jingnan.

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**【Abstract】 Objective** To compare the effect of entecavir and lamivudine combined with adefovir in treatment of patients with e antigen - positive chronic hepatitis B. **Methods** 72 patients with HBeAg positive chronic hepatitis B were randomly divided into group I (36 cases) and group II (36 cases). Group I was treated by grace entecavir, group II was treated with adefovir and lamivudine, two groups were treated for 24 months. The HBV - DNA negative rate, ALT recovery rate, HBeAg seroconversion rate, negative conversion rate of HBsAg, HBeAg and HBeAb conversion rate of the two groups were compared after 6 months, 12 months and 24 months treatment. **Results** After treatment for 6 months, 12 months and 24 months, the HBV - DNA negative rate, HBeAg negative conversion rate, HBeAg and HBeAb rate in the two groups had no statistically significant differences. After 6 months and 12 months treatment, the ALT recovery rates of group I were 52.78%, 83.33%, which were significantly higher than 27.78%, 38.89% of group II, the differences were statistically significant ( $\chi^2 = 4.677, 14.961$ , all  $P < 0.05$ ). The total response rates of 6 months, 12 months and 24 months after treatment were 47.22%, 77.78%, 88.89%, 72.22%, 83.33% and 44.44%, respectively. There were no significant differences between the two groups (all  $P > 0.05$ ). **Conclusion** There is similar effect of entecavir and lamivudine combined with adefovir in treatment of patients with e antigen - positive chronic hepatitis B, which can inhibit HBV replication and improve liver function, and the security was good, but entecavir has better ALT normalization rate at early, the treatment should be selected according to clinical practice.

**【Key words】** Hepatitis B, chronic; Entecavir; Lamivudine; Adefovir

# 肥胖对食管癌手术后早期并发症的影响

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**【摘要】 目的** 探讨肥胖对食管癌手术患者术后早期并发症的影响。**方法** 回顾性分析威海市中心医院 2012 年 8 月至 2015 年 9 月住院行食管癌手术患者的病历资料,共 327 例。按照体质质量指数(BMI)将患者分为四组:消瘦组( $n=75$ )、正常组( $n=120$ )、超重组( $n=103$ )、肥胖组( $n=29$ )。分析肥胖对食管癌手术后早期并发症的影响。**结果** 消瘦组、正常组、超重组、肥胖组手术时间分别为( $257.8 \pm 52.6$ ) min、( $289.3 \pm 48.7$ ) min、( $321.5 \pm 55.9$ ) min、( $367.9 \pm 50.2$ ) min,手术操作时间随着体质指数的增加相应地延长( $F=13.397, P=0.000$ );消瘦组切口感染、脓胸、声音嘶哑、膈疝、术后出血、乳糜漏、肺部并发症发生率分别为 5.3%、1.3%、1.3%、1.3%、2.7%、2.7%、16.0%,正常组分别为 5.0%、1.6%、1.6%、1.3%、1.6%、1.6%、17.5%,超重组分别为 5.8%、1.9%、0.9%、1.9%、1.9%、1.9%、1.9%,肥胖组分别为 10.3%、3.4%、0.0%、3.4%、3.4%、0.0%、13.8%,四组差异均无统计学意义(均  $P>0.05$ );消瘦组心血管并发症、吻合口漏发生率分别为 0.0%、4.0%,正常组分别为 1.9%、5.0%,超重组分别为 6.8%、9.7%,肥胖组分别为 13.8%、17.2%,心血管并发症发生率、术后吻合口漏发生率随 BMI 的增大而增加,四组差异均有统计学意义( $F=1.675, 1.054$ ,均  $P<0.05$ )。**结论** 肥胖可使患者食管癌术后早期并发症发生率增加。但是肥胖不是食管癌手术的禁忌证,但对肥胖患者在围手术期的处理应该更加慎重。

**【关键词】** 肥胖症; 食管肿瘤; 手术后并发症

**Impact of obesity on early postoperative complications of esophageal cancer** Wang Haiwen, Song Tao.

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**【Abstract】 Objective** To investigate the effect of obesity on the early complications after esophageal cancer operation. **Methods** Clinical data of 327 patients who had esophageal cancer operation in our hospital from August 2012 to September 2015 were retrospectively analyzed. The patients were divided into 4 groups: lean group ( $n=75$ ), normal group ( $n=120$ ), overweight group ( $n=103$ ) and obesity group ( $n=29$ ) by body mass index (BMI). The impact of obesity on early complications of esophageal carcinoma after surgery was analyzed. **Results** The operation time of the lean group, normal group, overweight group and obesity group were ( $257.8 \pm 52.6$ ) min, ( $289.3 \pm 48.7$ ) min, ( $321.5 \pm 55.9$ ) min, ( $367.9 \pm 50.2$ ) min respectively. The operation time was increased with the increase of BMI ( $F=13.397, P=0.000$ ). The incidence rates of incision infection, empyema, hoarseness, diaphragmatic hernia, postoperative bleeding, chylous fistula, pulmonary complication were 5.3%, 1.3%, 1.3%, 1.3%, 2.7%, 2.7%, 16.0% in the lean group, 5.0%, 1.6%, 1.6%, 1.3%, 1.6%, 1.6%, 17.5% in the normal group, 5.8%, 1.9%, 0.9%, 1.9%, 1.9%, 1.9%, 1.9% in the overweight group, 10.3%, 3.4%, 0.0%, 3.4%, 3.4%, 0.0%, 13.8% in the obesity group. No significant differences were found about the hospital days, wound infection, empyema, hoarseness, diaphragmatic hernia, operation hemorrhage, chylous fistula, pulmonary complications among the 4 groups (all  $P>0.05$ ). The incidence rates of cardiovascular complications and anastomotic leakage after operation were 0.0%, 4.0% in the lean group, 1.9%, 5.0% in the normal group, 6.8%, 9.7% in the overweight group, 13.8%, 17.2% in the obesity group. The incidence of cardiovascular complications, postoperative anastomotic leakage increased with the increase of BMI. The differences of the four groups were statistically significant ( $F=1.675, 1.054$ , all  $P<0.05$ ). **Conclusion** Obesity can increase the incidence of early postoperative complications in patients with esophageal cancer. But obesity is not a contraindication of surgery for esophageal cancer, but obese patients should be more carefully treated in the perioperative period.

**【Key words】** Obesity; Esophageal neoplasms; Postoperative complications

# 人类白细胞抗原 B27 表达对强直性脊柱炎的诊断价值

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**【摘要】 目的** 探析人类白细胞抗原(HLA)-B27 表达对强直性脊柱炎的诊断价值。**方法** 选择 100 例强直性脊柱炎患者为观察对象(研究组),选择同时期进行健康检查的健康人 100 例为对照组,采用 HLA-B27 磁珠酶素免疫检验试剂套组对研究组进行新鲜全血定性检测,并对分析两组的 HLA-B27 阳性率,以及 HLA-B27 表达对强直性脊柱炎的诊断效果。**结果** 研究组 HLA-B27 阳性率为 73.00%,高于对照组的 9.00%,两组差异有统计学意义( $\chi^2 = 84.66, P < 0.01$ );其中男性患者诊断符合率为 90.91%,高于女性患者的 72.41%,两者差异有统计学意义( $\chi^2 = 4.35, P < 0.05$ )。**结论** HLA-B27 表达对强直性脊柱炎患者的临床诊断具有较高应用价值,可提高强直性脊柱炎患者临床诊断效果。

**【关键词】** HLA 抗原; 脊柱炎,强直性; 诊断

**Clinical value of HLA – B27 antigen expression in the diagnosis of ankylosing spondylitis** Wen Huifang.

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**【Abstract】 Objective** To analyze the diagnostic value of human leukocyte antigen(HLA) – B27 expression for ankylosing spondylitis. **Methods** 100 patients with ankylosing spondylitis were selected as the study group. 100 healthy people were selected as the control group. HLA – B27 beads enzyme immunoassay reagent kits was used to implement qualitative detection of fresh whole blood in the study group, and compared HLA – B27 positive rates of the two groups, as well as the diagnosis value of HLA – B27 antigen expression. **Results** The HLA – B27 positive rate of the study group was 73.00%, which was higher than 9.00% of the control group, the difference was statistically significant ( $\chi^2 = 84.66, P < 0.01$ ). The diagnosis rate of the male patients was 90.91%, which was higher than 72.41% of the female patients, the difference was statistically significant ( $\chi^2 = 4.35, P < 0.05$ ). **Conclusion** HLA – B27 antigen has a high value for clinical diagnosis of ankylosing spondylitis, which is worthy of promotion.

**【Key words】** HLA antigens; Spondylitis, ankylosing; Diagnosis



# 酚妥拉明用于治疗重症 EV71 型手足口病急性肺水肿的临床效果

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**【摘要】** **目的** 观察酚妥拉明治疗重症 EV71 型手足口病急性肺水肿的临床疗效。**方法** 选择 2014 年 1 月至 2015 年 12 月收治的 90 例重症 EV71 型手足口病急性肺水肿患儿作为研究对象, 采用数字表法随机分为观察组和对照组, 每组各 45 例, 所有患儿进行常规的药物及正压通气治疗, 对照组再给予米力农治疗, 5  $\mu\text{g}/\text{kg}$ , 观察组再给予酚妥拉明治疗, 5  $\mu\text{g}/\text{kg}$ , 干预前、72 h 后进行心肌酶谱、肌钙蛋白检测, 分析血气指标及呼吸机参数, 比较呼吸机支持时间及住院时间。**结果** (1) 观察组和对照组治疗后磷酸激酶同工酶 (CK-MB)、磷酸肌酸激酶 (CK)、肌钙蛋白分别为 (17.52  $\pm$  1.33) U/L 和 (28.23  $\pm$  3.89) U/L, (120.42  $\pm$  6.21) U/L 和 (150.86  $\pm$  8.67) U/L, (0.46  $\pm$  0.07)  $\mu\text{g}/\text{L}$  和 (0.96  $\pm$  0.06)  $\mu\text{g}/\text{L}$ , 均较治疗前明显升高 ( $t=5.024$  和 8.455, 9.353 和 14.757, 6.356 和 9.505, 均  $P < 0.01$ ), 但观察组治疗后 CK-MB、CK、肌钙蛋白明显低于对照组 ( $t=5.601, 7.426, 5.829$ , 均  $P < 0.01$ )。 (2) 观察组和对照组干预后 72 h 的  $\text{PaO}_2$  及  $\text{PaCO}_2$  分别为 (80.24  $\pm$  14.35) mmHg 和 (62.30  $\pm$  5.68) mmHg, (39.38  $\pm$  6.08) mmHg 和 (46.10  $\pm$  3.42) mmHg, 均较治疗前明显改善, 差异均有统计学意义 ( $t=11.352$  和 7.204, 7.827 和 5.287, 均  $P < 0.01$ ), 组间干预后  $\text{PaO}_2$  及  $\text{PaCO}_2$  值差异均有统计学意义 ( $t=7.426, 5.829$ , 均  $P < 0.01$ )。两组干预后 72 h 的吸入氧浓度 ( $\text{FiO}_2$ )、气道峰压 (PIP)、呼气末正压 (PEEP) 均较治疗前明显下降, 差异均有统计学意义 ( $t=8.446$  和 6.905, 9.705 和 7.832, 8.605 和 6.889, 均  $P < 0.01$ ), 组间干预后  $\text{FiO}_2$ 、PIP、PEEP 值差异有统计学意义 ( $t=3.461, 5.165, 4.532$ ,  $P < 0.05$  或  $P < 0.01$ )。 (3) 观察组和对照组呼吸机支持时间及住院时间分别为 (3.42  $\pm$  1.61) d 和 (5.06  $\pm$  2.15) d, (15.40  $\pm$  3.62) d 和 (18.62  $\pm$  3.81) d, 差异均有统计学意义 ( $t=3.513, 3.734$ , 均  $P < 0.05$ )。**结论** 酚妥拉明对重症 EV71 型手足口病急性肺水肿的心肺保护作用优于米力农, 有效控制了疾病进展及改善临床预后, 有较好的临床使用价值。

**【关键词】** 手足口病; 肺水肿; 酚妥拉明; 临床研究

## Research of the effect of phentolamine in the treatment of severe hand foot and mouth disease with acute pulmonary edema Feng Yi, Shen Zhenzhen.

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**【Abstract】** **Objective** To observe the effect of phentolamine in the treatment of severe hand foot and mouth disease with acute pulmonary edema. **Methods** 90 children with severe hand foot and mouth disease and acute pulmonary edema from January 2014 to December 2015 in our hospital were selected as the research subjects. All the children were randomly divided into 45 case of the observation group and 45 case of the control group. They were given conventional drug therapy and positive pressure ventilation, the control group was given milrinone, 5  $\mu\text{g}/\text{kg}$ , the observation group was given phentolamine, 5  $\mu\text{g}/\text{kg}$ . The myocardial enzymes and cardiac troponin were detected before intervention and after 72h intervention, the blood gases index and ventilator parameter were analyzed, and the time of ventilator support and hospital stay were compared. **Results** (1) The CK - MB, CK, troponin of the observation group and the control group after treatment were (17.52  $\pm$  1.33) U/L and (28.23  $\pm$  3.89) U/L, (120.42  $\pm$  6.21) U/L and (150.86  $\pm$  8.67) U/L, (0.46  $\pm$  0.07)  $\mu\text{g}/\text{L}$  and (0.96  $\pm$  0.06)  $\mu\text{g}/\text{L}$ , which were significantly higher than before treatment ( $t=5.024$  and 8.455, 9.353 and 14.757, 6.356 and 9.505, all  $P < 0.01$ ), but the CK - MB, CK, troponin of the observation group after treatment were significantly lower than the control group ( $t=5.601, 7.426, 5.829$ , all  $P < 0.01$ ). (2) The  $\text{PaO}_2$  and  $\text{PaCO}_2$  of the intervention group and the control group after 72h intervention were (80.24  $\pm$  14.35) mmHg and (62.30  $\pm$  5.68) mmHg, (39.38  $\pm$  6.08) mmHg and (46.10  $\pm$  3.42) mmHg respectively,

which were significantly improved than before treatment, the differences were statistically significant ( $t = 11.352$  and  $7.204, 7.827$  and  $5.287$ , all  $P < 0.01$ ), there were statistically significant differences between the two groups after the intervention ( $t = 7.426, 5.829$ , all  $P < 0.01$ ). The  $\text{FiO}_2$ , PIP, PEEP of the two groups after treatment were significantly lower than before treatment, the differences were statistically significant ( $t = 8.446$  and  $6.905, 9.705$  and  $7.832, 8.605$  and  $6.889$ , all  $P < 0.01$ ), there were statistically significant differences between the two groups after the intervention ( $t = 3.461, 5.165, 4.532, P < 0.05$  or  $P < 0.01$ ). (3) The time of mechanical ventilation and hospitalization in the observation group and the control group were ( $3.42 \pm 1.61$ ) d and ( $5.06 \pm 2.15$ ) d, ( $15.40 \pm 3.62$ ) d and ( $18.62 \pm 3.81$ ) d, the differences were statistically significant ( $t = 3.513, 3.734$ , all  $P < 0.05$ ). **Conclusion** Phentolamine has better effect than milrinone in the treatment of severe hand foot and mouth disease with acute pulmonary edema, it can control the disease progression and improve clinical outcomes and has better clinical value.

**【Key words】** Foot and mouth disease; Pulmonary edema; Phentolamine; Clinical research

# 颅脑损伤并发进展性出血性损伤的危险因素分析

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**【摘要】 目的** 探讨颅脑损伤并发进展性出血性损伤(PHI)的危险因素。**方法** 回顾性分析 149 例闭合性颅脑损伤患者的临床资料,根据患者是否出现 PHI 分为 PHI 组(42 例)及非 PHI 组(107 例),全部患者入院即行 CT 检查,非 PHI 患者在首次 CT 后 4~8 h 进行常规首次 CT 复查,PHI 组由于临床症状恶化,提前 CT 复查。观察两组首次 CT 与复查 CT 时颅内血肿量的变化情况,比较两组患者首次 CT 表现,入院时症状体征及生化指标,分析 PHI 出现的危险因素。**结果** PHI 组首次 CT、复查 CT 颅内血肿量、两次 CT 颅内血肿增加值明显高于非 PHI 组 [(14.59 ± 4.60) mL 比 (7.28 ± 2.94) mL, (25.92 ± 8.84) mL 比 (8.35 ± 3.41) mL], (10.20 ± 3.45) mL 比 (2.10 ± 0.65) mL], 组间差异均有统计学意义 ( $t = 6.796, 11.894, 9.367$ , 均  $P < 0.05$ )。Logistic 回归分析显示,入院时瞳孔扩大、意识障碍、首次 CT 颅内血肿 > 10 mL 为 PHI 的主要危险因素 ( $P < 0.05$ )。**结论** 闭合性颅脑损伤患者入院时年龄 > 50 岁、瞳孔扩大、意识障碍、首次 CT 显示颅内血肿 > 10 mL 的患者要警惕 PHI 出现。

**【关键词】** 创伤性颅脑损伤; 颅内血肿; 进展性出血性损伤; CT 检查; 危险因素

**Analysis of risk factors of progressive hemorrhagic injury in patients with craniocerebral injury** Chai Hongwei, Sun Qijun, Zhang Yongqiang, Yan Wei, Mao Mingli, Li Yanbin, Wang Shangwu.

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**【Abstract】 Objective** To discuss the risk factors of progressive hemorrhagic injury (PHI) in patients with craniocerebral injury. **Methods** Clinical data of 149 patients with closed craniocerebral injury were retrospectively analyzed, and the patients were divided into PHI group (42 cases) and non-PHI group (107 cases) according to PHI appeared or not. The patients were immediately given CT scan after admitted, the first CT review was given in the non-PHI group within routine 4-8h after first CT scan, and due to deterioration of clinical symptoms, the PHI group was given CT review in advance. The intracranial hematoma volume changes between first CT and first CT review in the two groups were observed, then clinical symptoms, signs, biochemical indicators and CT performance in the two groups were compared, and analyzed risk factors of PHI. **Results** The intracranial hematoma volume showed in CT scan, first CT review and increment volume of the PHI group were significantly higher than the non-PHI group [(14.59 ± 4.60) mL vs. (7.28 ± 2.94) mL, (25.92 ± 8.84) mL vs. (8.35 ± 3.41) mL, (10.20 ± 3.45) mL vs. (2.10 ± 0.65) mL], the differences were significant ( $t = 6.796, 11.894, 9.367$ , all  $P < 0.05$ ). Logistic regression analysis showed that pupil dilation, consciousness disturbance, intracranial hematoma volume > 10mL were major risk factors of PHI ( $P < 0.05$ ). **Conclusion** In closed craniocerebral injury, we should pay more attention on PHI if patients with age > 50 years old, mydriasis, conscious disturbance, intracranial hematoma volume > 10mL in first CT scan.

**【Key words】** Traumatic craniocerebral injury; Intracranial hematoma; Progressive hemorrhagic injury; CT examination; Risk factors

# 进展性脑挫裂伤发生的高危因素及预后分析

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**【摘要】 目的** 研究脑挫裂伤患者发生进展性脑挫裂伤的危险因素,分析脑挫裂伤预后的相关性。**方法** 选择脑挫裂伤患者 128 例,根据 24 h 内再次颅脑 CT 检查结果将患者分为进展组(68 例)和非进展组(60 例)。应用单因素和多因素 Logistic 回归分析分析进展性脑挫裂伤的危险因素,并分析患者预后的相关因素。**结果** 进展组和非进展组患者入院 GCS 评分、损伤部位、脑挫裂伤体积、中线移位、合并颅骨骨折、合并蛛网膜下腔出血、合并硬膜下血肿、合并糖尿病和 D-二聚体水平差异有统计学意义( $\chi^2 = 9.336, P = 0.009$ ;  $\chi^2 = 18.486, P = 0.001$ ;  $t = 2.889, P = 0.000$ ;  $t = 2.684, P = 0.015$ ;  $\chi^2 = 16.164, P = 0.000$ ;  $\chi^2 = 10.824, P = 0.001$ ;  $\chi^2 = 8.667, P = 0.003$ ;  $\chi^2 = 8.667, P = 0.003$ ;  $\chi^2 = 10.824, P = 0.001$ ;  $t = 2.842, P = 0.000$ )。随访 6 个月,进展组病死率为 11.76%,显著高于非进展组的 1.67% ( $\chi^2 = 4.972, P = 0.026$ )。Logistic 回归分析显示,入院 GCS 评分、损伤部位、脑挫裂伤体积、合并蛛网膜下腔出血、合并糖尿病和 D-二聚体水平是脑挫裂伤患者发生进展性脑挫裂伤的危险因素( $OR = 0.128, 1.894, 0.187, 37.324, 42.974, 1.224, P = 0.014, 0.010, 0.028, 0.018, 0.008, 0.042$ , 均  $P < 0.05$ )。经 Logistic 回归分析显示,入院 GCS 评分、损伤部位、脑挫裂伤体积、合并蛛网膜下腔出血和进展性脑挫裂伤是脑挫裂伤预后的影响因素( $OR = 0.133, 1.124, 0.208, 34.321, 41.964, P = 0.018, 0.014, 0.025, 0.018, 0.005$ , 均  $P < 0.05$ )。**结论** 入院 GCS 评分、损伤部位、脑挫裂伤体积、合并蛛网膜下腔出血、合并糖尿病和 D-二聚体水平是脑挫裂伤患者发生进展性脑挫裂伤的危险因素,入院 GCS 评分、损伤部位、脑挫裂伤体积、合并蛛网膜下腔出血和进展性脑挫裂伤是脑挫裂伤预后的影响因素,临床应予以重视。

**【关键词】** 脑挫裂伤; 进展性; 危险因素; 预后

## High risk factors of progressive cerebral contusion and its correlation with prognosis in patients with brain contusion and laceration Pang Yeguang.

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**【Abstract】 Objective** To study the risk factors of progressive cerebral contusion and laceration in patients with brain contusion and laceration, and to analyze the correlation between the prognosis of brain contusion and laceration. **Methods** 128 patients with cerebral contusion and laceration were selected, and the patients were divided into the progress group (68 cases) and the non progress group (60 cases) according to the results of CT examination in 24h. Application of single factor and multiple factor Logistic regression analysis to analyze the risk factors of progressive cerebral contusion and laceration. And analyzed the related factors of the prognosis of patients. **Results** The admission GCS score, site of injury, cerebral contusion and laceration of volume, midline shift, with a skull fracture, complicated with subarachnoid hemorrhage, complicated with subdural hematoma, diabetes mellitus and D dimer level in the progress group and non progress group were significantly different ( $\chi^2 = 9.336, P = 0.009$ ;  $\chi^2 = 18.486, P = 0.001$ ;  $t = 2.889, P = 0.000$ ;  $t = 2.684, P = 0.015$ ;  $\chi^2 = 16.164, P = 0.000$ ;  $\chi^2 = 10.824, P = 0.001$ ;  $\chi^2 = 8.667, P = 0.003$ ;  $\chi^2 = 8.667, P = 0.003$ ;  $\chi^2 = 10.824, P = 0.001$ ;  $t = 2.842, P = 0.000$ ). Patients were followed up for 6 months, the mortality rate of the progress group was 11.76%, which was significantly higher than 1.67% in the non progress group ( $\chi^2 = 4.972, P = 0.026$ ). Logistic regression analysis showed that admission GCS score, injury location, cerebral contusion and laceration of volume, complicated with subarachnoid hemorrhage, diabetes mellitus and D dimer level were risk factors of cerebral contusion and fracture trauma patients occurred in brain contusion and laceration ( $OR = 0.128, 1.894, 0.187, 37.324, 42.974, 1.224, P = 0.014, 0.010, 0.028, 0.018, 0.008, 0.042$ , all  $P < 0.05$ ). Logistic regression analysis showed that the GCS score, the site of injury, the volume of brain contusion, the combination of subarachnoid hemorrhage and progressive brain contusion and laceration of brain contusion and laceration

tion were the prognostic factors ( $OR = 0.133, 1.124, 0.208, 34.321, 41.964, P = 0.018, 0.014, 0.025, 0.018, 0.005, \text{all } P < 0.05$ ). **Conclusion** Admission GCS score, injury location, cerebral contusion and laceration of volume, complicated with subarachnoid hemorrhage, diabetes mellitus and D dimer level are risk factors of cerebral contusion and laceration happened progressive cerebral contusion and laceration, admission GCS score, site of injury, cerebral contusion and laceration of volume, complicated with subarachnoid hemorrhage and progressive cerebral contusion and laceration of brain contusion and laceration of prognostic factors, clinical should pay more attention to it.

**【Key words】** Brain contusion and laceration; Progression; Risk factors; Prognosis

# 鼻腔脱污治疗对长期留置鼻胃管老年患者的临床疗效观察

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**【摘要】** 目的 研究鼻腔脱污治疗对长期留置鼻胃管老年患者临床指标的影响。方法 选择留置鼻胃管老年患者 89 例,采用简单随机化分组方法分为留置鼻胃管鼻腔脱污组和留置鼻胃管常规组。观察两组痰细菌培养阳性率、肺部感染、咽炎、鼻窦炎发生率。结果 留置鼻胃管鼻腔脱污组与留置鼻胃管常规组痰金黄色葡萄球菌阳性率分别为 13.043% (6 例)与 39.535% (17 例),差异有统计学意义( $\chi^2 = 8.139, P = 0.004$ )。留置鼻胃管鼻腔脱污组与留置鼻胃管常规组肺部感染发生率分别为 4.348% (2 例)与 18.605% (8 例),差异有统计意义( $\chi^2 = 4.529, P = 0.033$ )。留置鼻胃管鼻腔脱污组与留置鼻胃管常规组咽炎发生率分别为 10.870% (5 例)与 37.209% (16 例),差异有统计学意义( $\chi^2 = 8.553, P = 0.003$ )。结论 鼻腔脱污可以降低留置鼻胃管老年患者痰细菌培养阳性率、肺部感染发生率和咽炎发生率,值得临床推广。

**【关键词】** 鼻腔脱污; 留置鼻胃管; 并发症; 老年人

**Effect of nasal decontamination on elderly patients with long-term indwelling nasogastric tube** Pan Ying, Wang Bin.

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**【Abstract】 Objective** To study the effect of nasal decontamination on clinical index of elderly patients with long-term indwelling nasogastric tube. **Methods** 89 elderly patients with long-term indwelling nasogastric tube were randomly divided into nasal decontamination group and routine treatment group. The sputum culture positive rate of bacterial and the incidence of pulmonary complications, pharyngitis, sinusitis of the two groups were observed. **Results** Sputum *Staphylococcus aureus* positive rates in the nasal decontamination group and conventional group were 13.043% (6 cases) and 39.535% (17 cases) respectively, the difference was significant ( $\chi^2 = 8.139, P = 0.004$ ). The incidence rates of pulmonary infection in the nasal decontamination group and conventional group were 4.348% (2 cases) and 18.605% (8 cases) respectively, the difference was significant ( $\chi^2 = 4.529, P = 0.033$ ). The incidence rates of pharyngitis in the nasal decontamination group and conventional group were 10.870% (5 cases) and 37.209% (16 cases) respectively, the difference was significant ( $\chi^2 = 8.553, P = 0.003$ ). **Conclusion** Nasal decontamination can decrease the positive rate of sputum bacterial culture, the incidence of pulmonary infection and pharyngitis in elderly patients with long-term indwelling nasogastric tube. For its efficacy and safety, it deserves clinical application.

**【Key words】** Nasal decontamination; Indwelling nasogastric tube; Complication; Aged patients

# 不同手术方式对甲状腺癌患者术后甲状旁腺功能和低钙血症的影响

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**【摘要】 目的** 通过比较不同手术方式对甲状腺癌患者术后甲状旁腺功能和低钙血症的影响,为临床治疗提供依据。**方法** 选择 2009 年 1 月至 2014 年 12 月收治的行甲状腺全切或甲状腺次全切除术的甲状腺癌患者共 120 例,依据手术范围将患者分成 A 组(行甲状腺腺叶+峡部切除+对侧腺叶次全切除)、B 组(行全甲状腺切除术)、C 组(行全甲状腺切除+单侧/双侧颈清扫),分别检测术前、术后 1 d、术后 4 d 患者血清钙、甲状旁腺素(PTH)水平,并观察患者术后是否出现症状性低钙血症。**结果** 与术前比较,三组术后 1 d 和术后 4 d 血 PTH、血钙均显著降低,且 B 组、C 组均低于 A 组,差异均有统计学意义(均  $P < 0.05$ )。术后 C 组低 PTH、低血钙和症状性低钙血症的发生率分别为 70.37%、62.96%、48.15%,明显高于 B 组的 33.33%、33.33%、21.43%和 A 组的 15.69%、25.49%、5.88%,差异均有统计学意义( $\chi^2 = 23.490, 10.984, 22.385$ , 均  $P < 0.05$ )。C 组与 A 组、B 组低 PTH 发生率差异有统计学意义( $\chi^2 = 23.325, P < 0.001$ ;  $\chi^2 = 9.035, P = 0.002$ );C 组与 A 组、B 组低血钙的差异有统计学意义( $\chi^2 = 10.474, P = 0.001$ ;  $\chi^2 = 5.831, P = 0.015$ );C 组与 A 组、B 组症状性低钙血症差异有统计学意义( $\chi^2 = 19.342, P < 0.001$ ;  $\chi^2 = 5.403, P = 0.020$ )。**结论** 不同手术方式均能影响甲状旁腺功能和血钙水平,且该影响随手术范围的变大而增大,值得临床借鉴。

**【关键词】** 甲状腺肿瘤; 甲状旁腺素; 低钙血症; 手术方式

## Effect of different operation methods on parathyroid function and hypocalcemia in postoperative patients with thyroid cancer Cai Dongchen.

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**【Abstract】 Objective** To provide the basis for clinical treatment by compared the effect of different operation methods on parathyroid function and hypocalcemia in postoperative patients with thyroid cancer. **Methods** Selected 120 patients with thyroid cancer who underwent total thyroidectomy or subtotal thyroidectomy from January 2009 to December 2014, and they were divided into A group (underwent thyroid gland lobe + isthmus resection + side lobe subtotal resection), B group (underwent total thyroidectomy) and C group (underwent total thyroidectomy + unilateral/bilateral neck dissection). Then detected the levels of serum calcium and parathyroid hormone (PTH) of all patients before operation, 1d after operation and 4d after operation respectively, and observed the incidence of symptomatic hypocalcemia in the patients after surgery. **Results** Compared with before operation, the serum PTH and serum calcium in three groups 1d, 4d after operation were significantly decreased, and those of B group and C group were lower than A group, the differences were statistically significant (all  $P < 0.05$ ). The incidence rates of low PTH, hypocalcemia and symptomatic hypocalcemia were 70.37%, 62.96%, 48.15% respectively in C group after operation, which were significantly higher than 33.33%, 33.33%, 21.43% in B group and 15.69%, 25.49%, 5.88% in A group, the differences were statistically significant ( $\chi^2 = 23.490, 10.984, 22.385$ , all  $P < 0.05$ ). The difference of incidence of low PTH in C group was significant compared with A group and B group ( $\chi^2 = 23.325, P < 0.001$ ;  $\chi^2 = 9.035, P = 0.002$ ). The difference of incidence of hypocalcemia in C group was significant compared with A group and B group ( $\chi^2 = 10.474, P = 0.001$ ;  $\chi^2 = 5.831, P = 0.015$ ). The difference of incidence of symptomatic hypocalcemia in C group was significant compared with A group and B group ( $\chi^2 = 19.342, P < 0.001$ ;  $\chi^2 = 5.403, P = 0.020$ ). **Conclusion** Different operation methods can affect the parathyroid function and the level of serum calcium, and the effect become larger along with the larger of operation range, which is worthy of clinical reference.

**【Key words】** Thyroid neoplasms; Parathyroid hormone; Hypocalcemia; Operation methods

# 眼底荧光素血管造影在糖尿病视网膜病变患者中的应用效果观察

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**【摘要】** 目的 观察眼底荧光素血管造影(FFA)在糖尿病视网膜病变(DR)患者中的应用效果。方法 回顾分析85例(161只眼)DR患者的临床资料,所有患者均进行FFA检查,分析DR各期分布情况及毛细血管无灌注区(NP)分布情况,探讨糖尿病性黄斑病变(DM)与DR各期的关系。结果 DR各期分布特征I、II、III、IV、V、VI期比例分别为14.29%、44.72%、34.78%、3.11%、3.11%。161只眼视网膜病变共出现NP 69只眼,NP在视网膜不同象限的分布差异有统计学意义( $\chi^2 = 13.931, P < 0.01$ ),以鼻侧出现NP的发生率最高,达81.16%;NP在距视盘不同距离视网膜上的分布差异有统计学意义( $\chi^2 = 68.017, P < 0.01$ ),以中周部出现NP的发生率最高,达84.06%。I、II、III、IV、V期黄斑病变的发生率分别为8.70%、31.94%、58.93%、80.00%、80.00%。DM分期和DR有相关性( $\chi^2 = 26.093, P < 0.01$ )。结论 FFA可为DR严重程度分级和DM变化情况提供依据,DM的发生率、严重程度与DR分级呈正相关,视网膜中周部及鼻侧象限是NP好发及常见发生的部位。

**【关键词】** 糖尿病; 视网膜病变; 眼底荧光素血管造影; 黄斑病变; 毛细血管无灌注区

**Observation of the effect of fundus fluorescein angiography for diabetic retinopathy** Qiu Yingjie.

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**【Abstract】 Objective** To observe the effect of fundus fluorescein angiography(FFA) for diabetic retinopathy (DR). **Methods** FFA results of 85 cases(161 eyes) were retrospectively analyzed. The distribution of DR, the distribution of non-perfusion (NP), the relationship between diabetic maculopathy (DM) and different DR period were studied. **Results** The ratios of I, II, III, IV, V, VI of DR were 14.29%, 44.72%, 34.78%, 3.11%, 3.11%. NP was found in 69 eyes in 161 DR eyes. The occurrence of NP was highest (81.26%) in nasal, there was NP difference in the distribution of the different quadrants ( $\chi^2 = 13.931, P < 0.01$ ), there were NP differences at different distances from the optic disc. The occurrence of NP was highest (84.06%) in midperiphera. The incidence rates of macular degeneration in I, II, III, IV, V, VI of DR were 8.70%, 31.94%, 58.93%, 80.00%, 80.00%. There was correlation between DM and DR ( $\chi^2 = 26.093, P < 0.01$ ). **Conclusion** FFA can provide information for DR severity grading and DM, there were positively correlations between incidence and severity of DM and DR grade, NP was usually occurred at the nasal retina and the midperipheral retina.

**【Key words】** Diabetes; Retinopathy; Fundus fluorescein angiography; Macular degeneration; Capillary non-perfusion area



# 依达拉奉联合巴曲酶治疗急性进展性脑梗死的疗效观察

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**【摘要】 目的** 探讨依达拉奉联合巴曲酶治疗急性进展性脑梗死的疗效及其对神经功能缺损、凝血指标的影响。**方法** 选取急性进展性脑梗死患者 64 例,采用数字表法将患者随机分为观察组、对照组,每组 32 例。对照组给予巴曲酶单独治疗,观察组给予依达拉奉和巴曲酶联合治疗,观察两组临床疗效。**结果** 观察组总有效率为 91.63%,明显高于对照组的 78.13% ( $\chi^2 = 11.274, P < 0.05$ )。观察组治疗后神经功能缺损评分为  $(14.8 \pm 2.9)$  分,明显低于对照组的  $(17.9 \pm 3.3)$  分,两组差异有统计学意义 ( $t = 9.98, P < 0.05$ )。观察组治疗后纤维蛋白原水平为  $(2.9 \pm 0.3)$  g/L,明显低于对照组的  $(3.2 \pm 0.4)$  g/L,两组差异有统计学意义 ( $t = 9.34, P < 0.05$ )。**结论** 依达拉奉和巴曲酶联合治疗急性进展性脑梗死的疗效显著,值得在临床中推广应用。

**【关键词】** 依达拉奉; 巴曲酶; 脑梗死

**Effect of edaravone combined with batroxobin in treatment of acute progressive cerebral infarction** Xu Huijuan, Luo Hong, Dai Jiale.

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**【Abstract】 Objective** To discuss the efficacy of edaravone combined with batroxobin in the treatment of patients with acute progressive infarction, and its influence on neurological deficit and coagulation. **Methods** 64 patients with acute and progressive infarction were selected, they were randomly divided into the control group and the observation group, 32 cases in each group. The patients of the observation group were given edaravone combined with batroxobin, while the patients of the control group were given batroxobin only. **Results** The total effective rate of the observation group was 91.63%, which was obviously higher than 78.13% of the control group ( $\chi^2 = 11.274, P < 0.05$ ). The NDS of the observation group was  $(14.8 \pm 2.9)$  points, which was obviously lower than  $(17.9 \pm 3.3)$  points of the control group ( $t = 9.98, P < 0.05$ ). The level of Fib of the observation group was  $(2.9 \pm 0.3)$  g/L, which was obviously lower than  $(3.2 \pm 0.4)$  g/L of the control group ( $t = 9.34, P < 0.05$ ). **Conclusion** Edaravone combined with batroxobin in the treatment of patients with acute and progressive infarction has significant effect and deserve promotion.

**【Key words】** Edaravone; Batroxobin; Cerebral infarction

# 纳洛酮联合氨茶碱治疗小儿急性呼吸衰竭的临床疗效观察

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**【摘要】** **目的** 观察纳洛酮联合氨茶碱治疗小儿急性呼吸衰竭的临床疗效。**方法** 将 72 例急性呼吸衰竭患儿采用数字表法随机分为研究组和对照组, 其中 36 例的研究组采用纳洛酮联合氨茶碱治疗, 36 例的对照组则采用常规疗法, 并对比两组临床疗效。**结果** 研究组治疗总有效率为 91.67%, 与对照组的 66.67% 相比效果更为显著 ( $\chi^2 = 6.82, P < 0.05$ ); 在各项血气指标的改善效果比较上, 研究组动脉血氧分压为  $(67.51 \pm 4.11)$  mmHg, 高于对照组的  $(61.03 \pm 4.08)$  mmHg, 差异有统计学意义 ( $t = 2.64, P < 0.05$ ); 血氧饱和度为  $(93.55 \pm 8.05)\%$ , 与对照组  $(79.62 \pm 10.22)\%$  相比明显升高, 差异有统计学意义 ( $t = 2.29, P < 0.05$ ); 动脉血二氧化碳分压为  $(69.03 \pm 5.71)$  mmHg, 高于对照组的  $(61.52 \pm 4.09)$  mmHg, 差异有统计学意义 ( $t = 2.22, P < 0.05$ )。研究组不良反应发生率为 2.78%, 低于对照组的 22.22%, 两组差异有统计学意义 ( $\chi^2 = 6.22, P < 0.05$ )。**结论** 纳洛酮联合氨茶碱应用于小儿急性呼吸衰竭的临床治疗, 可获得理想的治疗效果, 不仅能够有效改善患儿的血气指标, 且无明显的不良反应情况, 药物安全性较高, 值得推广。

**【关键词】** 呼吸衰竭; 纳洛酮; 氨茶碱

## Clinical efficacy of naloxone plus aminophylline in the treatment of children with acute respiratory failure

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**【Abstract】 Objective** To observe the clinical efficacy of naloxone plus aminophylline in the treatment of children with acute respiratory failure. **Methods** 72 patients with acute respiratory failure were randomly divided into the study group and the control group. 36 cases in the study group were given naloxone plus aminophylline therapy, 36 cases of the control group received conventional therapy. And the clinical efficacy was compared. **Results** The total effective rate of the study group was 91.67%, which was significantly higher than 66.67% of the control group ( $\chi^2 = 6.82, P < 0.05$ ). In the comparison of the effect of improving blood indicators, arterial blood pressure of the study group was  $(67.51 \pm 4.11)$  mmHg, which was significantly higher than  $(61.03 \pm 4.08)$  mmHg in the control group ( $t = 2.64, P < 0.05$ ). The oxygen saturation of the study group was  $(93.55 \pm 8.05)\%$ , which was significantly higher than  $(79.62 \pm 10.22)\%$  of the control group ( $t = 2.29, P < 0.05$ ). The arterial carbon dioxide partial pressure of the study group was  $(69.03 \pm 5.71)$  mmHg, which was also higher than  $(61.52 \pm 4.09)$  mmHg of the control group ( $t = 2.22, P < 0.05$ ). The incidence rate of adverse reactions of study group was 2.78%, which was lower than 22.22% in the control group ( $\chi^2 = 6.22, P < 0.05$ ). **Conclusion** Naloxone plus aminophylline used in children with acute respiratory failure obtain the desired therapeutic effect, not only can effectively improve blood indicators of children, and without significant adverse reactions, drug safety is high, it is worthy of promoting.

**【Key words】** Respiratory failure; Naloxone; Aminophylline

# 别嘌醇超敏反应综合征 6 例分析

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**【摘要】** **目的** 探讨别嘌醇超敏反应综合征的一般规律和特点,为临床合理用药和不良反应防治提供参考。**方法** 回顾性分析湖州市中心医院 1995 年 1 月至 2015 年 1 月收治的别嘌醇超敏反应综合征 6 例患者的临床资料。**结果** 别嘌醇所致药物超敏反应综合征患者共 6 例,均为男性。患者的临床主要表现以发热、全身性皮疹、肝肾功能损害较为多见;1 例死亡,其他患者经停药对症治疗后均逐步恢复。**结论** 别嘌醇超敏反应综合征常表现为发热、重度皮肤黏膜损害和肝肾功能损害,需及时救治。临床用药时应严格按说明书用药,加强用药监测,以确保用药安全。

**【关键词】** 别嘌醇; 别嘌醇超敏反应; 别嘌醇超敏反应综合征; 中毒性表皮坏死松解症

**Analysis of six cases of allopurinol hypersensitivity syndrome** Song Yingjie.

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**【Abstract】 Objective** To analyze the characteristics of allopurinol hypersensitivity syndrome (AH), and provide reference for clinical rational drug use. **Methods** AH cases induced by oral allopurinol administration were collected by dermatologists from January 1995 to January 2015 in our hospital, and 6 cases of the AH were statistically analyzed. **Results** All cases of AH were male and characterized by skin lesions, fever and damage of liver and kidney function. Although promptly managed, 1 case of AH was mainly systemic damaged and died of multiple organ failure and the rest of those cases recuperated. **Conclusion** AH is an severe complication induced by allopurinol. The clinical medication should be strictly monitored in accordance with the instructions to reduce the incidence of AH and ensure medication safety.

**【Key words】** Allopurinol; Allopurinol hypersensitivity; Allopurinol hypersensitivity syndrome; Toxic epidermal necrolysis

# 非特异性临床症状的急性心肌梗死误诊分析

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**【摘要】 目的** 分析非特异性临床症状的急性心肌梗死(AMI)误诊原因。**方法** 对 32 例非特异性临床症状的 AMI 误诊患者的临床资料进行回顾性分析,分析非特异性临床症状的 AMI 误诊原因。**结果** 32 例 AMI 误诊患者,误诊为消化系统疾病 10 例,心血管系统疾病 6 例,呼吸系统疾病 5 例,耳鼻喉科疾病 1 例,脑血管疾病 4 例,免疫系统疾病 4 例,内分泌系统疾病 1 例,肩周炎 1 例。**结论** 对不典型 AMI 患者的诊断要遵循循证医学,能在最短时间内获得正确地诊断以及最佳的治疗方案和治疗效果。对降低病死率,改善预后尤为重要。

**【关键词】** 心肌梗死; 延误诊断

**Misdiagnosis of acute myocardial infarction with non-specific clinical symptoms** Han Yudong.

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**【Abstract】 Objective** To analyze the causes of misdiagnosis of acute myocardial infarction(AMI) with non-specific clinical symptoms. **Methods** Clinical data of 32 cases of nonspecific clinical symptoms of AMI misdiagnosis were collected retrospectively, and analyzed misdiagnosis reasons of nonspecific clinical symptoms of AMI. **Results** Of 32 AMI patients, 10 cases were misdiagnosed as digestive system disease, 6 cases of cardiovascular system diseases, respiratory diseases in 5 cases, otolaryngology disease in 1 case, 4 cases of cerebrovascular disease, immune system disease in 4 cases, endocrine system disease 1 case, 1 case of periarthritis of shoulder. **Conclusion** The diagnosis of atypical AMI patients should follow evidence-based medicine, it can get the correct diagnosis and the best treatment plan and treatment effect in the shortest time, and to reduce mortality and improve prognosis is particularly important.

**【Key words】** Acute myocardial infarction; Delayed diagnosis

# 优质护理服务在肠造口患者中的应用效果

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**【摘要】** **目的** 探讨优质护理服务在肠造口患者中的应用效果。**方法** 选取 220 例因结直肠肿瘤行肠造口患者作为研究对象,按不同的护理方法不同分为观察组 120 例和对照组 100 例,观察组给予全程优质护理服务,对照组给予常规护理。比较两组患者自我护理能力、心理健康水平、造口并发症、护理满意度。**结果** 观察组和对照组良好自我护理能力、良好心理健康水平、造口并发症、对护理满意度比例分别为 90.0% 和 65.0%,95.0% 和 83.0%,1.6% 和 18.0%,97.5% 和 85.0%,差异均有统计学意义( $\chi^2 = 16.83, 8.77, 18.00, 12.00$ ,均  $P < 0.05$ )。**结论** 肠造口患者应用优质护理服务效果明显,值得推广。

**【关键词】** 肠造口术; 结直肠肿瘤; 护理

**Effect of quality care in patients with colostomies** Dai Qiujun.

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**【Abstract】** **Objective** To explore the effect of quality care in patients with colostomies. **Methods** 120 patients with colostomies were selected as research subjects, all the patients were divided into the observation group (120 cases) and the control group (100 cases) according to different nursing care. The observation group was given full quality care, the control group was given routine care. The self-care, mental health level, stoma complications, satisfaction with care were compared. **Results** The good self-care skills, the good mental health, the stoma complications, the nursing satisfaction in the observation group and the control group were 90.0% and 65.0%, 95.0% and 83.0%, 1.6% and 18.0%, 97.5% and 85.0% respectively, the differences were statistically significant ( $\chi^2 = 16.83, 8.77, 18.00, 12.00$ , all  $P < 0.05$ ). **Conclusion** The quality care has better effect in patients with colostomies, which is worth promoting.

**【Key words】** Enterostomy; Colorectal neoplasms; Nursing

# 活血通脉汤辅助治疗冠心病心绞痛的疗效观察

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**【摘要】 目的** 分析中药活血通脉汤辅助治疗冠心病心绞痛的临床疗效。**方法** 选择冠心病心绞痛患者 60 例为研究对象,将患者采用数字表法随机分为两组,观察组和对照组各 30 例。两组患者均给予常规治疗,同时观察组增加活血通脉汤治疗,对比两组患者的治疗效果。**结果** 经治疗后,观察组总有效率为 93.3%,显著高于对照组的 73.3% ( $\chi^2 = 4.32, P < 0.05$ )。对比两组心电图疗效,观察组总有效率为 83.3%,显著高于对照组的 66.7% ( $\chi^2 = 4.22, P < 0.05$ )。观察组心绞痛治疗 1、3 个疗程发作次数显著比对照组减少,差异均有统计学意义 ( $t = 6.99, 10.82$ , 均  $P < 0.05$ )。**结论** 针对冠心病心绞痛患者给予活血通脉汤辅助治疗,效果显著,比单纯西药治疗效果要好,值得临床推广。

**【关键词】** 冠状动脉疾病; 心绞痛; 活血通脉汤

**Observation of the effect of Huoxue Tongmai decoction in the treatment of coronary heart disease with angina pectoris** Xue Dengli, Gong Xingjun, Li Yanbin.

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**【Abstract】 Objective** To observe the efficacy of Huoxue Tongmai decoction in the treatment of coronary heart disease with angina pectoris. **Methods** 60 coronary heart disease patients with angina pectoris were randomly divided into two groups, 30 cases in each group. The observation group was treated with Huoxue Tongmai decoction concomitant with routine chemical medicine therapy, and the control group was treated with only routine chemical medicine therapy. The total effective rate, reduced angina occurrences after therapy and ECG were observed in both two groups. **Results** After treatment, the total effective rate of the observation group was 93.3%, which was significantly higher than that of the control group ( $\chi^2 = 4.32, P < 0.05$ ). Compared with the two groups of ECG efficacy, the total effective rate of the observation group was 83.3%, which was significantly higher than 66.7% of the control group ( $\chi^2 = 4.22, P < 0.05$ ). After one, three treatment courses, the number of angina attack in the observation group was significantly lower than that in the control group, and the differences were statistically significant ( $t = 6.99, 10.82$ , all  $P < 0.05$ ). **Conclusion** Huoxue Tongmai decoction combined with routine chemistry medicine is more effective than routine chemistry medicine in treating angina.

**【Key words】** Coronary artery disease; Angina; Huoxue Tongmai decoction

# 超声引导下微通道经皮肾镜治疗无积水肾结石

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**【摘要】** **目的** 探讨超声引导下微通道经皮肾镜治疗无积水肾结石的临床疗效。**方法** 回顾性分析 126 例应用超声引导下微通道经皮肾镜治疗无积水肾结石患者的临床资料。输尿管镜到达输尿管上段或肾盂, 插入斑马导丝, 放置输尿管导管, 输血器去掉针头后与输尿管导管末端相连, 外接悬挂高度 100 cm 的 0.9% 氯化钠注射液。在超声引导下穿刺目标肾盏, 建立 16-18 F 大小经皮肾镜通道, 应用输尿管镜代替肾镜行碎石取石术。对手术时间、术中出血量、结石清除率、手术并发症等资料进行分析。**结果** 成功穿刺 124 例患者, 失败 2 例转为开放手术。118 例成功施行 1 期单通道取石, 其中 9 例术后发现结石残留, 再行 2 期手术取石 6 例, 拒绝再次手术 3 例; 6 例因结石负荷较大, 手术时间超过 2 h, 改为 2 期手术取石 4 例, 改为标准通道 2 例。手术时间 30 ~ 150 min, 平均 78 min。一期结石清除率为 87.3%, 总结石清除率 95.2% (118/124)。术后血红蛋白下降程度为  $(16.0 \pm 7.6)$  g/L, 7 例患者术中、术后出血较多, 输血 400 ~ 800 mL, 无 1 例介入栓塞。术后高热 4 例, 感染性休克 1 例, 液气胸 1 例。**结论** 超声引导下微通道经皮肾镜治疗无积水肾结石安全、可行, 是治疗无积水肾结石的首选方法。

**【关键词】** 肾结石; 肾造口术, 经皮; 超声检查

**The clinical efficacy of renal calculi in non-dilated collecting system with micro-channel percutaneous nephrolithotomy under ultrasound guidance** Miao Fachen, Ren Qingqin, Huang Siqiao, Yang Zhiguo, Wang Zhancheng, Li Hu, Zhang Bo.

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**【Abstract】** **Objective** To investigate the micro-channel percutaneous nephrolithotomy under ultrasound guidance in clinical studies of renal calculi in non-dilated collecting system. **Methods** Clinical data of 126 patients with renal calculi in non-dilated collecting system treated by ultrasound-guided percutaneous nephrolithotomy microchannel were retrospectively analyzed. Ureterscopy up to the renal pelvis or ureter segment, zebra guide wire was placed along the guide wire indwelling ureteral catheter end connected to the blood transfusion needle while external saline suspension 100cm. Ultrasound-guided puncture target cup, established 16-18F channel percutaneous nephrolithotomy, ureterscopy downlink percutaneous nephrolithotomy lithotripsy. The clinical data of operation time, stone clearance rate, blood loss, complications were analyzed. **Results** 124 patients with successful puncture, puncture failure in two patients, conversion to open surgery. 118 cases of successful implementation of a single-channel stone, nine cases of postoperative residual stones was found, again two stone surgery in 6 cases, 3 cases refused surgery again; six cases were due to stones larger load, operation time exceeded 2h, to 2 stage of stone surgery in 4 cases, 2 cases changed to standard channel. Operation time was 30-150min, average 78min. A stone clearance rate was 87.3%, summarize stone clearance rate was 95.2% (118/124). Postoperative hemoglobin level decreased to  $(16.0 \pm 7.6)$  g/L, 7 patients with postoperative bleeding more blood transfusion 400-800mL, none embolization. 4 cases of postoperative fever, septic shock in 1 case, 1 case of pneumothorax. **Conclusion** The micro-channel percutaneous nephrolithotomy under ultrasound guidance in the treatment of renal calculi in non-dilated collecting system is safe and feasible, it is the preferred method of treating renal calculi in non-dilated collecting system.

**【Key words】** Kidney calculi; Nephrostomy, percutaneous; Ultrasonography

# 经尿道前列腺等离子剜除术与电切术治疗良性前列腺增生的疗效比较

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**【摘要】** **目的** 比较经尿道前列腺等离子剜除术(TUPKEP)与经尿道前列腺电切术(TURP)治疗良性前列腺增生(BPH)的疗效。**方法** 回顾性分析手术治疗的 BPH 患者的临床资料,按治疗方法不同分为两组,TUPKEP 组 60 例,TURP 组 72 例,比较两种术式的临床效果。**结果** TUPKEP 组手术时间、术中出血量分别为(51.3 ± 5.9) min、(131.7 ± 9.2) mL,均显著优于 TURP 组的(62.5 ± 7.4) min、(174.2 ± 10.5) mL( $t=9.48$ 、24.48,均  $P<0.05$ );TUPKEP 组前列腺切除量[(62.4 ± 7.0)g]明显多于 TURP 组[(45.9 ± 6.1)g],差异有统计学意义( $t=14.47$ , $P<0.05$ );TUPKEP 组术后并发症发生率为 1.7% (1/60),显著低于 TURP 组的 12.5% (9/72),差异有统计学意义( $\chi^2=5.50$ , $P<0.05$ )。TUPKEP 组术后住院日、膀胱冲洗时间、导尿管留置时间分别为(4.3 ± 1.0)d、(1.2 ± 0.5)d、(2.6 ± 0.3)d,均短于 TURP 组的(6.2 ± 0.9)d、(2.3 ± 0.9)d、(4.8 ± 0.2)d,差异均有统计学意义( $t=11.48$ 、8.44、50.27,均  $P<0.05$ );两组手术前后最大尿流率(Qmax)、残余尿量(RUV)、前列腺功能(IPSS)以及生活质量(QOL)均得到明显改善,差异均有统计学意义(TURP 组: $t=2.46$ 、18.49、2.55、4.37,TUPKEP 组: $t=2.88$ 、17.59、2.64、3.94,均  $P<0.05$ );两组患者之间术后 Qmax、RUV、IPSS 评分及 QOL 评分差异均无统计学意义( $t=0.24$ 、0.50、0.56、0.94,均  $P>0.05$ )。**结论** TUPKEP 治疗 BPH 的临床疗效肯定,能解除患者排尿困难症状,提高患者的生活质量,且术后并发症发生率低,值得临床推广。

**【关键词】** 经尿道前列腺切除术; 前列腺增生; 对比研究

**Comparison of the curative effect of transurethral plasma kinetic enucleation of prostate and transurethral resection of prostate on benign prostatic hyperplasia** *Bi Manhua, Guo Zhiwen.*

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**【Abstract】** **Objective** To compare the clinical efficacy between transurethral plasma kinetic enucleation of prostate(TUPKEP) and transurethral resection of prostate(TURP) on benign prostatic hyperplasia(BPH). **Methods** The clinical data of patients with BPH were retrospectively analyzed. The clinical results of 72 cases of TURP and 60 cases of TUPKEP were selected. **Results** The operation time, the amount of bleeding of the TUPKEP group were (51.3 ± 5.9) min, (131.7 ± 9.2) mL, which were significantly better than those of the TURP group [(62.5 ± 7.4) min, (174.2 ± 10.5) mL] ( $t=9.48$ , 24.48, all  $P<0.05$ ). The amount of prostate resection in the TUPKEP group[(62.4 ± 7.0)g] was significantly higher than that in the TURP group[(45.9 ± 6.1)g], the difference was statistically significant( $t=14.47$ ,  $P<0.05$ ). The incidence rate of complication in the TUPKEP group was 1.7% (1/60), which was significantly lower than that of the TURP group 12.5% (9/72), the difference was statistically significant( $\chi^2=5.50$ ,  $P<0.05$ ). The postoperative hospitalization time, bladder irrigation time, catheter indwelling time of the TUPKEP group were (4.3 ± 1.0)d, (1.2 ± 0.5)d, (2.6 ± 0.3)d, which were shorter than those of the TURP group [(6.2 ± 0.9)d, (2.3 ± 0.9)d, (4.8 ± 0.2)d], the differences were statistically significant( $t=11.48$ , 8.44, 50.27, all  $P<0.05$ ). The maximum urinary flow rate(Qmax), residual urine volume(RUV), prostate function(IPSS) and quality of life(QOL) were significantly improved in the two groups before and after operation, the differences were statistically significant(TURP group: $t=2.46$ , 18.49, 2.55, 4.37; TUPKEP group: $t=2.88$ , 17.59, 2.64, 3.94; all  $P<0.05$ ). But there were no significant differences in Qmax, RUV, IPSS score and QOL score between the two groups after surgery( $t=0.24$ , 0.50, 0.56, 0.94, all  $P>0.05$ ). **Conclusion** The clinical efficacy of TUPKEP in the treatment of BPH is positive, it can relieve the symptoms of patients with difficulty in urination, improve the quality of life of patients, and the incidence of postoperative complications is low, it is worthy of clinical application.

**【Key words】** Transurethral resection of prostate; Prostatic hyperplasia; Comparative study



## 孟鲁司特钠联合匹多莫德对小儿毛细支气管炎后喘息反复发作及免疫功能的影响

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**【摘要】 目的** 观察孟鲁司特钠联合匹多莫德对小儿毛细支气管炎后喘息反复发作及免疫功能的影响。**方法** 选择 100 例符合入组标准的毛细支气管炎患儿作为研究对象,采用数字表分随机为观察组 50 例和对照组 50 例,两组均给予常规药物治疗,包括抗感染、扩张支气管、糖皮质激素抗炎、氧疗及支持治疗,对照组患儿再口服孟鲁司特,2.5~4.0 mg/次,每天 1 次,晚上睡前口服,连续服用 8 周;观察组在对照组的基础上再口服匹多莫德,400 mg/次,每天 2 次,连续服用 2 周,2 周后 400 mg/次,每天 1 次,连续服用 8 周。记录症状消失时间、体征消失时间及远期喘息再发情况,干预前后采用流式细胞仪检测 T 淋巴细胞亚群( $CD_3^+$ 、 $CD_4^+$ 、 $CD_8^+$ 、 $CD_4^+/CD_8^+$ ),对比急性期临床疗效的差异。**结果** 观察组和对照组咳嗽消失、喘憋缓解、肺部体征消失时间分别为(5.05±1.15)d 和(6.73±1.52)d,(4.04±1.76)d 和(5.73±2.16)d,(4.01±2.50)d 和(6.76±2.34)d,差异均有统计学意义( $t=4.784$ 、 $5.621$ 、 $5.026$ ,均  $P<0.01$ )。观察组和对照组治疗后  $CD_3^+$ 、 $CD_4^+$ 、 $CD_4^+/CD_8^+$  分别为(69.6±2.5)% 和(60.7±1.6)%,(37.3±2.0)% 和(30.4±2.5)%,(1.62±0.12)和(1.30±0.09),均较治疗前明显升高( $t=7.147$  和  $5.062$ , $8.015$  和  $5.101$ , $6.732$  和  $3.317$ ,均  $P<0.05$ ), $CD_8^+$  分别为(21.1±1.2)% 和(25.4±1.8)%,均较治疗前明显降低( $t=7.963$  和  $4.803$ ,均  $P<0.01$ ),治疗后观察组  $CD_3^+$ 、 $CD_4^+$ 、 $CD_4^+/CD_8^+$  明显高于对照组( $t=3.446$ 、 $3.571$ 、 $3.417$ ,均  $P<0.05$ ), $CD_8^+$  明显低于对照组( $t=3.242$ ,均  $P<0.05$ )。观察组临床总有效率为 94.00%,明显高于对照组的 74.00% ( $\chi^2=8.887$ , $P<0.05$ ),喘息复发率为 4.00%,明显低于对照组的 18.00% ( $\chi^2=5.005$ , $P<0.05$ )。**结论** 孟鲁司特钠联合匹多莫德治疗小儿毛细支气管炎临床疗效确切,能够有效、快速缓解症状及体征,不仅能提高毛细支气管炎急性发作期的临床疗效,同时可降低远期喘息复发率,作用可能与改善免疫状态有关。

**【关键词】** 毛细支气管炎; 喘息; 孟鲁司特钠; 匹多莫德; 免疫功能

**Influence of montelukast combined with pidotimod on recurrent and immune function of asthma in capillary bronchiolitis** Li Rongbin.

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## 主动参与式放尿法在留置尿管患者拔管中的应用

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**【摘要】 目的** 探讨神经外科术后短期留置导尿管患者的膀胱训练方法及最佳拔除策略。**方法** 将 70 例神经外科术后短期留置尿管患者采用随机化原则分为两组,观察组选择间断夹闭导尿管、膀胱功能训练、膀胱充盈时尽早拔除导尿管,对照组采用传统护理方法,开放导尿管直至拔除。**结果** 观察组膀胱功能恢复有效例数和无效例数分别为 33 例和 2 例,对照组膀胱功能恢复有效例数和无效例数分别为 28 例和 7 例,两组差异有统计学意义( $\chi^2 = 6.629, P < 0.05$ )。**结论** 神经外科术后患者选择拔尿管前间断夹闭尿管、膀胱功能训练、膀胱充盈时尽早拔除导尿管的改良方法优于传统开放式方法。

**【关键词】** 主动参与式; 留置尿管

**Application of active participatory method of urine in patients with placing a urinary catheter tube drawing**

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## 头皮针用于经外周静脉置入中心静脉导管中的价值

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**【摘要】 目的** 探讨 9 号头皮针在恶性血液病患者改良赛丁格技术经外周静脉置入中心静脉导管 (PICC) 置管中的应用与效果。**方法** 将 77 例恶性血液病患者采用随机数字表法分为对照组和观察组,对照组 37 例采用改良塞丁格技术穿刺置管,观察组 40 例采用 9 号头皮针代替塞丁格套件中的 20 G 套管针进行穿刺,观察两组患者一次穿刺成功率及相关并发症发生情况。**结果** 改进穿刺方法后,观察组一次穿刺成功率 95.0%,穿刺疼痛感 5%,对照组一次穿刺成功率 75.7%,穿刺疼痛感 27%,两组比较,观察组优于对照组 ( $\chi^2 = 5.862, 7.089$ , 均  $P < 0.05$ ),而两组患者置管相关并发症(出血、静脉炎、静脉血栓)比较差异有统计学意义 ( $\chi^2 = 16.408, P < 0.01$ )。**结论** 在基层医院无条件使用超声引导 PICC 置管时,尤其对血管条件差,血小板低下需长期化疗的恶性血液病患者,应用 9 号头皮针进行穿刺可明显减轻患者的疼痛,降低并发症的发生,值得临床推广应用。

**【关键词】** 头皮针; 血液病; 改良塞丁格技术; 静脉导管置管; 基层医疗机构

**The value of scalp needle for central venous catheter inserted through peripheral vein** Kong Xingmei, Ye Rong, Zhou Lili.

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## 常见革兰阴性菌对头孢哌酮/舒巴坦的耐药性分析

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**【摘要】** 目的 了解临床常见革兰阴性菌对头孢哌酮/舒巴坦的耐药情况。方法 对 2015 年 1~12 月该院分离的 6 种常见革兰阴性菌 2 086 株进行药敏试验,统计其对头孢哌酮/舒巴坦等 10 种常用抗菌药物的耐药率,并与头孢哌酮及美罗培南比较。结果 2 086 株革兰阴性菌对头孢哌酮/舒巴坦的耐药率为 6.2%,对头孢哌酮的耐药率为 30.4%,两者差异有统计学意义( $\chi^2 = 410.254, P < 0.01$ );对美罗培南的耐药率为 11.2%,两者差异有统计学意义( $\chi^2 = 32.717, P < 0.01$ )。结论 头孢哌酮/舒巴坦对临床常见革兰阴性菌具有良好的抗菌活性,疗效优于头孢哌酮,对鲍曼不动杆菌的抗菌活性明显优于美罗培南,是治疗鲍曼不动杆菌感染的理想药物。

**【关键词】** 革兰阴性菌; 头孢哌酮/舒巴坦; 耐药性

**Drug resistance of common gram - negative bacteria to cefoperazone/sulbactam** Gao Jian, Li Zimin, Zhang Teli, Liu Lili, Sun Lijun, Dong Chonghui.

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## 从磁性医院构建标准看产后返岗护士 哺乳期工作环境的研究进展

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**【摘要】** 该研究介绍了磁性医院构建标准。结合此标准,对当前国内产后返岗护士哺乳期工作环境现状进行综述,为实施科学的环境支持,人力资源分配,降低产后返岗的职业倦怠与离职率提供参考。

**【关键词】** 护士; 母乳喂养; 医院; 就业

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**Research progress by the working environment of the nursing period of lactation nurses from the construction standard of magnet hospital** Zheng Ying, Zhao Meng, Zhang Min.

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**【Abstract】** This paper introduces the construction of standard magnet hospital. Combined with the standard, summarizes the current situation of the working environment of postpartum nurses working in China, in order to provide reference for carrying out scientific environmental support, human resource allocation, reducing the job burnout and turnover rate.

**【Key words】** Nurses; Breast feeding; Hospitals; Employment

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## 急性肾损伤的研究进展

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**【摘要】** 急性肾损伤(Acute Kidney Injury, AKI)已成为严重危害人类健康的公共卫生问题,是临床上常见的危重病症,其病因复杂、患病率逐年增高,多合并其他脏器同时损伤的风险,且病死率高,给临床工作带来了巨大的挑战。因此,如何提高对 AKI 的认识,及早发现,及时干预,延缓病情进展,提高生存率,改善预后成为临床工作的关键。近年来,国内外学者对 AKI 的病因学、新型标志物、危险因素、转归预后等进行大量研究,但仍存在许多争议。该研究就目前国内外对 AKI 的研究现状进行综述。

**【关键词】** 急性肾损伤; 诊断; 治疗; 研究进展

**Research progress of acute kidney injury** Liu Xuejiao, Yang Xiaojuan.

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**【Abstract】** Acute kidney injury(AKI) has become the public health problem that harms the human's health, is a common critically illness, characterized by complicated etiology, high prevalence, high risk of combine other organs' injury and high mortality, these become the huge challenge in clinic. Thus, it is valuable in clinic how to improve cognition about AKI, to early detection, to early treatment so that postpone pathogenetic condition, increase survival rate and improve prognosis. In recent years, the researchers have processed vast of reseaches about etiology, new biomarker, risk fator, prognosis, etc. However, these parts are still controversial. This paper summarizes the research progress of AKI.

**【Key words】** Acute kidney injury; Diagnosis; Therapy; Research progress

## 健康教育对重症监护室患者亲属心理压力和行为的影响

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**【摘要】** **目的** 探讨健康教育对重症监护室亲属心理压力和行为的影响,为临床健康教育措施的实施提供参考。**方法** 选取 2013 年 1 月至 2015 年 1 月重症监护室收治的 84 例患者的亲属为研究对象。其中 2014 年 1 月之前入院的 40 例患者亲属为对照组,2014 年 1 月之后入院的 44 例患者亲属为观察组。医护人员根据对照组患者亲属提出的问题做出解答。观察组患者亲属则实行系统的健康教育。采用症状自评量表(SCL-90)在健康教育前后对患者亲属进行评估和比较。**结果** 两组健康教育前 SCL-90 量表评分,差异均无统计学意义(均  $P > 0.05$ );健康教育后,观察组紧张评分为(1.79 ± 0.68)分,恐惧评分为(1.08 ± 0.73)分,焦虑评分为(1.89 ± 0.32)分,急躁评分为(1.85 ± 0.62)分,悲观评分为(1.83 ± 0.59)分,均显著低于健康教育前和对照组健康教育后( $t = 3.11, 2.63, 2.98, 3.45, 2.91, 3.92, 3.65, 3.78, 4.02$ ,均  $P < 0.05$ );而对照组健康教育后的 SCL-90 量表评分结果与健康教育前比较,差异均无统计学意义(均  $P > 0.05$ )。**结论** 重症监护室患者亲属多存在不同程度的不良心理状态,而系统的健康教育可有效减轻患者亲属的心理压力,值得推广应用。

**【关键词】** 健康教育; 重症监护室; 亲属; 心理压力; 行为

**Effect of health education on ICU family psychological pressure and behavior** Shao Qinlan, Miao Xuequn.

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## 新医改模式下医院财务管理信息化的应用

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**【摘要】** 在医院财务管理信息化过程中,了解财务管理信息化进程及需求,总结财务管理信息化存在主要挑战,将为构建一个高效、安全的财务管理信息化提供重要参考。本研究结合实际工作经验,针对当前医院财务管理信息化过程中存在的挑战,总结财务管理信息化模式与对策,对促进医院财务管理信息化具有一定参考意义。

**【关键词】** 卫生保健改革; 财务管理,医院; 医院信息系统

**Application of the information technique in hospital financial management under the reform of medical system** Yao Nannan.

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## 股动脉注射药物治疗下肢血栓闭塞性脉管炎的临床护理分析

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**【摘要】** 目的 总结股动脉注射药物治疗下肢血栓闭塞性脉管炎的疗效及护理经验。方法 选择下肢血栓闭塞性脉管炎患者 261 例,通过股动脉注射药物治疗,在全部诊疗过程中给予施行全面的护理干预,包括给予健康教育以及心理护理措施等。对临床治疗效果以及护理工作满意度进行评价。结果 患者治疗的总有效率为 95.6%,护理工作总体满意度达 94.4%。结论 股动脉注射药物结合全面的护理措施治疗、护理下肢血栓闭塞性脉管炎,临床疗效好,患者满意度高。

**【关键词】** 脉管炎,血栓闭塞性; 股动脉注射; 护理

**Analysis of clinical nursing of lower extremities thromboangiitis obliterans treated with drug injection via femoral artery** Wang Xueyun, Wang Yu, Wang Qingping.

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