

# 中国基层医药®

CHINESE JOURNAL OF PRIMARY MEDICINE AND PHARMACY

半月刊 1994年7月创刊 第23卷 第20期 2016年10月15日出版

**主管**  
中华人民共和国国家卫生和  
计划生育委员会

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**出版**  
中国基层医药杂志社  
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电话(传真):(0554)6665318,6664827  
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**广告经营许可证号**  
3404000000009

**印刷**  
蚌埠光大彩色制印有限公司

**发行**  
范围:公开  
国内:中国邮政集团公司北京报  
刊发行局  
国外:中国国际图书贸易集团  
有限公司  
(北京399信箱,100044)  
代号 SM4777

**订购**  
全国各地邮政局  
邮发代号 82-948

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**定价**  
每期10.00元,全年240.00元

**中国标准连续出版物号**  
ISSN 1008-6706  
CN 34-1190/R

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执行编委 胡世莲 郑芙林 英文审校 黄河胜 责任编辑 徐军 责任排版 常海洋

# 高压球囊扩张导管在良性气道狭窄病变介入治疗中应用的安全性

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.001

**【摘要】 目的** 探讨高压球囊扩张导管在良性气管狭窄病变介入治疗中的安全性及其影响因素。**方法** 收集 39 例良性气管狭窄病变的临床资料,男 17 例,女 22 例,年龄 15~83 岁。全部病例根据临床症状、高分辨 CT(HRCT)三维重建、支气管镜下观察情况,原则是尽量选择略小于目标正常支气管管径大小的球囊导管,平均扩张 1~4 次,1 次球囊扩张时间为 0.5~4 min,扩张压力保持在 3~6 个大气压,最高不超过 8 个大气压。回顾分析疗效及并发症的发生情况。**结果** 完全有效 19 例,基本有效 14 例,完全无效 6 例,总有效率为 84.6% (33/39),并发症发生率为 35.8% (14/39),无死亡病例。**结论** 高压球囊导管扩张技术是呼吸介入治疗中常用的技术手段之一,具有操作简便、即刻疗效显著等特点。但如果应用操作不当,选择病例不正确,术中术者对狭窄病变评估不够准确等,则有可能造成严重并发症的发生和不必要的医源性损伤,值得呼吸介入医师高度关注和继续总结。

**【关键词】** 气管狭窄; 球囊和椭圆囊; 气囊扩张术; 安全

**基金项目:**国家卫生和计划生育委员会公益性卫生行业科研专项项目(201402024)

**Safety of interventional of high pressure balloon expansion catheter applied in benign and malignant airway stenosis lesions treatment** Huang Yihua, Lu Ye, Cui Hui Fang, Chen Xujun, Wu Yiqun, Jin Faguang.

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**【Abstract】 Objective** To explore the security and its influencing factors on benign airway stenosis treated with interventional of high pressure balloon expansion catheter. **Methods** Clinical data of 39 cases of inpatients suffered from benign airway stenosis were chosen. 17 cases were male, and 22 cases were female. The ages of them ranged from 15 to 83 years old. According to the clinical symptoms, HRCT 3D reconstruction, and the results of bronchoscope, all patients were treated with balloon expansion catheter at different criterions. The balloon catheter with size that slightly smaller than the targeted normal bronchial tube was chosen, expansion for average 1-4 times, single balloon expansion time ranged from 0.5 to 4 min, the pressures were kept at 3-6 atmosphere, and the highest pressure did not exceed 8 atmospheric pressure. The efficacy and complications were retrospectively analyzed. **Results** 19 cases were completely effective, 14 cases were basically effective, 6 cases were completely ineffective, and the total effective rate was 84.6% (33/39), the incidence of complications was 35.8% (14/39), moreover, no deaths occurred. **Conclusion** High pressure balloon catheter expansion is one of commonly used technology in breathing interventional treatment; it has the characteristics of easy operation, and immediate curative effect, and so on. But if the improper operation, incorrect selection of the case, or inaccurate evaluation of the stenosis during operation, serious complications and unnecessary iatrogenic injury can be occurred. Therefore, it is worthy of attention and further summarizing by breathing interventional physicians.

**【Key words】** Tracheal stenosis; Saccule and utricule; Balloon dilation; Safety

**Fund Program:** National Health and Family Planning Commission Public welfare and health industry research and special projects(201402024)

# 螺旋 CT 多层扫描结合 $^{99m}\text{Tc}$ -甲氧异丁基异腈亲肿瘤显像在孤立性肺结节病变诊断中的应用

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.002

**【摘要】** **目的** 探讨螺旋 CT 多层扫描结合  $^{99m}\text{Tc}$ -甲氧异丁基异腈亲肿瘤显像( $^{99m}\text{Tc}$ -methoxy isobutyl isonitrile injection, MIBI-SPECT)在孤立性肺结节病变诊断中的应用价值。**方法** 选取 2014 年 7 月至 2015 年 8 月住院治疗的 X 线胸片中出现孤立性肺结节影的患者共 60 例,对其行螺旋 CT 扫描及  $^{99m}\text{Tc}$ -MIBI-SPECT 显像。对比扫描结果与病理检查或手术结果,统计分析得出该方法在鉴别诊断孤立性肺结节中的特异度、灵敏度及准确度。**结果** 单纯螺旋 CT 多层扫描显像的特异度、灵敏度、准确度分别为 73.6%、78.2%、79.3%;单纯  $^{99m}\text{Tc}$ -MIBI-SPECT 显像的特异度、灵敏度、准确度分别为 82.6%、78.2%、79.3%;螺旋 CT 多层扫描结合  $^{99m}\text{Tc}$ -MIBI-SPECT 显像的特异度、灵敏度、准确度为 93.3%、93.2%、93.8%。联合检测准确性明显高于  $^{99m}\text{Tc}$ -MIBI-SPECT 检查( $\chi^2 = 6.783, P = 0.010$ )及单纯 CT 检查( $\chi^2 = 8.012, P = 0.008$ )。**结论** 螺旋 CT 多层扫描结合  $^{99m}\text{Tc}$ -MIBI-SPECT 显像在孤立性肺结节病变诊断中效果较好,优于单独使用任何一种扫描方法,可明显提高孤立性肺结节病变临床检出率,值得于临床中进一步推广使用。

**【关键词】**  $^{99m}\text{Tc}$ -甲氧异丁基异腈; 亲肿瘤显像; 体层摄影术,螺旋 X 线计算机; 肺结节; 诊断  
**基金项目:**浙江省台州市科技计划项目(14SF03)

**Application of multislice CT scan combined with  $^{99m}\text{Tc}$  - MIBI - SPECT in the diagnosis of isolation pulmonary nodule lesions** Li Ying, Xie Jicheng, Wang Zheng.

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**【Abstract】 Objective** To discuss the applied value of multislice CT scan in combination with  $^{99m}\text{Tc}$  - MIBI - SPECT for the diagnosis of isolated pulmonary nodule lesions. **Methods** 60 patients with solitary pulmonary nodules shadow in the X - ray film from July 2014 to August 2015 in our hospital were selected and detected by spiral CT scanning and  $^{99m}\text{Tc}$  - MIBI - SPECT imaging. Scan results and pathological examination or surgery were compared, specificity, sensitivity and accuracy of pulmonary nodules were concluded about the method in the differential diagnosis isolation. **Results** The specificity, sensitivity and accuracy of multislice spiral CT scanning alone were 73.6%, 78.2%, 79.3% respectively; The specificity, sensitivity and accuracy of  $^{99m}\text{Tc}$  - MIBI - SPECT imaging alone, were 82.6%, 78.2%, 79.3% respectively; The specificity, sensitivity and accuracy of multislice CT scan combined with  $^{99m}\text{Tc}$  - MIBI - SPECT imaging were 93.3%, 93.2%, 93.8% respectively. The accuracy of combined detection was significantly higher than that of  $^{99m}\text{Tc}$  - MIBI - SPECT examination ( $\chi^2 = 6.783, P = 0.010$ ) or CT scan ( $\chi^2 = 8.012, P = 0.008$ ). **Conclusion** Multislice CT scanning combined with  $^{99m}\text{Tc}$  - MIBI - SPECT imaging has better effect in diagnosing pulmonary nodule lesions, which is superior to the method alone. The combination method can obviously improve the detection rate of lung nodule lesions, which is, worthy of further promotion.

**【Key words】**  $^{99m}\text{Tc}$  - methoxy isobutyl isonitrile; Tumor avid imaging; Tomography, spiral X - ray machine; Pulmonary nodules; Diagnosis

**Fund Program:** Taizhou, Zhejiang province science and technology plan projects(14SF03)

# 系统化护理干预在重症肺炎患者 护理中的应用效果

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.003

**【摘要】 目的** 探讨系统化护理干预在重症肺炎患者中的应用价值。**方法** 选取重症肺炎患者 100 例,按随机数字表法分为对照组和研究组,每组各 50 例。对照组采用常规护理方法;研究组在常规护理的基础上以采用系统化护理干预方法。比较两组患者的心理状态、住院时间、机械通气时间、并发症发生率、对护理的满意度、治疗依从性。**结果** 研究组护理前后 SAS 评分为(56.67 ± 5.99)分、(38.92 ± 5.31)分,差异有统计学意义( $t=9.235, P<0.05$ )。研究组护理前后 SDS 评分为(62.58 ± 6.14)分、(41.15 ± 5.26)分,差异有统计学意义( $t=8.623, P<0.05$ );研究组住院时间、机械通气时间、并发症发生率、治疗依从性、对护理的满意度分别为(32.9 ± 6.6)d、(8.21 ± 1.29)d、6.00%、86.00%、74.00%,均明显优于对照组的(45.1 ± 10.2)d、(13.56 ± 1.77)d、16.00%、52.00%、48.00%,差异均有统计学意义( $t=5.254, 3.829, \chi^2=5.236, 8.292, 8.1561$ , 均  $P<0.05$ )。**结论** 系统化护理干预不但可以改善患者心理状况、而且提高患者的治疗效果,值得在临床工作广泛推广。

**【关键词】** 肺炎; 焦虑; 抑郁; 护理

**基金项目:**浙江省苍南县科技计划项目(2015S17)

**Applicated effect of systematic nursing intervention in patients with severe pneumonia** Wang Lijun, Yu Chongna, Li Zhen.

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**【Abstract】 Objective** To discuss the applicated value of systematic nursing intervention in patients with severe pneumonia. **Methods** 100 patients with severe pneumonia were randomly divided into the study group and the control group, 50 cases in each group. The control group was given routine nursing measures. The study group received systematic nursing intervention on the basis of routine nursing measures. The hospitalization time, satisfaction degree, treatment compliance and mentality were observed. **Results** The SAS scores of the study group before and after nursing were (56.67 ± 5.99) points and (38.92 ± 5.31) points, there was statistically significant differences between before and after treatment ( $t=9.235, P<0.05$ ). The SDS scores of the study group before and after nursing were (62.58 ± 6.14) points and (41.15 ± 5.26) points, there was statistically significant difference ( $t=8.623, P<0.05$ ). The hospitalization time, satisfaction degree and treatment compliance of the study group were (32.9 ± 6.6) days, (8.21 ± 1.29) days, 6.00%, 86.00%, 74.00%, which were significantly lower than (45.1 ± 10.2) days, (13.56 ± 1.77) days, 16.00%, 52.00%, 48.00% of the control group ( $t=5.254, 3.829, \chi^2=5.236, 8.292, 8.1561$ , all  $P<0.05$ ). **Conclusion** Hsystematic nursing intervention can significantly improve the postoperative anxiety and depression, and improve the quality of life of patients with severe pneumonia.

**【Key words】** Pneumonia; Anxiety; Depression; Nursing

**Fund Program:** Science and Technology Project of Cangnan County of Zhejiang Province(2015S17)

# 18 氟-脱氧葡萄糖 PET/CT 显像 对子宫颈癌的诊断价值

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DOI: 10.3760/cma.j.issn.1008-6706.2016.20.004

**【摘要】** **目的** 探讨 18 氟-脱氧葡萄糖(18F-FDG)PET/CT 显像在初发子宫颈癌及子宫颈癌复发转移中的诊断价值。**方法** 回顾性调查 2013 年 4 月至 2015 年 4 月于潍坊市人民医院妇科就诊的子宫颈癌患者的彩超、HPV、TCT 及部分 CT、MRI 及血清鳞状细胞癌相关抗原(SCC-Ag)结果,并与 18F-FDG PET/CT 结果进行对比分析,最终诊断依据病理结果。**结果** 67 例患者中,22 例最终确诊为初发子宫颈癌,22 例为子宫颈癌复发转移。18F-FDG PET/CT 确诊为子宫颈癌及复发转移的为 41 例,占 94.0%,18F-FDG PET/CT 未诊断出子宫颈癌及复发转移的为 3 例,占 6.0%。在初发的 22 个病例中,18F-FDG PET/CT 未诊断出的为 1 例,占 4.2%,而综合辅助检查未诊断出 4 例,占 16.7%;在复发转移的 22 个病例中,18F-FDG PET/CT 未诊断出的为 2 例,占 7.0%,均为腺癌,而综合辅助检查未诊断出 13 例,占 30.2%。**结论** 18F-FDG PET/CT 显像较余辅助检查对于子宫颈癌早期诊断及复发转移诊断有重要价值,值得推广应用。

**【关键词】** 子宫颈癌; 肿瘤转移; 诊断; X 射线计算机体层扫描; 18 氟-脱氧

**基金项目:**山东省潍坊市科学技术发展计划项目(20121198)

**The diagnostic value of 18F - FDG PET/CT in cervical cancer** Zhou Xiao, Liu Xin, Wang Li.

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**【Abstract】** **Objective** To assess the clinical value of 18F - FDG PET/CT in the diagnosis of primary, suspected recurrent and metastatic cervical cancer. **Methods** The results of 67 women who were suspected suffering from cervical cancer had undergone Color dopplar ultrasound, HPV, TCT, some of them do CT, MRI and SCC - Ag examination from April 2013 to April 2015 were retrospectively analyzed. Their 18F - FDG PET/CT images with the other test results were compared. The presence or absence of tumor was confirmed by histopathology. **Results** In the 67 patients, 22 cases were finally diagnosed as primary cervical tumors, and 22 cases of recurrent and metastatic cervical tumors. In all the patients with cervical cancer, 18F - FDG PET/CT found a total of 41 cases, which had contributed to the diagnosis in 94.0%, But 3 cases had not been found. For the detection of primary cervical tumors, 18F - FDG PET/CT was diagnostically wrong in 4.2%, For the detection of recurrent and metastatic cervical tumors, 18F - FDG PET/CT was diagnostically wrong in 7.0%, and 2 cervical adenocarcinoma patients were not diagnosed by 18F - FDG PET/CT. **Conclusion** The study showed a significantly higher sensitivity of 18F - FDG PET/CT for the detection of primary, recurrent and metastatic cervical cancer than the other auxiliary examination. 18F - FDG PET/CT for the diagnosis of cervical cancer can be worth popularization.

**【Key words】** Cervical cancer; Tumor metastasis; Diagnosis; Computed tomography; 18F - Fluorodeoxy glucose

**Fund Program:** The Science and Technology Development Plan of Weifang City, Shandong province (20121198)

# ICU 医师床旁超声诊断外伤性血腹的临床价值

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.005

**【摘要】 目的** 探讨 ICU 医师床旁应用超声在外伤性血腹快速诊断中的价值及应用方案,评价床旁超声在治疗决策中的优势。**方法** 选取 2015 年 6 月至 2016 年 5 月 ICU 收治的 60 例外伤性血腹患者为研究对象,患者由经过专业培训的 ICU 医师进行床旁超声检查,比较床旁超声与腹部 CT、腹部 X 线平片对外伤性血腹的检出率,并比较床旁超声、腹部 CT、腹部 X 线平片以及超声科医师超声检查诊断的时间。**结果** 床旁超声对血腹的检出率与腹部 CT 比较差异无统计学意义( $P > 0.05$ );床旁超声对血腹的检出率高于腹部 X 线平片,差异有统计学意义( $\chi^2 = 73.346, P < 0.01$ );床旁超声获得初步诊断的耗时为( $4.37 \pm 2.1$ )min,明显低于超声科医师的检查( $13.86 \pm 5.6$ )min、腹部 CT( $22.13 \pm 6.9$ )min 和腹部 X 线平片( $28.19 \pm 7.32$ )min,差异均有统计学意义( $t = 14.607, 21.139, 26.338$ , 均  $P < 0.01$ )。**结论** 由专业培训的 ICU 医师进行床旁超声对外伤性血腹患者能作出更准确的诊断,耗时短,更符合急危重症患者的救治要求,对 ICU 外伤性血腹的早期快速诊断和抢救治疗具有重要的临床价值。

**【关键词】** 血腹,外伤性; 床旁超声; 快速诊断; 临床价值

**基金项目:**广东省佛山市医学攻关科技项目(2015AB002043)

## Clinical value of bedside ultrasonography used by ICU doctor in the diagnosis of traumatic hematoecelia

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**【Abstract】 Objective** To explore the value of bedside ultrasound used by ICU doctor in the rapid diagnosis of traumatic abdominal, and to evaluate the advantage of bedside ultrasound in the treatment decision. **Methods** 60 patients with traumatic abdominal blood in our hospital admitted to the ICU were selected. All patients were checked through bedside ultrasonography by physicians with professional training of ICU, bedside ultrasound and abdominal CT and abdominal flat piece of traumatic hematoecelia, and compared the diagnosis of the time of the bedside ultrasound, abdominal CT and abdominal X-ray and ultrasound physician ultrasound examination. **Results** The difference of abdominal blood detection rate between bedside ultrasonography and abdominal computed tomography (CT) had no statistical significance ( $P > 0.05$ ); bedside ultrasonography of abdominal blood detection rate was higher than plain film of the abdomen, the difference was statistically significant ( $\chi^2 = 73.346, P < 0.01$ ); bedside ultrasound received a preliminary diagnosis of time-consuming ( $4.37 \pm 2.1$ )min was significantly lower than that of the examination of ultrasound physicians ( $13.86 \pm 5.6$ )min, abdominal CT ( $22.13 \pm 6.9$ )min and abdominal plain film ( $28.19 \pm 7.32$ )min, the differences were statistically significant ( $t = 3.947, 14.607, 21.139, 26.338$ , all  $P < 0.01$ ). **Conclusion** By the professional training of ICU physicians for bedside ultrasound traumatic blood abdominal patients can make a more accurate diagnosis, time-shorten, more accord with the requirement of treating critically ill patients in ICU, which has important clinical value for trauma abdominal blood in early rapid diagnosis and treatment.

**【Key words】** Blood abdominal, trauma; Bedside ultrasound; Rapid diagnosis; Clinical value

**Fund Program:** Medical Science and technology Project of Foshan, Guangdong Province (2015AB002043)



# 重庆市某医院住院慢性心力衰竭患者 3 320 例回顾性分析

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.006

**【摘要】 目的** 分析某医院住院慢性心力衰竭患者病因种类、心功能分级、心力衰竭相关药物应用情况。**方法** 对重庆市永川区人民医院心内科 2012 年 1 月 1 日至 2015 年 12 月 31 日出院的慢性心力衰竭患者进行统计和回顾性分析。**结果** 回顾出院病历 8 126 份,筛选出符合纳入标准的慢性心力衰竭患者总计 3 320 例,占同期总出院患者的 40.86%;其中冠心病 2 262 例(68.13%)、风心病 353 例(10.63%)、肺心病 265 例(7.98%),占据疾病谱的前三位;NYHA 心功能Ⅲ级以上患者 2 683 例(占 80.81%);利尿剂、地高辛、螺内酯、血管紧张素转化酶抑制剂(ACEI)/血管紧张素Ⅱ受体拮抗剂(ARB)、 $\beta$ 受体阻滞剂的使用率分别为 71.23%、27.23%、70.48%、30.75%、30.78%。统计分析表明:使用过利尿剂与未使用利尿剂患者使用螺内酯的情况比较、患高血压病与未患高血压病患者使用 ACEI/ARB 的情况比较、合并慢性支气管炎与未合并慢性支气管炎患者使用  $\beta$ -受体阻滞剂的情况比较差异均有统计学意义( $\chi^2 = 2.386, 2.727, 61.807$ , 均  $P < 0.001$ )。**结论** 慢性心力衰竭患者在区级医院心内科住院患者中所占比例高,心功能减退显著,药物治疗规范性有待提高。

**【关键词】** 慢性心力衰竭; 心功能; 药物治疗

**基金项目:**重庆市卫生局 2013 年医学科研项目(2013-2-234)

**Retrospective analysis on 3 320 cases of chronic heart failure in a hospital of Chongqing** Yuan Yuelong, Hou Mingying, Xie Hui, Li Wei, Tan Jianchuan, Liu Jing, Xiang Lin, Luo Jianqiong, Hou Yunju, Ding Xianbin, Gu Wei.

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**【Abstract】 Objective** To analyze the causes, cardiac function grading and drug application related to heart failure of the patients with chronic heart failure in Yongchuan district people's hospital. **Methods** The cases of chronic heart failure of department of cardiology in our hospital from January 1st, 2012 to December 31st, 2015 were counted and retrospectively analyzed. **Results** 3 320 cases of chronic heart failure in our hospital chosen from 8 126 medical records accounted for 40.86% of total discharged patients in the same period, including 2 262 cases of coronary disease (68.13%), 353 cases of rheumatic heart disease (10.63%) and 265 cases of pulmonary heart disease (7.98%), who took up the top three in the spectrum of disease; 2 683 cases of NYHA heart function III magnitude accounted for 80.81%; The utilization rate of diuretic, digoxin, spironolactone, angiotensin-converting enzyme inhibitor, angiotensin receptor blocker, beta adrenergic receptor were 71.23%, 27.23%, 70.48%, 30.75%, 30.78% respectively. The statistical analysis showed that the differences were statistically significant between the patients using diuretics and the patients using spiro lactone ( $\chi^2 = 2.386, P < 0.001$ ), the patients with hypertension and the patients with no hypertension using ACEI/ARB ( $\chi^2 = 2.727, P < 0.001$ ), and merged chronic bronchitis patients and the chronic bronchitis patients using beta-blocker ( $\chi^2 = 61.807, P < 0.001$ ). **Conclusion** The patients with chronic heart failure takes up a higher portion among the inpatients in department of cardiology in the district level hospital. The heart function decreases significantly and the normative drug therapy needs to be improved.

**【Key words】** Chronic Heart Failure; Heart Function; Drug Therapy

**Fund Program:** Medical research projects of 2013 of Chongqing Municipal Health Bureau (2013-2-234)

# 慢性尿酸性肾病患者血清趋化因子配体 2 的表达及其临床意义

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.007

**【摘要】 目的** 探讨 C-C 趋化因子配体 2(CCL2)在慢性尿酸性肾病患者中的表达及其在肾损伤中的临床诊断价值。**方法** 选择慢性尿酸性肾损伤患者 29 例(慢性尿酸性肾病组),其中男 23 例,女 6 例,平均年龄( $44.4 \pm 8.8$ )岁。对照组选择 35 例健康体检者,其中男 27 例,女 8 例,平均年龄( $40.6 \pm 7.8$ )岁。抽取研究对象外周血,分离血清及外周血单个核细胞(PBMCs),ELISA 分析血清 CCL2 水平,流式细胞术分析单核细胞( $CD_{45}^+ / CD_{14}^+$ )的表达百分比,全自动生化分析仪分析肝功能、血脂、血糖指标。**结果** 慢性尿酸性肾病组、对照组血清 CCL2 的表达水平分别为  $456.2(202.6 \sim 594.9)$  pg/mL,  $245.0(132.2 \sim 544.5)$  pg/mL,两组差异有统计学意义( $F = 4.915, P = 0.030$ );两组单核细胞表达量分别为  $7.4\%(5.6\% \sim 8.7\%)$ 、 $6.1\%(4.7\% \sim 7.9\%)$ ,两组差异有统计学意义( $F = 8.891, P = 0.004$ )。相关性分析发现,慢性尿酸性肾病组患者血清 CCL2 与单核细胞之间存在正相关关系( $r = 0.535, P = 0.003$ ),同时与尿酸(UA)和肌酐(Cr)呈正相关关系( $r = 0.584, P = 0.001; r = 0.012, P = 0.460$ ),但是与尿素(UN)和视黄醇结合蛋白(RBP)不存在显著相关性( $r = 0.145, P = 0.453; r = 0.746, P = 0.453$ )。**结论** 高尿酸血症可引起患者血清 CCL2 水平升高,并且可能通过趋化单核细胞向炎症部位迁移引起慢性尿酸性肾损伤。

**【关键词】** 高尿酸血症; 肾病; 趋化因子 CCL2; 单核细胞

**基金项目:**江苏省常熟市科技发展计划社会发展项目(CS201417)

**Expression and clinical significance of CCL2 in chronic uric acid nephropathy** Deng Zhengbo, Jiang Tingwang, Qian Jianping.

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**【Abstract】 Objective** To investigate the expression of chemokine ligand 2 (CCL2) in chronic uric acid nephropathy (CUAN) and its diagnostic values in kidney damage. **Methods** 29 patients with CUAN [male 23, female 6, age ( $44.4 \pm 8.8$ ) years old] and 35 health individuals [male 27, female 8, age ( $40.6 \pm 7.8$ ) years old] were involved in this study. Serum and peripheral blood mononuclear cells were isolated from peripheral blood. CCL2 was assayed by ELISA, and  $CD_{45}^+ / CD_{14}^+$  monocytes were analyzed by flow cytometry. Liver & kidney functions, lipids and glucose were detected by automatic biochemistry analyzer. **Results** Serum CCL2 in group of CUAN and health controls were  $456.2(202.6 - 594.9)$  pg/mL and  $245.0(132.2 - 544.5)$  pg/mL, respectively ( $F = 4.915, P = 0.030$ ). Percentages of monocytes in each group were  $7.4\%(5.6\% - 8.7\%)$  and  $6.1\%(4.7\% - 7.9\%)$ , ( $F = 8.891, P = 0.004$ ). Pearson analysis found that levels of CCL2 positively correlated with percentages of monocytes, serum uric acid and creatinine in CUAN group ( $r$  values were 0.535, 0.584 and 0.012;  $P$  values were 0.003, 0.001 and 0.012, respectively), but there was no correlation with urea and retinol binding protein ( $r$  value were 0.145 and 0.746,  $P$  values were 0.453 and 0.453). **Conclusion** Hyperuricaemia may directly contribute to elevate levels of CCL2 and facilitate monocytes release into inflammation part to induce kidney damage.

**【Key words】** Hyperuricemia; Nephrosis; Chemokine CCL2; Monocytes

**Fund Program:** The Development of Science and Technology of Changshu, Jiangsu Province (CS201417)

# 基于“荷包抽吸”及“螺旋式缝合”巨大卵巢囊肿剥除两种手术方式的比较研究

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.008

**【摘要】 目的** 探讨基于“荷包抽吸”及“螺旋式缝合”基础上,开腹小切口与腹腔镜治疗巨大卵巢囊肿的临床价值。**方法** 选取 37 例接受巨大囊肿剥除术患者为研究对象,采用随机数字表法进行分组,其中 18 例接受开腹小切口手术患者为研究组,19 例接受腹腔镜手术患者为对照组,所有患者均接收“荷包抽吸”及“螺旋式缝合”,比较两组患者手术时间、出血量、住院时间、住院费用、术后并发症,并对比两组患者手术前后 CRP、WBC 值。**结果** 研究组手术时间、术中出血量、住院时间及住院费用分别为  $(52.17 \pm 3.02)$  min、 $(30.09 \pm 1.91)$  mL、 $(5.75 \pm 0.98)$  d 及  $(5\ 272.85 \pm 355.21)$  元,对照组分别为  $(72.40 \pm 4.45)$  min、 $(29.71 \pm 0.56)$  mL、 $(5.15 \pm 0.31)$  d 及  $(11\ 825.59 \pm 857.71)$  元,两组术中出血量、住院时间差异均无统计学意义 ( $t = 1.57, 1.19$ , 均  $P > 0.05$ ),但研究组手术时间短于对照组 ( $t = 4.51, P < 0.05$ ),且住院费用研究组要少于对照组 ( $t = 5.24, P < 0.05$ )。**结论** 基于“荷包抽吸”及“螺旋式缝合”基础上,开腹小切口手术具备手术时间短、术后恢复快、住院费用少的特点,值得临床推广。

**【关键词】** 卵巢囊肿; 妇科外科手术; 缝合技术

**基金项目:**浙江省 2015 年度医坛新秀人才专项基金;浙江省嘉兴市科技计划项目(2014AY21032-1, 2014AY21032-7);浙江省嘉兴市 2011 年度生殖与遗传创新团队专项基金

**Comparison of two oophorectomy of surgical procedures based on "placket suction" and "helicism suture"** Zhong Shaoping, Liu Xia.

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**【Abstract】 Objective** To explore the clinical comparative value of little abdominal incision and laparoscopic treatment of large ovarian cysts. **Methods** A total of 31 consecutive cases of large ovarian cysts were analyzed. Two groups were made with the random number table method. Eighteen women with little abdominal incision were served as study group. The corresponding nineteen women with laparoscopic treatment were treated as control group. All the people were treated with "placket suction" and "helicism suture". The operation time, amount of bleeding, hospitalization time, cost of hospitalization and postoperative complications of the two groups were compared, and the levels of C-reactive protein and leukocyte count were also compared. **Results** The operation time, amount of bleeding, hospitalization time and cost of hospitalization in the study group were  $(52.17 \pm 3.02)$  min,  $(30.09 \pm 1.91)$  mL,  $(5.75 \pm 0.98)$  d and  $(5\ 272.85 \pm 355.21)$  yuan respectively, which in the control group were  $(72.40 \pm 4.45)$  min,  $(29.71 \pm 0.56)$  mL,  $(5.15 \pm 0.31)$  d and  $(11\ 825.59 \pm 857.71)$  yuan respectively; There were no statistically significant differences in amount of bleeding and hospitalization time between the two groups ( $t = 1.57, 1.19$ , all  $P > 0.05$ ), but the operation time in the study group was less than that in the control group ( $t = 4.51, P < 0.05$ ), and the same result of the cost of hospitalization was detected in the two groups ( $t = 5.24, P < 0.05$ ). **Conclusion** In the basis of "placket suction" and "helicism suture", little abdominal incision surgery method is worthy of the clinical promotion with shorter operation time, more rapidly postoperative recovery and less hospitalization expense.

**【Key words】** Ovarian cysts; Gynecologic surgical procedures; Suture techniques

**Fund Program:**The rising star talent special fund of medical altar in Zhejiang province in 2015;The science and technology project of Jiaxing city, Zhejiang Province (2014AY21032 - 1, 2014AY21032 - 7);The reproductive and genetic innovation team special fund of Jiaxing city in 2011, Zhejiang Province

# 胸腺五肽联合头孢曲松钠治疗早期梅毒血清固定患者的疗效及护理

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.009

**【摘要】目的** 探讨胸腺五肽联合头孢曲松钠配合临床护理措施治疗早期梅毒血清固定患者的临床效果。**方法** 选取早期梅毒血清固定患者 108 例为研究对象,按照数字表法分为观察组及对照组,每组各 54 例。其中对照组患者行常规青霉素钠联合苄星青霉素配合护理措施治疗,观察组患者行胸腺五肽联合头孢曲松钠配合护理措施治疗,对比观察两组患者治疗前后各项相关指标变化情况。**结果** 治疗后,观察组 IL-2、IL-10 等免疫功能指标改善情况明显优于对照组[IL-2:对照组治疗前(20.8 ± 4.9) μg/L、治疗后(42.7 ± 7.3) μg/L;观察组治疗前(19.8 ± 5.1) μg/L、治疗后(54.6 ± 8.3) μg/L;IL-10:对照组治疗前(76.3 ± 16.1) μg/L、治疗后(51.3 ± 5.4) μg/L;观察组治疗前(78.3 ± 4.1) μg/L、治疗后(23.8 ± 5.1) μg/L],两组治疗后差异均有统计学意义( $t=3.923, 8.832$ , 均  $P < 0.05$ );治疗后,观察组 3、6、12 个月时 RPR 转阴率明显高于对照组,观察组 72.2%、85.2%、96.3%;对照组 53.7%、57.4%、63.0%,差异均有统计学意义( $\chi^2 = 4.932, 11.372, 22.842$ , 均  $P < 0.05$ );观察组治疗后 3、6、12 个月时疗效明显优于对照组,观察组有效率分别为 75.9%、79.6%、75.9%;对照组有效率分别为 72.2%、64.8%、57.4%,两组治疗后 6、12 个月有效率差异均有统计学意义( $\chi^2 = 5.232, 6.183$ , 均  $P < 0.05$ )。**结论** 联合胸腺五肽及头孢曲松钠治疗早期梅毒血清固定可明显改善其免疫学指标,配合护理措施加强患者防范意识,效果较好,值得于临床中进一步推广使用。

**【关键词】** 胸腺五肽; 头孢曲松钠; 早期梅毒; 护理

**基金项目:**黑龙江省卫生计生委科研课题(2013380)

## Efficacy and clinical nursing of thymopentin combined with ceftriaxone on patients with early syphilis serum fixation

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**【Abstract】 Objective** To evaluate efficacy of thymopentin combined with ceftriaxone on patients with early syphilis serum fixation. **Methods** A total of 108 patients with early syphilis serum fixation were chosen and divided into observation group and control group by the number of tables (54 cases in each group). The control group were underwent conventional sodium penicillin with benzathine with nursing treatment, the observation group were treated with ceftriaxone thymopentin combined with nursing treatment, changes in the relevant indicators before and after treatment were observed. **Results** After treatment, IL-2, IL-10 and other indicators in the observation group were improved compared to the control group[IL-2: the control group before treatment (20.8 ± 4.9) μg/L, after treatment (42.7 ± 7.3) μg/L; the observation group before treatment (19.8 ± 5.1) μg/L, after treatment (54.6 ± 8.3) μg/L; IL-10: the control group before treatment (76.3 ± 16.1) μg/L, after treatment (51.3 ± 5.4) μg/L; the observation group before treatment (78.3 ± 4.1) μg/L, after treatment (23.8 ± 5.1) μg/L], the differences of the two groups after treatment were statistically significant ( $t=3.923, 8.832$ , all  $P < 0.05$ ); after treatment, the RPR negative rates of the observation group at 3, 6, 12 months after treatment (72.2%, 85.2%, 96.3%) was significantly higher than those of the control group (53.7%, 57.4%, 63.0%), the differences were statistically significant ( $\chi^2 = 4.932, 11.372, 22.842$ , all  $P < 0.05$ ); the efficacy of the observation group at 3, 6, 12 months after treatment (75.9%, 79.6%, 75.9%) were significantly better than those of the control group (72.2%, 64.8%, 57.4%), the differences were statistically significant ( $\chi^2 = 5.232, 6.183$ , all  $P < 0.05$ ). **Conclusion** Thymopentin combined with ceftriaxone treatment of early syphilis can significantly improve its fixed immunological parameters, which coordinated with nursing measures can strengthen patient care awareness, then the efficacy will be better, so it is worthy of clinical further promotion.

**【Key words】** Thymopentin; Ceftriaxone; Early syphilis; Care

**Fund Program:** Heilongjiang Provincial Health and Family Planning Commission Research Projects(2013380)

# 白脉软膏与巴氯芬治疗脑卒中患者肌痉挛的疗效比较

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.010

**【摘要】** **目的** 比较白脉软膏与巴氯芬改善脑卒中患者肌痉挛的疗效。**方法** 将 84 例伴有肢体痉挛的脑卒中患者按数字表法随机分为白脉软膏组和巴氯芬组, 每组 42 例, 白脉软膏组予痉挛肢体外用白脉软膏, 巴氯芬组予口服巴氯芬片 30~75 mg/d, 两组连续用药 2 周、4 周、8 周后比较两组患者治疗前后的疗效。**结果** 两组治疗前后的痉挛水平、疼痛水平及日常生活能力差异均有统计学意义, 且白脉软膏组治疗后痉挛水平低于巴氯芬组[白脉软膏组在治疗 4 周、8 周后 Ashworth 评分分别为(1.59±0.46)分、(0.89±0.56)分, 巴氯芬组在治疗 4 周、8 周后 Ashworth 评分分别为(1.75±0.64)分、(1.45±0.48)分, 白脉软膏组 Ashworth 评分明显低于巴氯芬组, 差异均有统计学意义( $t=2.916, 3.367$ , 均  $P<0.05$ )], 白脉软膏组治疗后疼痛水平低于巴氯芬组[白脉软膏组在治疗 2 周、4 周、8 周后 VAS 评分分别为(2.72±0.54)分、(2.02±0.24)分、(1.24±0.12)分, 巴氯芬组在治疗 2 周、4 周、8 周后 VAS 评分分别为(3.56±0.44)分、(3.15±0.48)分、(2.58±0.26)分, 白脉软膏组 VAS 评分明显低于巴氯芬组, 差异均有统计学意义( $t=2.975, 3.359, 5.416$ , 均  $P<0.05$ )], 日常生活能力高于巴氯芬组[白脉软膏组在治疗 8 周后 MBI 评分为(64.46±10.78)分, 巴氯芬组在治疗 8 周后 MBI 评分为(50.74±9.18)分, 白脉软膏组 MBI 评分明显高于巴氯芬组, 差异有统计学意义( $t=3.562, P<0.05$ )]。**结论** 白脉软膏在脑卒中患者中的抗痉挛效果优于巴氯芬。

**【关键词】** 白脉软膏; 巴氯芬; 脑卒中; 痉挛

**基金项目:**浙江省嘉兴市科技局计划项目(2015AY23022)

**Comparison of the effects of Baimai ointment and baclofen in stroke patients with spasticity** Li Liang, Tao Linhua, Shi Ming, Ren Yun, Yin Hankui, Wang Yueli, Sun Yan, Lin Sijie.

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**【Abstract】** **Objective** To compare the effects of Baimai ointment and baclofen in stroke patients with spasticity. **Methods** 84 cases accompanied by limb spasticity in stroke patients by digital table were randomly divided into Baimai ointment group and baclofen group, 42 cases in each group. The Baimai ointment group were treated with Baimai ointment on the spastic limbs, the baclofen group received oral baclofen tablets 30-75mg/days for 2 weeks, 4 weeks, 8 weeks. The curative effects of the two groups were compared before and after treatment. **Results** Before and after treatment in the two groups, the levels of spasticity, pain and activities of daily living (ADL) differences were statistically significant and Baimai ointment in the treatment of spasm. After 4 weeks and 8 weeks, the Ashworth score of the Baimai ointment group were (1.59±0.46) points, (0.89±0.56) points, and those of baclofen group were (1.75±0.64) points, (1.45±0.48) points, the differences were statistically significant ( $t$  values were 2.916, 3.367, all  $P<0.05$ ). After 2 weeks, 4 weeks and 8 weeks, the VAS score of the Baimai ointment group were (2.72±0.54) points, (2.02±0.24) points, (1.24±0.12) points, and baclofen group were (3.56±0.44) points, (3.15±0.48) points, (2.58±0.26) points, the differences were statistically significant ( $t$  values were 2.975, 3.359, 5.416, all  $P<0.05$ ), activities of daily living (ADL) was higher than that of the baclofen group. After 8 weeks, the MBI score of the Baimai ointment group was (64.46±10.78) points, and baclofen group was (50.74±9.18) points, the difference was statistically significant between the two groups ( $t$  values was 3.562,  $P<0.05$ ). **Conclusion** Baimai ointment has the better antispasmodic effect than baclofen in patients with stroke.

**【Key words】** Baimai ointment; Baclofen; Stroke; Spasticity

**Fund Program:** Technology bureau of Jiaxing city planning project(2015AY23022)

# 全身弥散加权成像与单光子发射计算机断层扫描成像在骨转移瘤诊断中的应用价值

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.011

**【摘要】** **目的** 通过与单光子发射计算机断层扫描成像(Spect)比较,探讨全身弥散加权成像(Wb-dwi)在骨转移瘤诊断中的应用价值。**方法** 对 20 例骨转移瘤患者进行 Wb-dwi 及 Spect 成像。将骨骼分为六组:颅骨、锁骨、躯干骨、髌骨、上肢骨、下肢骨,Spect 浓聚灶及 Wb-dwi 高信号灶记为阳性病灶数或阳性组,记录两种检查方法发现阳性组的总数及不同组的阳性病灶数。以阳性组总数为单位,并以临床综合诊断结果为标准,分别计算 Wb-dwi 及 Spect 诊断骨转移瘤的敏感性、特异性。**结果** Wb-dwi 探测出阳性组 69 组,总病灶 177 处,各组阳性病灶数分别为 2、1、85、55、22、12 处;Spect 共探测出阳性组 66 组,总病灶 171 处,各组阳性病灶数分别为 4、3、79、47、20、18 处,Spect 诊断敏感性、特异性为 81.1%、80.3%,Wb-dwi 诊断敏感性、特异性为 86.9%、84.3%。两种方法诊断敏感性、特异性的差异无统计学意义。**结论** Wb-dwi 检出较多骨转移瘤病灶,与 Spect 相比有更高的敏感性;此外还可显示原发灶及骨外转移灶。

**【关键词】** 磁共振成像,弥散; 体层摄影术,发射型计算机,单光子; 骨转移瘤

**The application value of Wb - dwi and Spect on diagnosing osseous metastases** Liu Shuai, Wu Lue, Cai Lin.

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**【Abstract】 Objective** To investigate values of Wb - dwi on diagnosis of osseous metastases compared with Spect materials. **Methods** 20 cases with osseous metastases underwent Wb - dwi and Spect. The bones were divided into 6 groups; skull, collarbone, trunk bone, haunch bone, upper limb bone, lower limb bone. the high uptake regions on Spect and high signal on Wb - dwi for positive groups or positive lesions were recorded. Meanwhile, the total numbers of positive groups and positive lesions in different groups were also recorded. Finally, the diagnostic sensitivity and specificity of Wb - dwi and Spect were calculated, which was based on the total numbers of positive groups.

**Results** Wb - dwi showed 69 positive groups, the numbers of positive lesions in each group were 2, 1, 85, 55, 22, 12. Spect showed 66 positive groups, the numbers of positive lesions in each group were 4, 3, 79, 47, 20, 18. The diagnostic sensitivity and specificity on Spect were 81.1%, 80.3%. The diagnostic sensitivity and specificity on Wb - dwi were 86.9%, 84.3%. No statistical difference was assessed between the sensitivity and specificity of two methods.

**Conclusion** Compared with Spect, the Wb - dwi can show more osseous metastasis lesions and has higher sensitivity on diagnosis osseous metastases. In additional, it can demonstrate primary tumors and extraskelatal metastasis lesions.

**【Key words】** Magnetic resonance imaging, diffusion; Tomography, emission - computed, single - photon; Single - photon emission computed tomography

# 主动脉夹层 40 例急诊诊治分析

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.012

**【摘要】 目的** 探讨主动脉夹层(AD)的临床表现、急诊早期诊治特点及误诊原因。**方法** 回顾性分析 40 例主动脉夹层患者临床表现、辅助检查、临床分型、急诊诊断及误诊情况。**结果** 首发症状为剧烈胸痛和/或腰背部疼痛 25 例(62.5%);胸闷、气喘、呼吸困难 4 例(10.0%);不明原因休克和晕倒 4 例(10.0%);腹痛伴腹部不适 4 例(10.0%);肢体麻木无力 1 例(2.5%);咳嗽、发热伴咯血 2 例(5.0%)。同时伴有两侧血压不对称,相差 > 10 mmHg 10 例(25.0%)。辅助检查:心电图检查异常 9 例,表现为急性下壁心肌梗死波形者 3 例(6.6%);急诊胸部 CT 平扫 10 例,急诊核磁共振 10 例,CT 血管造影检查 20 例,床旁超声 9 例。分别误诊为急性冠状动脉综合征 6 例,心功能不全 1 例,重症肺炎 2 例,胰腺炎、胆囊炎、多器官功能不全、肾衰竭各 1 例,急性胃炎 1 例;误诊时间 1~3 d。28 例行覆膜支架治疗,8 例转院手术治疗,其余予保守治疗,死亡 4 例。**结论** 主动脉夹层临床表现复杂多变,病情凶险,提高急诊医师对主动脉夹层的认识,开阔诊断思维,及时进行诊断与鉴别诊断,根据病情合理选择辅助检查,进行相关特异性影像学检查是减少误诊的关键。

**【关键词】** 主动脉疾病; 延误诊断; 早期诊断

**Analysis of diagnosis and treatment for 40 cases with aortic dissection in emergency** Tu Shumin.

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**【Abstract】 Objective** To investigate the clinical manifestations of aortic dissection (AD), the characteristics of early diagnosis and treatment, and the causes of misdiagnosis. **Methods** 40 cases of aortic dissection with clinical manifestations, auxiliary examination, clinical classification, emergency diagnosis and misdiagnosis were retrospectively analyzed. **Results** Initial symptoms were severe chest pain and (or) low back pain in 25 patients; chest tightness, asthma, dyspnea in 4 cases (10.0%); Unexplained shock and collapse in 4 patients (10.0%); abdominal pain with abdominal discomfort in 4 cases (10.0%); 1 case of limb numbness (2.5%); cough, fever and hemoptysis in 2 cases (5.0%). associated with blood pressure on both sides of the asymmetry, a difference of more than 10 mmHg in 10 cases (25.0%). Auxiliary examination: 9 cases of abnormal ECG, 3 cases (6.6%) of the patients with acute inferior myocardial infarction, emergency chest CT scan in 10 cases, 10 cases of emergency nuclear magnetic resonance, CT angiography in 20 cases, 9 cases of bedside ultrasound; Respectively: 6 cases were misdiagnosed as acute coronary syndrome, 1 case of cardiac insufficiency, 2 cases of sever pneumonia, pancreatitis, cholecystitis, multiple organ dysfunction, 1 case of renal failure, acute gastritis in 1 case; musdiagnosis time 1 day to 3 days. 28 cases of covered stent in the treatment, the remaining 8 cases were transferred to surgical treatment and other conservative treatment, 4 cases of death. **Conclusion** Aorta complicated and varied clinical manifestation, dangerous condition, improve the emergency physician of aortic dissection, open diagnostic thinking and timely diagnosis and differential diagnosis, according to the condition of reasonable selection of auxiliary examination, specific imaging examination is the key to reduce the misdiagnosis.

**【Key words】** Aortic diseases; Delayed diagnosis; Early diagnosis

# 卡前列素氨丁三醇注射液联合低位 B-Lynch 缝合术治疗难治性前置胎盘产后出血的临床疗效及安全性评价

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.013

**【摘要】 目的** 探讨卡前列素氨丁三醇注射液联合低位 B-Lynch 缝合术治疗难治性前置胎盘产后出血的临床疗效及安全性。**方法** 将 125 例难治性前置胎盘产后出血患者按照治疗方法分为对照组( $n=62$ )与观察组( $n=63$ ),对照组采用给予缩宫素,并于胎盘剥离面行“8”字间断缝合术;观察组则采用卡前列素氨丁三醇注射液联合低位 B-Lynch 缝合术。比较两组临床疗效、术中出血量、止血时间、术后 2 h 出血量、术后 24 h 出血量、输血率及治疗前后性激素指标水平。**结果** (1)经治疗,对照组临床总有效率为 77.42% (48/62),观察组为 95.24% (60/63),两组疗效差异有统计学意义( $P<0.05$ );(2)观察组术中出血量、止血时间、术后 2 h 出血量、术后 24 h 出血量及输血率分别为(1 608.37 ± 43.01) mL、(8.89 ± 1.09) min、(101.18 ± 8.73) mL、(221.17 ± 20.58) mL 及 4.76%,均显著优于对照组[分别为(1 992.28 ± 55.62) mL、(12.83 ± 1.77) min、(145.49 ± 12.19) mL、(255.54 ± 23.30) mL 及 16.13%]( $t=4.559, 5.128, 3.928, 3.382, \chi^2=5.559$ ,均  $P<0.05$ );(3)两组治疗前后性激素指标( $E_2$ 、FSH 及 LH)水平差异均无统计学意义( $P>0.05$ ),且两组治疗后上述指标水平差异也均无统计学意义( $P>0.05$ );(4)两组治疗过程中,肝肾功能均正常,对照组患者中 3 例出现恶心呕吐症状,观察组有 2 例出现恶心呕吐。**结论** 卡前列素氨丁三醇注射液联合低位 B-Lynch 缝合术治疗 PPH 疗效显著,出血量小,安全性高,应加以推广。

**【关键词】** 前置胎盘; 难治性产后出血; 卡前列素氨丁三醇注射液; 低位 B-Lynch 缝合术; 性激素

## Evaluation of clinical efficacy and safety of carboprost tromethamine injection combined with low B-Lynch suture for intractable postpartum hemorrhage placenta previa Niu Li'na, Li Xiaoqin, Ma Ping.

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**【Abstract】 Objective** To investigate clinical efficacy and safety of carboprost tromethamine injection combined with low B-Lynch suture for intractable postpartum hemorrhage placenta previa. **Methods** 125 cases of intractable postpartum hemorrhage placenta previa were divided into two groups according to treatment ( $n=62$ ) with the observation group ( $n=63$ ), the control group was administered oxytocin, and the line in the placental separation surface "8" interrupted suture; the observation group was used carboprost tromethamine injection combined with low B-Lynch suture. Clinical efficacy, blood loss, bleeding, postoperative bleeding 2h, 24h after blood loss, transfusion rate and index sex hormone levels were compared before and after treatment. **Results** (1) After treatment, total effective rate of the control group and observation group was 77.42% (48/62) and 95.24% (60/63) respectively. There was a statistically significant difference between the two groups ( $P<0.05$ ); (2) Blood loss, bleeding time, 2h after blood loss, blood loss and transfusion rate after 24h in the observation group were (1 608.37 ± 43.01) mL, (8.89 ± 1.09) min, (101.18 ± 8.73) mL, (221.17 ± 20.58) mL and 4.76%, respectively, which were significantly lower than those of the control group [(1 992.28 ± 55.62) mL, (12.83 ± 1.77) min, (145.49 ± 12.19) mL, (255.54 ± 23.30) mL and 16.13%] ( $t=4.559, 5.128, 3.928, 3.382, \chi^2=5.559$ , all  $P<0.05$ ); (3) before and after treatment indicator hormone ( $E_2$ , FSH and LH) levels were not significantly different ( $P>0.05$ ), and after treatment, the index level differences were not statistically significant ( $P>0.05$ ); (4) the two groups during treatment, liver and kidney functions were normal, three cases of the control group and two cases of the observation group occurred nausea and vomiting. **Conclusion** Carboprost tromethamine injection combined with low B-Lynch suture has significant effect, a small amount of bleeding, high security for intractable postpartum hemorrhage placenta previa, which should be promoted.

**【Key words】** Placenta previa; Intractable postpartum hemorrhage; Carboprost tromethamine injection; Lower B-Lynch suture technique; Hormone



# 硫普罗宁与还原性谷胱甘肽对消化道肿瘤化疗后肝功能异常的治疗效果比较

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DOI: 10.3760/ema.j.issn.1008-6706.2016.20.014

**【摘要】 目的** 比较硫普罗宁与还原性谷胱甘肽对消化道肿瘤化疗后肝功能的影响。**方法** 纳入接受化疗后出现肝功能异常的消化道肿瘤患者 122 例, 根据随机数字表法分为治疗组 63 例和对照组 59 例。对照组患者于出现肝损后即给予 1.8 g/d 还原型谷胱甘肽静脉滴注, 连续 7 d。治疗组硫普罗宁 0.2 g/d 静脉滴注, 方法同上, 连续 7 d。比较两组临床疗效, 观察治疗前后两组患者实验室指标变化, 记录治疗期间不良反应发生情况。**结果** 治疗组总有效率 90.48%, 对照组总有效率为 81.35%, 治疗组显著优于对照组 ( $\chi^2 = 7.65$ ,  $P < 0.05$ ); 两组治疗前总胆红素 (TBIL)、丙氨酸氨基转氨酶 (ALT)、天门冬氨酸转移酶 (AST)、碱性磷酸酶 (ALP) 差异均无统计学意义 ( $t = 0.75, 1.23, 0.97, 0.95$ , 均  $P > 0.05$ ); 两组治疗后各指标均显著改善, 治疗组中 ALT、TBIL、AST 和 ALP 的改善情况优于对照组 ( $t = 4.67, 6.13, 4.76, 6.90$ , 均  $P < 0.05$ )。对照组和治疗组在治疗中不良反应发生情况相似, 且未出现严重的不良反应, 差异无统计学意义 ( $\chi^2 = 0.42$ ,  $P > 0.05$ )。**结论** 硫普罗宁相比较还原型谷胱甘肽在治疗消化道肿瘤化疗后肝损伤中, 临床疗效更显著, 且无明显不良反应发生, 临床应用安全可靠。

**【关键词】** 肝功能不全; 抗肿瘤联合化疗方案; 硫普罗宁; 谷胱甘肽

## Comparison of the effects of tiopronin and glutathione on gastrointestinal cancer chemotherapy liver function

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**【Abstract】 Objective** To compare the effects of glutathione and tiopronin in chemo-induced liver injury respectively. **Methods** 122 patients with gastrointestinal cancer who were diagnosed with chemo-induced liver injury were chosen. According to random number table, they were divided into treatment group (63 cases) and control group (59 cases). The control group were given glutathione 1.8g/d intravenously, while the treatment group were given tiopronin 0.2g/d. Both treatments lasted a week. Liver function indexes before/after the treatment were observed respectively, as well as the symptoms of every patient. The adverse drug reactions of both treatments were also observed. **Results** The remission ratio of the treatment group and the control group was 90.48% and 81.35%, respectively, the difference of the two groups was statistically significant ( $\chi^2 = 7.65$ ,  $P < 0.05$ ). The liver function indexes of the two groups before the treatment had no significant differences ( $t = 0.75, 1.23, 0.97, 0.95$ , all  $P > 0.05$ ); after both treatment the indexes were significantly improved, and ALT, TBIL, AST and ALP between the two groups were significantly different ( $t = 4.67, 6.13, 4.76, 6.90$ , all  $P < 0.05$ ). The adverse drug reactions of the two groups had no significant difference ( $\chi^2 = 0.42$ ,  $P > 0.05$ ), and no severe adverse drug reactions were observed in our research. **Conclusion** Tiopronin is more effective in treating chemo-induced liver injury caused by capecitabine/5-FU and oxaliplatin, when compared with glutathione. And no severe adverse drug reaction were observed in our research.

**【Key words】** Hepatic insufficiency; Antineoplastic combined chemotherapy protocols; Tiopronin; Glutathione

# 微创手术治疗中等量基底节区脑出血的临床效果观察

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.015

**【摘要】** **目的** 观察微创手术治疗中等量基底节脑出血的疗效。**方法** 回顾性分析 59 例幕上中等量高血压性基底节区脑血肿(20~30 mL)患者的临床资料,按治疗方法不同分为微创手术治疗组及保守治疗组,比较两组的平均住院天数、住院费用及临床治疗效果。**结果** 微创手术治疗组平均住院天数(14.00±3.26)d,平均住院费用(1.10±0.33)万元,明显低于保守治疗组的(25.00±6.58)d、(1.80±0.56)万元,两组差异均有统计学意义( $t=7.999, 5.768$ , 均  $P<0.01$ )。术后 3 个月随访,根据日常生活能力(ADL)分级法评定,微创手术治疗组术后生活自理能力恢复情况明显优于保守治疗组(12/31 比 25/28)( $\chi^2=16.093, P<0.01$ )。**结论** 对于中等量高血压基底节区脑出血的患者微创手术治疗可以缩短患者的住院时间,减轻患者的经济负担,可以明显改善预后。

**【关键词】** 高血压脑出血; 基底节; 微创治疗; 临床疗效

**Curative effect of minimally invasive surgery for patients with medium volume of hypertensive criatocapsular hemorrhage** Yue Shengkui, Liu Haobo.

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**【Abstract】** **Objective** To observe the mini-invasive treatment for patients with medium volume of hypertensive criatocapsular hemorrhage. **Methods** 59 patients with medium volume of hypertensive criatocapsular hemorrhage(20-30mL) were selected and randomly divided into mini-invasive surgery group and conservative treatment group. Two groups were compared the average length of stay, hospital costs and clinical effect. **Results** The average hospital stay (14±3.26) days and average cost (1.1±0.33) ten thousand yuan of the mini-invasive surgery group was lower than those of the conservative treatment group (25±6.58) days and (1.8±0.56) ten thousand yuan, the differences were statistically significant ( $t=7.999, 5.768$ , all  $P<0.01$ ). After 3 months follow-up, the recovery of self-care ability after operation estimated by ADL scores in the mini-invasive surgery group was significantly better than that in the conservative treatment group(12/31 vs. 25/28,  $\chi^2=16.093, P<0.01$ ). **Conclusion** For patients with medium volume of hypertensive criatocapsular hemorrhage(20-30mL), minimally invasive surgery can shorten hospital stay, reduce the financial burden of patients, and improve the prognosis significantly.

**【Key words】** Hypertensive, cerebral hemorrhage; Basal ganglia; Minimally invasive surgery; Clinic value

# 米非司酮配伍米索前列醇用于高危产妇终止妊娠的临床效果分析

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.016

**【摘要】** **目的** 探讨米非司酮配伍米索前列醇用于高危产妇终止妊娠的临床效果,为临床治疗方案的选择提供参考。**方法** 选取在妇产科就诊,要求终止早期妊娠的高危产妇 182 例,采用随机数字表法分为观察组和对照组各 91 例。对照组按照常规人工流产术终止妊娠,观察组在人工流产术前口服米非司酮片和米索前列醇片。对比两组患者的手术时间、术中出血量以及疼痛程度;对比两组患者的宫颈软化程度以及人工流产术并发症的发生情况。**结果** 观察组的手术时间为 $(2.21 \pm 1.41)$  min,术中出血量为 $(15.29 \pm 4.06)$  mL,均显著短于、少于对照组( $t = 7.122, 8.256$ , 均  $P < 0.05$ );观察组术中疼痛程度分级 I 级的占 58.24%,显著高于对照组的 10.99%,Ⅲ级的占 5.49%,显著低于对照组的 49.45% ( $\chi^2 = 44.887, 44.121$ , 均  $P < 0.05$ ),观察组宫颈充分软化 59 例,充分软化率为 64.84%,对照组宫颈充分软化 41 例,充分软化率为 45.05%。观察组的充分软化率显著高于对照组( $\chi^2 = 7.191, 8.411$ , 均  $P < 0.05$ ),对照组发生子宫穿孔 2 例,发生人工流产综合征 7 例,并发症的发生率为 9.89%,观察组无发生子宫穿孔的病例,1 例发生人工流产综合征,并发症的发生率为 1.10%。观察组人工流产并发症的发生率显著低于对照组( $\chi^2 = 6.772, P < 0.05$ )。**结论** 米非司酮配伍米索前列醇用于高危产妇终止妊娠可显著缩短人工流产术的手术时间,减少术中出血量,减轻患者的疼痛,降低手术并发症的发生率。

**【关键词】** 高危产妇; 终止妊娠; 米非司酮; 米索前列醇

**Clinical effect of mifepristone combined with misoprostol for termination of pregnancy in high risk pregnant women** Shi Lili, Zhou Wuying.

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**【Abstract】** **Objective** To explore the clinical effect of mifepristone combined with misoprostol for termination of pregnancy in high risk pregnant women and provide reference for clinical treatment. **Methods** 182 cases of high-risk maternal were divided into observation group and control group by the random number table method, each group 91 cases. The control group was treated with conventional abortion termination of pregnancy, the observation group was treated with the artificial abortion before oral administration of mifepristone tablets and misoprostol tablets. The operation time, the amount of blood loss, the degree of pain, the degree of cervical softening and the occurrence of complications of induced abortion were compared between the two groups. **Results** The operation time of the observation group was  $(2.21 \pm 1.41)$  min, intraoperative bleeding was  $(15.29 \pm 4.06)$  mL, which were significantly less than those of the control group ( $t = 7.122, 8.256$ , all  $P < 0.05$ ); The pain degree grade I in the observation group was 58.24%, which was significantly higher than that in the control group, grade III accounted for 5.49%, which was significantly lower than the that in the control group ( $\chi^2 = 44.887, 44.121$ , all  $P < 0.05$ ), the observation group of cervical softening full was 59 cases, full softening rate was 64.84% and the control group in the cervical softening full was 41 cases, softening full rate was 45.05%. Fully softening rate in the observation group was significantly higher than that in the control group ( $\chi^2 = 7.191, 8.411, P < 0.05$ ), the control group, the incidence of uterine perforation in 2 cases, the occurrence of artificial abortion syndrome 7 cases, the incidence of complications for 9.89%, the observation group had no uterine perforation occurred, 1 case of artificial abortion syndrome and complications occurred rate was 1.10%. The incidence of complications in the observation group was significantly lower than that in the control group ( $\chi^2 = 6.772, P < 0.05$ ). **Conclusion** Mifepristone combined with misoprostol for high-risk maternal termination of pregnancy could significantly shorten the artificial abortion operation time, reduce intraoperative blood loss, reduce the patient pain, reduce the incidence of complications.

**【Key words】** High risk maternal; Termination of pregnancy; Mifepristone; Misoprostol

# 锁定加压钢板与解剖型钢板内固定治疗 Pilon 骨折的临床对比研究

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.017

**【摘要】 目的** 比较锁定加压钢板与解剖型钢板内固定治疗 Pilon 骨折的临床疗效。**方法** 选取 68 例胫骨 Pilon 骨折患者为研究病例,采用随机数字表法将其分为两组各 34 例,其中观察组采取锁定加压钢板内固定治疗,对照组采取解剖型钢板内固定治疗,比较两组的临床相关指标、治疗效果及并发症发生情况。**结果** 观察组手术时间[(46.46 ± 3.56)min]、切口长度[(5.25 ± 0.75)cm]、术中出血量[(36.77 ± 5.12)mL]、石膏制动时间[(13.23 ± 1.77)d]、骨折愈合时间[(12.42 ± 1.43)周]、术后住院时间[(9.89 ± 1.88)d]均小于或短于对照组的(68.76 ± 4.45)min、(12.78 ± 1.54)cm、(84.75 ± 8.65)mL、(20.30 ± 2.43)d、(18.94 ± 2.30)周、(15.67 ± 2.64)d,差异均有统计学意义( $t=6.834, 9.455, 7.488, 6.591, 7.033, 8.210$ , 均  $P < 0.05$ );观察组治疗优良率为 94.12%,高于对照组的 80.00%,差异有统计学意义( $\chi^2=8.238, P < 0.05$ );观察组术后并发症发生率为 5.88%,低于对照组的 17.65%,差异有统计学意义( $\chi^2=7.657, P < 0.05$ )。**结论** 相比解剖型钢板内固定,锁定加压钢板内固定治疗 Pilon 骨折疗效更好,可缩短骨折愈合时间,降低并发症发生率,且安全可靠,临床应用优势显著。

**【关键词】** 胫骨骨折; 骨折固定术,内; 骨固定钢丝

## Comparative study of anatomic locking compression plate and anatomic plate fixation for Pilon fracture

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**【Abstract】 Objective** To compare the clinical effect of locking compression plate and anatomic plate fixation for Pilon fracture. **Methods** 68 patients with tibial Pilon fracture were selected and divided into two groups according to the random number table method, 34 cases in each group, the observation group was given lock plus pressure plate fixation while the control group received anatomic plate for treatment, the clinically relevant indicators, treatment effect and occurrence of complications of the two groups were compared. **Results** The operation time of the observation group[(46.46 ± 3.56)min], incision length[(5.25 ± 0.75)cm], blood loss[(36.77 ± 5.12)mL], plaster braking time[(13.23 ± 1.77)d], fracture healing time[(12.42 ± 1.43)weeks], postoperative hospital stay[(9.89 ± 1.88)d] were less than or shorter than those of the control group[(68.76 ± 4.45)min, (12.78 ± 1.54)cm, (84.75 ± 8.65)mL, (20.30 ± 2.43)d, (18.94 ± 2.30)weeks, (15.67 ± 2.64)d], the differences were statistically significant( $t=6.834, 9.455, 7.488, 6.591, 7.033, 8.210$ , all  $P < 0.05$ ). The excellent rate of the observation group was 94.12%, which was higher than 80.00% of the control group, the difference was statistically significant( $\chi^2=8.238, P < 0.05$ ). The postoperative complications occurred in the observation group was 5.88%, which was significantly increased to 17.65% in the control group, the difference was statistically significant( $\chi^2=7.657, P < 0.05$ ). **Conclusion** Compared with anatomical plate fixation, the locking compression fixation for Pilon fractures can shorten the healing time and reduce the incidence of complications, so it is safe and has significant advantages for the clinical application.

**【Key words】** Tibial fractures; Fracture fixation, internal; Bone wires

# 三级质控护理管理模式的建立对普外科 护理服务质量的影响

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.018

**【摘要】** 目的 在普外科建立三级质控护理管理模式对其护理服务质量的影响效果进行分析探究。方法 通过 2012-2013 年间未实施三级质控模式与 2013-2014 年间在该院普外科建立三级质控护理管理模式相对比,设定护理质量监控护士、质量监控组长以及质量监控护士长三个级别的护理质量监控体系,对比分析在实施护理质量监控前后的护理质量改善情况以及护士考核结果情况。**结果** 质量监控实施后,基础护理质量评分(94.02 ± 2.01)分、病区管理质量评分(94.13 ± 3.04)分、急救管理质量评分(96.22 ± 4.06)分及消毒隔离质量评分(95.13 ± 3.04)分与质控前基础护理质量评分(81.21 ± 3.31)分、病区管理质量评分(81.35 ± 2.34)分、急救管理质量评分(91.42 ± 4.36)分及消毒隔离质量评分(81.74 ± 3.44)分相比明显较高,差异均有统计学意义( $t = 33.07, 33.32, 8.06, 29.17$ , 均  $P < 0.05$ )。护理质量监控后护理人员的技术操作平均分(96.35 ± 1.03)分、理论考试平均分(95.73 ± 0.98)分,与质控前护理人员技术操作平均分(89.42 ± 2.49)分、理论考试平均分(90.36 ± 1.79)分相比明显较高,差异均有统计学意义( $t = 25.72, 26.32$ , 均  $P < 0.05$ )。**结论** 在普外科建立三级质控护理管理模式对其护理服务质量的影响效果显著,安全可靠,改善了护理质量。

**【关键词】** 三级质量监控; 护理管理模式; 普外科; 护理服务质量

**The influence of three level quality control nursing management model on the quality of nursing service in the department of general surgery** Jiang Man, Wu Lingfei, Liu Qiao.

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**【Abstract】 Objective** To analyze effect of three level nursing quality control management model on the quality of the nursing service in the department of general surgery. **Methods** Analysis in the implementation of nursing quality control before and after nursing quality and the improvement of the examination results of nurses situation in general surgery department of our hospital were compared between the 2012 - 2013 without the implementation of three level quality control mode and 2013 - 2014 of establishment of the three level nursing quality control management mode, which was set the nursing quality monitoring nurses, quality monitoring group leader and quality monitoring nurses in three level nursing quality control system. **Results** After the implementation of quality control, the quality of basic nursing score [ (94.02 ± 2.01) points ], ward management quality score [ (94.13 ± 3.04) points ], first aid management quality score [ (96.22 ± 4.06) points ] and disinfection and isolation, and the quality score [ (95.13 ± 3.04) points ] and quality control of basic nursing quality score [ (81.21 ± 3.31) points ], ward management quality score [ (81.35 ± 2.34) points ], emergency management quality score [ (91.42 ± 4.36) points ] and disinfection [ (81.74 ± 3.44) points ] degrees and isolation quality scores were significantly higher than those of before three level quality control nursing management model ( $t = 33.07, 33.32, 8.06, 29.17$ , all  $P < 0.05$ ). Nursing quality control of nursing personnel the technical operation of the average score [ (96.35 ± 1.03) points ], theory test average score [ (95.73 ± 0.98) points ], average and quality control of nursing personnel and technical operation [ (89.42 ± 2.49) points ], theory test average score [ (90.36 ± 1.79) points ] were obviously higher. The results had statistical significance ( $t = 25.72, 26.32$ , all  $P < 0.05$ ). **Conclusion** Three level nursing quality control management model established in the general surgery department had remarkable effect on the quality of the nursing service, which is safe and reliable, and improving the quality of nursing.

**【Key words】** Three quality control; Nursing management mode; Department of general surgery; Nursing service quality

# 联机血液透析滤过与高通量血液透析改善尿毒症患者钙磷代谢的效果比较

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.019

**【摘要】 目的** 比较联机血液透析滤过(QL-HDF)与高通量血液透析(HFHD)对纠正尿毒症患者钙磷代谢紊乱的效果和对患者生存质量的影响。**方法** 选取 90 例尿毒症患者,采用数字表法随机分为 QL-HDF 组和 HFHD 组,测定透析前后血  $\text{Ca}^{2+}$ 、 $\text{P}^{3+}$ 、血清甲状旁腺激素(PTH)水平,采用 KDQOL-SFTM1.3 量表评价患者生存质量,统计不良反应发生率,比较两组上述情况的异同。**结果** 透析前后两组  $\text{Ca}^{2+}$  水平差异无统计学意义( $P > 0.05$ );QL-HDF 组治疗后  $\text{P}^{3+}$  ( $1.82 \pm 0.19$ ) mmol/L、PTH( $401.6 \pm 16.7$ ) pg/L,显著低于 QL-HDF 组 [ $\text{P}^{3+}$  ( $2.14 \pm 0.22$ ) mmol/L、PTH( $425.0 \pm 17.2$ ) pg/L] ( $t = 24.256, 21.059$ , 均  $P < 0.05$ );除肾病对生活的负担(BKD)外,其余十个领域 QL-HDF 组得分均比 HFHD 组高,症状与不适(SPL)、肾病对生活的影响(EKD)、认知功能(CF)、社交质量(QSI)、性功能(SEXF)、睡眠(SLEEP)、患者满意度(PS)等领域得分差异均有统计学意义(均  $P < 0.05$ ),工作状况(WS)、社会支持(SOS)、透析人员的支持(DSF)等领域得分差异无统计学意义( $P > 0.05$ );QL-HDF 组不良反应 6 例(13.33%),HFHD 组不良反应 14 例(31.11%),两组不良反应发生率差异有统计学意义( $\chi^2 = 5.361, P < 0.05$ )。**结论** 两种方法均能改善尿毒症患者钙磷代谢紊乱,QL-HDF 表现出更强的清除能力,患者生存质量更高,值得在临床中推广。

**【关键词】** 钙代谢障碍; 磷代谢障碍; 尿毒症; 血液透析滤过; 肾透析; 生活质量

## Comparison of on-line hemodiafiltration and high-flux hemodialysis for correcting calcium and phosphate metabolic disorder in uremia patients

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**【Abstract】 Objective** To compare the effect on correcting calcium and phosphate metabolic disorder and the impact on quality of life in uremia patients between on-line hemodiafiltration and high-flux hemodialysis. **Methods** 90 patients with uremia, digital watches were randomly divided into QL-HDF group and HFHD group,  $\text{Ca}^{2+}$ ,  $\text{P}^{3+}$ , serum parathyroid hormone(PTH) level were measured before and after dialysis blood. The survival quality of patients were evaluated by the KDQOL-SFTM1.3 scale. The incidence of adverse reactions were collected. The similarities and differences of two groups were compared. **Results** The comparison of  $\text{Ca}^{2+}$  levels in the two groups before and after dialysis showed no significant difference( $P > 0.05$ ); Of the QL-HDF group after treatment,  $\text{P}^{3+}$  was ( $1.82 \pm 0.19$ ) mmol/L, PTH was ( $401.6 \pm 16.7$ ) pg/L, which were significantly lower than those of QL-HDF group [ $\text{P}^{3+}$  ( $2.14 \pm 0.22$ ) mmol/L, PTH( $425.0 \pm 17.2$ ) pg/L] ( $t = 24.256, 21.059$ , all  $P < 0.05$ ) in addition to the burden of kidney disease; life(BKD), the other ten areas scores of the QL-HDF group were higher than those of the HFHD group; The symptoms and discomfort(SPL) and the effect of nephropathy in life(EKD), cognitive function(CF), quality(QSI), social function(SEXF) and sleep(SLEEP), patient satisfaction(PS) had significant differences in areas such as score(all  $P < 0.05$ ), working condition(WS) and social support(SOS), dialysis staff support(DSF) and other domain scores had no significant difference(all  $P > 0.05$ ); 6 cases of adverse reactions was in the QL-HDF group (13.33%), 14 cases of adverse reactions was in the HFHD group(31.11%), there was significant difference between the two groups( $\chi^2 = 5.361, P < 0.05$ ). **Conclusion** The two methods can improve the metabolic disorders of calcium and phosphorus in patients with uremia, and QL-HDF showed stronger ability to remove the ability, and the quality of life is higher, it is worth promoting in clinical practice.

**【Key words】** Calcium metabolism disorders; Phosphorus metabolism disorders; Uremia; Hemodiafiltration; Renal dialysis; Quality of life

# 不同剂量纳洛酮对地佐辛麻醉后患者复苏质量的影响

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.020

**【摘要】** **目的** 分析不同剂量纳洛酮对地佐辛麻醉后患者复苏质量的影响。**方法** 选择行地佐辛麻醉手术的患者 84 例,按照使用纳洛酮剂量不同分为三组,每组 28 例。所有患者均给予静脉注射丙泊酚、芬太尼及顺式阿曲库铵进行麻醉诱导,后行气管插管机械通气,术中给予地佐辛输注维持麻醉。术后高剂量组给予 14  $\mu\text{g}/\text{kg}$  纳洛酮,低剂量组给予 7  $\mu\text{g}/\text{kg}$  纳洛酮,对照组仅给予对应剂量的 0.9% 氯化钠注射液进行静脉滴注。观察三组患者麻醉前、苏醒时、拔管时平均动脉压(MAP)、心率(HR),采用视觉疼痛模拟评分(VAS)、镇静/躁动评分(SAS)对患者苏醒后 1 min、1 h、2 h 疼痛及镇静情况进行评分。同时记录三组患者术并发症及不良反应发生情况。**结果** 三组患者麻醉前的 MAP 及 HR 指标比较差异均无统计学意义,低剂量组苏醒时、拔管时的 MAP、HR 与对照组比较差异无统计学意义(均  $P > 0.05$ )。但在麻醉苏醒时、拔管时,低剂量组患者的 MAP、HR 均显著低于高剂量组。低剂量组患者苏醒各时刻 VAS、SAS 评分与对照组差异无统计学意义,但高剂量组患者苏醒各时刻 VAS、SAS 评分均显著高于对照组和低剂量组,差异有统计学意义。高剂量组和低剂量组发生呼吸抑制的情况显著低于对照组(0、3.57%、10.71%,  $\chi^2 = 4.169、1.077$ , 均  $P < 0.05$ ),但高剂量组患者发生恶心、呕吐的情况高于对照组和低剂量组,差异有统计学意义(均  $P < 0.05$ )。**结论** 针对使用地佐辛麻醉手术的患者,在术后可根据患者的情况不同使用不同剂量的纳洛酮,以降低呼吸抑制,同时帮助患者缓解疼痛和躁动的情况,推荐使用 7  $\mu\text{g}/\text{kg}$  的剂量。

**【关键词】** 麻醉; 纳洛酮; 地佐辛; 复苏质量; 并发症

## Effects of different doses of naloxone on resuscitation of patients with quality of dezocine anesthesia

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**【Abstract】** **Objective** To analyze the effects of different doses of naloxone on resuscitation of patients with quality of dezocine anesthesia. **Methods** 84 patients with dezocine anesthesia surgery were selected and divided into three groups in accordance with the use of naloxone plus volume, 28 cases in each group. All patients were treated with vein injection of propofol, fentanyl and Shun type atracurium for induction of anesthesia, endotracheal intubation and mechanical ventilation were given dezocine infusion to maintain anesthesia. After the operation, the high dose group was given 14  $\mu\text{g}/\text{kg}$  naloxone, the low dose group was given 7  $\mu\text{g}/\text{kg}$  naloxone, and the control group only received intravenous infusion of the corresponding measurement. Mean arterial pressure (map), heart rate (HR) before anesthesia, recovery, extubation and intubation after 10min of three groups were observed. Pain and sedation situation score of the patients regained consciousness after 1min, 1h, 2h were received by visual analogue scale (VAS), sedation/restlessness score (SAS). At the same time, the incidence of complications and adverse reactions of the three groups were recorded. **Results** There were no significant differences in MAP and HR indexes among the three groups before anesthesia. At resuscitation and extubation there were no differences in MAP and HR between the low dose group and the control group (all  $P > 0.05$ ). However, resuscitation, extubation, MAP and HR were significantly lower in the low dose group than those in the high dose group (all  $P < 0.05$ ). The difference of VAS, SAS score had no statistical significance between the low dose group waken up each time and control group, but the VAS, SAS score in the high dose group waken up each time were significantly higher than those in the control group and low dose group (all  $P < 0.05$ ). The respiratory inhibition in the high dose group and low dose group were significantly lower than those of the control group (0, 3.57% and 10.71%;  $\chi^2 = 4.169, 1.077$ , all  $P < 0.05$ ), but nausea and vomiting in the high dose group were higher than those in the control group and low dose group (all  $P < 0.05$ ). **Conclusion** Different doses of naloxone could be used for patients using dezocine anesthesia according to patients after operation, to reduce respiratory inhibition, and help patients relieve pain and agitation, and the recommend dose of naloxone is 7  $\mu\text{g}/\text{kg}$ .

**【Key words】** Anesthesiology; Dezocine; Naloxone; Recovery; Complications

# 芬太尼透皮贴剂治疗肺癌骨转移癌痛临床观察

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.021

**【摘要】 目的** 观察芬太尼透皮贴剂治疗肺癌骨转移引起癌痛的镇痛效果以及不良反应。**方法** 选择 32 例中、重度肺癌骨转移的癌痛患者,使用芬太尼透皮贴剂止痛治疗,观察其止痛效果、生活质量变化以及不良反应。**结果** 治疗前疼痛强度(PI)评分为(7.62 ± 1.35)分,治疗后为(1.93 ± 2.41)分,治疗前后差异有统计学意义( $t=3.983, P<0.01$ );32 例患者中,完全缓解 12 例(37.5%),明显缓解 11 例(34.3%),中度缓解 7 例(21.8%),轻度缓解 2 例(6.3%),总缓解率 93.7%;不良反应:嗜睡 13 例,头晕 11 例,恶心、呕吐 6 例,便秘 5 例,皮肤瘙痒、皮疹 4 例,排尿困难 2 例,上述不良反应在停药和/或对症处理后均消失。**结论** 芬太尼透皮贴剂使用简单、方便,止痛效果明显,不良反应少。

**【关键词】** 透皮贴剂; 芬太尼; 肺癌骨转移; 癌性疼痛

## Clinical observation of fentanyl transdermal system treating bone pain from metastases of lung cancer

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**【Abstract】 Objective** To observe the effect and adverse reaction of fentanyl transdermal system on the cancer pain resulted from lung cancer metastasizing to bone. **Methods** Thirty - two patients with moderate to severe cancer pain of bone metastasis from lung cancer were treated with fentanyl transdermal system. Analgesic effect was observed. The quality of life and adverse reactions were evaluated. **Results** The PI evaluation were (7.62 ± 1.35) and (1.93 ± 2.41) before/after treated with fentanyl transdermal system. The differences of bone pain between before and after treated were significant ( $t=3.983, P<0.01$ ). Among the thirty - two patients with moderate to severe cancer pain used by fentanyl transdermal system, complete relief was in 12 cases (37.5%), apparent relief was in 11 cases (34.3%), moderate relief was in 7 cases (21.8%), mild relief was in 2 cases (6.3%), the total relief rate was 93.7%. The adverse reactions included hypersomnia were in 13 cases, dizziness in 11 cases, nausea and vomiting in 6 cases, constipation in 5 cases, pruritus and erythra in 4 cases, dysuria in 2 cases. All above adverse reactions disappeared after stopping fentanyl transdermal system and/or undergoing symptomatic treatment. **Conclusion** Fentanyl transdermal system is easy to use, the effect is significant, there is few adverse reactions, which can significantly improve quality of life of cancer patients.

**【Key words】** Transdermal patch; Fentanyl; Bone metastasis from lung cancer; Bone pain



# 曲马朵超前镇痛对卵巢癌根治术后患者应激反应的影响

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.022

**【摘要】** **目的** 研究曲马朵超前镇痛对卵巢癌根治术患者应激反应的影响。**方法** 将 80 例择期全麻下行卵巢癌根治术的患者按照计算机随机生成的对照表分成观察组和对照组, 每组各 40 例, 观察组患者在麻醉诱导后链接 PECA 泵入曲马朵进行超前镇痛, 对照组则在术后以同样的条件泵入曲马朵。患者清醒后均采用芬太尼静脉自控镇痛。分别于麻醉前、术后 6 h、12 h、24 h 放射免疫法测定皮质醇 (COR)、促肾上腺皮质激素 (ACTH) 和血管紧张素 II, 免疫比浊法测定 C 反应蛋白 (CRP) 的血液浓度, 记录患者术后 2 h、6 h、12 h、24 h、48 h 的 VAS 评分和 48 h 内的不良反应情况。**结果** 术前两组患者 COR、ACTH、AT II、CRP 浓度差异无统计学意义 ( $P > 0.05$ ), 术后各时间点 COR [由术前 (208.5 ± 31.6) ng/mL 升至 (446.3 ± 19.8) ng/mL]、ACTH [由术前 (35.7 ± 8.2) pg/mL 升至 (63.5 ± 9.1) pg/mL]、AT II [由术前 (46.8 ± 10.9) pg/mL 升至 (75.9 ± 12.5) pg/mL]、CRP 浓度 [由术前 (3.9 ± 0.7) mg/mL 升至 (40.5 ± 2.9) mg/mL] 均明显高于术前 ( $P < 0.05$ ), 观察组 COR [(446.3 ± 19.8) ng/mL 比 (570.8 ± 67.2) ng/mL]、ACTH [(63.5 ± 9.1) pg/mL 比 (85.2 ± 12.5) pg/mL]、AT II [(75.9 ± 12.5) pg/mL 比 (108.5 ± 18.1) pg/mL]、CRP 浓度 [(40.5 ± 2.9) mg/mL 比 (51.8 ± 8.5) mg/mL] 明显低于对照组 ( $P < 0.05$ ); 术后 2 h 观察组休息 (2.4 ± 0.7) 分和咳嗽 (3.4 ± 1.0) 分的 VAS 评分显著低于对照组 ( $t = 5.812, P = 0.017; t = 14.606, P = 0.044$ ); 休息时, 其他时间点两组的 VAS 评分差异无统计学意义 (均  $P > 0.05$ ); 咳嗽时, 6 h [(2.5 ± 0.6) 分比 (3.1 ± 0.8) 分] 和 12 h 时间点 [(2.1 ± 0.6) 分比 (2.9 ± 0.4) 分] 两组差异有统计学意义 ( $t = 13.406, P = 0.012; t = 12.625, P = 0.025$ ), 其他时间点差异无统计学意义 (均  $P > 0.05$ )。**结论** 曲马朵超前镇痛联合芬太尼术后镇痛能有效减轻卵巢癌根治术患者术后疼痛和应激反应, 不良反应少, 是一种安全有效的镇痛方法。

**【关键词】** 卵巢癌; 曲马朵; 超前镇痛; 应激反应

**Effects of preemptive analgesia with tramadol on stress reaction in patients with ovarian cancer after radical resection** Zhou Xiayun, Hu Ruchun, Chen Yanqin, Yang Shizhong.

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**【Abstract】 Objective** To study the effect of preemptive analgesia with tramadol on ovarian cancer patients with stress reaction. **Methods** 80 cases with ovarian cancer undergoing elective surgery under general anesthesia were divided into the observation group and the control group according to the computer randomly generated control table, 40 cases in each group. Patients in the observation group with PECA were pumped into tramadol after anesthesia induction, while the control group was in the same conditions of pumping tramadol after operation. Patients were all treated with intravenous patient - controlled analgesia with sufentanil after waking up. The blood concentrations of cortisol (COR), adrenal cortical hormone (ACTH), angiotensin II (AT II) were determined by radioimmunoassay, and the blood concentrations C reactive protein (CRP) was determined by immune turbidity method. The adverse reactions and the VAS score of patients after 2h, 6h, 12h, 24h, 48h were recorded. **Results** The COR, ACTH, AT II, CRP concentrations of the two groups had no significant differences (all  $P > 0.05$ ) before operation. After each time point, COR [(208.5 ± 31.6) ng/mL vs (446.3 ± 19.8) ng/mL], ACTH [(35.7 ± 8.2) pg/mL vs (63.5 ± 9.1) pg/mL], AT II [(46.8 ± 10.9) pg/mL vs (75.9 ± 12.5) pg/mL], CRP [(3.9 ± 0.7) mg/mL vs (40.5 ± 2.9) mg/mL] concentrations were significantly higher than those of pre - operation (all  $P < 0.05$ ); The concentration of COR [(446.3 ± 19.8) ng/mL vs (570.8 ± 67.2) ng/mL], ACTH (63.5 ± 9.1) pg/mL vs (85.2 ± 12.5) pg/mL, AT II [(75.9 ± 12.5) pg/mL vs (108.5 ± 18.1) pg/mL] and CRP [(40.5 ± 2.9) mg/mL vs (51.8 ± 8.5) mg/mL] in the

observation group was significantly lower than those in the control group (all  $P < 0.05$ ); After operation, the VAS scores of rest ( $2.4 \pm 0.7$ ) and cough ( $3.4 \pm 1.0$ ) in the observation group were significantly lower than those in the control group in 2h ( $t = 5.812, P = 0.017; t = 14.606, P = 0.044$ ); At rest, the other time point of the two groups of VAS scores had no significant difference ( $P > 0.05$ ); At the time of coughing, the two groups were significantly different only at the 6h [ $(2.5 \pm 0.6)$  vs  $(3.1 \pm 0.8)$ ] and 12h [ $(2.1 \pm 0.6)$  vs  $(2.9 \pm 0.4)$ ] time point ( $t = 13.406, P = 0.012; t = 12.625, P = 0.025$ ). **Conclusion** Preemptive analgesia with tramadol and sufentanil for postoperative analgesia can effectively reduce the radical resection of postoperative pain and the stress reaction after surgery. It is a safe and effective analgesic method.

**【Key words】** Ovarian cancer; Tramadol; Preemptive analgesia; Stress reaction

# 气化逐瘀汤对合并组织学前列腺炎的良性前列腺增生患者术后下尿路症状的影响

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.023

**【摘要】 目的** 评价气化逐瘀汤对改善合并组织学前列腺炎(HP)的良性前列腺增生(BPH)患者经尿道前列腺剜除(TUEP)术后国际前列腺症状/生活质量(IPSS/QoL)评分的影响及临床疗效。**方法** TUEP术后病理证实为BPH合并HP患者126例,采用随机数字表法分为A组(安慰剂组)、B组(坦索罗辛组)、C组(气化逐瘀汤组),每组42例。术后1周开始服药,A组服用安慰剂,B组服用坦洛辛组,C组服用气化逐瘀汤,三组疗程均为4周,观察患者治疗后的IPSS/QoL评分。**结果** 术后5周,121例患者完成随访,A组失访2例,B组失访2例,C组失访1例。C组IPSS总评分、储尿期症状评分、排尿期症状评分、QoL评分分别为(7.16±3.37)分、(4.22±2.70)分、(2.94±2.06)分、(1.47±1.44)分,与A组[(13.77±4.50)分、(7.48±3.50)分、(6.29±2.63)分、(2.83±1.72)分]、B组[(12.77±5.24)分、(8.05±3.88)分、(4.72±3.24)分、(3.07±1.67)分]差异均有统计学意义( $t=2.692, 3.544, 3.296, 2.698$ 和 $t=2.326, 3.532, 2.418, 2.414$ ;均 $P<0.05$ ),B组排尿期症状评分优于A组( $t=2.572, P<0.05$ )。**结论** 气化逐瘀汤能明显改善合并HP的BPH患者TUEP术后的IPSS/QoL评分,疗效确切,临床效果满意。

**【关键词】** 前列腺增生; 气化逐瘀汤; 前列腺炎; 经尿道前列腺切除术

**Clinical study of bladder gasification and stasis dispersion in BPH patients with histological prostatitis after TUEP about IPSS/Qol score** Song Jishun, Yuan Lei, Yang Baizhi, Liu Yixia, Wang Aifa, Wang Zhiqiang.

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**【Abstract】 Objective** To evaluate the clinical efficacy of bladder gasification and stasis dispersion in BPH patients with histological prostatitis after TUEP about IPSS/Qol score. **Methods** 126 BPH patients with histological prostatitis after TURP were divided into group A, B and C of equal number, and received oral placebo, tamsulosin, and herbal decoction a week after operation, respectively, for a course of 4 weeks. IPSS and Qol score were evaluated. **Results** After 5 weeks, 121 cases finished the follow-up, the unfinished were 2 cases in group A, 2 cases in group B and 1 cases in group C. The differences of the IPSS total scores, irritative subscore, obstructive subscore, quality of life score in group C (7.16±3.37) points, (4.22±2.70) points, (2.94±2.06) points, (1.47±1.44) points were statistically significant than those in group A [(13.77±4.50) points, (7.48±3.50) points, (6.29±2.63) points, (2.83±1.72) points] and group B [(12.77±5.24) points, (8.05±3.88) points, (4.72±3.24) points, (3.07±1.67) points] ( $t=2.692, 3.544, 3.296, 2.698$  and  $t=2.326, 3.532, 2.418, 2.414$ ; all  $P<0.05$ ). There was only obstructive subscore in group B better than that in group A ( $t=2.572, P<0.05$ ). **Conclusion** Bladder gasification and stasis dispersion is effective for the treatment of BPH patients with histological prostatitis after TUEP about IPSS and Qol score. The clinical effect is indeed and satisfactory.

**【Key words】** Prostatic hyperplasia; Vaporization by stasis soup; Prostatitis; Transurethral resection of prostate

# 超声造影与常规超声引导浅表淋巴结穿刺活检的比较研究

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.024

**【摘要】 目的** 比较超声造影与常规超声引导浅表淋巴结穿刺活检的效果。**方法** 将情况相似的需要接受浅表淋巴结穿刺活检的患者 80 例采用数字表法随机分为观察组 40 例、对照组 40 例。对照组采取常规超声进行引导, 观察组采取超声造影引导。比较两组标本病理满意率、诊断准确率和患者的康复率。**结果** 对照组标本病理满意率为 83.2%, 观察组为 96.9%, 两组差异有统计学意义( $\chi^2 = 3.95, P < 0.05$ )。对照组诊断准确率为 82.5%, 观察组为 95.0%, 两组差异有统计学意义( $\chi^2 = 4.26, P < 0.05$ )。对照组康复率为 87.5%, 观察组康复率为 97.5%, 两组差异有统计学意义( $\chi^2 = 6.71, P < 0.05$ )。**结论** 超声造影比常规超声在引导浅表淋巴结穿刺活检方面有更大的优势。

**【关键词】** 超声检查, 介入性; 超声检查; 活组织检查, 针吸; 淋巴结

## Comparison of ultrasound contrast and conventional ultrasound guided superficial lymph node biopsy

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**【Abstract】 Objective** To study the difference between ultrasound contrast and conventional ultrasound guided superficial lymph node biopsy. **Methods** The patients who received superficial lymph node biopsy were randomly divided into observation group (40 cases) and control group (40 cases), the patients were divided into the observation group and the control group. In the control group, conventional ultrasound was used to guide. Patients in the observation group were guided by ultrasound contrast. Specimens of pathological satisfaction rate, diagnostic accuracy rate and the recovery rate of patients between two groups were compared. **Results** The pathological satisfaction rate of the control group was 83.2%, the observation group was 96.9%, and the difference between the two groups was statistically significant( $\chi^2 = 3.95, P < 0.05$ ). The diagnostic accuracy rate of the control group was 82.5%, the observation group was 95.0%, the difference between the two groups was statistically significant( $\chi^2 = 4.26, P < 0.05$ ). The recovery rate of the control group was 87.5%, and the recovery rate was 97.5% in the observation group, and the difference was statistically significant( $\chi^2 = 6.71, P < 0.05$ ). **Conclusion** Compared with conventional ultrasound, ultrasound imaging has a greater advantage in guiding superficial lymph node biopsy.

**【Key words】** Ultrasonography, interventional; Ultrasonography; Biopsy, needle; Lymph nodes

# 带关节外固定支架结合有限内固定治疗桡骨远端粉碎性骨折疗效观察

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.025

**【摘要】** **目的** 探讨带关节外固定支架结合有限内固定治疗桡骨远端粉碎性骨折疗效。**方法** 选取 100 例桡骨远端粉碎性骨折患者, 随机分为对照组和研究组, 每组各 50 例, 对照组接受常规手法复位结合石膏外固定治疗, 研究组接受带关节外固定支架结合有限内固定治疗, 比较两组患者疗效、掌倾角及尺偏角的差异。**结果** (1) 经过手术和康复治疗, 对照组有 15 例患者达到优, 研究组有 28 例患者达到优 ( $P=0.086$ ); 对照组有 9 例患者为差, 研究组仅有 2 例患者为差 ( $P=0.025$ )。 (2) 术后 3 个月时, 对照组掌倾角为 ( $6.5 \pm 2.2$ )°, 研究组掌倾角为 ( $8.5 \pm 2.5$ )°, 对照组尺偏角为 ( $12.3 \pm 4.3$ )°, 而研究组尺偏角为 ( $15.6 \pm 6.6$ )°, 研究组掌倾角和尺偏角均大于对照组 ( $t=4.25, P<0.0001; t=2.96, P=0.0038$ )。术后 6 个月时, 对照组掌倾角为 ( $6.2 \pm 2.3$ )°, 研究组掌倾角为 ( $8.8 \pm 2.5$ )°; 对照组尺偏角为 ( $12.1 \pm 4.1$ )°, 研究组尺偏角为 ( $16.3 \pm 4.4$ )°, 两组比较差异具有统计学意义 ( $t=5.41, P<0.0001, t=4.93, P<0.0001$ )。**结论** 带关节外固定支架结合有限内固定治疗桡骨远端粉碎性骨折效果显著, 值得临床推广。

**【关键词】** 桡骨远端粉碎性骨折; 带关节外固定; 有限内固定

**Effect of dynamic articulars panning external fixation combined with finite internal fixation for comminuted fractures of distal radius** Wu Weiguo, Wu Xiaojun, Sun Shengjun, Luo Jingzhi.

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**【Abstract】 Objective** To observe the effect of dynamic articulars panning external fixation combined with limited internal fixation for distal radius comminuted fracture. **Methods** 100 comminuted distal radius fractures patients during September 2014 and September 2014 in our hospital were selected and randomly divided into control group and research group, 50 cases in each group. Patients of the control group accepted conventional manual reduction combined with plaster external fixation, patients of the research group accepted dynamic articulars panning external fixation combined with limited internal fixation treatment. Curative effect, the palm inclination angle and feet were compared between the two groups. **Results** (1) After surgical treatment and rehabilitation therapy, 15 patients in the control group achieved optimal degree, 28 cases in the research group achieved optimal degree ( $P=0.086$ ); 9 cases in the control group were the poor degree; only 2 patients in the research group were poor degree ( $P=0.025$ ). Statistical analysis showed that two differences were statistically significant, ( $P<0.05$ ). (2) After 3 months, the palmar tilt of patients in the control group was ( $6.5 \pm 2.2$ )°, while that of the research group was ( $8.5 \pm 2.5$ )° ( $t=4.25, P<0.0001$ ); The average ulnar deviation of control group was ( $12.3 \pm 4.3$ )°, and that of the research group was ( $15.6 \pm 6.6$ )° ( $t=2.96, P=0.0038$ ). In a word, the average palmar tilt and ulnar deviation of the research group were greater than those in the control group, the difference showed statistically significant. 6 months later, the average palmar tilt of the control group patients was ( $6.2 \pm 2.3$ )°, that of the research group was ( $8.8 \pm 2.5$ )° ( $t=5.41, P<0.0001$ ); the ulnar deviation of the control group was ( $12.1 \pm 4.1$ )°, and that of the research group was ( $16.3 \pm 4.4$ )° ( $t=4.93, P<0.0001$ ), the difference was statistically significant. **Conclusion** Dynamic articulars panning external fixation combined with limited internal fixation for the treatment of distal radius comminuted fracture effect is significant, which is worthy of clinical promotion.

**【Key words】** Comminuted fractures of distal radius; Dynamic articulars panning external fixation; Finite internal fixation

# 背景音乐对剖宫产产妇及手术人员的影响

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.026

**【摘要】** **目的** 探讨手术室背景音乐对行初产剖宫产产妇及医护人员的影响。**方法** 选择施行择期剖宫产产妇 204 例,以手术日的单双数随机分组,干预组 101 例,对照组 103 例,干预组术中播放背景音乐及语言交流,对照组常规护理。应用焦虑自评量表(SAS)评分和视觉模拟(VAS)评分比较两组产妇术中焦虑及疼痛程度;比较产妇术中平均血压、心率变化;对参与以上手术的医护人员进行问卷调查。**结果** 术后干预组 SAS 评分、VAS 评分分别为(34.35 ± 7.40)分、(2.0 ± 0.7)分,对照组为(47.85 ± 5.58)分、(2.7 ± 0.8)分,两组差异均有统计学意义( $t = 6.25, 4.10$ , 均  $P < 0.05$ );术中干预组产妇的平均血压、心率分别为(76.64 ± 8.82) mmHg、(76.18 ± 12.09)次/min,对照组分别为(90.75 ± 7.37) mmHg、(87.62 ± 9.23)次/min,两组差异均有统计学意义( $t = 5.810, 4.443$ , 均  $P < 0.05$ )。75%的医务人员认为背景音乐对产妇及医务人员均有益。**结论** 手术室背景音乐可降低初产剖宫产产妇术中的焦虑水平,降低疼痛和不适程度,平稳血压和心率,可以调节舒缓医护人员情绪,提高工作效率。

**【关键词】** 音乐; 剖宫产术; 手术室护理

**The influence of background music on maternal and surgical staff in cesarean section** Sun Yanmin, Xie Fang, Yang Yuewu.

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**【Abstract】** **Objective** To evaluate the influences of the background music in operation room on the parturients of first-time cesarean sections and the medical staff. **Methods** 204 parturients for elective cesarean sections were selected and divided into two groups according to the dates the operations; 101 for the intervening group and 103 for the control group. The patients in the intervening group would enjoy both of the background music and language communication during C-section operation, while the cases in the control group would only have routine nursing. The self-evaluation of anxiety scale(SAS) and visual analogue scale(VAS) were applied to compare the degree of anxiety and pain during the operations. Meanwhile, the changes of averaged blood pressure and heart rate of the patients during the operations were also recorded and compared. A questionnaire survey was completed for all the medical staff who participated in the above operations. **Results** The SAS and VAS scores of the intervening group were (34.35 ± 7.40) points and (2.0 ± 0.7) points, lower than those of the control group, which scored (47.85 ± 5.58) points and (2.7 ± 0.8) points. The differences between the two groups were significant ( $t = 6.25, 4.10$ , all  $P < 0.05$ ). while the averaged blood pressures and heart rates of the intervening group were (76.64 ± 8.82) mmHg and (76.18 ± 12.09) times per minute respectively, which were also lower than those of the control group [ (90.75 ± 7.37) mmHg and (87.62 ± 9.23) times per minute respectively ], the differences between the two groups were significant ( $t = 5.810, 4.443$ , all  $P < 0.05$ ). All of the differences were statistically significant. 75% of the medical staff thought background music was good for parturients and medical staff. **Conclusion** Background music in operation room can reduce the level of anxiety for the patients undergoing first-time cesarean section, and can reduce the degree of pain and discomfort of the patients, and also may stabilize the patients' blood pressures and heart rates, as well as regulate medical staff's mood, and improve their working efficiency.

**【Key words】** Music; Cesarean section; Operating room nursing

# 骨科快速通道理念对老年人股骨颈骨折围手术期康复指导效果

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.027

**【摘要】 目的** 比较骨科快速通道理念(Fast track Orthopedics, FTO)与非 FTO 理念指导下进行老年人股骨颈骨折围手术期康复的临床效果。**方法** 前瞻性收集南京市高淳中医院 2014 年 6 月至 2015 年 3 月诊断为老年股骨颈骨折患者 34 例,按照入院日单双数分为 FTO 组( $n=17$ )和非 FTO 组( $n=17$ ),随访并比较两组患者术后的 Harris 评分、患者满意度、疼痛视觉模拟(VAS)评分,观察并发症发生情况。**结果** 34 例患者均获得随访,随访时间 8~16 个月,平均( $12.0 \pm 2.4$ )个月。术前两组 VAS 评分差异无统计学意义( $P > 0.05$ ),术后 FTO 组 VAS 评分( $1.8 \pm 0.7$ )分,明显低于非 FTO 组的( $2.6 \pm 0.9$ )分,差异有统计学意义( $t = 1.389, P < 0.05$ )。术前两组 Harris 评分差异无统计学意义( $P > 0.05$ ),术后 FTO 组 Harris 评分( $84.9 \pm 3.7$ )分,明显高于非 FTO 组的( $72.3 \pm 5.2$ )分,差异有统计学意义( $t = 3.243, P < 0.05$ )。**结论** FTO 理念可有利于老年股骨颈骨折患者的手术治疗,减轻疼痛,恢复患髋功能,提高患者满意度。

**【关键词】** 髋部骨折; 骨科快速通道; 康复; 老年人

## Effect of fast track orthopedics on peri-operative rehabilitation of elderly femoral neck fracture

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**【Abstract】 Objective** To compare the efficacy of peri-operative rehabilitation between the fast track orthopedics(FTO) and non-FTO with elderly femoral neck fractures. **Methods** 34 patients with elderly femoral neck fractures in the Nanjing Gaochun Hospital of Traditional Chinese Medicine during June 2014 to March 2015 were collected. All patients were divided into FTO group( $n=17$ ) and non-FTO group( $n=17$ ) randomly, the FTO group was treated with FTO and the non-FTO group was under routine perioperative rehabilitation program. Comparison were performed between two groups on postoperative by Harris score, patient satisfaction, visual analogue score(VAS), length of stay(LOS) and postoperative complication. **Results** All the 34 patients were followed up for 8-16 months, average( $12.0 \pm 2.4$ ) months. There was no significant difference in VAS scores between the two groups ( $P > 0.05$ ). The VAS score in the postoperative group FTO [ $(1.8 \pm 0.7)$  points] was significantly lower than that in the non-FTO group [ $(2.6 \pm 0.9)$  points], and the difference was statistically significant ( $t = 1.389, P < 0.05$ ). There was no significant difference in Harris scores between the two groups ( $P > 0.05$ ). The Harris score in the FTO group [ $(84.9 \pm 3.7)$  points] was significantly higher than that in the non-FTO group [ $(72.3 \pm 5.2)$  points], and the difference was statistically significant ( $t = 3.243, P < 0.05$ ). **Conclusion** FTO can effectively promote the surgical treatment, reduce the pain, recovery of hip joint function and improve patient satisfaction in elderly femoral neck fractures.

**【Key words】** Hip fractures; Fast track orthopedics; Rehabilitation; Aged

# 斛柏粉敷脐预防顺铂化疗致恶心呕吐疗效观察

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.028

**【摘要】** **目的** 观察斛柏粉敷脐预防含顺铂的化疗方案所致恶心呕吐的效果。**方法** 选取接受含顺铂( $75\text{ mg/m}^2$ )化疗方案的患者 97 例,采用数字表法随机分为观察组(49 例)和对照组(48 例)。对照组于化疗前 30 min 静脉滴注 3 mg 格拉司琼止吐;观察组在应用格拉司琼的同时,于化疗前晚用备好的斛柏粉 10 g 外敷于神阙穴,每晚换药 1 次,至化疗结束后次日晨停用。观察两组疗效。**结果** 观察组急性呕吐有效率为 83.7%,明显高于对照组的 60.4% ( $\chi^2 = 5.423, P = 0.019$ );观察组迟发性呕吐有效率为 85.7%,明显高于对照组的 56.3% ( $\chi^2 = 8.867, P = 0.003$ );观察组患者食欲明显好于对照组,两组 0 ~ I 度发生率差异有统计学意义 ( $\chi^2 = 6.469, 4.552, P = 0.011, 0.033$ );两组 II ~ III 度发生率差异无统计学意义。**结论** 斛柏粉敷脐能有效预防顺铂化疗所致恶心呕吐。

**【关键词】** 斛柏粉; 投药,局部; 神阙穴; 恶心; 呕吐; 药物疗法

**Effects of Hubai powder navel on prevention of cisplatin - induced nausea and vomiting** Jiang Xiumei, Zhang Wenjing, Feng Yuezhen, Jia Rongjuan.

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**【Abstract】** **Objective** To observe the prevention effect of Hubai powder applied on navel for nausea and vomiting induced by chemotherapy with cisplatin. **Methods** 97 patients who received chemotherapy with cisplatin ( $75\text{mg/m}^2$ ) were randomly divided into observation group ( $n = 49$ ) and control group ( $n = 48$ ). In the control group, 30min before chemotherapy, the patients were treated with intravenous granisetron 3mg as antiemetic; Based on the control group, the observation group were treated with Hubai powder 10g applied on Shenque point in the night before the chemotherapy until the end of the next morning after chemotherapy. The curative effect of the two groups were observed. **Results** The acute vomiting rate of the observation group was 83.7%, which was significantly higher than that of the control group (60.4%) ( $\chi^2 = 5.423, P = 0.019$ ); The delayed vomiting rate of the observation group was 85.7%, which was significantly higher than that of the control group (56.3%) ( $\chi^2 = 8.867, P = 0.003$ ); The patient appetite of the observation group was obviously better than that of the control group, 0 - I degree occurrence rate of the two groups had statistical significance ( $\chi^2 = 6.469, 4.552, P = 0.011, 0.033$ ); II - III degree occurrence rate of the two groups didn't have statistical significance. **Conclusion** Hu Bai powder umbilicus can effectively prevent nausea and vomiting induced by chemotherapy with cisplatin.

**【Key words】** HuBai powder; Administration, topical; Shenque point; Nausea; Vomiting; Drug therapy



# 注射用还原型谷胱甘肽对盆腔放疗致急性放射性肠炎预防作用的临床疗效观察

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.029

**【摘要】 目的** 探讨盆腔恶性肿瘤患者在盆腔放疗中使用注射用还原型谷胱甘肽对急性放射性肠炎的预防作用。**方法** 将 80 例盆腔肿瘤放疗患者按数字表法随机分为治疗组 40 例和对照组 40 例, 患者均根据放疗规范行术后辅助放疗; 治疗组每次放疗后半小时内静脉滴注注射用还原型谷胱甘肽; 对照组不使用注射用还原型谷胱甘肽; 观察两组出现急性放射性肠炎的时间及急性放射性肠炎的分级情况。**结果** 急性放射性肠炎出现的时间: 治疗组: 第 2 周有 6 例占 15.0%, 第 3 周有 29 例占 72.5%; 对照组: 第 2 周有 25 例占 62.5%, 第 3 周有 11 例占 27.5%; 两组差异有统计学意义 ( $\chi^2 = 18.775, 15.998$ , 均  $P < 0.001$ ), 治疗组多数患者 (72.5%) 在第 3 周开始出现急性放射性肠炎, 而对照组多数患者 (62.5%) 在第 2 周就出现急性放射性肠炎, 治疗组发生急性放射性肠炎的时间晚于对照组; 急性放射性肠炎分级情况: 治疗组: 发生 1 级放射性肠炎的患者有 31 例占 77.5%, 发生 2 级放射性肠炎的患者有 7 例占 17.5%; 对照组: 发生 1 级放射性肠炎的患者有 8 例占 20.0%, 发生 2 级放射性肠炎的患者有 29 例占 72.5%; 两组差异均有统计学意义 ( $\chi^2 = 26.136, 24.139$ , 均  $P < 0.001$ ), 治疗组多数患者 (77.5%) 发生 1 级急性放射性肠炎, 而对照组多数患者 (72.5%) 发生 2 级急性放射性肠炎, 治疗组多数患者急性放射性肠炎严重程度较对照组轻。**结论** 注射用还原型谷胱甘肽可使急性放射性肠炎发生时间推迟, 并能够减轻急性放射性肠炎的严重程度, 值得临床上进一步探究。

**【关键词】** 放射治疗; 注射用还原型谷胱甘肽; 急性放射性肠炎

## Efficacy observation of glutathione on prevention of acute radiation enteritis in pelvic radiation therapy

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**【Abstract】 Objective** To observe the prevention effect of glutathione on acute radiation enteritis in pelvic radiation therapy. **Methods** All 80 pelvic tumor patients treated with radiotherapy were randomly assigned to the control group (40 patients) and the treatment group (40 patients) by the number table method. 40 cases in the control group treated with radiation were not treated with preventive drugs, but the patients in the treatment group were treated with glutathione. The occurrence time of acute radiation enteritis and the severity of acute radiation enteritis after treatment were evaluated. **Results** 15.0% of the treatment group suffered from acute radiation enteritis in the second week and 72.5% in the third week. however, 62.5% of the control group were suffered from acute radiation enteritis in the second week and 27.5% in the third week. The difference was statistically significant ( $\chi^2 = 18.775, 15.998$ , all  $P < 0.001$ ). Glutathione delayed the occurrence time of acute radiation enteritis. The grade 1 and grade 2 acute radiation enteritis effective rate in the treatment group were 77.5% and 17.5%, and that in the control group were 20.0% and 72.5%, the difference between the two groups was significant ( $\chi^2 = 26.136, 24.139$ , all  $P < 0.001$ ). The glutathione could reduce the incidence of acute radiation enteritis extent. **Conclusion** Glutathione could delay the occurrence time of acute radiation enteritis and reduce the incidence of acute radiation enteritis extent. It is worth clinical application.

**【Key words】** Radiotherapy; Glutathione; Acute radiation enteritis

# 右美托咪定用于腰-硬联合麻醉辅助镇静的效果观察

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.030

**【摘要】** **目的** 评价右美托咪定用于腰-硬联合麻醉辅助镇静的效果及安全性。**方法** 选择拟行子宫及双附件切除术患者 90 例,ASA I ~ II 级,采用数字表法随机分为 A、B、C 三组,每组 30 例,选择 L<sub>2-3</sub> 椎间隙行腰-硬联合麻醉,麻醉效果满意后静脉给予镇静药物。A 组给予右美托咪定 0.5 μg/kg,泵注 10 min,继以 0.5 μg · kg<sup>-1</sup> · h<sup>-1</sup> 持续泵注;B 组先静脉注射咪达唑仑 0.06 mg/kg,继以 0.04 ~ 0.20 mg · kg<sup>-1</sup> · h<sup>-1</sup> 持续泵注;C 组先静脉注射丙泊酚 0.5 mg/kg,注药时间 60 s,继以 0.3 ~ 1.2 mg · kg<sup>-1</sup> · h<sup>-1</sup> 持续泵注;三组均调整药物剂量至患者 Ramsay 评分达 3 分,并维持手术全程。比较三组起效时间、苏醒时间、生命体征及镇静效果和不良反应等。**结果** A 组起效时间 [(11.2 ± 2.8) min] 长于 B 组 [(6.4 ± 2.4) min] 和 C 组 [(5.0 ± 2.1) min] (*t* = 7.12, 9.70, 均 *P* < 0.05); A、B 两组苏醒时间 [(12.3 ± 2.4) min, (13.8 ± 2.5) min] 长于 C 组 [(7.4 ± 2.3) min] (*t* = 8.36, 7.95, 均 *P* < 0.05)。在相同镇静深度下, A 组无呼吸抑制和下颌松弛患者出现,而 B、C 组分别有 5 例和 6 例出现呼吸抑制,有 8 例和 9 例出现下颌松弛;三组均出现不同程度的血压下降、心率减慢, A 组心率下降明显,术中 30、60 min 和手术结束时心率显著低于其他两组 (*t* = 5.02, 4.92, 4.90, 3.95, 5.71, 4.09, 均 *P* < 0.05), 因心率减慢需给予阿托品治疗者分别为 A 组 10 例、B 组 5 例、C 组 6 例。**结论** 右美托咪定与丙泊酚、咪达唑仑比较镇静效果好,呼吸抑制轻,用于腰-硬联合麻醉镇静是有效、可行的,但起效时间长,且容易引起患者心率减慢。

**【关键词】** 右美托咪定; 咪达唑仑; 丙泊酚; 麻醉, 脊尾; 深度镇静

**Effect of dexmedetomidine on spinal epidural anesthesia sedation** Ni Chuanbao, Tong Chunting, Yin Zhichun.

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**【Abstract】** **Objective** To evaluate the efficacy and safety of dexmedetomidine aiding spinal - epidural anesthesia for sedation. **Methods** Ninety ASA I - II female patients scheduled for elective spinal - epidural anesthesia were randomly divided into 3 groups (30 cases for each group) according to the digital table method. An epidural catheter was inserted at L<sub>2-3</sub> after satisfactory anesthesia, sedative drugs was intravenous. Group A received midazolam 0.05 μg/kg initial loading dose for 10min and maintaining with 0.5 μg · kg<sup>-1</sup> · h<sup>-1</sup>. Group B received midazolam 0.06 μg/kg for 5min and maintaining with 0.5 mg · kg<sup>-1</sup> · h<sup>-1</sup>. Group C received first intravenous injection of propofol 0.5 mg/kg, injection time 60s, maintaining with 0.3 - 1.2 mg · kg<sup>-1</sup> · h<sup>-1</sup>. The infusion rate was adjusted to increase or decrease in order to maintain the desired level of sedation (Ramsay score of 3) during operation. The sedation efficacy and adverse reactions of three groups were compared. **Results** The onset time [(11.2 ± 2.8) min] in group A was longer than that of group B [(6.4 ± 2.4) min], group C [(5.0 ± 2.1) min] (*t* = 7.12, 9.70, all *P* < 0.05). The offset time of group A, B [(12.3 ± 2.4) min, (13.8 ± 2.5) min] were longer than those of group C [(7.4 ± 2.3) min] (*t* = 8.36, 7.95, all *P* < 0.05). But 5 and 6 patients in the group B and C occurred hypoxia, and there were 8 and 9 patients developed partial airway obstruction due to relaxation of jaw muscle. At the time 30min, 60min and the end of surgery, the HR of the group A decreased deeply than the other two groups (*t* = 5.02, 4.92, 4.90, 3.95, 5.71, 4.09, all *P* < 0.05), 10, 5, 6 patients were given atropine for increasing the HR in the group A, B and C respectively. **Conclusion** Dexmedetomidine is more safe and effective for the sedation of spinal - epidural anesthesia, compared with midazolam and propofol, but with lower HR and longer onset time.

**【Key words】** Dexmedetomidine; Midazolam; Propofol; Anesthesia, caudal; Deep sedation

# 糖化血红蛋白与尿微量白蛋白联合检测诊断早期 2 型糖尿病肾病的价值

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.031

**【摘要】** 目的 探讨糖化血红蛋白(HbA1c)和尿微量白蛋白(u-ALB)含量检测在 2 型糖尿病肾病早期诊断中的价值。方法 选择 200 例 2 型糖尿病患者作为糖尿病组,另外选择健康人群 30 例作为对照组。根据 HbA1c 含量将糖尿病组患者分为低值组(HbA1c < 7%)、中值组( $7.1\% \leq \text{HbA1c} \leq 10\%$ )和高值组(HbA1c > 10.1%)。测定各组 HbA1c、u-ALB 含量,并计算两者之间的相关性。结果 糖尿病组 HbA1c( $8.85 \pm 1.22\%$ )、u-ALB( $88.3 \pm 12.4$ )mg/L,均显著高于对照组( $t = 10.88, 54.25$ , 均  $P < 0.05$ );糖尿病高、中、低值组 HbA1c[( $11.02 \pm 1.37\%$ )、( $8.45 \pm 2.01\%$ )、( $6.88 \pm 1.23\%$ )]均与各自空腹血糖水平[( $13.22 \pm 2.05$ )mmol/L、( $9.25 \pm 1.28$ )mmol/L、( $6.27 \pm 0.63$ )mmol/L]变化一致;糖尿病各组 HbA1c 与 u-ALB 水平呈正相关( $r = 0.452, 0.512, 0.968$ , 均  $P < 0.05$ )。结论 联合检测 HbA1c 和 u-ALB 水平对于诊断早期 2 型糖尿病肾病具有重要价值。

**【关键词】** 糖尿病肾病; 糖尿病 2 型; 糖化血红蛋白; 尿微量白蛋白

**Diagnostic value of HbA1c combined with u - ALB in early type 2 diabetes** Zheng Huarong, Hu Jianjun, Yao Yan, Lu Ying.

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**【Abstract】 Objective** To investigate the value of glycosylated hemoglobin(HbA1c) and urine trace albumin(u - ALB) content in early diagnosis of type 2 diabetic nephropathy. **Methods** 200 patients with type 2 diabetes were selected as diabetes group, and 30 cases of healthy people as control group. According to the content of HbA1c, the diabetes patients were re - divided into low group (HbA1c < 7%), the median group ( $7.1\% \leq \text{HbA1c} \leq 10\%$ ) and high value group (HbA1c > 10.1%). The levels of HbA1c and u - ALB were detected and the correlation between them was calculated. **Results** The values of HbA1c ( $8.85 \pm 1.22\%$ ) and u - ALB ( $88.3 \pm 12.4$ )mg/L in the diabetes group were significantly higher than those of the control group ( $t = 10.88, 54.25$ , all  $P < 0.05$ ); The level of HbA1c in the high, medium and low group[( $11.02 \pm 1.37\%$ ), ( $8.45 \pm 2.01\%$ ), ( $6.88 \pm 1.23\%$ )] were consistent with the levels of the respective levels of fasting glucose[( $13.22 \pm 2.05$ )mmol/L, ( $9.25 \pm 1.28$ )mmol/L, ( $6.27 \pm 0.63$ )mmol/L]. HbA1c and constituting the u - ALB levels were positively correlated in the high, medium and low group( $r = 0.452, 0.512, 0.968$ , all  $P < 0.05$ ). **Conclusion** The combined detection of HbA1c and u - ALB levels has important value for early diagnosis of type 2 diabetic nephropathy.

**【Key words】** Diabetic nephropathy; Type 2 diabetes; HbA1c; u - ALB

# 内镜下乳头肌小切开术联合球囊扩张 治疗老年人胆总管结石疗效分析

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.032

**【摘要】 目的** 探讨内镜下十二指肠乳头肌小切开术(SEST)联合十二指肠乳头球囊扩张术(EPBD)在老年人胆管结石治疗中的安全性及其疗效。**方法** 100例老年胆管结石患者接受内镜取石治疗,其中55例患者采用SEST联合EPBD进行取石(SEST+EPBD组),45例患者采用单一的EST进行取石(EST组),比较两组患者的结石取净率、碎石发生率以及并发症发生率。**结果** SEST+EPBD组一次结石取净率、术后并发高淀粉酶血症、术后胰腺炎、胆管炎分别为98.2%、7.3%、3.6%、1.8%,EST组分别为97.7%、6.7%、6.7%、3.6%,两组差异均无统计学意义(均 $P > 0.05$ );SEST+EPBD组的碎石发生率为3.6%,低于EST组的13.3%,两组差异有统计学意义( $\chi^2 = 9.647, P < 0.05$ );SEST+EPBD组无出血发生,EST组的出血发生率为11.1%,两组差异有统计学意义( $\chi^2 = 11.235, P < 0.05$ );SEST+EPBD组的结石复发率为1.8%,低于EST组的11.1%,差异有统计学意义( $\chi^2 = 10.113, P < 0.05$ )。**结论** SEST联合EPBD治疗老年人胆总管结石安全、有效,可显著减少碎石及出血的发生率,降低胆总管结石的复发率。

**【关键词】** 十二指肠乳头肌小切开术; 十二指肠乳头球囊扩张术; 胆总管结石; 老年人

**Clinical analysis of endoscopic papillary muscle incision combined with balloon dilation in the treatment of common bile duct stones in elderly patients** Jia Jiepeng, Shao Quan, Zhang Jijun.

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**【Abstract】 Objective** To investigate the safety and efficacy of endoscopic duodenal papillary muscle small incision(EST) combined with duodenal papillary balloon dilation(EPBD) in the treatment of elderly patients with bile duct stones. **Methods** 100 elderly patients with bile duct stones were treated with endoscopic stone removal. Among them, 55 patients were treated with SEST combined with EPBD (EPBD group), 45 patients were treated with a single EST (EST group), the rate of stone removal, the occurrence rate of lithotripsy and the incidence of complications were compared between the two groups. **Results** The SEST + EPBD group at a time calculi clearance rate, postoperative hyperamylasemia, post pancreatitis, cholangitis were 98.2%, 7.3% and 3.6%, 1.8%, the EST group were 97.7%, 6.7%, 6.7%, 3.6% and the difference between the two groups had no significant (all  $P > 0.05$ ). The SEST + EPBD group of gravel formation rate was 3.6%, lower than 13.3% in the EST group, the difference was statistically significant ( $\chi^2 = 9.647, P < 0.05$ ). The SEST + EPBD group had no bleeding, bleeding in EST group incidence rate was 11.1%, the difference was statistically significant ( $\chi^2 = 11.235, P < 0.05$ ); The recurrence rate of the SEST + EPBD group was 1.8%, which was lower than 11.1% in the EST group, the difference was statistically significant ( $\chi^2 = 10.113, P < 0.05$ ). **Conclusion** EST combined with EPBD in the treatment of elderly common bile duct stones is safe and effective, which can significantly reduce the incidence of debris and bleeding, reduce the recurrence rate of common bile duct stones.

**【Key words】** Duodenal papillary muscle small incision; Duodenal papillary balloon dilation; Common bile duct stones; Aged

# 三种不同浓度肝素封管液对血液透析患者颈内静脉留置导管并发症的影响

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.033

**【摘要】** **目的** 观察并探讨三种不同浓度肝素封管液对血液透析(Hemodialysis, HD)颈内静脉留置导管患者并发症影响。**方法** 选择接受治疗的血液透析患者 96 例,患者按照随机数字法分为 A 组、B 组、C 组,各 32 例。A 组为 30 mg 肝素钠、B 组为 40 mg 肝素钠、C 组为 60 mg 肝素钠。评价三组患者症状改善程度以及并发症情况。**结果** 三组导管留置手术后渗血或皮下血肿、导管位置不良、心律失常、空气栓塞例数分别为: A 组 10 例、11 例、8 例、5 例; B 组 9 例、8 例、9 例、4 例; C 组 2 例、1 例、1 例、0 例。C 组与 A 组、B 组相比,并发症明显减少,差异均有统计学意义( $\chi^2 = 6.667, 10.42, 4.706$  和  $5.450, 4.706, 7.680$ , 均  $P < 0.05$ ); B 组与 A 组比,并发症接近,差异均无统计学意义( $\chi^2 = 0.077, 0.693, 0.082, 0.000$ , 均  $P > 0.05$ )。三组患者感染和血栓情况例数为: A 组 10 例、8 例; B 组 9 例、8 例; C 组 1 例、1 例。C 组与 A 组、B 组相比,感染和血栓明显减少,差异均有统计学意义( $\chi^2 = 7.680, 4.706$ , 均  $P < 0.05$ ); B 组与 A 组比,感染和血栓接近,差异均无统计学意义( $\chi^2 = 0.077, 0.000$ , 均  $P > 0.05$ )。**结论** 对 HD 患者实施 60 mg 的肝素钠生理盐水溶液进行封管有利于患者症状的改善,且减少了并发症的发生,值得在临床上进一步推广。

**【关键词】** 封管液; 颈内静脉; 留置导管

## Impact of three different concentration of heparin tube – sealing solution on the jugular vein integrated catheter in hemodialysis patients Chen Ruming.

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**【Abstract】** **Objective** To observe the impact of three different concentration heparin tube – sealing solution on the jugular vein integrated catheter in hemodialysis(HD) patients. **Methods** 96 HD patients were selected and divided into three groups according to different treatments. Each group had 32 cases. Patients in A, B and C group received heparin sodium 30mg, 40mg, 60mg respectively. The degree of symptoms improvement and the complications in the three groups were evaluated. **Results** For bleeding, catheter position adverse, arrhythmia, air embolism, A group had 10 cases, 11 cases, 8 cases, 5 cases; B group had 9 cases, 8 cases, 9 cases, 4 cases; C group had 2 cases, 1 case, 1 case, 0 case. Compared with B group and A group, C group had lower complication, the difference was statistically significant( $\chi^2 = 6.667, 10.42, 4.706$  and  $5.450, 4.706, 7.680$ , all  $P < 0.05$ ). Compared with A group, B group had no statistically significant ( $\chi^2 = 0.077, 0.693, 0.082, 0.000$ , all  $P > 0.05$ ); For the infection and thrombosis, A group had 10 cases, 8 cases; B group had 9 cases, 8 cases; C group had 1 case, 1 case. Compared with B group and A group, C group had lower complication, the difference was statistically significant ( $\chi^2 = 7.680, 4.706$ , all  $P < 0.05$ ). Compared with A group, B group had no statistically significant ( $\chi^2 = 0.077, 0.000$ , all  $P > 0.05$ ). **Conclusion** Treatment with 60mg heparin saline solution for HD patients will help to improve symptoms in patients, and decrease complications, thus it is worth for further promotion in clinical practice.

**【Key words】** Tube – sealing solution; Jugular vein; Indwelling catheter

# 胸腔镜肺叶切除术治疗肺癌的临床效果观察

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.034

**【摘要】** **目的** 比较电视胸腔镜与传统开胸肺叶切除术治疗肺癌的临床疗效。**方法** 选择 77 例肺癌患者作为研究对象,按患者意愿分为电视胸腔镜(VATS)肺叶切除术组 43 例和传统开胸(OT)肺叶切除术组 34 例,比较两组手术时间、术中出血量、术后胸管留置时间、住院时间及术后并发症发生率差异,术后 1 d、术后 3 d、术后 5 d 进行疼痛 VAS 评分及术前、术后 1 d、术后 5 d 进行血清 CRP 检测。**结果** VATS 组和 OT 组的手术时间、术后胸管留置时间、住院时间、术中出血量、术后并发症发生率分别为(134 ± 52) min 和(167 ± 45) min,(2.50 ± 0.30) d 和(4.68 ± 0.66) d,(4.77 ± 0.54) d 和(7.20 ± 0.68) d,103 ± 26 mL 和(248 ± 43) mL,11.63% 和 38.24%,差异均有统计学意义( $t = 3.563, 3.725, 9.621, 3.402$  和  $\chi^2 = 7.504$ , 均  $P < 0.05$ )。VATS 组和 OT 组术后 1 d、术后 3 d VAS 评分分别为(6.22 ± 0.82) 分和(8.13 ± 0.72) 分、(4.46 ± 0.48) 分和(6.31 ± 0.54) 分,差异均有统计学意义( $t = 3.927, 3.742$ , 均  $P < 0.05$ );VATS 组和 OT 组术后 1 d、术后 5 d 血清 CRP 水平分别为(38.32 ± 9.59) μg/L 和(58.43 ± 10.62) μg/L,(17.71 ± 5.42) μg/L 和(36.65 ± 8.25) μg/L,均较术前明显升高,但 VATS 组术后 1 d、术后 5 d 血清 CRP 水平均明显低于 OT 组,差异均有统计学意义( $t = 5.541, 6.662$ , 均  $P < 0.05$ )。**结论** 胸腔镜肺叶切除术是一种创伤小、恢复快、术后疼痛轻的手术方式,降低患者术后急性期反应,可作为肺癌治疗的推荐治疗方式。

**【关键词】** 肺癌; 肺叶切除术; 胸腔镜; 开胸

**Efficacy of video – assisted thoracoscopic surgery in the treatment of lung cancer** Yang Wei.

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**【Abstract】** **Objective** To compare the efficacy of video – assisted thoracoscopic surgery and open – thoracotomy in the treatment of lung cancer. **Methods** 77 patients with lung cancer were chose as study objects, all the patients were divided into two groups, 43 cases of video – assisted thoracoscopic surgery group (VATS) and 34 cases of open – thoracotomy group (OT) The operative time, blood loss, postoperative chest tube indwelling time and hospital stay and postoperative complication rate were compared. The VAS postoperative 1d, 3d, 5d after operation were calculated, and the serum CRP preoperative and postoperative 1d, postoperative 5d were detected. **Results** The operative time, postoperative chest tube indwelling time, hospital stay, the blood loss, the complication rate in VATS group and OT group were (134 ± 52) min and (167 ± 45) min, (2.50 ± 0.30) d and (4.68 ± 0.66) d, (4.77 ± 0.54) d and (7.20 ± 0.68) d, 103 ± 26 mL and (248 ± 43) mL, 11.63% and 38.24%, the differences were statistically significant ( $t = 3.563, 3.725, 9.621, 3.402$  and  $\chi^2 = 7.504$ , all  $P < 0.05$ ). The VAS postoperative 1d, 3d in VATS group and OT group were (6.22 ± 0.82) score and (8.13 ± 0.72) score, (4.46 ± 0.48) score and (6.31 ± 0.54) score, the differences were statistically significant,  $t = 3.927, 3.742$ , all  $P < 0.05$ ; the serum CRP after 1d, 5d postoperative in VATS group and OT group were (38.32 ± 9.59) μg/L and (58.43 ± 10.62) μg/L, (17.71 ± 5.42) μg/L and (36.65 ± 8.25) μg/L, which were all higher than those of before surgery, but the serum CRP after 1d, 5d postoperative in VATS group were lower than those of OT group, the differences were statistically significant ( $t = 5.541, 6.662$ , all  $P < 0.05$ ). **Conclusion** VATS lobectomy is a trauma, quicker recovery, less postoperative pain surgical methods, and can reduce postoperative acute phase reaction, which should be recommended as a treatment for lung cancer.

**【Key words】** Lung cancer; Lobectomy; Video – assisted thoracoscopic surgery; Open – thoracotomy

# 匹多莫得联合炎琥宁对难治性支原体肺炎患儿免疫功能及临床症状的改善作用

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DOI:10.3760/ema.j.issn.1008-6706.2016.20.035

**【摘要】 目的** 探讨匹多莫得联合炎琥宁治疗难治性支原体肺炎(RMPP)的临床疗效。**方法** 将临床确诊为 RMPP 的 150 例患儿随机分为三组,即炎琥宁组(A组)、阿奇霉素联合炎琥宁组(B组)、匹多莫得联合炎琥宁组(C组)。比较三组患儿治疗有效率、临床症状及免疫功能等指标的差异。**结果** 与 A 组比较, B 组、C 组总有效率显著升高( $P < 0.05$ ),但 B 组、C 组组间对比,差异无统计学意义( $P > 0.05$ )。与 A 组比较, B 组、C 组的退热时间、咳嗽消失时间及啰音消失时间均显著缩短( $P < 0.05$ ),且 C 组改善效果优于 B 组( $P < 0.05$ )。与对照组比较,治疗前三组 RMPP 患儿的  $CD_3^+$ 、 $CD_4^+$ 、 $CD_4^+/CD_8^+$  比值及  $CD_{16}^+CD_{56}^+$  均降低( $P < 0.05$ ), IgG、IgM 水平及  $CD_8^+$ 、 $CD_{19}^+$  均有升高( $P < 0.05$ )。治疗后, C 组的  $CD_3^+$ 、 $CD_4^+$ 、 $CD_4^+/CD_8^+$  比值及  $CD_{16}^+CD_{56}^+$  较治疗前有明显升高( $P < 0.05$ )。随访期间,与 A 组比较, B 组、C 组的复发次数、复发持续时间均显著减少( $P < 0.05$ ),且 C 组的复发情况明显少于 B 组( $P < 0.05$ )。可以看出 C 组对免疫功能的调控作用较 A 组、B 组更为显著,患儿预后更好,反复次数、持续时间降低。**结论** 匹多莫得联合炎琥宁治疗 RMPP 能调节患儿免疫功能,改善临床症状。

**【关键词】** 难治性支原体肺炎; 匹多莫得; 炎琥宁; 阿奇霉素

## Improvements of immune function and clinical symptoms of pidotimod combined with Yanhuning for children with refractory mycoplasma pneumoniae pneumonia Zhang Qian, Wang Cuihua.

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**【Abstract】 Objective** To investigate the curative effect of pidotimod combined with Yanhuning for children with refractory mycoplasma pneumoniae pneumonia(RMPP). **Methods** 150 patients with RMPP in our hospital were divided into 3 groups, including Yanhuning group(A group), azithromycin combined with Yanhuning group(B group) and pidotimod combined with Yanhuning group(C group). And the total effective rate, the clinical symptoms, immune function parameters were analyzed. **Results** Compared to A group, the effective rate of B group and C group were significantly higher(all  $P < 0.05$ ), but there was no statistically significant difference between B group and C group. Compared to A group, the defervescence time, cough disappeared time and rales disappeared time were significantly shorter(all  $P < 0.05$ ), and the effect in C group was better than that in B group (all  $P < 0.05$ ). Compared to normal control group,  $CD_3^+$ ,  $CD_4^+$ ,  $CD_4^+/CD_8^+$  and  $CD_{16}^+CD_{56}^+$  in A group, B group and C group before the treatment were significantly lower( $P < 0.05$ ), but IgG, IgM,  $CD_8^+$  and  $CD_{19}^+$  were significantly higher(all  $P < 0.05$ ). And  $CD_3^+$ ,  $CD_4^+$ ,  $CD_4^+/CD_8^+$  and  $CD_{16}^+CD_{56}^+$  in C group were significantly higher(all  $P < 0.05$ ) after the treatment. During follow-up, compared to A group, the recurrence rate and time in B group and C group were significant reduction(all  $P < 0.05$ ), and the recurrence rate and time in C group were less than that in B group (all  $P < 0.05$ ). So the regulation of immune function in C group was more significant than that in A group and B group, the prognosis was better, and the repeated times and continuous time were decreased. **Conclusion** Pidotimod combined with Yanhuning treatment of RMPP can regulate the immune function of children, improve clinical symptoms, which should be promoted.

**【Key words】** Refractory mycoplasma pneumoniae pneumonia; Pidotimod; Yanhuning; Azithromycin

## 甲状腺癌患者术后心理韧性与医学应对方式的相关性研究

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.036

**【摘要】 目的** 了解甲状腺癌住院期间术后患者心理弹性水平与疾病应对方式的现状,探索两者之间的关系。**方法** 采用自行设计的患者一般资料调查表、心理弹性量表(CD-RISC)及应对方式量表对 150 例甲状腺癌术后住院患者进行问卷调查,并对其进行分析。**结果** 此次调查有效问卷 144 例,有效回收率 96%。甲状腺癌术后患者心理韧性平均得分为(55.85 ± 16.08)分,应对方式的平均得分为(47.65 ± 4.24)分,处于中等偏下水平。通过多元逐步线性回归分析,心理韧性中的坚韧性纬度、信念纬度、适应性纬度均是患者应对方式的重要影响因素。**结论** 甲状腺癌术后患者心理弹性水平处于中等偏下水平,患者对疾病采取的应对方式与心理弹性水平高低相关,临床上应注意关注甲状腺癌患者的心理健康维护,采取有力措施来提高患者的心理弹性水平,从而促使患者采取积极的应对方式,面对疾病,恢复健康。

**【关键词】** 甲状腺癌; 心理韧性; 医学应对方式

**基金项目:**浙江省 2015 年度公益性技术应用研究计划项目(2015C33211)

**Relative study between mental resilience and medical coping modes of operated patients with thyroid carcinoma** Hu Zhongchun, Liang Guanmian, Han Chun.

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**Fund Program:** The applied research project of public welfare technology in 2015, Zhejiang Province (2015C33211)



## 碘<sup>131</sup>治疗后胰岛素自身免疫综合征一例

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.037

**A case report of insulin autoimmune syndrome caused by iodine-131 therapy** Wang Kun, Shen Liping.

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男, 46 岁, 因反复头昏、乏力 6 d, 意识障碍半天于 2015 年 7 月 20 日入院。患者 1 年前出现眼球突出、怕热、多汗、易饥、手抖症状, 未重视; 12 d 前于自贡市第一人民医院诊断 Graves 病, 未予抗甲亢药物治疗; 7 d 前于核医学科行碘<sup>131</sup>治疗; 6 d 来反复出现发作性头昏、乏力、出汗, 进食后好转, 未诊治, 半天前出现呼之不应, 急救到达时测血糖 1.3 mmol/L,

静脉补糖后神智恢复, 复测血糖 9.8 mmol/L。既往有吸烟史, 余无特殊。入院查肝、肾功能正常, 皮质醇(空腹) 627.00 (171 ~ 536) nmol/L; 甲状腺功能: 游离三碘甲状腺原氨酸 14.80 (3.6 ~ 7.5) pmol/L, 游离甲状腺素 58.80 (12 ~ 22) pmol/L, 促甲状腺激素 < 0.005 (0.27 ~ 4.5) mIU/L, 肿瘤相关抗 199 51.60 (0 ~ 37) U/mL。

## 临产后脐带血管破裂胎儿抢救成功一例

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.038

**A case report of the fetal umbilical rescue after labor rupture** *Huai Qijuan.*

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女,26岁。停经 $38^{+6}$ 周,自觉阴道流血4h于2015年11月1日入院,查体:T $36.2^{\circ}\text{C}$ ,R22次/min,P100次/min,Bp120/80 mmHg;心肺未闻及异常,腹部膨隆,双下肢无水肿;产科情况:宫高35 cm,腹围109 cm,左枕前(LOA),头浅入,胎心140次/min,宫缩未及,胎膜破,试纸阳性,估计胎儿大小3400 g,骨盆外测量:髂前上棘间径26 cm,髂嵴间径

28 cm,骶耻外径23 cm,坐骨结节间径8.5 cm;肛查:宫颈软,近展平,宫口容1指,胎头最低点位于坐骨棘上3 cm(S-3),骨盆内测量未及明显异常,宫颈成熟度(Bishop)评分6分。B超检查(2015年11月1日):宫内孕单胎头位,后壁胎盘,II级,羊水池深度60 mm,脐带绕颈1周,胎心监护反应型。入院相关化验检查大致正常。

## 退行性腰椎滑脱的微创治疗进展

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.039

**【摘要】** 该研究以查阅最新国内外文献为基础,对退行性腰椎滑脱的节段稳定性、治疗原则、适应证及多种微创手术方式的最近进展进行了详细阐述。退行性腰椎滑脱的微创治疗方式多样,要根据患者的年龄、有无基础疾病、滑脱的程度、有无椎体节段不稳、患者的经济状况等因素综合分析患者的情况,结合医师自身的操作技巧,从而选择适合每一个患者的最佳治疗方案。

**【关键词】** 退行性腰椎滑脱; 微创手术

**基金项目:**山西省科技攻关计划(20150313012-4)

**The progress of minimally invasive surgery for degenerative lumbar spondylolisthesis** Zuo Genle, Chang Feng.

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**【Abstract】** In this paper, based on the latest domestic and foreign literatures, segmental stability in degenerative spondylolisthesis, therapeutic principles, indications and new progress of many minimally invasive surgery of this disease are described in detail. Minimally invasive surgical procedures for degenerative lumbar spondylolisthesis is diversity, so we should choose the best treatment for every patient according to the age, basic diseases, the degree of slipped levels, segmental stability of slipped vertebrae, economic factors in patients, combined with operation skills of surgeons.

**【Key words】** Degenerative spondylolisthesis; Minimally invasive surgery

**Fund Program:** Shanxi Province Science and Technology Program (20150313012-4)

## 垂体腺瘤的综合治疗进展

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.040

**【摘要】** 垂体腺瘤起源于腺垂体的细胞,是神经和内分泌系统的常见肿瘤,约占颅内肿瘤的 8% ~ 15%。30 ~ 60 岁是垂体瘤的发病高峰期。大部分呈缓慢、局限性生长,但有 30% ~ 40% 呈侵袭性生长。手术治疗是目前首选方法(泌乳素瘤除外),目前国内学者多主张在最大程度保护周围重要结构的情况下尽可能全切肿瘤,并进行综合治疗。本研究对垂体腺瘤的综合治疗进展进行综述。

**【关键词】** 催乳素瘤; 脑肿瘤; 神经外科手术; 综合疗法

**Advances in the comprehensive treatment of pituitary adenomas** Chen Zijin, Zhang Gangli.

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**【Abstract】** Pituitary adenoma, which originates from the pituitary gland, is a common tumor of the nervous and endocrine system, accounting for about 8% to 15% of the brain tumor. The peak incidence of pituitary tumor is 30 to 60 years old. Most of them show slow and limited growth, but 30% to 40% of them show aggressive growth. Surgical treatment has been the first choice so far (except for the prolactinoma), and at present, the domestic scholars advocate that the whole tumor should be cut as far as possible in the case of the most important structure, and carries on the comprehensive treatment. In this study, the comprehensive treatment of pituitary adenomas has been reviewed.

**【Key words】** Prolactinoma; Brain neoplasms; Neurosurgical procedures; Combined modality therapy

## 孕前及孕早期健康教育预防妊娠期糖尿病发生的作用

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.041

**【摘要】 目的** 探讨对孕妇在孕前及孕早期进行健康教育,预防妊娠糖尿病的效果。**方法** 将 120 例进行孕前相关检查的适龄备孕女性作为研究对象,根据患者是否接受产前及孕早期健康教育的意愿进行分组,对照组孕妇介绍常规教育,观察组孕妇在常规教育基础上,同时接受产前及孕早期健康教育,对比两组备孕成功的孕妇妊娠期间患妊娠期糖尿病的情况。**结果** 两组孕妇经过不同健康教育后,观察组患者对健康教育知识掌握优良率(94.64%)明显高于对照组优良率(68.75%),差异有统计学意义( $\chi^2 = 12.92, P < 0.05$ ),两组孕妇经过不同健康教育后,观察组孕妇控制饮食、自主监测血糖及合理运动等的平均依从情况(96.43%)明显高于对照组孕妇(68.75%),差异有统计学意义( $\chi^2 = 16.48, P < 0.05$ );观察组孕妇空腹血糖( $5.45 \pm 0.29$ )mmol/L 明显优于对照组( $6.29 \pm 1.13$ )mmol/L,差异有统计学意义( $t = 3.65, P < 0.05$ );观察组餐后 2 h 血糖( $6.60 \pm 0.89$ )mmol/L 也明显优于对照组( $8.42 \pm 1.79$ )mmol/L,差异有统计学意义( $t = 4.86, P < 0.05$ )。**结论** 对孕妇在孕前及孕早期进行合理饮食、适当运动及体质量监控等方面的健康教育,能够有效预防孕妇在妊娠期间患妊娠糖尿病,保证孕妇与胎儿在整个生产过程中的健康与生命安危。

**【关键词】** 孕前; 孕早期; 健康教育; 妊娠期糖尿病

**Effect of pre-pregnancy and early pregnancy health education for prevention of gestational diabetes** Pu Dijing, Liu Qingqing.

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## 团队护理在上消化道大出血急救中的应用

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DOI:10.3760/cma.j.issn.1008-6706.2016.20.042

**【摘要】** **目的** 探讨团队护理在上消化道大出血患者抢救中的应用。**方法** 对全科护士进行规范化培训,加强技术操作训练、加强病房管理、加强抢救物品管理,建立密切的配合流程。对患者、患者亲属以及主管医生进行关于团队护理定位配合抢救流程的整体满意度评价。**结果** 该科护士以组织有序的、规范的急救流程,成功救治 53 例患者,急救后满意度调查结果显示:患者满意度达 97.67%、家属 90.90% 以及医生 100%。**结论** 团队密切合作急救流程将急救技术进行优化整合,规范救治程序,可提高急救效率和救治成功率。

**【关键词】** 团队护理; 上消化道大出血; 急救

**Application of team nursing in emergency treatment of upper gastrointestinal bleeding** Wang Qiaoli, Zheng Xiaoyi.

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