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# 基于螺旋断层放疗系统的 1 458 次兆伏级 CT 图像分析各部位肿瘤治疗摆位误差

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DOI:10.3760/ema.j.issn.1008-6706.2016.22.001

**【摘要】** 目的 通过螺旋断层放疗系统的兆伏级 CT(MVCT)图像引导技术,定量分析三种不同部位肿瘤治疗的摆位误差,为各部位临床靶区外扩范围提供合理的边界值,提高临床精确放疗效果。方法 选取进行螺旋断层放疗的肿瘤患者 60 例,均通过 MVCT 扫描图像引导摆位,分别对 587 次头颈部、500 次胸部、371 次腹腔及盆腔肿瘤 MVCT 图像校正的平移和旋转误差进行统计,计算各部位肿瘤误差发生率,通过 GraphPad Prism 5 制作三维误差分布直方图,同时分析摆位系统误差和随机误差,并通过经验公式分析靶区最佳外扩值。结果 60 例患者共经 MVCT 扫描 1 458 次。头颈部肿瘤在三维方向误差发生率远低于胸部和腹腔及盆腔肿瘤,摆位误差值  $\geq 3$  mm 时,头颈、胸部、腹腔及盆腔误差发生率分别为 55.3%、70.8%、79.8%,误差值  $\geq 5$  mm 时,三者分别为 17.5%、40.6%、47.2%。对于旋转误差,头颈部发生率略高于其他部位。各部位的系统误差在  $-1.4 \sim 2.7$  mm 之间,腹腔及妇科部位在治疗床升降方向的误差分布大于其他部位( $\chi^2 = 19.3$ ,  $P < 0.05$ ),系统误差值为 2.7 mm。头颈、胸部、腹腔及盆腔肿瘤需分别在 CTV 基础上外扩  $4 \sim 7$ 、 $9 \sim 14$ 、 $10 \sim 17$  mm。结论 头颈部、胸部、腹腔及盆腔肿瘤患者治疗摆位时在三维方向误差分布各有差异,每天放疗前的 MVCT 图像引导可显著降低摆位误差的发生率,也为确定靶区外扩范围提供依据,从而实施精确放疗提高患者治愈率。

**【关键词】** 体层摄影术,螺旋计算机; 放射疗法; 图像处理,计算机辅助

**基金项目:**国家自然科学基金项目(11547178)

## A quantitative analysis of tumor site specific setup based on 1 485 daily MVCT scans from helical tomotherapy

Yu Huanhuan, Zhang Lei, Yang Shuangyan, Shan Guoping, Cheng Xiaolong, Shi Jianfang, Cheng Pinjing.

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**【Abstract】 Objective** To assess the variation in patient setup corrections for three different anatomic treatment sites using daily pretreatment megavoltage CT(MVCT) in helical tomotherapy, and to analyze alternative reference margins for specific tumor site. **Methods** Sixty patients treated for three anatomical sites on helical tomotherapy were analyzed. Daily MVCT was carried out for registration and setup corrections before each treatment fraction. Setup errors and rotational setup corrections from 587 head and neck, 500 thoracic, 371 abdomen and gynecology MCVT imaging were input to statistical analysis. Incidences of three dimensional vector error lengths were calculated for each anatomic site. Overall distribution histograms of the three - dimensionally error was presented using GraphPad Prism 5. The distributions of systematic and random setup errors were quantitative analyzed and the additional margins required were also taken into account. **Results** 1 458 MVCT scans were implemented for sixty patients. Head and neck had lower frequencies of translational setup errors than others. Frequency of at least 3mm three - dimensional setup errors for head and neck, thoracic, abdomen and gynecology was 55.3%, 70.8%, 79.8%, respectively. This frequency decreased to 17.5%, 40.6%, 47.2% if 3D vector distance  $\geq 5$ mm was scored. Overall systematic errors ranged from  $-1.4$ mm to  $2.7$ mm, abdomen and gynecology had the largest setup errors in the vertical direction which was statistically significant( $\chi^2 = 19.3$ ,  $P < 0.05$ ). The suggested margins should be increased by  $4 \sim 7$  mm in three - dimensional direction for head and neck,  $9 \sim 14$ mm for thoracic,  $10 \sim 17$ mm for abdomen and gynecology. **Conclusion** Differences in setup corrections are perceived between head and neck, thoracic, abdomen and gynecology. The accuracy of patient positioning can be improved if pre - treatment daily MVCT scans are put into use. Results from setup correction can provide evidence for tumor treatment margin and improve the accuracy of regular radiotherapy.

**【Key words】** Tomography, spiral computed; Radiotherapy; Image processing, computer - assisted

**Fund program:** National Natural Science Foundation of China (11547178)

# 养阴益气合剂对口腔扁平苔藓患者血清及唾液干扰素 $\gamma$ 和白细胞介素 10 水平的 影响及临床意义

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**【摘要】** 目的 评价养阴益气合剂联合西药治疗口腔扁平苔藓的临床疗效及对患者血清及唾液干扰素  $\gamma$ (IFN- $\gamma$ )、白细胞介素 10(IL-10)表达水平的影响。**方法** 将 60 例口腔扁平苔藓(OLP)患者按照随机分组法分为对照组和观察组,每组 30 例。对照组病损基底注射曲安奈德和利多卡因;观察组在对照组治疗方法的基础上,口服养阴益气合剂。两组患者均治疗 2 个月。比较两组临床疗效、客观指标评分、血清及唾液 IFN- $\gamma$ 、IL-10 表达水平、不良反应。**结果** 观察组总有效率(86.67%)显著高于对照组(63.33%)( $\chi^2 = 11.64, P < 0.01$ );两组客观指标评分均显著低于治疗前( $t = 8.52, 12.51$ , 均  $P < 0.01$ ),且观察组显著低于对照组( $t = 4.38, P < 0.05$ );观察组治疗后血清及唾液中的 IFN- $\gamma$  水平分别为( $25.39 \pm 1.29$ )pg/mL 和 ( $12.76 \pm 1.28$ )pg/mL,与治疗前相比较显著升高( $t = 10.35, 8.15$ , 均  $P < 0.01$ ),对照组治疗后较治疗前亦显著升高( $P < 0.05$ );观察组治疗后血清及唾液中的 IL-10 水平分别为( $27.54 \pm 1.82$ )pg/mL 和 ( $9.92 \pm 0.86$ )pg/mL,两组均较治疗前显著降低( $t = 8.76, 9.39$ , 均  $P < 0.01, t = 4.65, 4.94$ , 均  $P < 0.05$ ),治疗后,观察组血清及唾液中的 IFN- $\gamma$  表达水平明显高于对照组( $t = 4.68, 4.32$ , 均  $P < 0.05$ ),IL-10 表达水平显著低于对照组( $t = 5.41, 5.25$ , 均  $P < 0.05$ );治疗过程中未发现明显不良反应发生。**结论** 养阴益气合剂联合西药治疗 OLP 具有较好的临床疗效,并能够显著升高患者血清及唾液中的 IFN- $\gamma$  表达水平,降低 IL-10 表达水平,对 OLP 治疗具有重要的指导价值。

**【关键词】** 口腔扁平苔藓; 养阴益气合剂; 干扰素  $\gamma$ ; 白细胞介素 10

**基金项目:**浙江省温州市科技局项目(Y20130260)

**Clinical significance and influence of Yangyin Yiqi mixture on levels of interferon -  $\gamma$  and interleukine - 10 in serum and saliva of oral lichen planus patients** Zhou Shuzhen, Gao Yunyun, Xie Jing, Gao Mengfei.

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**【Abstract】 Objective** To evaluate the clinical efficacy of Yangyin Yiqi mixture and western medicine in the treatment of oral lichen planus(OLP) and its effect on the levels of interferon -  $\gamma$ (IFN -  $\gamma$ ) and interleukine - 10(IL - 10) in serum and saliva. **Methods** Sixty patients with OLP were randomly divided into control group( $n = 30$ ) and treatment group( $n = 30$ ). The control group was treated with triamcinolone acetone and lidocaine, local injection. The treatment group was treated with Yangyin Yiqi mixture on the basis of the control group. The treatment lasted two months. After treatment, the clinical efficacy, objective indicators score, levels of IFN -  $\gamma$  and IL - 10 in serum and saliva, adverse reactions were compared between the two groups. **Results** The overall response rate of the treatment group (86.67%) was significantly higher than that of the control group (63.33%) ( $\chi^2 = 11.64, P < 0.01$ ). After treatment, the two groups' objective index score significantly reduced ( $t = 8.52, 12.51$ , all  $P < 0.01$ ), and the treatment group's objective indicators rating was significantly lower than the control group ( $t = 4.38, P < 0.05$ ). After treatment, the levels of IFN -  $\gamma$  in serum and saliva were ( $25.39 \pm 1.29$ )pg/mL and ( $12.76 \pm 1.28$ )pg/mL, which were significantly increased in the treatment group ( $t = 10.35, 8.15$ , all  $P < 0.01$ ), so did the control group ( $P < 0.05$ ). And the levels of IL - 10 in serum and saliva were ( $27.54 \pm 1.82$ )pg/mL and ( $9.92 \pm 0.86$ )pg/mL, and the

levels were significantly decreased in the two groups after treatment ( $t = 8.76, 9.39$ , all  $P < 0.01$ ,  $t = 4.65, 4.94$ , all  $P < 0.05$ ). And levels of IFN- $\gamma$  in serum and saliva of the treatment group were significantly higher than those of the control group ( $t = 4.68, 4.32$ , all  $P < 0.05$ ), and levels of IL-10 in serum and saliva of the treatment group were significantly lower than those of the control group ( $t = 5.41, 5.25$ , all  $P < 0.05$ ). During treatment, there were no significant adverse reactions. **Conclusion** Yangyin Yiqi mixture combined with western medicine has definitive clinical efficacy in the treatment of OLP. It can significantly increase the level of IFN- $\gamma$  and reduce the level of IL-10 in serum and saliva in patients, so provide theory value for treatment of OLP.

**【Key words】** Oral lichen planus; Yangyin Yiqi mixture; Interferon- $\gamma$ ; Interleukine-10

**Fund program:** Science and Technology planning project of Wenzhou city, Zhejiang Province (Y20130260)

# 经皮冠状动脉介入治疗术后患者血清修饰蛋白、超敏 C 反应蛋白的变化及临床意义

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**【摘要】 目的** 探讨冠心病介入治疗术(PCI)后血清缺血修饰蛋白(IMA)、超敏 C 反应蛋白(hs-CRP)的水平变化,分析可能造成心肌缺血及损伤的原因。**方法** 90 例接受 PCI 治疗的患者在 PCI 术前 30 min 及术后 30 min、2 h、6 h、24 h 检测静脉血 IMA、hs-CRP,同时对冠脉病变指数及手术操作因素的差别进行分析。并进行院内随访,观察患者临床结局。**结果** IMA 在术后 30 min 开始明显升高( $180 \pm 78$ )U/L,与术前( $52 \pm 14$ )U/L 相比差异有统计学意义( $t=2.293, P<0.05$ ),术后 2 h 出现峰值( $276 \pm 164$ )U/L,与术前( $52 \pm 14$ )U/L 相比差异有统计学意义( $t=1.116, P<0.01$ ),hs-CRP 峰值于术后 24 h 出现峰值( $17.33 \pm 5.41$ )mg/L,较术前( $6.12 \pm 2.12$ )mg/L 相比差异有统计学意义( $t=3.678, P<0.01$ ),IMA、hs-CRP 与术中球囊扩张时间总和( $27.34 \pm 3.57$ )s、扩张次数( $4.23 \pm 1.61$ )次、支架直径( $3.13 \pm 0.40$ )mm、支架长度( $24.55 \pm 6.65$ )mm 及支架数目方面密切相关,差异有统计学意义( $r=0.967, P<0.05$ )。且 IMA 升高的患者住院时间明显延长。**结论** PCI 术可引起心肌损伤,且与支架释放及血管扩张压力总和、球囊扩张时间总和、球囊扩张次数、支架数目、支架长度、支架直径有关。并在一定程度上决定患者预后。

**【关键词】** 血管成形术,经腔,经皮冠状动脉; 缺血修饰蛋白; C 反应蛋白质; 心肌缺血

**基金项目:**河南省科学技术攻关项目(132102310222)

**Changes of serum ischemia modified albumin and high sensitivity C - reactive protein in patients with coronary heart disease after percutaneous coronary intervention and its clinical significance** Li Wenjie, Zhang Fang, Zhao Yusheng, Li Qiufeng.

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**【Abstract】 Objective** To observe the changes of ischemia modified albumin (IMA), high - sensitivity C - reactive protein (hs - CRP) after percutaneous coronary intervention (PCI). The factors related to intervention procedures to patients with IMA and hs - CRP elevation after PCI and impact of the risk of IMA and hs - CRP on the clinical outcomes were investigated. **Methods** IMA, hs - CRP from vein blood of 90 cases received PCI were detected before operation and after operation at time of 30 min, 2h, 6h and 24h. The clinical characteristics of patients and factors related to intervention procedures were recorded. The number of lesion vessels and the relative factors in PCI were compared. The clinical outcomes of the patients were followed up. **Results** After operation, IMA was significantly different compared with that before operation ( $t=2.293, P<0.05$ ). The concentration of IMA peaked at 2h after operation, which was significantly different from that before surgery ( $t=1.116, P<0.01$ ). The increase of IMA and hs - CRP were closely related with the inflation pressure, total times of inflation, dilated times, length and diameter of

stent and the number of stents ( $t = 3.678, P < 0.01$ ). The angina onset was more common and length of stay was longer in the patients with the rise of IMA and hs - CRP. **Conclusion** PCI may cause myocardial injury, which is associated to inflation pressure, total time of inflation, dilated times, length and diameter of stent and the number of stents. To a certain extent the level of troponin can predict the outcomes.

**【Key words】** Angioplasty, transluminal, pevcutaneous coronary; Ischemia modified albumin; C - reactive protein; Myocardial ischemia

**Fund program:** Henan science and technology research projects (132102310222)



# 肺癌患者 55 例放疗同步化疗期间营养状况分析

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**【摘要】** **目的** 分析肺癌放化疗患者放化疗期间营养状况,为肺癌放化疗患者营养干预提供依据。**方法** 选择 55 例行放化疗的肺癌住院患者,应用实验室检查数据对患者入院时、放疗中期及放疗结束进行营养评估,观察放化疗期间营养状况。**结果** 患者入院时血红蛋白(Hb)、白蛋白(ALB)、体质量、体质量指数(BMI)分别为(130.50±17.80)g/L、(41.02±5.68)g/L、(61.29±8.75)kg、(22.36±2.78)kg/m<sup>2</sup>,放疗中期分别为(115.90±19.00)g/L、(37.94±5.55)g/L、(59.95±9.05)kg、(21.86±2.86)kg/m<sup>2</sup>,放疗结束分别为(110.40±19.40)g/L、(36.91±5.30)g/L、(58.91±9.30)kg、(21.48±2.99)kg/m<sup>2</sup>;在放疗不同阶段,其营养指标逐渐下降,Hb在放疗中期与入院时、放疗后期与中期、放疗后期与入院时比较,差异均有统计学意义( $t=8.611, P<0.05$ ;  $t=2.492, P<0.05$ ;  $t=8.185, P<0.05$ );ALB在放疗中期与入院时、放疗后期与入院时相比,差异有统计学意义( $t=3.663, P<0.05$ ;  $t=4.815, P<0.05$ ),放疗后期患者的ALB虽低于放疗中期,但差异无统计学意义( $t=1.464, P>0.05$ );体质量在放疗中期与入院时、放疗后期与中期、放疗后期与入院时相比,虽有不同程度下降,但差异无统计学意义( $t=0.781, P>0.05$ ;  $t=0.601, P>0.05$ ;  $t=1.382, P>0.05$ );体质量指数放疗中期与入院时、放疗后期与中期、放疗后期与入院时相比,虽有不同程度下降,但差异无统计学意义( $t=0.0908, P>0.05$ ;  $t=0.690, P>0.05$ ;  $t=1.599, P>0.05$ )。三个不同放疗阶段肺癌患者,尤以Hb( $F=16.643, P=0.000$ )和ALB( $F=7.736, P=0.001$ )下降明显。**结论** 肺癌患者放化疗期间存在营养不良风险,以中后期最为明显,并已出现身体和生化营养指标的变化,以Hb和ALB最为明显,应加以监测和管理。

**【关键词】** 放射疗法; 药物疗法; 肺肿瘤; 营养评价

**基金项目:**浙江省医药卫生科技计划项目(2012KYA024)

**Analysis of nutritional status of 55 patients with lung cancer during radiotherapy** Wang Liqin, Xie Shuping, Shen Jiaqin, Wang Jin, Wu Yi.

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**【Abstract】 Objective** To provide the nurse care evidence of nutritional intervention in patients with lung cancer during radiotherapy and chemotherapy by analyzing the nutritional status of these patients. **Methods** 55 patients with lung cancer who received chemotherapy and radiotherapy were selected. The nutritional status of these patients were evaluated by laboratory examination data at the time of hospitalized, ongoing and the end of radiotherapy. **Results** The hemoglobin(Hb), albumin(ALB), body mass and body mass index(BMI) were (130.50±17.80)g/L, (41.02±5.68)g/L, (61.29±8.75)kg, (22.36±2.78)kg/m<sup>2</sup> respectively at admission; (115.90±19.00)g/L, (37.94±5.55)g/L, (59.95±9.05)kg, (21.86±2.86)kg/m<sup>2</sup> respectively during the course of radiotherapy; (110.40±19.40)g/L, (36.91±5.30)g/L, (58.91±9.30)kg, (21.48±2.99)kg/m<sup>2</sup> respectively at the end of radiotherapy. At different stages of radiotherapy, the nutritional index gradually decreased, the Hb was lower in the middle of the radiotherapy than on admission, the difference was significant( $t=8.611, P<0.05$ ). The Hb in the late stage of radiotherapy was lower than the middle, the difference was significant( $t=2.492, P<0.05$ ). Although the ALB in the latter stage of radiotherapy was lower than the middle, but the difference was not statistically significant( $t=1.464, P>0.05$ ), and the difference was significant compared with on admission( $t=4.815, P<0.05$ ). The weight of the patients in the middle period of radiotherapy was less than the time of admission, but the difference was not statistically significant( $t=0.781, P>0.05$ ). The weight of patients in the late stage of radiotherapy was lower

than the medium term, but the difference was not statistically significant as well ( $t = 0.601, P > 0.05$ ), and there was no significant difference compared with on admission ( $t = 1.382, P > 0.05$ ). The BMI of the patients with radiotherapy was lower than that at the time of admission, the difference was not statistically significant ( $t = 0.091, P > 0.05$ ). The BMI of patients with radiotherapy was lower than that in the medium term, whereas the difference was not statistically significant ( $t = 0.690, P > 0.05$ ), and the difference was not statistically significant compared with on admission ( $t = 1.599, P > 0.05$ ). The Hb ( $F = 16.643, P = 0.000$ ) and ALB ( $F = 7.736, P = 0.001$ ) decreased significantly in particular. **Conclusion** The risk of malnutrition in patients with lung cancer is exist during radiotherapy and chemotherapy, and it is obvious in the middle - late stage, the changes of physical and biochemical indexes have been appeared, and among them, Hb and ALB are the most obvious, so should be monitored and managed cause these data varied significantly.

**【Key words】** Radiotherapy; Drug therapy; Lung neoplasms; Nutrition assessment

**Fund program:** Medical and health science and technology project of Zhejiang Province (2012KYA024)

# 大黄穴位贴敷联合疏肝解郁药膳对慢性功能性便秘并抑郁焦虑状态的临床疗效观察

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**【摘要】 目的** 探讨大黄穴位贴敷联合疏肝解郁药膳对慢性功能性便秘合并抑郁焦虑状态患者的临床疗效。**方法** 选择慢性功能性便秘合并抑郁焦虑状态患者 120 例,根据随机数字表法分为对照组及观察组,各 60 例。对照组口服促进胃肠蠕动药物莫沙必利胶囊,联合口服通便药物大黄碳酸氢钠片。治疗组外用大黄穴位贴敷,同时口服疏肝解郁药膳。7 d 为 1 疗程,患者均治疗 4 个疗程。记录两组患者临床疗效,治疗前后排便间隔时间以及粪便性质、SAS、SDS 量表评分变化及生活质量(PAC-QOL)量表评分变化,及治疗过程中的不良反应。**结果** 观察组总有效率 90.00%,对照组总有效率为 91.67%,两组总有效率差异无统计学意义( $\chi^2 = 0.32, P > 0.05$ )。治疗前,两组排便时间及粪便性质评分等水平比较,差异无统计学意义( $t = 0.23, 0.33, 均 P > 0.05$ )。治疗后,两组两项积分均大幅度下降,但两组差异无统计学意义( $t = 0.18, 0.41, 均 P > 0.05$ )。治疗前,两组 SAS、SDS 量表评分水平比较,差异无统计学意义( $t = 0.78, 0.69, 均 P > 0.05$ )。治疗后,两组两项积分均大幅度下降,且观察组较对照组下降更为显著( $t = 4.18, 4.72, 均 P < 0.05$ )。治疗前,两组 PAC-QOL 量表各维度评分水平比较,差异无统计学意义( $t = 0.16, 0.21, 0.42, 0.20, 均 P > 0.05$ )。治疗后,两组各维度评分较治疗前均呈下降趋势,且观察组较对照组下降更为显著( $t = 2.10, 3.56, 2.76, 2.34, 均 P < 0.05$ )。对照组在治疗过程中,出现 2 例腹泻,3 例口干患者,予相关对症处理后好转,观察组患者在治疗过程中未出现严重不良反应。**结论** 大黄穴位贴敷联合疏肝解郁药膳治疗慢性功能性便秘合并抑郁焦虑状态患者,临床疗效显著,可显著改善患者抑郁焦虑状态评分,提高生活质量,且无明显不良反应发生,值得临床推广应用。

**【关键词】** 便秘; 穴位贴敷; 疏肝解郁; 抑郁焦虑状态

**基金项目:**浙江省舟山市医药卫生计生科技计划项目(2015A14)

## The clinical efficacy of rhubarb acupoint sticking joint liver qi stagnation diet for chronic functional constipation in patients with depressive anxiety Xu Yan, Zhang Li, Tang Yuehua.

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**【Abstract】 Objective** To investigate the clinical efficacy of rhubarb acupoint sticking joint shuganjieyu diet in the treatment of chronic functional constipation patients with depressive anxiety. **Methods** 120 patients of chronic functional constipation with depression anxiety were selected, they were randomly divided into control group and observation group, 60 cases in each group. The patients in the control group were given promoting gastrointestinal motility drugs mosapride capsules, and orally given laxatives rhubarb with sodium bicarbonate. The patients in the observation group were treated with topical rhubarb acupoint, and orally given medicated shuganjieyu diet. 7 days for a course of treatment, the patients were treated for four courses. The clinical efficacy of the two groups, defecation interval and fecal nature, SAS, SDS scale score changes and quality of life (PAC - QOL) scale score changes before and after treatment and adverse reactions during treatment were recorded. **Results** The total effective rate of the observation group was 90.00%, which of the control group was 91.67%, the difference between the two groups was not significant ( $\chi^2 = 0.32, P > 0.05$ ). Before treatment, the bowel movement and stool ratings between the two groups had no statistically significant differences ( $t = 0.23, 0.33, all P > 0.05$ ). After treatment, the two points of the two groups were significantly decreased, but the differences between the two groups were not significant ( $t = 0.18, 0.41, all P > 0.05$ ). Before treatment, the SAS, SDS scale scores between the two groups had no statistically significant differences

( $t=0.78, 0.69$ , all  $P>0.05$ ). After treatment, the SAS, SDS scores of the two groups were significantly decreased, which of the observation group decreased more significantly than those of the control group ( $t=4.18, 4.72$ , all  $P<0.05$ ). Before treatment, the PAC-QOL scale scores for each dimension level had no statistically significant differences ( $t=0.16, 0.21, 0.42, 0.20$ , all  $P>0.05$ ). After treatment, the dimensions of the two groups showed a decline trend, and those of the observation group decreased more significantly than the control group ( $t=2.10, 3.56, 2.76, 2.34$ , all  $P<0.05$ ). In the control group during the treatment, 2 cases of diarrhea, three cases of dry mouth, the patients were improved after given symptomatic treatment. No serious adverse event occurred during therapy in the observation group. **Conclusion** Rhubarb acupoint joint shuganjieyu diet in the treatment of chronic functional constipation patients with depression anxiety has significant clinical effect, which can significantly improve patients' depression and anxiety scores, quality of life, and without significant adverse reactions, it is worthy of clinical application.

**【Key words】** Constipation; Acupoint application; Shuganjieyu; Depression and anxiety

**Fund program:** Projects in Zhoushan city, Zhejiang province, medical and health science and technology project planning (2015A14)

# 不同剂量瑞舒伐他汀治疗青年缺血性卒中患者高脂血症和颈动脉粥样硬化斑块的临床效果比较

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**【摘要】** **目的** 比较不同剂量瑞舒伐他汀治疗青年缺血性卒中患者的高脂血症和颈动脉粥样硬化斑块疗效及安全性。**方法** 前瞻性研究患有高脂血症合并颈动脉不稳定斑块的青年缺血性卒中患者 264 例, 按照随机数字表法分为低剂量组、中剂量组、高剂量组, 每组 88 例, 各组患者均于每晚餐后顿服瑞舒伐他汀(托妥), 剂量分别为 5 mg、10 mg、20 mg, 疗程均为 8 个月, 观察三组患者的血脂和颈动脉粥样硬化斑块的变化, 并通过观察临床症状及监测不良反应来评估其安全性。**结果** 治疗前三组患者血脂及颈动脉粥样硬化斑块各指标比较, 差异均无统计学意义( $P > 0.05$ )。治疗后三组患者血脂各指标比较, 血清总胆固醇(TC)、三酰甘油(TG)和低密度脂蛋白(LDL-C)分别为高剂量组[(1.67 ± 0.68) mmol/L、(3.23 ± 0.53) mmol/L、(1.83 ± 0.62) mmol/L]、中剂量组[(1.93 ± 0.74) mmol/L、(3.73 ± 0.23) mmol/L、(2.24 ± 0.73) mmol/L]、低剂量组[(2.16 ± 0.77) mmol/L、(4.06 ± 0.93) mmol/L、(2.93 ± 0.35) mmol/L], 均较治疗前高剂量组[(2.79 ± 0.72) mmol/L、(5.40 ± 0.67) mmol/L、(3.64 ± 1.03) mmol/L]、中剂量组[(2.75 ± 0.81) mmol/L、(5.59 ± 0.95) mmol/L、(3.43 ± 0.92) mmol/L]、低剂量组[(2.83 ± 0.53) mmol/L、(5.84 ± 0.79) mmol/L、(3.83 ± 0.88) mmol/L]降低, 且高剂量组的 TC、TG 和 LDL-C 降低较中、低剂量组明显, 差异有统计学意义( $F = 6.61$ ,  $P < 0.05$ )。高剂量组总有效率 85.23%, 中剂量组总有效率 76.14%, 低剂量组总有效率 62.50%, 高剂量组的疗效优于低、中剂量组, 差异有统计学意义( $\chi^2 = 5.79$ ,  $P < 0.05$ )。治疗后三组 IMT、斑块面积及 Crouse 积分分别为高剂量组[(0.92 ± 0.41) mm、(0.52 ± 0.56) mm、(3.07 ± 0.58) mm]、中剂量组[(1.11 ± 0.52) mm、(0.60 ± 0.36) mm、(3.39 ± 0.83) mm]、低剂量组[(1.42 ± 0.87) mm、(0.81 ± 0.91) mm、(4.09 ± 0.77) mm], 均较治疗前高剂量组[(1.71 ± 0.89) mm、(0.86 ± 0.55) mm、(4.39 ± 0.19) mm]、中剂量组[(1.74 ± 1.03) mm、(0.89 ± 0.48) mm、(4.42 ± 0.53) mm]、低剂量组[(1.68 ± 0.96) mm、(0.87 ± 0.61) mm、(4.38 ± 0.22) mm]降低, 且高剂量组 IMT、斑块面积及 Crouse 积分降低较中、低剂量组明显, 差异有统计学意义( $F = 5.83$ ,  $P < 0.05$ )。高剂量组总有效率 78.41%, 中剂量组总有效率 52.27%, 低剂量组总有效率 30.68%, 高剂量组的疗效优于低、中剂量组, 差异有统计学意义( $\chi^2 = 5.37$ ,  $P < 0.05$ )。低剂量组发生 10 例(11.36%)不良反应, 中剂量组发生 12 例(13.64%)不良反应, 高剂量组 14 例(15.91%)发生不良反应; 各组之间不良反应发生率的比较, 差异无统计学意义( $P > 0.05$ ), 且均未见严重不良反应。**结论** 瑞舒伐他汀治疗高脂血症合并颈动脉粥样硬化斑块的青年缺血性卒中患者, 高剂量可以逆转斑块性质, 减少斑块厚度, 并降低血脂水平, 疗效明显优于中、低剂量, 且安全性好, 未见严重不良反应, 值得临床推广。

**【关键词】** 脑缺血; 高脂血症; 瑞舒伐他汀; 颈动脉粥样硬化斑块

**基金项目:** 江苏省徐州矿务集团有限公司科技项目(2014-59)

**Comparison of the clinical effect of different doses of rosuvastatin in the treatment of hyperlipidemia and carotid atherosclerotic plaque in young ischemic stroke patients** Wang Kai, Rong Liangqun, Wei Xiue.

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**【Abstract】 Objective** To observe the efficacy and safety of rosuvastatin in the treatment of hyperlipidemia and carotid atherosclerotic plaque in young ischemic stroke patients. **Methods** In prospective study, 264 young ischemic stroke patients with hyperlipidemia and carotid atherosclerotic plaque were randomly divided into low dose

group, middle dose group, high dose group, 88 cases in each group. All patients were given rosuvastatin immediately after dinner, in doses of 5mg, 10mg, 20mg, respectively, for eight months. Then, the changes of hyperlipidemia and carotid atherosclerotic plaque in the three groups were surveyed, and its safety by the observation of clinical symptoms and monitoring of adverse reactions after eight months were assessed. **Results** Before treatment, the blood fat and carotid atherosclerosis plaque index in the three groups had no statistically significant differences (all  $P > 0.05$ ). After treatment, the total cholesterol, triglycerides, low-density lipoprotein cholesterol of the high dose group were  $(1.67 \pm 0.68)$  mmol/L,  $(3.23 \pm 0.53)$  mmol/L,  $(1.83 \pm 0.62)$  mmol/L, which of the middle dose group were  $(1.93 \pm 0.74)$  mmol/L,  $(3.73 \pm 0.23)$  mmol/L,  $(2.24 \pm 0.73)$  mmol/L, which of the low dose group were  $(2.16 \pm 0.77)$  mmol/L,  $(4.06 \pm 0.93)$  mmol/L,  $(2.93 \pm 0.35)$  mmol/L. These indicators were decreased than before treatment [ $(2.79 \pm 0.72)$  mmol/L,  $(5.40 \pm 0.67)$  mmol/L,  $(3.64 \pm 1.03)$  mmol/L,  $(2.75 \pm 0.81)$  mmol/L,  $(5.59 \pm 0.95)$  mmol/L,  $(3.43 \pm 0.92)$  mmol/L and  $(2.83 \pm 0.53)$  mmol/L,  $(5.84 \pm 0.79)$  mmol/L,  $(3.83 \pm 0.88)$  mmol/L]. The decrease of the high dose group was higher than the middle and low dose group, the difference was statistically significant ( $F = 6.61, P < 0.05$ ). The effective rate of the high dose group was 85.23%. which of the middle dose group was 76.14%. The effective rate of the low dose group was 62.50%. The efficacy of the high dose group was better than the middle dose group and low dose group, the difference was statistically significant ( $\chi^2 = 5.79, P < 0.05$ ). After treatment, the intima-media thickness, plaque area and Crouse score of the high dose group were  $(0.92 \pm 0.41)$  mm,  $(0.52 \pm 0.56)$  mm,  $(3.07 \pm 0.58)$  mm, which of the middle dose group were  $(1.11 \pm 0.52)$  mm,  $(0.60 \pm 0.36)$  mm,  $(3.39 \pm 0.83)$  mm, which of the low dose group were  $(1.42 \pm 0.87)$  mm,  $(0.81 \pm 0.91)$  mm,  $(4.09 \pm 0.77)$  mm, which were decreased than before treatment [ $(1.71 \pm 0.89)$  mm,  $(0.86 \pm 0.55)$  mm,  $(4.39 \pm 0.19)$  mm,  $(1.74 \pm 1.03)$  mm,  $(0.89 \pm 0.48)$  mm,  $(4.42 \pm 0.53)$  mm and  $(1.68 \pm 0.96)$  mm,  $(0.87 \pm 0.61)$  mm,  $(4.38 \pm 0.22)$  mm]. The decrease of the high dose group was higher than the middle and low dose group, the difference was statistically significant ( $F = 5.83, P < 0.05$ ). The effective rate of the high dose group was 78.41%. The effective rate of the middle dose group was 52.27%. The effective rate of the low dose group was 30.68%. The efficacy of the high dose group was better than the middle dose group and low dose group, the difference was statistically significant ( $\chi^2 = 5.37, P < 0.05$ ). There were 10 cases (11.36%) had adverse reaction in the low dose group, 12 cases (13.64%) in the middle dose group, 14 cases (15.91%) in the high dose group. There was no statistically significant difference in incidence of adverse reactions among the three groups ( $P > 0.05$ ), and no serious adverse reaction was found. **Conclusion** The high dose rosuvastatin treatment can reverse the nature of plaque, decrease the thickness of the plaques and lower blood lipid of young ischemic stroke with hyperlipidemia and carotid atherosclerotic plaque, which is better than middle and low dose, and has better security. There is no serious adverse reaction. It is worth for clinical promotion.

**【Key words】** Brain ischemic; Hyperlipidemia; Rosuvastatin; Carotid atherosclerosis plaque

**Fund program:** Xuzhou coal mining group limited company science and technology program (2014-59)

# 压力性尿失禁患者经闭孔尿道中段无张力悬吊术后尿动力学检测分析

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**【摘要】 目的** 探讨经闭孔尿道中段无张力悬吊术后对压力性尿失禁患者尿动力学的影响。**方法** 选择 80 例压力性尿失禁患者,通过随机数字表法分为观察组(40 例)和对照组(40 例),对照组给予常规的药物治疗 + 功能锻炼,观察组在对照组的基础上加用经闭孔尿道中段无张力悬吊术。比较两组治疗前及治疗 2 个月后尿道动力学变化,比较临床疗效及复发率。**结果** 治疗后,观察组排尿时间比对照组长[(25.78 ± 4.15)s 比(21.42 ± 3.41)s,  $t = 3.465, P < 0.05$ ],平均尿流率低于对照组[(6.41 ± 1.14) mL/s 比(9.84 ± 1.79) mL/s,  $t = 10.222, P < 0.05$ ],功能性尿道长度、最大尿道关闭压均高于对照组[(38.94 ± 8.41)mm 比(33.47 ± 5.38)mm, (36.94 ± 9.21) cmH<sub>2</sub>O 比(31.73 ± 7.19) cmH<sub>2</sub>O,  $t = 3.465, 2.820$ , 均  $P < 0.05$ ];总有效率高于对照组(72.5% 比 70.0%,  $\chi^2 = 11.113, P < 0.05$ ),通过半年随访,观察组复发率低于对照组(0.0% 比 10.0%,  $\chi^2 = 4.210, P < 0.05$ )。**结论** 经闭孔尿道中段无张力悬吊术可明显改善压力性尿失禁患者的尿动力学,促进病情恢复,值得应用推广。

**【关键词】** 尿失禁,压力性; 尿道下悬吊术; 手术后期; 尿动力学

**基金项目:**浙江省宁波市科技计划项目(2012C50028)

## Detection and analysis of stress urinary incontinence patients after non - urethral suspension surgery in tension - free vaginal tape - obturator technique Lou Yingyi, Chen Xiaobo.

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**【Abstract】 Objective** To explore the influence of non - urethral suspension surgery in tension - free vaginal tape - obturator technique on patients with stress urinary incontinence. **Methods** 80 patients with stress urinary incontinence were researched, they were divided randomly into observation group (40 cases) and control group (40 cases). The control group was treated by conventional drug therapy + functional exercise, while the observation group was treated by tension - free vaginal tape - obturator technique on the basis of the control group. The urethral dynamics before and after two months treatment were compared, and the clinical therapeutic effect and recurrence rate were compared. **Results** After treatment, the voiding time of the observation group was longer than that of the control group[(25.78 ± 4.15)s vs. (21.42 ± 3.41)s,  $t = 3.465, P < 0.05$ ], the mean urinary flow rate was lower than the control group[(6.41 ± 1.14) mL/s vs. (9.84 ± 1.79) mL/s,  $t = 10.222, P < 0.05$ ]. The functional urethral length, maximum urethral closure pressure of the observation group were higher than those of the control group[(38.94 ± 8.41) mm vs. (33.47 ± 5.38) mm, (36.94 ± 9.21) cmH<sub>2</sub>O vs. (31.73 ± 7.19) cmH<sub>2</sub>O,  $t = 3.465, 2.820$ , all  $P < 0.05$ ]. The total effective rate of the observation group was higher than that of the control group(72.5% vs. 70.0%,  $\chi^2 = 11.113, P < 0.05$ ). After six months of follow - up, the recurrence rate of the observation group was lower than that of the control group(0.0% vs. 10.0%,  $\chi^2 = 4.210, P < 0.05$ ). **Conclusion** In patients with stress urinary incontinence, tension - free vaginal tape - obturator technique can significantly improve the urethral dynamics, promote recovery of illness, it is worthy of application and promotion.

**【Key words】** Suburethral slings; Postoperative period; Urodynamics; Urinary incontinence, stress

**Fund program:** Science and Technology Planning Project of Ningbo city, Zhejiang province(2012C50028)

# 早期低频训练对锚钉修复急性跟腱断裂临床效果的影响

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**【摘要】** **目的** 探讨早期低频训练对锚钉修复急性跟腱断裂临床效果的影响。**方法** 采用锚钉结合早期低频训练治疗急性跟腱断裂患者 35 例,其中男 28 例,女 7 例。年龄 18 ~ 37 岁,平均 26 岁。病程 2 h 至 5 d。所有患者触诊跟腱连续性中断,踝跖屈活动受限,Thompson 试验阳性,均行 MRI 检查确诊。**结果** 35 例患者获随访 12 ~ 18 个月,平均随访 14.5 个月。按照 Amer-Lindholm 评分标准,优 30 例,良 5 例,优良率 100%。术后所有患者伤口均一期愈合,无切口感染、裂开、腓肠神经损伤及再断裂等并发症发生。**结论** 早期低频训练对锚钉修复急性跟腱断裂安全可靠,能够使患者获得较好的功能结果。

**【关键词】** 早期训练; 跟腱; 锚钉; 手术

**基金项目:**上海市进一步加快中医药事业发展三年行动计划建设项目(ZY3-FWMS-2-1001)

**Influence of clinical results of early low frequency training for acute Achilles tendon rupture after anchors repair** Gong Shaohua, Shi Xiaobing, Bao Chaolu, Ma Tai, Wang Yuchi.

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**【Abstract】** **Objective** To investigate the influence of clinical results of early low frequency training for acute Achilles tendon rupture after anchors repair. **Methods** A total of 35 patients with acute Achilles tendon rupture were treated with early low frequency training after anchors repair, including 28 males and 7 females. Aged 18 to 37 years, mean 26 years old. Duration 2h to 5d from injury to therapy. All patients palpated the discontinuity of Achilles tendon, limitative activity of ankle plantar flexion, Thompson test was positive, and MRI examination was taken. **Results** 35 patients were followed up for 12 to 18 months, with an average follow - up of 14.5 months. According to the Amer - Lindholm score, excellent in 30 cases, good in 5 cases, the good rate was 100%. All the wounds were healed, without infection, dehiscence, sural nerve injury and re - rupture occurred. **Conclusion** Early low frequency training after anchors repair for acute Achilles tendon rupture is safe and reliable, patients can receive a better functional outcome.

**【Key words】** Early training; Achilles tendon; Anchor; Surgery

**Fund program:** Three years construction project to promote the development of Chinese medicine in Shanghai (ZY3 - FWMS - 2 - 1001)



# 高危型人乳头瘤状病毒基因亚型分布与宫颈上皮内瘤变的相关性分析

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**【摘要】** **目的** 研究高危型人乳头瘤状病毒(HPV)基因亚型分布与宫颈上皮内瘤变的相关性,旨在为临床提供风险评估的理论支持。**方法** 选取首次行 HPV 分型检测的 520 例高危型 HPV 感染患者作为受试对象。对所有受试对象进行 HPV 亚型测定和宫颈上皮内瘤变的病理学检查,分析不同亚型 HPV 占比和患者宫颈病变的占比以及相关性的结果。520 例患者 HPV 亚型结果表明,在 HPV 感染亚型中,HPV16、HPV18、HPV31 和 HPV58 感染占比较高(44.8%、19.2%、11.5% 和 16.7%),其他类型的感染相对较低。520 例 HPV 感染者中,CIN I 和 CIN II~III 以及宫颈鳞癌的患者较多,均超过总数的 15.0%,其他类型患者比例相对少。CIN II~III 段中,HPV16 感染亚型占比较高,超过 60.0%,而在其他宫颈上皮瘤变中较为接近,差异无统计学意义;在宫颈鳞癌中,HPV31 亚型的占比仅次于 HPV16(24.3%),显著高于宫颈腺癌中的占比(9.5%)( $\chi^2=3.821, P=0.049$ )。**结论** HPV 高危亚型感染患者宫颈癌变风险较高,需要特别重视,不同亚型感染患者宫颈上皮内瘤变风险不同,值得临床关注研究。

**【关键词】** 人乳头瘤状病毒亚型; 宫颈上皮内瘤变; 相关性分析

**基金项目:**浙江省天台县科技计划项目(2013C31XZ0019)

## Correlation analysis of human papilloma virus variant intratumoral high-risk subtypes and cervical intraepithelial distribution Jia Xiaoxia, Qiu Guijing.

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**【Abstract】** **Objective** To study the county high-risk women human papilloma virus (HPV) type distribution and subtypes of cervical intraepithelial neoplasia relevance, designed to provide a clinical risk assessment theoretical support. **Methods** 520 female patients with first visit high-risk HPV infection were selected. All subjects were HPV subtypes was measured and cervical intraepithelial neoplasia pathology, accounting analysis and correlation analysis and different subtypes of HPV accounting for patients with cervical lesions. **Results** 520 cases of HPV subtypes result patients showed that HPV infection subtypes, HPV16, HPV18, HPV31 and HPV58 infection higher proportion (44.8%, 19.2%, 11.5% and 16.7%), other types of infection was relatively low. 520 cases of HPV infection in patients with CIN I and CIN II-III and cervical squamous cell carcinoma was more, more than 15.0% of the total, a relatively small proportion of other types of cancer patients. In paragraph CIN II-III, HPV16 infection subtypes higher proportion of more than 60.0%, while the other was closer in cervical intraepithelial neoplasia, there was no difference between the written press and hold; in squamous cell carcinoma, accounting for HPV31 subtype only inferior HPV16(24.3%), which was significantly higher than the proportion of cervical adenocarcinoma(9.5%) ( $\chi^2=3.821, P=0.049$ ). **Conclusion** HPV infection in patients with high-risk subtypes higher risk of cervical lesions, require special attention, neoplasia different risks in different subtypes of patients infected cervical epithelium, clinical research is worth attention.

**【Key words】** HPV subtypes; Cervical intraepithelial neoplasia; Correlation analysis

**Fund Program:** Tiantai County, Zhejiang Science and Technology Project (2013C31XZ0019)

# 两种方案治疗幽门螺杆菌阳性活动性胃溃疡的临床效果比较

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**【摘要】 目的** 比较以奥美拉唑与雷贝拉唑为主两种四联药物方案治疗幽门螺杆菌(Hp)阳性活动性胃溃疡临床效果。**方法** 选取 Hp 阳性活动性胃溃疡患者 104 例,以随机抽样方法分为 A 组(52 例)和 B 组(52 例),分别在阿莫西林+克拉霉素+胶体果胶铋治疗基础上分别加用奥美拉唑和雷贝拉唑口服治疗;比较两组临床疗效,治疗后 7 d、14 d 及 28 d 症状缓解率、Hp 根除率,随访复发率及不良反应发生率。**结果** B 组临床治疗治愈率显著高于 A 组(36.54% 比 19.23%),差异有统计学意义( $\chi^2 = 8.74, P < 0.05$ );两组临床治疗总有效率比较差异无统计学意义( $P > 0.05$ );B 组治疗后 7 d 和 14 d 症状缓解率均显著高于 A 组(96.15% 比 76.92%, 96.15% 比 78.85%, 98.08% 比 82.69%; 98.08% 比 84.62%, 100.00% 比 82.69%, 100.00% 比 88.46%),差异有统计学意义( $\chi^2 = 8.74, 7.20, 7.91, 7.05, 6.86, 6.33$ , 均  $P < 0.05$ );B 组 Hp 清除率显著高于 A 组(92.31% 比 73.07%),差异有统计学意义( $\chi^2 = 9.24, P < 0.05$ );B 组随访复发率显著低于 A 组(7.69% 比 25.00%),差异有统计学意义( $\chi^2 = 10.62, P < 0.05$ );同时 B 组不良反应发生率显著低于 A 组(3.85% 比 13.46%),差异有统计学意义( $\chi^2 = 7.85, P < 0.05$ )。**结论** 相较于奥美拉唑,以雷贝拉唑为主四联药物方案治疗 Hp 阳性活动性胃溃疡可有效缓解消化道症状,促进溃疡病灶修复,提高 Hp 清除效果,避免远期复发,且有助于降低药物不良反应发生风险。

**【关键词】** 质子泵抑制剂; 幽门螺杆菌; 胃溃疡

**基金项目:**浙江省丽水市科技计划自筹项目(2014YWZC16)

## Comparison of the effects of two kinds of quadruple therapy in the treatment of patients with active gastric ulcer and Hp positive Li Xia, Wu Hongfu.

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**【Abstract】 Objective** To compare the clinical effect and safety of two kinds of quadruple therapy on the basis of omeprazole and rabeprazole in the treatment of patients with active gastric ulcer and Hp positive. **Methods** 104 patients with active gastric ulcer and Hp positive were chosen, and they were randomly divided into two groups including A group (52 patients) with omeprazole treatment, and B group (52 patients) with rabeprazole treatment on the basis of amoxicillin + clarithromycin + bismuth potassium citrate. The clinical efficacy, clinical symptom remission rate in 7d, 14d and 28d after treatment, HP eradication rate, recurrence rate with follow-up and adverse reaction incidence of 2 groups were compared. **Results** The clinical cure rate of B group was significantly higher than A group (36.54% vs. 19.23%) ( $\chi^2 = 8.74, P < 0.05$ ). There was no significant difference in the clinical total effective rate between the two groups ( $P < 0.05$ ). The clinical symptom remission rates in 7d and 14d after treatment of B group were significantly higher than A group (96.15% vs. 76.92%, 96.15% vs. 78.85%, 98.08% vs. 82.69%; 98.08% vs. 84.62%, 100.00% vs. 82.69%, 100.00% vs. 88.46%) ( $\chi^2 = 8.74, 7.20, 7.91, 7.05, 6.86, 6.33$ ; all  $P < 0.055$ ). The Hp eradication rate of B group was significantly higher than A group (92.31% vs. 73.07%) ( $\chi^2 = 9.24, P < 0.05$ ). The recurrence rate of B group was significantly lower than A group (7.69% vs. 25.00%) ( $\chi^2 = 10.62, P < 0.05$ ). The incidence rate of adverse reaction of B group was significantly lower than A group (3.85% vs. 13.46%) ( $\chi^2 = 7.85, P < 0.05$ ). **Conclusion** Compared with omeprazole, quadruple therapy on the basis of rabeprazole in the treatment of patients with active gastric ulcer and Hp positive can effectively relieve the digestive symptoms, promote ulcer repair process, higher the Hp removal effects, prevent the long-term recurrence and is helpful to reduce the adverse drug reactions risk.

**【Key words】** Proton pump inhibitor; Helicobacter pylori; Gastric ulcer

**Fund program:** Self-financing program of science and technology project of Lishui city in Zhejiang province (2014YWZC16)

# 微小 RNA-22 在食管癌和胃癌细胞及组织中的表达

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**【摘要】** **目的** 探讨微小 RNA-22(miRNA-22)在食管癌及胃癌组织和细胞株中的表达及临床意义。**方法** 采用实时定量 PCR 法分别检测人食管癌细胞系 ECA109、TE-1、TE-8、TE-13 及人正常食管上皮细胞 HEEC,48 例食管癌及癌旁组织、人胃癌细胞系 SGC-7901、MKN-45、NCI-N87、AGS、NUGC-3 和 SUN-1 及人胃黏膜上皮细胞系 GES-1、正常胃成纤维细胞 NSFC 和 88 例胃癌及癌旁组织中 miRNA-22 的表达。**结果** miRNA-22 在四种人食管癌细胞系中的表达明显低于人正常食管上皮细胞系,在六种人胃癌细胞系中的表达明显低于人胃黏膜上皮细胞系及正常胃成纤维细胞系。食管癌组织中 miRNA-22 相对表达量为  $(3.51 \pm 1.05)$ ,明显低于相应正常癌旁组织的  $(11.23 \pm 2.95)$ ,差异有统计学意义( $t = 18.13, P < 0.05$ ),胃癌组织中 miRNA-22 相对表达量为  $(2.15 \pm 1.23)$ ,明显低于相应正常癌旁组织的  $(9.14 \pm 2.86)$ ,差异有统计学意义( $t = 22.93, P < 0.05$ )。**结论** miRNA-22 在食管癌及胃癌组织及细胞中的表达明显低于癌旁正常组织及正常食管及胃上皮细胞,为进一步研究食管癌及胃癌的发病机制、早期诊断及药物治疗奠定了基础。

**【关键词】** 食管肿瘤; 胃肿瘤; 细胞株; 微小 RNA-22

**基金项目:**黑龙江省卫生和计划生育委员会科研课题(2014-129)

**Expression of miRNA - 22 in esophageal and gastric cancer tissues and cell lines** Hu Lihua, Chen Peng, Zhang Jianying, Zhang Jiye, Liu Dongjie.

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**【Abstract】** **Objective** To investigate the expression and clinical value of miRNA - 22 in esophageal and gastric cancer tissues and cell lines. **Methods** Realtime - PCR was performed to detect the expression of miRNA - 22 in human esophageal cancer cell lines ECA109, TE - 1, TE - 8, TE - 13 and normal esophageal epithelial cells HEEC,48 cases of esophageal cancer tissues and matched adjacent normal tissues, human gastric cancer cell lines SGC - 7901, MKN - 45, NCI - N87, AGS, NUGC - 3, SUN - 1, normal human gastric mucosa cell line GES - 1 and normal stomach fibroblastic cell NSFC,88 cases of gastric cancer tissues and matched adjacent normal tissues. **Results** The expression of miRNA - 22 was much less in four esophageal cancer cell lines than that of immortalized normal esophageal epithelial cells HEEC, and the expression of miRNA - 22 was much less in six gastric cancer cell lines than that of gastric mucosal epithelial cell line GES - 1 and normal stomach fibroblastic cell line NSFC. The esophageal cancer tissues showed aberrant down regulation of miRNA - 22 compared with the adjacent non - tumor tissues [ $(3.51 \pm 1.05)$  vs.  $(11.23 \pm 2.95)$ ,  $t = 18.13, P < 0.05$ ]. The gastric cancer tissues showed aberrant down regulation of miRNA - 22 compared with the adjacent non - tumor tissues [ $(2.15 \pm 1.23)$  vs.  $(9.14 \pm 2.86)$ ,  $t = 22.93, P < 0.05$ ]. **Conclusion** The expression of miRNA - 22 was much lower in esophageal and gastric cancer tissues and cell lines, which provided basement to nosogenesis, early diagnosis and create drug treatment of the cancers.

**【Key words】** Esophageal neoplasms; Gastric neoplasms; Cell lines; microRNA - 22

**Fund program:** Research project of Heilongjiang provincial Health and Family Planning Commission(2014 - 129)

# 不同剂量左布比卡因用于剖宫产术麻醉的安全性比较

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**【摘要】** 目的 探讨不同剂量左布比卡因应用在剖宫产手术麻醉时的最适宜剂量。方法 将 120 例行剖宫产手术的产妇采用数字表法随机分为 A、B、C 三组,每组各 40 例,其中 A 组蛛网膜下腔给予 0.5% 左布比卡因 1.5 mL(7.5 mg),B 组给予 0.5% 左布比卡因 2.0 mL(10.0 mg),C 组给予 0.5% 左布比卡因 2.5 mL(12.5 mg),记录三组产妇麻醉效果。结果 A 组麻醉后 5 min 中心静脉压( $79.47 \pm 10.65$ ) mmHg,心率( $83.94 \pm 8.21$ )次/min,血氧饱和度( $98.16 \pm 1.17$ )%;B 组麻醉后 5 min 中心静脉压( $76.38 \pm 10.15$ ) mmHg,心率( $84.03 \pm 8.19$ )次/min,血氧饱和度( $98.48 \pm 1.06$ )%;C 组麻醉后 5 min 中心静脉压( $66.28 \pm 18.49$ ) mmHg,心率( $76.38 \pm 5.68$ )次/min,血氧饱和度( $95.03 \pm 0.45$ )%;A 组麻醉后 10 min 中心静脉压( $83.54 \pm 10.03$ ) mmHg,心率( $84.03 \pm 8.34$ )次/min,血氧饱和度( $98.25 \pm 1.19$ )%;B 组麻醉后 10 min 中心静脉压( $82.46 \pm 10.11$ ) mmHg,心率( $83.95 \pm 8.24$ )次/min,血氧饱和度( $98.04 \pm 1.15$ )%;C 组麻醉后 10 min 中心静脉压( $69.06 \pm 17.03$ ) mmHg,心率( $74.19 \pm 5.48$ )次/min,血氧饱和度( $94.85 \pm 0.41$ )%。其中 A 组和 B 组心脏功能指标变化与 C 组间差异均有统计学意义( $F = 5.165, 6.487, 7.125, 6.145, 5.378, 4.687$ ,均  $P < 0.05$ )。A 组麻醉优 9 例,良 17 例,差 14 例;B 组麻醉优 24 例,良 13 例,差 3 例;C 组麻醉优 28 例,良 11 例,差 1 例,其中 B 组和 C 组麻醉效果显著优于 A 组( $\chi^2 = 4.887, P < 0.05$ )。A 组发生低血压 1 例,心动过缓 2 例,恶心呕吐 2 例,呼吸困难 0 例;B 组发生低血压 2 例,心动过缓 2 例,恶心呕吐 3 例,呼吸困难 1 例;C 组发生低血压 15 例,心动过缓 11 例,恶心呕吐 14 例,呼吸困难 7 例,其中 C 组各项不良反应发生率高于 A 组和 B 组( $\chi^2 = 4.168, 5.122, 4.784, 4.896$ ,均  $P < 0.05$ )。结论 采用左布比卡因腰硬联合麻醉应用在剖宫产手术中麻醉效果和剂量有关,剂量越大麻醉效果越强,但是对循环干扰越大,采用 10 mg 剂量的等比重左布比卡因更为适宜,值得在临床上推广应用。

**【关键词】** 剖宫产术; 麻醉; 左布比卡因

基金项目:浙江省温州市科技计划项目(Y20150239)

## Comparison of the safety of different doses of bupivacaine combined with epidural anesthesia for delivery women undergoing cesarean operation Dai Yiru, Chen Hongfei.

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**【Abstract】 Objective** To explore the safety of different doses of bupivacaine combined with epidural anesthesia for delivery women undergoing cesarean operation. **Methods** A total of 120 cases of parturient women with cesarean section surgery were randomly divided into A, B, C three groups (40 cases in each group). A group was subarachnoidly given 0.5% levobupivacaine 1.5mL (7.5mg), B group was given 0.5% levobupivacaine 2.0mL (10.0mg), C group was given 0.5% levobupivacaine 2.5mL (12.5mg). The anesthesia effect in three groups was recorded. **Results** 5 min after anesthesia, the central venous pressure, heart rate, blood oxygen saturation in A group were ( $79.47 \pm 10.65$ ) mmHg, ( $83.94 \pm 8.21$ ) times/min, ( $98.16 \pm 1.17$ )%, which in B group were ( $76.38 \pm 10.15$ ) mmHg, ( $84.03 \pm 8.19$ ) times/min, ( $98.48 \pm 1.06$ )%, which in C group were ( $66.28 \pm 18.49$ ) mmHg, ( $76.38 \pm 5.68$ ) times/min, ( $95.03 \pm 0.45$ )%. 10 min after anesthesia, the central venous pressure, heart rate, blood oxygen saturation in A group were ( $83.54 \pm 10.03$ ) mmHg, ( $84.03 \pm 8.34$ ) times/min, ( $98.25 \pm 1.19$ )%, which in B group were ( $82.46 \pm 10.11$ ) mmHg, ( $83.95 \pm 8.24$ ) times/min, ( $98.04 \pm 1.15$ )%, which in C group were

( $69.06 \pm 17.03$ ) mmHg, ( $74.19 \pm 5.48$ ) times/min, ( $94.85 \pm 0.41$ )%, the changes of heart function index in A group and B group had statistically significant differences compared with those in C group ( $F = 5.165, 6.487, 7.125, 6.145, 5.378, 6.145$ , all  $P < 0.05$ ). In A group, excellent anesthesia in 9 cases, good in 17 cases, and poor in 14 cases; those in B group were 24 cases, 13 cases, 3 cases; those in C group were 28 cases, 11 cases and 1 case. The anesthesia effect of B group and C group was significantly higher than A group ( $\chi^2 = 4.887, P < 0.05$ ). In A group, hypotension occurred in 1 case, bradycardia in 2 cases, 2 cases had nausea and vomiting, shortness of breath 0 case. In B group, hypotension occurred in 2 cases, 2 cases of bradycardia, nausea and vomiting 3 cases, difficulty in breathing in 1 case. In C group, 15 cases of hypotension, bradycardia in 11 cases, 14 cases had nausea and vomiting, dyspnea in 7 cases. The incidence rate of adverse reactions of C group was higher than A group and B group ( $\chi^2 = 4.168, 5.122, 4.784, 5.122$ , all  $P < 0.05$ ). **Conclusion** The anesthesia effects of levobupivacaine combined spinal and epidural anesthesia in cesarean section surgery is related with dosage, the greater the dosage, the anesthesia effect is stronger, but the circulation disturbance, the greater the use the share such as 10mg dose of levobupivacaine is more suitable, worthy of popularization and application in clinic.

**【Key words】** Cesarean section; Anesthesia; Levobupivacaine

**Fund program:** Science and Technology Planning Project of Wenzhou city, Zhejiang province (Y20150239)

# 误诊为多发性肌炎的内分泌性肌病 20 例分析

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**【摘要】 目的** 通过对被误诊为多发性肌炎的内分泌性肌病患者的临床资料分析,探讨误诊原因,提高对内分泌性肌病的诊治水平。**方法** 采用访视追踪、复查观察及病历资料查询等方法对以近端肌无力为主要表现而被误诊为多发性肌炎的内分泌性肌病 20 例病例资料进行回顾性分析。**结果** 误诊的疾病种类主要为甲状腺疾病 18 例(甲状腺功能减退 13 例,甲状腺功能亢进 5 例),甲状旁腺疾病 2 例(甲状旁腺功能亢进 1 例,甲状旁腺功能减退 1 例)。**结论** 掌握多发性肌炎与内分泌性肌病的鉴别要点,提高医生鉴别诊断的能力,可避免误诊。

**【关键词】** 多发性肌炎; 肌疾病,内分泌性; 误诊

**Analysis of 20 cases with endocrine myopathy misdiagnosed as polymyositis** Li Zhenghan, Xu Binhua, Wang Wei, Su Jingying.

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**【Abstract】 Objective** To investigate the causes of misdiagnosis and improve the level of diagnosis and treatment for endocrine myopathy, through the study the clinical data of 20 patients with endocrine myopathy who were misdiagnosed as polymyositis were analyzed. **Methods** 20 cases were retrospectively analyzed who suffered from proximal weakness as the main performance and misdiagnosed as polymyositis, through the method of supervision to track, review of the observation and methods of medical record information query. **Results** The main types of diseases which were misdiagnosed including 18 patients of thyroid diseases (13 patients of hypothyroidism, 5 patients of hyperthyroidism), 2 patients of parathyroid disease (1 patient of hyperparathyroidism, 1 patient of hypoparathyroidism). **Conclusion** Mastering polymyositis and endocrine myopathy in the identification of main points, improving the ability of differential diagnosis, so that doctor can avoid misdiagnosis.

**【Key words】** Polymyositis; Muscular diseases, endocrine; Diagnostic errors

# 抗血小板聚集药在血管造影阴性蛛网膜下腔出血应用中的风险探讨

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**【摘要】** **目的** 探讨抗血小板聚集药是否增加蛛网膜下腔出血(SAH)发病后并发症及其与预后的相关性。**方法** 回顾性分析行全脑血管造影证实为血管造影阴性的 SAH 患者 420 例,采用改良 Rankin 量表评分(mRS)评判预后。**结果** 420 例患者中,63 例行脑血管造影确诊为自发性 SAH。有抗血小板聚集药使用史的患者中,血管造影阴性 SAH(18/63,28.6%)明显多于血管造影阳性 SAH 的患者(39/357,11.0%; $P=0.001$ )。血管造影阴性 SAH 患者中,有抗血小板聚集药使用史的患者(20/63,31.7%)较无抗血小板聚集药使用史的患者(12/63,20.0%)发病后 14 d 预后更差( $P=0.017$ )。多因素分析显示,经校正性别、年龄、Hunt-Hess 评分后,抗血小板聚集药使用史仍然是预测不良预后的显著指标( $OR=2.3,95\% CI 1.15 \sim 5.88, P=0.029$ )。**结论** 抗血小板聚集药与血管造影阴性 SAH 早期预后相关,但与长期预后无显著相关。将来的前瞻性研究应进一步证实。

**【关键词】** 血小板聚集抑制剂; 阴性反应; 脑血管造影术; 蛛网膜下腔出血

## The risk assessment of antiplatelet medications in angiogram – negative subarachnoid hemorrhage

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**【Abstract】** **Objective** The influence of antiplatelet medications on prognosis after non – aneurysmal subarachnoid hemorrhage(SAH) is unknown. This study aimed to evaluate the risk of antiplatelet medications in developing SAH. **Methods** 420 patients who underwent catheter cerebral angiography after presenting with nontraumatic SAH were included. Outcomes were assessed by using the modified Rankin scale. **Results** A total of 420 patients underwent catheter angiography for evaluation of SAH. Of these, 63 cases (15%) were angiogram – negative. The fraction of patients presenting with angiogram – negative SAH as well as the frequency of antiplatelet use among these patients significantly increased during the study period. Antiplatelet use was more commonly associated with angiogram – negative SAH(18/63,28.6%) than with angiogram – positive SAH(39/357,11%; $P=0.001$ ). At 14 days after presentation, poor outcome was significantly more frequent among patients who took antiplatelet agents (20/63, 31.7%) than among those who did not(12/63,20%; $P=0.017$ ). **Conclusion** Antiplatelet medication use is associated with poor early, but not late, outcomes after angiogram – negative SAH. More studies are needed to confirm this association.

**【Key words】** Platelet aggregation inhibitors; Negative reactions; Cerebral angiography; Subarachnoid hemorrhage

# 无创通气联合支气管镜肺泡灌洗治疗慢性阻塞性肺疾病急性发作伴呼吸衰竭的效果观察

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**【摘要】 目的** 探讨无创通气联合支气管镜肺泡灌洗治疗慢性阻塞性肺疾病急性发作(AECOPD)伴呼吸衰竭的临床效果。**方法** 选取70例AECOPD伴呼吸衰竭患者作为研究对象,采用数字表法随机分为对照组35例和观察组35例,两组患者均给予常规治疗,对照组加用无创通气治疗,观察组在对照组基础上行纤维支气管镜肺泡灌洗,比较两组血气指标、插管率、住院时间及有创通气时间。**结果** 治疗后,对照组氧分压( $\text{PaO}_2$ )、二氧化碳分压( $\text{PaCO}_2$ )分别为( $61.20 \pm 11.23$ )mmHg、( $56.27 \pm 15.42$ )mmHg,观察组分别为( $73.04 \pm 8.58$ )mmHg、( $47.25 \pm 11.18$ )mmHg,两组治疗后 $\text{PaO}_2$ 、 $\text{PaCO}_2$ 均明显改善,但观察组明显优于对照组,差异均有统计学意义( $t=4.956, 2.802$ , 均 $P<0.05$ )。观察组插管率为5.71%,低于对照组的22.85%,两组差异有统计学意义( $\chi^2=4.200, P<0.05$ )。两组总插管率差异无统计学意义( $P>0.05$ )。对照组有创通气时间、住院时间分别为( $8.19 \pm 3.92$ )d、( $10.43 \pm 4.11$ )d,均长于观察组的( $6.21 \pm 1.43$ )d、( $8.30 \pm 1.68$ )d,差异均有统计学意义( $t=2.807, 2.838$ , 均 $P<0.05$ )。**结论** 无创通气联合支气管镜肺泡灌洗可有效改善AECOPD伴呼吸衰竭患者的血气指标及早期插管率,有创通气时间及住院时间较短,值得推广。

**【关键词】** 肺疾病,慢性阻塞性; 呼吸衰竭; 无创通气; 支气管镜检查

## Effects of noninvasive ventilation combined with bronchoalveolar lavage in patients with AECOPD with respiratory failure Liu Yu.

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**【Abstract】 Objective** To investigate the application effects of noninvasive ventilation combined with bronchoalveolar lavage in patients with AECOPD with respiratory failure. **Methods** 70 patients with AECOPD and respiratory failure were chosen, and they were divided into control group and observation group, both two groups were treated with routine treatment, the control group combined with noninvasive ventilation, the observation group combined with bronchoalveolar lavage on the basis of the control group. Blood gas index, intubation rate, hospital stay and time of invasive ventilation between the two group were compared. **Results** After treatment,  $\text{PaO}_2$  and  $\text{PaCO}_2$  in the control group were ( $61.20 \pm 11.23$ )mmHg, ( $56.27 \pm 15.42$ )mmHg, which in the observation group were ( $73.04 \pm 8.58$ )mmHg, ( $47.25 \pm 11.18$ )mmHg.  $\text{PaO}_2$  and  $\text{PaCO}_2$  of the two groups were improved compared with before treatment, which of the observation group were better than the control group, the differences were statistically significant ( $t=4.956, 2.802$ , all  $P<0.05$ ). Intubation rate of the observation group was 5.71%, which was 22.85% in the control group, the difference between the two groups was statistically significant ( $\chi^2=4.200, P<0.05$ ). Total intubation rate had no significant difference between the two groups ( $P>0.05$ ). Invasive ventilation time, hospital stay in the control group were ( $8.19 \pm 3.92$ )d, ( $10.43 \pm 4.11$ )d, which were higher than ( $6.21 \pm 1.43$ )d, ( $8.30 \pm 1.68$ )d in the observation group, the differences were statistically significant ( $t=2.807, 2.838$ , all  $P<0.05$ ). **Conclusion** Noninvasive ventilation combined with bronchoalveolar lavage could effectively improve the serum index and early intubation rate, and with short invasive ventilation time and hospital stay, it is worth promoting.

**【Key words】** Pulmonary disease, chronic obstructive; Respiratory failure; Noninvasive ventilation; Bronchoscopy



# 个体化营养支持治疗重症急性胰腺炎疗效观察

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**【摘要】 目的** 了解个体化营养支持治疗重症急性胰腺炎的疗效,为该疾病提供有效的营养支持疗法。**方法** 97 例重症急性胰腺炎患者被随机分为观察组 51 例和对照组 46 例;对照组给予标准全胃肠外营养支持;观察组给予相同热量、氮量的阶段性个体化营养支持。在治疗前后检测两组的血红蛋白(Hb)、白蛋白(ALB)、前白蛋白(PA)、转铁蛋白(TFN)水平。观察两组的血淀粉酶恢复时间、恢复经口进食时间、住院时间和住院费用,观察两组治疗期间胃肠道并发症发生情况。**结果** 与治疗前相比,观察组和对照组治疗后的 Hb、ALB、PA、TFN 均升高( $t=4.114,7.540,5.556,8.307$  和  $1.994,3.970,2.906,5.099$ , 均  $P<0.05$ );治疗后观察组的 ALB、PA、TFN 均高于对照组( $t=2.249,2.256,3.630$ , 均  $P<0.05$ );观察组的血淀粉酶恢复时间、恢复经口进食时间、住院时间、住院费用均低于对照组( $t=3.191,5.245,4.846,8.762$ , 均  $P<0.05$ )。观察组的胃肠道并发症发生率 11.8% (6/51),对照组的胃肠道并发症发生率 15.2% (7/46),两组差异无统计学意义( $\chi^2=0.248, P>0.05$ )。**结论** 在治疗重症急性胰腺炎中,个体化营养支持具有更好的疗效,并发症发生率较低,具有良好的临床应用价值。

**【关键词】** 营养疗法; 胰腺炎; 肠外营养支持; 肠内营养支持

**The effect of individualized nutritional support in the treatment of severe acute pancreatitis** Yu Wubin, Gao Ming, Ding Qiong.

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**【Abstract】 Objective** To learn the effect of individualized nutritional support in the treatment of severe acute pancreatitis and provide an effective nutritional support therapy for the disease. **Methods** 97 patients of severe acute pancreatitis were randomly divided into 51 cases of observation group and 46 cases of control group. The control group was given standard parenteral nutrition. The observation group was given the same heat and support stage of individual nutrition nitrogen. Hemoglobin (Hb), albumin (ALB), pre albumin (PA) and transferrin (TFN) of the two groups were detected before and after treatment. The recovery time of serum amylase, resumed oral intake time, hospitalization time and hospitalization expenses of the two groups were observed. The occurrence of gastrointestinal complications was observed in the two groups during the treatment period. **Results** Compared with before treatment, after treatment Hb, ALB, PA, TFN of the two groups were significantly increased ( $t=4.114,7.540,5.556,8.307$  and  $1.994,3.970,2.906,5.099$ , all  $P<0.05$ ). After treatment, ALB, PA, TFN of the observation group were higher than the control group ( $t=2.249,2.256,3.630$ , all  $P<0.05$ ). After treatment, recovery time of serum amylase, resumed oral intake time, hospitalization time and hospitalization expenses of the observation group were lower than the control group ( $t=3.191,5.245,4.846,8.762$ , all  $P<0.05$ ). The incidence rate of gastrointestinal complications of the observation group was 11.8% (6/51), and that of the control group was 15.2% (7/46), the difference was not statistically significant ( $\chi^2=0.248, P>0.05$ ). **Conclusion** In the treatment of severe acute pancreatitis, individualized nutritional support has better curative effect, low incidence of complications, with good clinical application value.

**【Key words】** Nutrition therapy; Pancreatitis; Parenteral nutrition support; Enteral nutrition support

# 改良三维钛网在颅骨修补术中的应用

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**【摘要】** **目的** 探讨应用改良计算机辅助设计数字化成形三维钛网在颅骨修补术中的作用,降低术后硬膜外血肿及硬膜外积液的发生率。**方法** 回顾性分析应用三维钛网进行颅骨修补患者 93 例的临床资料,根据修补材料不同分为两组,常规组 49 例使用的修补材料为常规三维钛网,观察组 44 例使用的修补材料为改良后的三维钛网,比较两组临床效果。**结果** 常规组术后出现硬膜外血肿 4 例,硬膜外积液 1 例;观察组术后无术后出血及积液发生。两组术后硬膜外血肿及积液发生率差异有统计学意义( $\chi^2 = 4.745, P = 0.029$ )。常规组与观察组术后均有 1 例发生感染,两组差异无统计学意义( $\chi^2 = 0.001, P = 1.000$ )。**结论** 颅骨修补术中应用改良三维钛网可以有效地减少术后硬膜外血肿及积液的发生,提高手术疗效。

**【关键词】** 颅骨修补术; 三维钛网; 血肿,硬膜外,颅内

**Application of modified three - dimensional titanium mesh in skull repair** Jiang Lai, Yang Chunlin, Chen Shaojun, Zheng Gang, Guan Yuhua, Huang Xin.

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**【Abstract】** **Objective** To explore the role of the improved computer aided design of the digital three - dimensional titanium mesh in the repair of skull, to reduce the incidence of postoperative epidural hematoma and epidural fluid. **Methods** Retrospective analysis of 93 cases of skull repair using the three - dimensional titanium mesh was conducted. 49 cases in the conventional group used the conventional three - dimensional titanium mesh. 44 cases in the observation group were given the improved three - dimensional titanium mesh. The clinical effect of the two groups was observed. **Results** In the conventional group, postoperative epidural hematoma occurred in 4 cases, 1 case of epidural fluid. All patients were fine in the observation group. The improved three - dimensional titanium mesh could reduce the incidence of epidural hematoma and effusion ( $\chi^2 = 4.745, P = 0.029$ ). The conventional group and the observation group both had one case of infection after operation, there was no significant difference between the two groups ( $\chi^2 = 0.001, P = 1.000$ ). **Conclusion** The improved three - dimensional titanium mesh can effectively reduce the incidence of postoperative complications and improve the curative effect of the operation.

**【Key words】** Repair of skull; Three - dimensional titanium mesh; Hematoma, epidural, cranial

# 磁共振 T2-mapping 及弥散加权成像在膝关节早期软骨退变诊断中的应用

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**【摘要】 目的** 探讨磁共振 T2-mapping 及弥散加权成像(DWI)成像在膝关节早期软骨退变诊断中的应用价值。**方法** 选取临床拟诊早期膝关节炎患者 56 例,设定为观察组,另选择 56 例健康志愿者为健康对照组,分别对两组对象进行膝关节磁共振 T2-mapping 以及 DWI 成像,采集两组对象的 T2 值和 ADC 值,并进行比对分析。**结果** 观察组 T2 值在股骨内侧面( $37.18 \pm 4.09$ )、胫骨内侧面( $32.16 \pm 2.75$ )以及髌骨面( $34.56 \pm 4.21$ )显著低于健康对照组的股骨内侧面( $49.87 \pm 5.02$ )、胫骨内侧面( $47.34 \pm 5.01$ )、髌骨面( $51.23 \pm 5.19$ )( $t = 20.16, 18.36, 23.65$ , 均  $P < 0.05$ )。**结论** 磁共振 T2-mapping 及 DWI 成像可以发现早期膝关节软骨退变会导致 T2 与 ADC 值上升,因此对还未出现软骨形态学改变的软骨损伤有较高的检测价值。

**【关键词】** 磁共振成像; 软骨; 骨关节炎,膝

**The application of magnetic resonance T2 – mapping and DWI imaging in diagnosis of early cartilage degeneration of the knee joint** Jiang Shizhong, Yu Zhuping, Xia Hua.

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**【Abstract】 Objective** To study the application of magnetic resonance T2 – mapping and diffusion weighted imaging(DWI) in diagnosis of early cartilage degeneration of the knee joint. **Methods** 56 patients with clinical intends to diagnosis of early osteoarthritis of the knee were set as observation group, another 56 healthy volunteers were selected as healthy control group. The subjects of the two groups were given knee MRI T2 mapping and DWI, the T2 acquisition value and ADC value of the two groups were analyzed and compared. **Results** In the observation group, the side of the femoral ( $37.18 \pm 4.09$ ), lateral tibial ( $32.16 \pm 2.75$ ) and hip ( $34.56 \pm 4.21$ ) were significantly lower than those in the healthy control group [ femoral side ( $49.87 \pm 5.02$ ), tibial side ( $47.34 \pm 5.01$ ), hip surface ( $51.23 \pm 5.19$ ) ] ( $t = 20.16, 18.36, 23.65$ , all  $P < 0.05$ ). **Conclusion** Magnetic resonance T2 – mapping and DWI imaging can be found in the early knee cartilage degeneration, can lead to the rise of T2 and ADC value, so there is no cartilage damage to the cartilage damage.

**【Key words】** Magnetic resonance imaging; Cartilage; Osteoarthritis, knee

# 血清超敏 C 反应蛋白与老年人缺血性脑卒中的相关性分析

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**【摘要】** **目的** 探讨血清超敏 C 反应蛋白与老年人缺血性脑卒中的相关性。**方法** 选择急性脑梗死患者 120 例为脑梗死组,选择同期体检的健康老年人 100 例为对照组。对两组血清中的超敏 C 反应蛋白水平进行检测,对不同脑梗死面积、不同神经功能缺损评分患者的血清超敏 C 反应蛋白水平进行分析。**结果** 脑梗死组血清超敏 C 反应蛋白水平为  $(10.17 \pm 3.13)$  mg/L,显著高于对照组  $[(0.81 \pm 0.24)$  mg/L],差异有统计学意义 ( $t = 29.82, P < 0.05$ );随着脑梗死患者梗死灶容积的增大和神经功能缺损评分的增加,患者血清超敏 C 反应蛋白的水平逐渐升高 ( $P = 0.01$ )。**结论** 老年缺血性脑卒中患者血清中超敏 C 反应蛋白水平高于健康人,且梗死灶容积越大、神经功能缺损越严重,血清超敏 C 反应蛋白水平越高,对于缺血性脑卒中的早期诊断有一定的借鉴意义。

**【关键词】** C 反应蛋白质; 卒中; 老年人

## Correlation analysis of serum high – sensitivity C – reactive protein and ischemic stroke in elderly people

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**【Abstract】** **Objective** To explore the correlation of serum high – sensitivity C – reactive protein and ischemic stroke in elderly people. **Methods** 120 patients with acute cerebral infarction were selected as the cerebral infarction group, 100 healthy people taken examination at the same period were selected as the control group. The levels of serum high – sensitivity C – reactive protein in the two groups were detected, and the serum high – sensitivity C – reactive protein levels in patients with different cerebral areas and different neurological function scores were analyzed. **Results** Serum high – sensitivity C – reactive protein level in the cerebral infarction group was  $(10.17 \pm 3.13)$  mg/L, which was significantly higher than that of the control group  $[(0.81 \pm 0.24)$  mg/L], the difference was statistically significant ( $t = 29.82, P < 0.05$ ). And the serum high – sensitivity C – reactive protein level was gradually increased with cerebral infarct volume increased and the deepening of neurological deficits ( $P = 0.01$ ). **Conclusion** The serum high – sensitivity C – reactive protein level in elderly patients with ischemic stroke was higher than healthy people, the larger the infarct volume and the more severe neurological deficits, the higher sensitivity C – reactive protein levels, it is worthy of reference.

**【Key words】** C – reactive protein; Stroke; Aged

# 肿瘤坏死因子受体相关因子 6 在食管癌组织中的表达及意义

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**【摘要】** **目的** 探讨肿瘤坏死因子受体相关因子 6 (TRAF6) 在食管癌组织中的表达及临床意义。**方法** 收集 72 例食管癌患者的临床资料, 采用免疫组织化学方法测定 TRAF6 在食管癌及其癌旁正常组织中的表达, 并探讨其与临床病理特征的关系。**结果** TRAF6 在食管癌组织中阳性表达率为 66.13%, 显著高于正常组织中的 13.89%, 差异有统计学意义 ( $\chi^2 = 56.850, P < 0.01$ ), TRAF6 表达水平与食管癌临床分期、淋巴结转移存在明显相关性 ( $\chi^2 = 6.818, 4.428$ , 均  $P < 0.05$ ); 但其与年龄、性别、肿瘤分化程度无明显相关性。**结论** TRAF6 在食管癌中的表达水平明显升高, 且与患者临床病理特征存在明显相关性。

**【关键词】** 食管肿瘤; 肿瘤坏死因子受体相关肽和相关蛋白质类; 免疫组织化学

**Expression of tumor necrosis factor receptor associated factor 6 in human esophageal carcinoma and its clinical significance** Zheng Tianliang, Zhao Song, Guo Haizhou, Cui Guanghui.

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**【Abstract】** **Objective** To investigate the expression and clinical significance of tumor necrosis factor receptor associated factor 6 (TRAF6) in human esophageal cancer. **Methods** The clinical data of 72 patients with esophageal cancer were collected. Immunohistochemistry method was used to determine TRAF6 expression in esophageal carcinoma and its adjacent normal tissue, and its relationship with clinical pathological features was explored. **Results** The TRAF6 positive expression rate in esophageal cancer tissue was 66.13%, which was significantly higher than that of normal tissue (13.89%), the difference between the two groups was statistically significant ( $\chi^2 = 56.850, P < 0.01$ ). And TRAF6 expression level was significantly correlated with esophageal cancer clinical staging, lymph node metastasis ( $\chi^2 = 6.818, 4.428$ , all  $P < 0.05$ ), but TRAF6 expression was not correlated with age, sex, tumor differentiation. **Conclusion** The expression level of TRAF6 in esophageal carcinoma was significantly increased, and there was a significant correlation between the TRAF6 expression level and clinical pathological characteristics.

**【Key words】** Esophageal neoplasms; Tumor necrosis factor receptor - associated peptides and proteins; Immunohistochemistry

# 动态增强 CT、MRI 对肾上腺肿瘤的鉴别诊断价值比较

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**【摘要】 目的** 比较动态增强 CT、MRI 对肾上腺肿瘤的鉴别价值。**方法** 选择经术后病理证实为肾上腺肿瘤患者 62 例,所有患者均行平扫及动态增强 CT、MRI 检查,对比两种检查方法对肾上腺肿瘤定性及定位诊断准确率,对比两种检查方法下肾上腺腺瘤与非腺瘤的肿瘤廓清率。**结果** 增强 CT 定位、定性检查正确率为别为 96.77%、90.57%,分别略高于增强 MRI 的 91.94%、86.79%,但两者差异均无统计学意义( $\chi^2 = 0.479, 0.376$ , 均  $P > 0.05$ );与 MRI 检查相比较,53 个肾上腺腺瘤与 9 个非腺瘤的绝对廓清率及相对廓清率在增强 CT 延时 5 min 时差异均有统计学意义( $t = 2.962, 2.018$ , 均  $P < 0.05$ ),53 例肾上腺腺瘤与 9 例非腺瘤的矫正廓清率在增强 MRI 延时 5 min 分别为  $(33.41 \pm 20.17)\%$ 、 $(14.74 \pm 12.16)\%$ ,差异有统计学意义( $t = 2.684, P < 0.05$ )。**结论** 动态增强 CT、MRI 对肾上腺肿瘤的鉴别诊断水平较高,两种检查方法对其定位与定性诊断正确率均较高,是可靠的诊断肾上腺肿瘤手段。

**【关键词】** 体层摄影术,螺旋计算机; 磁共振成像; 图像增强; 肾上腺肿瘤

**Comparative of dynamic enhanced CT, MRI differential diagnosis of adrenal tumors** Luo Wangqi, Cai Weidong.

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**【Abstract】 Objective** To compare the clinical value of dynamic enhanced CT, MRI in differential diagnosis of adrenal tumors. **Methods** 62 patients with adrenal tumor by pathologically confirmed in our hospital were selected. All patients underwent unenhanced and dynamic enhanced CT, MRI examination. The qualitative and adrenal tumor localization diagnostic accuracy, the adrenal adenomas and non adenoma tumor clearance rate of the two methods were compared. **Results** The accuracy of enhanced CT positioning, qualitative examination were 96.77%, 90.57%, respectively, which were slightly higher than those of the MRI enhancement (91.94%, 86.79%), but the differences were not statistically significant ( $\chi^2 = 0.479, 0.376$ , all  $P > 0.05$ ). 53 adrenal adenomas and 9 cases non-adenomas absolute and relative clearance rate clearance rate in enhanced CT 5 min delay time, the differences were statistically significant ( $t = 2.962, 2.018$ , all  $P < 0.05$ ). 53 cases adrenal adenomas and 9 cases non adenoma clearance of correction in the enhanced MRI delay 5 min, respectively  $(33.41 \pm 20.17)\%$ ,  $(14.74 \pm 12.16)\%$ , the difference was statistically significant ( $t = 2.684, P < 0.05$ ). **Conclusion** Dynamic enhanced CT, MRI are good methods for differential diagnosis of adrenal tumors, two methods have location and qualitative diagnosis correct rate. So dynamic enhanced CT, MRI are reliable means of diagnosis of adrenal tumors.

**【Key words】** Tomography, computer; Magnetic resonance imaging; Image enhancement; Adrenal gland neoplasms

# 切开复位内固定术治疗跟骨骨折疗效观察及影响因素分析

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**【摘要】** **目的** 观察切开复位内固定术治疗跟骨骨折疗效,并分析疗效的影响因素。**方法** 回顾分析 116 例跟骨骨折患者的临床资料,所有患者均采用切开复位内固定治疗,采用 Maryland 足部评分系统评价其临床疗效,分析术前资料(性别、年龄、致伤原因、合并伤、受伤至手术时间、骨折 Sanders 分类、开放与闭合、合并糖尿病、吸烟史)与手术疗效关系、手术资料(植骨情况、固定方式、骨折复位情况、术后 Bohler 角)与手术疗效关系,采用 Logistic 回归分析影响手术疗效的独立因素。**结果** 116 例跟骨骨折患者均获得 6~12 个月随访, Maryland 足部功能评分优良率为 74.14%。单因素分析显示,不同类型骨折、开放与闭合、有无合并糖尿病、有无吸烟史、不同固定方式、不同骨折复位、不同术后 Bohler 角患者足部功能优良率差异均有统计学意义 ( $\chi^2 = 17.194, 4.077, 6.766, 9.116, 5.136, 6.919, 4.458$ , 均  $P < 0.05$ ), Logistic 回归分析显示,骨折类型、固定方式、骨折复位、术后 Bohler 角是影响足部功能优良率的独立危险因素 ( $OR = 0.052, 0.048, 0.056, 0.386, P < 0.05$ )。**结论** 切开复位内固定术是治疗跟骨骨折的有效方法,影响疗效的独立危险因素包括骨折类型、固定方式、骨折复位、术后 Bohler 角,围手术期应采取针对性的处理措施规避影响疗效的不利因素,改善临床疗效。

**【关键词】** 跟骨骨折; 切开复位内固定; 疗效; 影响因素

**Analysis of effect and its factors of open reduction and internal fixation of calcaneal fractures** Fan Jiangtao, Ma Dongyin, Fan Jiuqing.

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**【Abstract】 Objective** To observe the effect and its factors of open reduction and internal fixation of calcaneal fractures, and the influencing factors. **Methods** A retrospective analysis of 116 cases of calcaneal fracture were made. All patients were treated with open reduction and internal fixation, the effect was evaluated by Maryland foot score. The relation of the data before surgery (sex, age, cause of injury, associated injuries, injury and surgery, fractures Sanders classification, opening and closing, diabetes, smoking history) and the effect, the surgical data (graft case, fixation, fractures, postoperative Bohler angle) and the effect were analyzed. The independent factors of the effect were analyzed by Logistic regression analysis. **Results** 116 patients with calcaneal fracture had been followed up for 6-12 months, the excellent-good rate of Maryland foot score was 74.14%. Univariate analysis showed that different types of fractures, open and closed, with or without diabetes, with or without a history of smoking, different fixation methods, different fractures, patients with different postoperative Bohler angle foot function excellent rate differences were statistically significant ( $\chi^2 = 17.194, 4.077, 6.766, 9.116, 5.136, 6.919, 4.458$ , all  $P < 0.05$ ). Logistic regression analysis showed that the type of fracture, fixation, fractures, postoperative Bohler angle were independent risk factors for foot function excellent rate ( $OR = 0.052, 0.048, 0.056, 0.386$ , all  $P < 0.05$ ). **Conclusion** It has exact efficacy for open reduction and internal fixation with calcaneal fractures, the fracture type, fixation, fractures, postoperative Bohler angle are independent risk factors for affecting the calcaneal fractures patients. Perioperative treatment should take appropriate measures to avoid adverse factors affecting the efficacy of improved clinical efficacy.

**【Key words】** Calcaneal fracture; Internal fixation; Efficacy; Influencing factors

# 无痛分娩认知度对分娩恐惧及分娩方式选择的影响

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**【摘要】** **目的** 观察孕妇无痛分娩认知度对孕妇分娩恐惧以及分娩方式选择的影响。**方法** 选择住院分娩的孕妇作为研究对象, 采用 W-DEQ 问卷以及自主设计问卷调查其相关临床特征、是否存在分娩恐惧、是否认知无痛分娩、此次妊娠选择的分娩方式等信息, 根据孕妇是否认知无痛分娩以及是否存在分娩恐惧进行分组比较。**结果** 认知组的 W-DEQ 得分均值为  $(65.76 \pm 10.53)$  分, 未认知组为  $(72.45 \pm 9.28)$  分, 两者差异有统计学意义  $(t = 8.7, P < 0.05)$ ; 认知组分娩恐惧人数为 54 例 (13.27%), 未认知组分娩恐惧 59 例 (20.14%), 两者差异有统计学意义  $(\chi^2 = 5.94, P < 0.05)$ ; 54 例认知组分娩恐惧孕妇选择剖宫产与阴道分娩分别为 6 例 (11.11%) 与 48 例 (88.89%), 59 例未认知组分娩恐惧孕妇选择剖宫产与阴道分娩分别为 54 例 (91.53%) 与 5 例 (8.47%), 两组差异有统计学意义  $(\chi^2 = 73.21, P < 0.01)$ ; 353 例认知组分娩恐惧孕妇选择剖宫产与阴道分娩分别为 42 例 (11.89%) 与 311 例 (88.11%), 234 例未认知组分娩恐惧孕妇选择剖宫产与阴道分娩分别为 78 例 (33.33%) 与 156 例 (66.67%), 两组比较差异有统计学意义  $(\chi^2 = 39.74, P < 0.01)$ 。**结论** 无痛分娩认知可能可以降低孕妇分娩恐惧, 从而促使孕妇选择自己喜欢的分娩方式: 阴道分娩, 故对孕妇应多开展产前无痛分娩教育。

**【关键词】** 分娩; 恐惧; 分娩方式

## The effects of women's knowledge about painless childbirth on their fear of childbirth and delivery way

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**【Abstract】 Objective** We aimed to study the effects of women's knowledge about painless childbirth on their fear of childbirth (FOC) and delivery way, so as to provide reference for antenatal education. **Methods** the pregnant women came to our hospital for childbirth were selected as study objects. Their obstetric characteristics, the FOC, knowledge about painless childbirth, and delivery way were investigated by W-DEQ questionnaire and our designed questionnaire, and then according to their information, these subjects were divided into different groups and were compared. **Results** The mean W-DEQ score of the cognitive group was  $(65.76 \pm 10.53)$  points, which was higher than  $(72.45 \pm 9.28)$  points of the non-cognitive group  $(t = 8.7, P < 0.05)$ . The number of pregnant women with FOC in the cognitive group was 54 cases (13.27%), while the number of pregnant women with FOC in the non-cognitive group was 59 cases (20.14%), and the difference between the two groups was statistically significant  $(\chi^2 = 5.94, P < 0.05)$ . The numbers of cesarean section and vaginal delivery in the pregnant women with FOC in the cognitive group were 6 cases (11.11%) and 48 cases (88.89%), respectively, while the corresponding numbers in the pregnant women with FOC in the non-cognitive group were 54 cases (91.53%) and 5 cases (8.47%), respectively, and the difference between the two groups was statistically significant  $(\chi^2 = 73.21, P < 0.01)$ . The numbers of cesarean section and vaginal delivery in the pregnant women without FOC in the cognitive group were 42 cases (11.89%) and 311 cases (88.11%), respectively, while the corresponding numbers in the pregnant women without FOC in the non-cognitive group were 78 cases (33.33%) and 156 cases (66.67%), respectively, and the difference between the two groups was statistically significant  $(\chi^2 = 39.74, P < 0.01)$ . **Conclusion** Women's knowledge about painless childbirth will reduce their FOC, and then urge them to choose the delivery way they like for childbirth (vaginal delivery). Thus, it is essential to provide antenatal education for pregnant women.

**【Key words】** Parturition; Fear; Delivery way



# 综合治疗慢性肾炎蛋白尿 22 例临床观察

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**【摘要】 目的** 观察正清风痛宁缓释片、蚓激酶肠溶胶囊和氯沙坦钾片联合治疗慢性肾炎蛋白尿的疗效,并探讨其机制。**方法** 慢性肾炎患者 42 例,采用掷硬币法随机分为两组,对照组 20 例,予氯沙坦钾片治疗,50 mg,每天 1~2 次。治疗组 22 例,在对照组基础上予正清风痛宁缓释片 120 mg,每天 2 次;蚓激酶肠溶胶囊 60 万 u,每天 3 次。治疗前后观察 24 h 尿蛋白、肝肾功能。**结果** 治疗 20 d 后,治疗组 24 h 尿蛋白下降 57.08%,对照组 24 h 尿蛋白下降 41.59%,治疗组较对照组尿蛋白变化差异有统计学意义( $t = 2.39, P < 0.05$ )。治疗 30 d 后,治疗组 24 h 尿蛋白下降 81.28%,对照组 24 h 尿蛋白下降 52.34%,差异有统计学意义( $t = 3.65, P < 0.01$ )。两组肾功能改变差异无统计学意义。**结论** 正清风痛宁缓释片、蚓激酶肠溶胶囊和氯沙坦钾片联合治疗慢性肾炎蛋白尿起效快,疗效好,不良反应小,值得推荐。

**【关键词】** 蛋白尿; 肾病,脂性; 正清风痛宁缓释片; 蚓激酶肠溶胶囊; 氯沙坦钾片

## Clinical observation on combined treatment of chronic nephritis proteinuria, a report of 22 cases

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**【Abstract】 Objective** To observe the curative effect of Zhengqingfengtongning release tablets and lumbrokinase enteric-coated capsules and losartan potassium tablets joint for the treatment of chronic nephritis proteinuria, and explore its mechanism. **Methods** 42 patients with chronic nephritis were randomly divided into two groups. 20 cases in the control group were given losartan potassium tablets, 50mg, 1~2 times a day. 22 cases in the treatment group received Zhengqingfengtongning release tablets 120mg, 2 times a day, lumbrokinase enteric-coated capsules 600 000u, 3 times a day on the basis of the control group. The 24h urine protein, liver and kidney function before and after the treatment were observed. **Results** 20 days after treatment, 24h urinary protein in the treatment group decreased 57.08%, which in the control group decreased 41.59%, the difference was statistically significant ( $t = 2.39, P < 0.05$ ). 30 days after treatment, 24h urinary protein in the treatment group decreased 81.28%, which in the control group decreased 52.34%, the difference was statistically significant ( $t = 3.65, P < 0.01$ ). Renal function change had no significant difference between the two groups. **Conclusion** Zhengqingfengtongning release tablets and lumbrokinase enteric-coated capsules combined with losartan potassium tablets in the treatment of chronic nephritis proteinuria work fast, and has good curative effect, less side effects, and is worth to recommend.

**【Key words】** Proteinuria; Nephrosis, lipid; Zhengqingfengtongning release tablets; Lumbrokinase enteric-coated capsules; Losartan potassium tablets

# 子宫肌瘤数目和大小与妊娠结局的关系研究

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**【摘要】** 目的 评估超声提示的多发肌瘤或大肌瘤(直径 $\geq 5$  cm)对围产结局的影响。方法 对 219 例子宫肌瘤孕妇进行回顾性队列研究。结果 与无肌瘤组相比,多发肌瘤组( $n=34$ )早产率(29.4%比 5.0%,  $\chi^2=23.0, P<0.001$ )、剖宫产率(73.5%比 37.0%,  $\chi^2=16.0, P<0.001$ )和臀先露率(11.8%比 2.7%,  $\chi^2=6.3, P=0.04$ )明显增高。有大肌瘤的孕妇( $n=48$ )早产率(16.7%比 5.0%,  $\chi^2=8.1, P=0.01$ )和未足月胎膜早破(pPROM)率(10.4%比 0.5%,  $\chi^2=17.8, P<0.001$ )增高。结论 多发肌瘤与早产和剖宫产率增加明显相关,然而大肌瘤与 pPROM 风险有关。没有发现子宫肌瘤与胎儿宫内生长受限(IUGR)、前置胎盘或胎盘早剥有关系。

**【关键词】** 子宫肌瘤; 围生医学

**The relationship between number and size of uterine fibroids and perinatal outcome** Sun Liang.

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**【Abstract】** **Objective** To estimate the impact of sonographically identified multiple or large ( $\geq 5$  cm in diameter) fibroids on perinatal outcomes. **Methods** Retrospective cohort study of 219 women with uterine fibroids was conducted. **Results** Compared to women with no fibroids, women with multiple fibroids ( $n=34$ ) had a significantly higher rate of preterm birth (29.4% vs. 5.0%,  $\chi^2=23.0, P<0.001$ ), cesarean section (73.5% vs. 37.0%,  $\chi^2=16.0, P<0.001$ ) and breech presentation (11.8% vs. 2.7%,  $\chi^2=6.3, P=0.04$ ). Women with large fibroids ( $n=48$ ) had a higher rate of preterm birth (16.7% vs. 5.0%,  $\chi^2=8.1, P=0.01$ ) and pPROM (10.4% vs. 0.5%,  $\chi^2=17.8, P<0.001$ ). **Conclusion** Women with uterine fibroids are at increased risk of obstetric complications. Multiple fibroids are associated with a significantly increased risk of preterm birth and cesarean delivery, while large fibroids are associated with a higher risk of pPROM. No correlation with IUGR, placenta previa or placental abruption was found.

**【Key words】** Leiomyoma; Perinatology

# 磁共振成像联合肿瘤标志物对卵巢交界性肿瘤与 I 期上皮性卵巢癌的诊断价值

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**【摘要】 目的** 探讨 MRI 联合肿瘤标志物对卵巢交界性肿瘤与 I 期上皮性卵巢癌的术前鉴别诊断价值,提高术前确诊率。**方法** 选择经病理检查证实的 56 例卵巢交界性肿瘤(BOT)患者为 BOT 组,47 例 I 期上皮性卵巢癌(EOC)患者为 EOC 组,回顾性分析两组疾病的临床特征、肿瘤标志物、MRI 影像特征的差异。**结果** BOT 组、EOC 组发病年龄分别为(39.45 ± 11.83)岁、(44.38 ± 12.44)岁,两组差异有统计学意义( $t = -2.05, P < 0.05$ )。两组肿瘤部位、大小、分隔数差异均无统计学意义(均  $P > 0.05$ )。EOC 组 MRI 实性成分最大径(76.0 ± 54.9)mm 和分隔厚度(6.2 ± 3.5)mm,均大于 BOT 组[(49.0 ± 47.2)mm、(3.6 ± 3.5)mm],两组差异均有统计学意义( $t = -2.642, -3.784, 均 P < 0.05$ );EOC 组厚分隔的出现率(59.6%)高于 BOT 组(37.5%)( $\chi^2 = 4.992, P < 0.05$ )。两组血清 CA125、CA199 含量差异均无统计学意义(均  $P > 0.05$ );BOT 组、EOC 组血清 HE4 含量分别为(86.9 ± 82.2)pmol/L、(166.3 ± 87.1)pmol/L,两组差异有统计学意义( $t = -4.723, P < 0.05$ )。MRI 提示肿瘤实性成分最大径和分隔厚度联合 HE4 含量鉴别两组肿瘤的 AUC、灵敏度、特异度分别为 0.820、72.3%、80.4%。**结论** 发病年龄大小、MRI 中肿瘤实性成分大小、分隔厚度及血清 HE4 含量的高低有助于鉴别 BOT 和 I 期 EOC。

**【关键词】** 卵巢肿瘤; 磁共振成像; 肿瘤标志物; 诊断,鉴别

**Differential diagnosis value of borderline ovarian tumor and stage I epithelial ovarian cancer: using MRI combined with tumor markers** Liu Jie, Liu Haidong, Hu Yuanjing.

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**【Abstract】 Objective** To explore the value of MRI combined with tumor markers in the differential diagnosis of borderline ovarian tumor (BOT) and stage I epithelial ovarian carcinoma (EOC), increase the rate of preoperative diagnosis. **Methods** Fifty-six patients with BOT (BOT group) and forty-seven patients with stage I EOC (EOC group) confirmed pathologically underwent tumor markers and MRI examination were selected. The MRI imaging features and tumor markers level were compared between the two groups. **Results** BOT and EOC group onset age were (39.45 ± 11.83), (44.38 ± 12.44) years old respectively, two groups had statistically significant difference ( $t = 2.05, P < 0.05$ ). The location of tumor, size, number of septation had no differences between the two groups (all  $P > 0.05$ ). However, the solid components were larger (76.0 ± 54.9) mm and the septations were thicker (6.2 ± 3.5) mm in EOC group than in BOT group (49.0 ± 47.2) mm, (3.6 ± 3.5) mm ( $t = -2.642, -3.784, all P < 0.05$ ), and solid components and thick septations were more frequently seen in EOC group (59.6%) than 37.5% in BOT group ( $\chi^2 = 4.992, P < 0.05$ ). The serum CA125 and CA199 levels between the two groups had no statistically significant differences (all  $P > 0.05$ ). The serum HE4 levels between BOT group [(86.9 ± 82.2) pmol/L] and EOC group [(166.3 ± 87.1) pmol/L] had statistically significant difference ( $t = -4.723, P < 0.05$ ). MRI prompt tumors maximum diameter and thickness of the separated solid ingredients combined serum HE4 levels to identify two groups of AUC of the tumor and its sensitivity, specificity were 0.820, 72.3%, 80.4%, respectively. **Conclusion** The features like younger, increased solid components, thickened septum and higher serum HE4 level may be helpful in the differential diagnosis of BOT and stage I EOC.

**【Key words】** Ovarian neoplasms; Magnetic resonance imaging; Tumor markers; Diagnosis, differential

# 中草药鼻炎脱敏方雾化吸入治疗过敏性鼻炎的临床研究

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**【摘要】 目的** 观察鼻炎脱敏方雾化吸入治疗过敏性鼻炎的临床疗效。**方法** 选取 100 例过敏性鼻炎患者,采用随机数字表法分为对照组(50 例)和研究组(50 例),对照组应用常规方法治疗,研究组在常规方法治疗的基础上进行鼻炎脱敏方雾化吸入治疗,比较两组患者的临床疗效。**结果** 研究组治疗 1 个疗程总有效率为 90%、3 个疗程总有效率为 92%、治疗后 1 个月的总有效率为 96%;对照组治疗 1 个疗程总有效率为 86%、3 个疗程总有效率为 88%、治疗后 1 个月的总有效率为 90%,两组 1 个疗程、3 个疗程、治疗后 1 个月的总有效率差异均有统计学意义( $\chi^2 = 3.87, 4.10, 4.30$ , 均  $P < 0.05$ )。**结论** 鼻炎脱敏方雾化吸入治疗过敏性鼻炎有良好疗效,具有极高的临床应用价值。

**【关键词】** 脱敏方; 投药方法,吸入; 鼻炎,变应性

**Clinical study on the treatment of allergic rhinitis by rhinitis desensitization prescription with nebulization suction** Li Lianqing.

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**【Abstract】 Objective** To observe the clinical effect of rhinitis desensitization prescription with nebulization suction in the treatment of allergic rhinitis. **Methods** 100 patients of allergic rhinitis were randomly divided into control group(50 cases) and study group(50 cases). The control group was given conventional treatment, study group on the basis of conventional therapy was given rhinitis desensitization atomization inhalation. The clinical efficacy was compared between the two groups. **Results** After 1 course, three course, 1 month of treatment, the total effective rates of the study group were 90%, 92%, 96%, which of the control group were 86%, 88%, and 90% respectively, the differences between the two groups were statistically significant ( $\chi^2 = 3.87, 4.10, 4.30$ , all  $P < 0.05$ ). **Conclusion** Rhinitis desensitization atomization inhalation in the treatment of allergic rhinitis has good curative effect, and it has high clinical application value.

**【Key words】** Desensitization therapy; Methods of administration, inhalation; Rhinitis, allergic

# 噻托溴铵治疗慢性阻塞性肺疾病稳定期的临床效果观察及对患者肺功能的影响

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**【摘要】** **目的** 探讨噻托溴铵治疗慢性阻塞性肺疾病(COPD)稳定期患者的临床效果,并评估对肺功能的影响。**方法** 选择 COPD 稳定期患者 142 例,采用随机数字表法分为对照组和观察组,两组各 71 例,对照组患者常规治疗;观察组患者同时给予噻托溴铵吸入治疗。观察两组患者临床疗效及慢阻肺症状评分(CAT 评分),评估肺功能。**结果** 观察组显著缓解率为 88.73% (63/71),高于对照组的 76.06% (54/71),差异有统计学意义( $\chi^2 = 9.51, P < 0.05$ );观察组治疗后 FEV<sub>1</sub> 和 FEV<sub>1</sub>/FVC (%) 分别为 (1.95 ± 0.40)L 和 (65.33 ± 3.51)%,均高于对照组的 (1.81 ± 0.43)L 和 (61.82 ± 3.67)%,差异均有统计学意义(均  $P < 0.05$ );观察组治疗后 CAT 评分为 (12.08 ± 1.97)分,低于对照组的 (15.26 ± 2.12)分,差异有统计学意义( $t = 10.14, P < 0.05$ )。两组不良反应发生率差异无统计学意义( $\chi^2 = 1.38, P > 0.05$ )。**结论** 噻托溴铵治疗 COPD 稳定期患者具有较好的临床疗效,能够显著改善患者症状及肺功能,具有较好的安全性。

**【关键词】** 肺疾病,慢性阻塞性; 肺功能 ;噻托溴铵

**The clinical effect of tiotropium in treatment of patients with stable COPD and its influence on pulmonary function** Wang Caike.

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**【Abstract】** **Objective** To explore the clinical effects of tiotropium in the treatment of patients with stable chronic obstructive pulmonary disease (COPD) and assess their lung function. **Methods** 142 patients with stable COPD in our hospital were selected. They were randomly divided into the control group and the observation group by random number table, 71 patients in each group. The control group used conventional treatment, and the observation group was simultaneously given tiotropium inhalation. The clinical efficacy and COPD symptom scores (CAT score) were observed, the pulmonary function was evaluated. **Results** The significant remission rate of the observation group was 88.73% (63/71), which was higher than 76.06% (54/71) of the control group, the difference was statistically significant ( $\chi^2 = 9.51, P < 0.05$ ). FEV<sub>1</sub> and FEV<sub>1</sub>/FVC (%) of the observation group after treatment were (1.95 ± 0.40)L and (65.33 ± 3.51)%, which were higher than those of the control group [(1.81 ± 0.43)L and (61.82 ± 3.67)%], the differences were statistically significant (all  $P < 0.05$ ). CAT score of the observation group after treatment was (12.08 ± 1.97)points, which was lower than (15.26 ± 2.12)points of the control group, the difference was statistically significant ( $t = 10.14, P < 0.05$ ). The incidence rate of adverse reactions between the two groups had no statistically significant difference ( $\chi^2 = 1.38, P > 0.05$ ). **Conclusion** Tiotropium bromide has better clinical effect for the patients with stable COPD. It can significantly improve symptoms and lung function, and it is safe.

**【Key words】** Pulmonary disease, chronic obstructive; Lung function; Tiotropium

# 原发性泪腺上皮性肿瘤 25 例临床分析

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**【摘要】 目的** 探讨原发性泪腺上皮性肿瘤的临床表现、影像学特点、治疗方法。**方法** 回顾性分析 25 例原发性泪腺上皮性肿瘤患者的临床资料。**结果** 25 例患者中,男 14 例,女 11 例;年龄 23 ~ 65 岁,平均 44 岁;住院时间 7 ~ 20 d,平均 12 d。25 例均行手术治疗。术后病理诊断:泪腺炎性假瘤 4 例,泪腺多形性腺瘤 7 例,泪腺恶性多形性腺瘤 4 例,泪腺腺样囊性癌 6 例,泪腺腺癌 4 例。25 例术后视力提高者 9 例,视力不变者 10 例,视力下降者 6 例,无视力意外丧失者。25 例患者术后随访 16 ~ 48 个月,平均 27 个月,术后无瘤生存 21 例,失访 2 例,死亡 2 例。4 例恶性肿瘤患者术后 5 ~ 18 个月复发,均行眶内容物摘除术,2 例死亡(1 例死于肝转移,1 例死于颅内转移)。**结论** 原发性泪腺上皮性肿瘤具有各自不同的临床表现及影像学特点。良性肿瘤多形状规则、生长缓慢,少有骨质吸收、破坏。恶性肿瘤生长迅速,且多见沿眶外壁向眶尖生长,易于侵犯邻近结构。彩超、CT、MRI 等影像学技术相结合,对原发性泪腺上皮性肿瘤的性质、病变范围和程度的确定有重要的临床意义。对于手术难度较易的原发性泪腺上皮性肿瘤须切除彻底,对于手术难度大、术后复发或有复发趋势的恶性泪腺上皮性肿瘤,伽马刀治疗是安全、有效的补充治疗方法。

**【关键词】** 泪腺肿瘤; 眼科手术; 病理学,临床

## Clinical analysis for the diagnosis and treatment of 25 cases with primary lacrimal gland epithelial tumor

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**【Abstract】 Objective** To explore the clinical manifestation, imaging features and treatment of primary lacrimal gland epithelial tumor. **Methods** The clinical data of 25 cases with primary lacrimal gland epithelial tumors were retrospectively studied. **Results** All of 25 primary lacrimal gland epithelial tumor cases received surgical treatment. Fourteen primary orbital tumors cases were male and 11 cases were female. The mean age was 44 years old (ranged 23 to 65). The mean hospital stay was 12d (ranged 7 to 20). Among 25 primary lacrimal gland epithelial tumor cases, 11 cases were benign tumors which included 4 inflammatory pseudotumor, 11 pleomorphic adenoma. Fourteen cases were malignant tumors which included 4 malignant pleomorphic adenoma, 6 adenoid cystic carcinoma and 4 adenocarcinoma. After operation, visual acuity improved in 9 cases, unchanged 10 cases, decreased 6 cases. The patients were followed up for 16 - 48 months (mean 27 months). There were 4 malignant tumors recurrence after operation and received radical operation. While 2 patients were lost and 2 patients died of tumor metastasis, the other 21 patients survived with tumor-free. **Conclusion** Primary lacrimal gland epithelial tumors have different clinical and imaging appearances. Combination of ultrasound, CT and MRI is important to ascertain the character, range and degree of primary lacrimal gland epithelial tumors. Surgical excision is the main and effective treatment for primary lacrimal gland epithelial tumors, while gamma knife treatment is safe and effective for malignant, unresectable, recurrences tumors.

**【Key words】** Lacrimal gland tumor; Ophthalmology operation; Pathology, clinical

# 宫颈病变患者高危型人乳头瘤状病毒感染与血清白细胞介素 1 $\beta$ 、白细胞介素 2、白细胞介素 10 的关系

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**【摘要】** 目的 探讨宫颈病变患者高危型人乳头瘤状毒(hr-HPV)感染与患者血清白细胞介素 1 $\beta$ (IL-1 $\beta$ )、白细胞介素 2(IL-2)、白细胞介素 10(IL-10)的关系。方法 以 180 例宫颈病变患者为观察对象,其中感染 HPV 组 105 例,未感染 HPV 组 75 例,观察两组血清 IL-1 $\beta$ 、IL-2、IL-10 水平,比较不同 hr-HPV DNA 负电荷量患者的血清 IL-1 $\beta$ 、IL-2、IL-10 水平,分析 hr-HPV DNA 负电荷量与 IL-1 $\beta$ 、IL-2、IL-10 水平的相关性。结果 感染 HPV 组 IL-1 $\beta$ 、IL-10、IL-2 分别为(0.85  $\pm$  0.23) ng/L、(182.35  $\pm$  10.02) ng/L、(38.97  $\pm$  5.23) ng/L,未感染 HPV 组分别为(0.62  $\pm$  0.18) ng/L、(305.42  $\pm$  11.13) ng/L、(25.18  $\pm$  3.16) ng/L,感染 HPV 组 IL-1 $\beta$  和 IL-10 水平明显高于未感染 HPV 组,IL-2 水平明显低于未感染 HPV 组,差异均有统计学意义( $t = 7.222, 20.328, -7.558$ , 均  $P < 0.01$ );不同病变程度宫颈病变者 hr-HPV DNA 负电荷量差异有统计学意义,且随着病变程度的增加 hr-HPV DNA 负电荷量明显增加( $t = 6.214, 19.097, 33.906, 6.952, 6.274$ , 均  $P < 0.05$ );IL-1 $\beta$  和 IL-10 水平由高到低分别为 hr-HPV DNA 负电荷量  $> 1000$  者、 $100 \sim 1000$  者和  $< 100$  者,IL-2 水平由高到低分别为 hr-HPV DNA 负电荷量  $< 100$  者、 $100 \sim 1000$  者和  $> 1000$  者;宫颈病变合并 HPV 感染患者的 hr-HPV DNA 负电荷量与患者血清 IL-1 $\beta$  和 IL-10 水平正相关( $r = 0.452, 0.422, P = 0.035, 0.019$ ),与 IL-2 水平负相关( $r = -0.398, P = 0.027$ )。结论 宫颈病变患者 hr-HPV 感染与患者血清 IL-1 $\beta$ 、IL-2、IL-10 水平密切相关,可将患者的 IL-1 $\beta$ 、IL-2、IL-10 水平作为临床监测的重要指标。

**【关键词】** 宫颈疾病; 人乳头瘤状毒; 细胞因子类

**The relationship between cervical lesions in patients with high - risk human papilloma virus infection and serum interleukin - 1 beta, interleukin - 2, interleukin - 10** Tong Yanyan, Xia Yandong, Zhou Bo, Wu Junyan.

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**【Abstract】** **Objective** To explore the relationship between cervical lesions in patients with high - risk human papilloma virus(HPV) infection and serum interleukin - 1 beta(IL - 1), interleukin 2(IL - 2), interleukin 10(IL - 10). **Methods** 180 cases of cervical lesions were treated in our hospital from August 2013 to August 2015. Among them, 105 cases were infected with HPV, and 75 cases were not infected by HPV. The serum levels of IL - 2, IL - 10 and IL - 1 $\beta$  were observed in two groups, and compared the levels of serum IL - 2, IL - 10 and IL - 1 $\beta$  in patients with different DNA hr - HPV load, the correlation between DNA hr - HPV load and IL - 1 $\beta$ , IL - 2 and IL - 10 levels was analyzed. **Results** The levels of IL - 1 $\beta$ , IL - 10, IL - 2 were (0.85  $\pm$  0.23) ng/L, (182.35  $\pm$  10.02) ng/L, (38.97  $\pm$  5.23) ng/L in patients with HPV infection, the levels of IL - 1 $\beta$ , IL - 10, IL - 2 in patients without HPV infection were (0.62  $\pm$  0.18) ng/L, (305.42  $\pm$  11.13) ng/L, (25.18  $\pm$  3.16) ng/L. The levels of IL - 1 $\beta$ , IL - 10 were significantly higher in HPV group than in without HPV infection group, the level of IL - 2 in HPV group was significantly lower than that of uninfected HPV group, and the differences were statistically significant ( $t = 7.222, 20.328, -7.558$ , all  $P < 0.01$ ). There were significant differences in the load of DNA hr - HPV between different pathological changes of cervical lesions, and the DNA hr - HPV load increased significantly with the increase of the degree of disease( $t = 6.214, 19.097, 33.906, 6.952, 6.274$ , all  $P < 0.05$ ). IL - 1 $\beta$  and IL - 10 levels from high to low were DNA hr - HPV load volume  $> 1000, 100 - 1000$  and  $< 100$ , IL - 2 levels from high to low were DNA hr - HPV load  $< 100, 100 - 1000$  and  $> 1000$ . DNA hr - HPV load was positively correlated with serum IL - 1 $\beta$  and IL - 10 levels in patients with cervical lesions and HPV infection( $r = 0.452, 0.422, P = 0.035, 0.019$ ), and negatively correlated with IL - 2 level( $r = -0.398, P = 0.027$ ). **Conclusion** hr - HPV infection is closely correlated with serum IL - 1 $\beta$ , IL - 2, IL - 10 levels in cervical lesions patients, IL - 1, IL - 2 and IL - 10 can be used as important index for clinical monitoring.

**【Key words】** Uterine cervical diseases; Human papillomavirus; Cytokines

# 连续性血液净化治疗重度心力衰竭合并肾衰竭的临床观察

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**【摘要】 目的** 探讨连续性血液净化治疗重度心力衰竭合并肾衰竭患者的临床效果。**方法** 回顾性分析 38 例采用连续性血液净化治疗的重度心力衰竭合并肾衰竭患者的临床资料,比较患者在连续性血液净化治疗前后呼吸、心率、平均血压、APACHE II 评分、Boston 评分、血生化、血气分析及心功能变化情况。**结果** 治疗后 72 h 患者的呼吸 [(19.24 ± 2.88) 次/min]、心率 [(88.57 ± 15.68) 次/min]、APACHE II 评分 [(14.28 ± 3.26) 分] 及 Boston 评分 [(6.27 ± 1.25) 分] 等指标均较治疗前明显下降 [(35.68 ± 5.97) 次/min]、[(131.24 ± 24.26) 次/min]、[(26.34 ± 5.96) 分]、[(17.88 ± 2.87) 分]),且差异均有统计学意义 ( $t = 3.13, 3.45, 2.12, 4.11, 3.67, 5.68, 3.44, 6.09$ , 均  $P < 0.05$ )。38 例重度心力衰竭合并肾衰竭患者经连续性血液净化治疗后,显效 16 例,有效 12 例,无效 10 例,总有效率达 73.68%。患者在经过连续性血液净化治疗后,其 SCr [(168.15 ± 31.16) μmol/L]、BUN [(13.13 ± 3.44) mmol/L] 均较治疗前明显下降,而 pH [(7.41 ± 0.13)]、HCO<sub>3</sub><sup>-</sup> [(25.57 ± 5.11) mmol/L]、PaO<sub>2</sub> [(88.26 ± 7.72) mmHg]、SaO<sub>2</sub> [(96.43 ± 3.14)%] 等血生化和血气指标则明显升高,且差异均有统计学意义 ( $t = 4.55, 3.21, 2.11, 3.45, 6.73, 4.21$ , 均  $P < 0.05$ )。经超声心动图检查后,发现患者治疗后的心搏量 (SV) [(59.31 ± 6.58) mL/次]、心排血量 (CO) [(4.57 ± 0.62) L/min] 及左室射血分数 (LVEF) [(68.12 ± 4.88)%] 等心功能指标均较治疗前明显升高,且差异均有统计学意义 ( $t = 4.33, 5.12, 3.67$ , 均  $P < 0.05$ )。**结论** 连续性血液净化可以有效保持患者的血流动力学稳定,可以安全有效地治疗重度心力衰竭合并肾衰竭。

**【关键词】** 血液滤过; 心力衰竭,充血性; 肾功能衰竭

**Continuous blood purification for patients with severe heart failure and renal failure** Zhang Zhigang, Li Xiaoxiang.

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**【Abstract】 Objective** To investigate the clinical effect of continuous blood purification therapy in patients with severe heart failure and renal failure. **Methods** The clinical data of 38 patients with severe heart failure and renal failure treated by continuous blood purification were analyzed retrospectively. Heart rate, mean blood pressure, APACHE II score, Boston score, blood biochemistry, blood gas analysis and cardiac function changes were compared before and after the treatment of continuous blood purification. **Results** After treatment 12h and 72h, patients breathing [(19.24 ± 2.88) times/min], heart rate [(88.57 ± 15.68) times/min], APACHE II [(14.28 ± 3.26) points] and the score of Boston [(6.27 ± 1.25) points] were significantly decreased compared with those before treatment [(35.68 ± 5.97) time/min, (131.24 ± 24.26) time/min, (26.34 ± 5.96) points, (17.88 ± 2.87) points], and the differences were statistically significant ( $t = 3.13, 3.45, 2.12, 4.11, 3.67, 5.68, 3.44, 6.09$ , all  $P < 0.05$ ). 38 cases of severe heart failure with renal failure after continuous blood purification treatment, markedly effective in 16 cases, effective in 12 cases, ineffective in 10 cases, the total effective rate was 73.68%. Patients after continuous blood purification treatment, the SCr [(168.15 ± 31.16) μmol/L], BUN [(13.13 ± 3.44) mmol/L] were significantly decreased. pH [(7.41 ± 0.13)], HCO<sub>3</sub><sup>-</sup> [(25.57 ± 5.11) mmol/L], PaO<sub>2</sub> [(88.26 ± 7.72) mmHg], SaO<sub>2</sub> [(96.43 ± 3.14)%] and blood biochemistry and blood gas index decreased markedly, and the differences were statistically significant ( $t = 4.55, 3.21, 2.11, 3.45, 6.73, 4.21$ , all  $P < 0.05$ ). After the examination of echocardiography, stroke volume (SV) [(59.31 ± 6.58) mL], cardiac output (CO) [(4.57 ± 0.62) L/min] and left ventricular ejection fraction (LVEF) [(68.12 ± 4.88)%] increased significantly compared with before treatment, and the differences were statistically significant ( $t = 4.33, 5.12, 3.67$ , all  $P < 0.05$ ). **Conclusion** Continuous blood purification could effectively maintain the hemodynamic stability of patients, and is safe and effective in the treatment of severe heart failure with renal failure.

**【Key words】** Hemofiltration; Heart failure, congestive; Kidney failure



# 内分泌科低血糖急诊入院患者 37 例诊治分析

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**【摘要】** **目的** 探讨内分泌科低血糖急诊入院患者的发病原因、临床表现、治疗方法。**方法** 对内分泌科收治的低血糖急诊入院患者 37 例的临床资料进行回顾性分析。**结果** 37 例患者因低血糖急诊收入漯河市中心医院,其中 34 例为糖尿病低血糖,3 例为非糖尿病低血糖;35 例治疗后痊愈出院,1 例成为植物人,1 例死亡。**结论** 对低血糖急诊入院患者应加强血糖监测,及时对低血糖进行诊断与救治。同时,对糖尿病患者应进行健康教育,合理应用各种降糖药物及胰岛素,避免低血糖发生。

**【关键词】** 低血糖症; 急救; 糖尿病

**The analysis of emergency cases admitted to endocrine department with hypoglycemia** Xin Jing, Yang Ke, Shen Yafei, Deng Fei.

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**【Abstract】** **Objective** To study the pathogeny, clinical manifestation, diagnosis and treatment of emergency cases admitted to endocrine department with hypoglycemia. **Methods** The clinical data of 37 emergency cases with hypoglycemia admitted to endocrine department were retrospectively analyzed. **Results** 37 patients with emergency hypoglycemia were admitted to the Central Hospital of Luohe. 34 cases were classified as diabetes, 3 cases without diabetes. Among 37 patients, 35 cases were recovered and discharged after treatment, 1 case became vegetative, 1 case died at last. **Conclusion** To strengthen blood glucose monitoring on the emergency patients with hypoglycemia is necessary. We must diagnose and treat hypoglycemia in time. Meanwhile, we should offer health education for diabetic patients, and the hypoglycemic agent or insulin must be reasonably applied to avoid hypoglycemia.

**【Key words】** Hypoglycemia; First aid; Diabetes mellitus

# 妊娠合并黄体破裂与异位妊娠的鉴别诊断

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**【摘要】** **目的** 分析妊娠合并黄体破裂的临床特点及其与异位妊娠的鉴别要点,以减少误诊。**方法** 回顾性分析 8 例妊娠合并黄体破裂患者的临床资料。**结果** 8 例患者均有停经史及下腹痛,6 例行阴道后穹窿穿刺有不凝固血液,诊断为腹腔内出血;急诊手术治疗 5 例,3 例确诊为妊娠合并黄体破裂因病情相对稳定行保守治疗。**结论** 妊娠合并黄体破裂易误诊,当病情平稳时应动态监测血  $\beta$ -人绒毛膜促性腺激素及超声明确诊断,以减少误诊、误治。

**【关键词】** 妊娠; 黄体破裂; 妊娠,异位; 诊断,鉴别

**Analysis of 8 cases intrauterine pregnancy combined with corpus lutein rupture and differential diagnosis of ectopic pregnancy** Diao Zhen.

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**【Abstract】 Objective** To analyze the clinical features of early pregnancy combined with corpus rupture of uterus and the differential diagnosis of ectopic pregnancy. **Methods** The clinical data of 8 cases of early pregnancy complicated with corpus rupture were retrospectively analyzed. **Results** 8 cases were postmenopausal patients with history of abdominal pain, 6 cases in the posterior vaginal fornix puncture was not blood coagulation, diagnosis of intraperitoneal hemorrhage, emergency surgical treatment in 5 cases, 3 cases were diagnosed as intrauterine pregnancy with corpus luteum rupture due to relatively stable disease received conservative treatment. **Conclusion** The intrauterine pregnancy combined with corpus rupture is easy to be misdiagnosed. The diagnosis of blood beta - HCG and ultrasound should be dynamically monitored when the condition is stable, so as to reduce the misdiagnosis.

**【Key words】** Pregnancy; Ovarian corpus luteum rupture; Pregnancy, ectopic; Diagnosis, differential

# 经腹膜外腹腔镜疝修补术与传统疝修补术治疗腹股沟疝疗效比较

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**【摘要】** **目的** 比较腹膜外腹腔镜疝修补术与传统疝修补术治疗腹股沟疝的疗效。**方法** 回顾性分析该院 2013 年 10 月至 2015 年 11 月普外科收治的腹股沟疝患者 200 例临床资料,依据手术治疗方式不同进行临床分组,传统疝修补术组 100 例和腹腔镜疝修补术组 100 例。观察两组手术时间、下床活动时间和住院时间以及尿潴留、阴囊水肿、术后疼痛发生率及复发率情况。**结果** 两组手术时间差异无统计学意义( $t = 1.74$ ,  $P > 0.05$ ),腹腔镜疝修补术组治疗腹股沟疝患者下床活动时间 $[(2.6 \pm 1.6) \text{h}]$ 和住院时间 $[(5.7 \pm 2.1) \text{d}]$ 短于传统疝修补术组 $[(9.1 \pm 3.3) \text{h}, (7.4 \pm 2.3) \text{d}]$ ,  $t = 17.72, 5.46$ , 均  $P < 0.05$ 。腹腔镜疝修补术组尿潴留发生率为 3.0%、阴囊水肿发生率为 0.0%、术后疼痛发生率为 10.0% 及复发率(0.0%) 均低于传统疝修补术组(21.0%、15.0%、50.0%、12.0%),  $\chi^2 = 15.17, 15.34, 39.11, 11.69$ , 均  $P < 0.05$ 。**结论** 腹膜外腹腔镜疝修补术治疗腹股沟疝恢复快,并发症少,值得临床推广应用。

**【关键词】** 腹股沟疝; 腹腔镜疝修补术; 传统疝修补术

## Comparison of the treatment effects of extraperitoneal laparoscopic hernia repair and traditional hernia repair in the treatment of inguinal hernia

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**【Abstract】** **Objective** To compare the curative effects of extraperitoneal laparoscopic hernia repair and traditional hernia repair in the treatment of inguinal hernia. **Methods** The clinical data of 200 inguinal hernia patients in our hospital from October 2013 to November 2015 were retrospectively analyzed. They were divided into traditional hernia repair group (100 cases) and laparoscopic hernia repair group (100 cases) according to different surgical treatment. The operation time, bed activity time and hospital stay of the two groups were detected. The uroschisis, hydrocele, incidence of postoperative pain and recurrence rate of the two groups were detected. **Results** The operation time between the two groups had no significant difference ( $t = 1.74$ ,  $P > 0.05$ ). The bed activity time $[(2.6 \pm 1.6) \text{h}]$  and hospital stay $[(5.7 \pm 2.1) \text{d}]$  of the laparoscopic hernia repair group were better than the traditional hernia repair group $[(9.1 \pm 3.3) \text{h}, (7.4 \pm 2.3) \text{d}]$ ,  $t = 17.72, 5.46$ , all  $P < 0.05$ . The uroschisis 3.0%, hydrocele 0, incidence of postoperative pain 10.0% and recurrence rate 0 of the laparoscopic hernia repair group were lower than the traditional hernia repair group(21.0%, 15.0%, 50.0%, 12.0%),  $\chi^2 = 15.17, 15.34, 39.11, 11.69$ , all  $P < 0.05$ . **Conclusion** The recovery is fast in inguinal hernia patients treatment by extraperitoneal laparoscopic hernia repair, complication is little, which is worthy of application.

**【Key words】** Inguinal hernia; Laparoscopic hernia repair; Traditional hernia repair

# 参七脉心通胶囊治疗非增殖期糖尿病视网膜病变的临床效果观察

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**【摘要】** 目的 探讨参七脉心通胶囊治疗非增殖期糖尿病视网膜病变的临床疗效。方法 将 120 例非增殖期糖尿病视网膜病变患者以信封法随机分为观察组与对照组。对照组按照 2014 年中国糖尿病视网膜病变临床诊疗指南给予规范处理。观察组在对照组治疗基础上加用参七脉心通胶囊治疗。治疗时间为 6 个月。分别于治疗前与治疗后采用 Elisa 法检测血清转化生长因子  $\beta 1$  (TGF- $\beta 1$ )、白介素-6 (IL-6) 与血管内皮细胞生长因子 (VEGF) 水平变化,以视力与眼底为观察指标,比较两组患者临床疗效。结果 观察组患者治疗前后血清 TGF- $\beta 1$  [(65.19 ± 4.53)  $\mu\text{g/L}$  比 (32.90 ± 5.17)  $\mu\text{g/L}$ ,  $t = 3.905$ ]、IL-6 [(45.18 ± 3.28)  $\text{pg/mL}$  比 (24.87 ± 7.09)  $\text{pg/mL}$ ,  $t = 3.275$ ]、VEGF 水平 [(175.43 ± 21.59)  $\mu\text{g/L}$  比 (109.98 ± 10.21)  $\mu\text{g/L}$ ,  $t = 3.316$ ], 对照组患者治疗前后血清 TGF- $\beta 1$  [(64.97 ± 5.37)  $\mu\text{g/L}$  比 (50.91 ± 4.85)  $\mu\text{g/L}$ ,  $t = 2.761$ ]、IL-6 [(47.09 ± 3.16)  $\text{pg/mL}$  比 (35.28 ± 5.10)  $\text{pg/mL}$ ,  $t = 2.874$ ]、VEGF 水平 [(168.17 ± 28.05)  $\mu\text{g/L}$  比 (147.09 ± 12.38)  $\mu\text{g/L}$ ,  $t = 2.548$ ], 较治疗前均下降 ( $P < 0.05$ ), 且观察组改善情况明显优于对照组 [ $t$  值 (IL-6、TGF- $\beta 1$ 、VEGF) = 3.031、3.003、3.006,  $P < 0.05$ ]。观察组临床疗效优于对照组 (90.00% 比 73.33%,  $\chi^2 = 2.872$ ), 组间比较差异有统计学意义 ( $P < 0.05$ )。结论 参七脉心通胶囊可以明显改善非增殖期糖尿病视网膜病变患者临床症状,提高视力水平,与其下调机体炎性反应、抑制血管内皮细胞因子生成、延缓病情发展有关。

**【关键词】** 参七脉心通胶囊; 中药; 糖尿病视网膜病变

## Clinical study of Senggin Xinmaitong capsule in the treatment of non-proliferative diabetic retinopathy

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**【Abstract】** **Objective** To study the clinical curative effect and mechanism of Senggin Xinmaitong capsule in the treatment of non-proliferative diabetic retinopathy. **Methods** One hundred and twenty patients with non-proliferative diabetic retinopathy were randomly divided into the observation group and control group. The control group was given the standard treatment according to the clinical diagnosis and treatment guidelines for diabetic retinopathy in China in 2014. The observation group was treated with Senggin Xinmaitong capsule on the basis of treatment of the control group. Treatment time was 6 months. Before treatment and after treatment, ELISA method was used to detect serum transforming growth factor beta 1 (TGF-1), interleukin-6 (IL-6) and vascular endothelial cell growth factor (VEGF) levels, and according to the performance of the vision and fundus, the clinical efficacy was observed and compared between the two groups. **Results** Comparison between before treatment and after treatment, the serum levels of TGF-1, IL-6 and VEGF were [(65.19 ± 4.53)  $\mu\text{g/L}$  vs. (32.90 ± 5.17)  $\mu\text{g/L}$ ,  $t = 3.905$ ], [(45.18 ± 3.28)  $\text{pg/mL}$  vs. (24.87 ± 7.09)  $\text{pg/mL}$ ,  $t = 3.275$ ], [(175.43 ± 21.59)  $\mu\text{g/L}$  vs. (109.98 ± 10.21)  $\mu\text{g/L}$ ,  $t = 3.316$ ] respectively in the observation group, while the levels of TGF-1, IL-6 and VEGF were [(64.97 ± 5.37)  $\mu\text{g/L}$  vs. (50.91 ± 4.85)  $\mu\text{g/L}$ ,  $t = 2.761$ ], [(47.09 ± 3.16)  $\text{pg/mL}$  vs. (35.28 ± 5.10)  $\text{pg/mL}$ ,  $t = 2.874$ ], [(168.17 ± 28.05)  $\mu\text{g/L}$  vs. (147.09 ± 12.38)  $\mu\text{g/L}$ ,  $t = 2.548$ ] respectively in the control group, after treatment, the serum levels of TGF-1, IL-6 and VEGF were decreased in the two groups compared with pre treatment (all  $P < 0.05$ ), and the improvement in the observation group was significantly better than the control group [ $t$  value (IL-6, TGF- $\beta 1$ , VEGF) = 3.031, 3.003, 3.006, all  $P < 0.05$ ]. The clinical efficacy of the observation group was better than the control group, the difference was statistically significant (90.00% vs. 73.33%,  $\chi^2 = 2.872$ ,  $P < 0.05$ ). **Conclusion** The Senggin Xinmaitong capsule can significantly improve the clinical symptoms of patients with non-proliferative diabetic retinopathy, increase the visual acuity level and down-regulation of inflammatory reaction, inhibition the level of VEGF, thus to delay the progression of the disease.

**【Key words】** Senggin Maixintong capsule; Traditional Chinese medicine; Diabetic retinopathy

# 前清蛋白、心肌酶、C 反应蛋白检测在重症手足口病合并心肌损伤患儿诊治中的意义

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**【摘要】** **目的** 探讨前清蛋白(PA)、心肌酶、C 反应蛋白(CRP)检测在重症手足口病(HFMD)合并心肌损伤患儿诊治中的应用价值。**方法** 选取 183 例手足口病患儿作为观察组,其中重症患儿 54 例,普通患儿 129 例,另选取 100 例同期健康体检儿童作为对照组,检测所有研究对象血清 PA、 $\alpha$ -丁酸脱氢酶( $\alpha$ -HBDH),肌酸激酶(CK),肌酸激酶同工酶(CK-MB)、CRP 的水平并进行比较。**结果** 观察组血清 PA 水平为(194.37 ± 42.86)mg/L,对照组为(267.15 ± 52.04)mg/L,观察组血清 PA 水平明显低于对照组( $t = 5.942, P < 0.05$ );观察组血清  $\alpha$ -HBDH、CK、CK-MB 及 CRP 分别为(261.58 ± 61.40)U/L、(124.80 ± 67.51)U/L、(38.79 ± 16.26)U/L 和(18.06 ± 5.27)mg/L,对照组血清  $\alpha$ -HBDH、CK、CK-MB 及 CRP 分别为(112.93 ± 28.56)U/L、(103.94 ± 60.86)U/L、(15.17 ± 9.34)U/L 和(4.82 ± 0.95)mg/L,观察组  $\alpha$ -HBDH、CK、CK-MB 及 CRP 均明显高于对照组( $t = 8.356, 5.087, 9.446, 10.755$ , 均  $P < 0.05$ )。重症组血清 PA 水平为(144.92 ± 40.36)mg/L,普通组为(230.89 ± 46.27)mg/L,重症组血清 PA 水平明显低于普通组( $t = 7.035, P < 0.05$ );重症组血清  $\alpha$ -HBDH、CK、CK-MB 及 CRP 分别为(301.58 ± 71.40)U/L、(145.31 ± 67.84)U/L、(43.66 ± 18.95)U/L 和(21.86 ± 6.55)mg/L,普通组血清  $\alpha$ -HBDH、CK、CK-MB 及 CRP 分别为(162.93 ± 28.56)U/L、(116.05 ± 61.37)U/L、(24.75 ± 12.04)U/L 和(7.25 ± 3.82)mg/L,重症组患儿血清  $\alpha$ -HBDH、CK、CK-MB 及 CRP 均明显高于普通组( $t = 9.440, 6.204, 11.038, 13.118$ , 均  $P < 0.05$ )。重症 HFMD 合并心肌损伤患儿血清 PA 水平为(131.02 ± 36.54)mg/L,重症组为(149.73 ± 42.81)mg/L,重症 HFMD 合并心肌损伤组血清 PA 水平明显低于重症组( $t = 7.801, P < 0.05$ );重症 HFMD 合并心肌损伤患儿血清  $\alpha$ -HBDH、CK、CK-MB 及 CRP 分别为(327.84 ± 74.95)U/L、(152.92 ± 68.75)U/L、(45.17 ± 20.68)U/L 和(23.07 ± 7.46)mg/L,重症组血清  $\alpha$ -HBDH、CK、CK-MB 及 CRP 分别为(286.30 ± 70.16)U/L、(134.80 ± 66.31)U/L、(41.08 ± 17.23)U/L 和(20.95 ± 6.20)mg/L,重症 HFMD 合并心肌损伤患儿血清  $\alpha$ -HBDH、CK、CK-MB 及 CRP 均明显高于重症 HFMD 组( $t = 4.394, 5.938, 4.077, 4.165$ , 均  $P < 0.05$ )。**结论** 前清蛋白、心肌酶、CRP 检测利于手足口病患儿病情严重程度的判断,且利于患儿心肌损伤的早期诊断。

**【关键词】** 手足口病; 心肌损伤; 前清蛋白; 心肌酶; C 反应蛋白质

## Clinical significance of prealbumin, enzymes, CRP detection in severe hand – foot – mouth disease children with myocardial injury Ao Xiaoyan.

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**【Abstract】 Objective** To investigate the clinical significance of prealbumin (PA), enzymes, C – reactive protein (CRP) detection in severe hand – foot – mouth disease (HFMD) children with myocardial injury. **Methods** 183 children with HFMD were selected as the observation group, in which 54 children were severe, 129 cases were common. 100 healthy children during the same period were selected as the control group. PA,  $\alpha$  – acid dehydrogenase ( $\alpha$  – HBDH), creatine kinase (CK), creatine kinase (CK – MB), CRP levels were detected in the serum of all subjects and compared. **Results** The serum level of PA in the observation group was (194.37 ± 42.86) mg/L, which was significantly lower than (267.15 ± 52.04) mg/L of the control group ( $t = 5.942, P < 0.05$ ). The serum levels of  $\alpha$  – HBDH, CK, CK – MB and CRP in the observation group were (261.58 ± 61.40) U/L, (124.80 ± 67.51) U/L, (38.79 ± 16.26) U/L and (18.06 ± 5.27) mg/L, which were significantly higher than those of the control group [(112.93 ± 28.56) U/L, (103.94 ± 60.86) U/L, (15.17 ± 9.34) U/L and (4.82 ± 0.95) mg/L,  $t = 8.356, 5.087, 9.446$  and  $10.755$ , all  $P < 0.05$ ]. The serum PA level of the severe HFMD group was (144.92 ± 40.36) mg/L, which was significantly lower than (230.89 ± 46.27) mg/L of the ordinary HFMD group ( $t = 7.035, P < 0.05$ ). The

serum levels of  $\alpha$ -HBDH, CK, CK - MB and CRP in the severe HFMD group were (301.58  $\pm$  71.40) U/L, (145.31  $\pm$  67.84) U/L, (43.66  $\pm$  18.95) U/L and (21.86  $\pm$  6.55) mg/L, which were significantly higher than those in the ordinary HFMD group [(162.93  $\pm$  28.56) U/L, (116.05  $\pm$  61.37) U/L, (24.75  $\pm$  12.04) U/L and (7.25  $\pm$  3.82) mg/L,  $t = 9.440, 6.204, 11.038$  and  $13.118$ , all  $P < 0.05$ ]. The serum PA level of the severe HFMD with myocardial injury group was (131.02  $\pm$  36.54) mg/L, which was significantly lower than (149.73  $\pm$  42.81) mg/L of the severe HFMD group ( $t = 7.801, P < 0.05$ ). The serum levels of  $\alpha$ -HBDH, CK, CK - MB and CRP in the severe HFMD with myocardial injury group were (327.84  $\pm$  74.95) U/L, (152.92  $\pm$  68.75) U/L, (45.17  $\pm$  20.68) U/L and (23.07  $\pm$  7.46) mg/L respectively, which were significantly higher than those in the severe HFMD group [(286.30  $\pm$  70.16) U/L, (134.80  $\pm$  66.31) U/L, (41.08  $\pm$  17.23) U/L and (20.95  $\pm$  6.20) mg/L,  $t = 4.394, 5.938, 4.077$  and  $4.165$ , all  $P < 0.05$ ]. **Conclusion** Prealbumin, enzymes, CRP detection is favor of judgement the severity of HFMD children, and conducive to the early diagnosis of myocardial injury in children.

**【Key words】** Hand - foot - mouth disease; Myocardial injury; Prealbumin; Enzymes; C - Reactive protein

## 超声介入化学消融治疗子宫肌瘤的临床研究

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**【摘要】** **目的** 研究不同类型子宫肌瘤超声介入化学消融治疗的临床疗效。**方法** 该组 63 例已婚患者,72 个瘤体,年龄 23~50 岁,肌瘤最小直径约 1.25 cm,最大直径约 8.5 cm,平均直径(5.0±0.5)cm。均通过腹部或经阴道彩色多普勒超声检查诊断为子宫肌瘤,根据瘤体与子宫肌壁的关系均采用瘤体注射法。在超声引导下将日本扒光经皮超声介入穿刺针(PTC,21G 针)刺入瘤体注入硬化剂,硬化剂为无水乙醇,术后对所有患者随访 1~6 个月,部分患者给予超声复查,根据瘤体缩小率、瘤体回声情况、瘤体内血流信号消失的程度,将治疗结果分为治愈、显效、有效、无效。**结果** 72 个瘤体,治愈 15 个、显效 54 个、有效 3 个、无效 0 个。肌瘤体积最大缩小率 100%,最小缩小率 37%,平均缩小率 68%,总有效率 100%。**结论** 无水乙醇是临床应用广泛的理想硬化剂,在治疗子宫肌瘤时疗效好,不良反应少,易被患者接受。超声介入技术在临床的应用为子宫肌瘤患者开辟一条新的治疗途径,具有广阔的应用价值和前景。

**【关键词】** 超声检查,介入性; 消融技术; 平滑肌瘤

**Clinical effect of ultrasound ablation in the treatment of uterine myoma** Zhang Jianbin, Wei Xingxue, Tang tao.

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## 直乙结肠交界处牙签异物一例

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**Endoscopic treatment for acute appendicitis found – sigmoid junction with the toothpick body** Xiang Wenkun.

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患者女,22岁。2010年12月2日因腹痛2天就诊于德兴市人民医院。患者于11月30日无明显诱因下出现脐周疼痛,为阵发性隐痛,未予重视。12月1日疼痛加重,伴大便略稀薄,便后疼痛稍见减轻。12月2日疼痛发作频繁,缓解时间少,下午来院就诊。检查:体温36.7℃;痛苦面容,强迫向前弯腰体位,步入病房。腹部平软,McBurney点压痛(+),Murphys征(-),Rovsing's征(+),Dunphy's征(+),Iliopsoas征(-),Obturator征(+),无明显反跳痛。辅助检

查:WBC  $126 \times 10^9/L$ ,N 76%;B超检查提示:右下腹探及一23 cm × 17 cm 管状包块;肠镜检查提示阑尾口黏膜充血水肿,波及阑尾开口,半月瓣功能减退(见图1,2),局部喷洒硫酸庆大霉素16万u后退镜,回盲部可见三条充血糜烂黏膜,距肛门约15 cm处见一竹质牙签两端刺入肠壁,用异物钳取出,刺入处黏膜明显充血水肿及化脓(见图3,4)。距肛门约20 cm处见一0.8 cm × 0.8 cm 息肉,亚蒂,表面光滑。



## ICU 脓毒症休克患者的临床管理策略

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**【摘要】** 脓毒症休克是目前 ICU 中威胁危重病患者生命的最严重疾病之一, 如何提高此类患者的生存率是 ICU 医师密切关注和努力的方向, 为此有必要对脓毒症休克患者的临床管理策略做一总结与探讨。

**【关键词】** 脓毒症; 休克; 临床管理

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**Clinical management strategies for ICU patients with septic shock** Lin Liqun, Yang Bo, Wang Junqiang, Li Lanlan, Luo Yan, Huang Jianhui.

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**【Abstract】** Septic shock is one of the most serious diseases threatening the critically ill patients in Intensive Care Unit. How to improve the survival rate has now been most concerned and directed by critical care doctors. For that case, it is necessary to summarize and investigate the clinical cases about how to manage elderly patients with septic shock.

**【Key words】** Sepsis; Shock; Clinical governance

**Fund program:** Science and technology program of Luzhou of Sichuan province(2011S47, 2012S41)

## 患者亲属的健康教育对高血压脑出血院前抢救的影响

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**【摘要】 目的** 分析对患者亲属实施健康教育对高血压脑出血患者院前抢救效果的影响。**方法** 选取 68 例高血压脑出血患者作为研究对象,采取随机数字表法,将所有患者分为对照组和观察组,观察组患者亲属接受脑出血方面的健康教育,均经院前急救后送院;对照组患者直接由亲属送入医院,对两组临床效果及并发症发生情况进行统计比较。**结果** 观察组有效率为 94.12%,高于对照组的 70.59%,差异有统计学意义( $\chi^2 = 19.050, P < 0.05$ );观察组病死率为 5.88%,低于对照组的 29.41%,差异有统计学意义( $\chi^2 = 19.050, P < 0.05$ );观察组并发症发生率为 17.65%,低于对照组的 50.00%,差异有统计学意义( $\chi^2 = 23.376, P < 0.05$ )。**结论** 对急性高血压脑出血患者亲属实施健康教育是非常重要的,在危急时刻采取相应的护理措施,可及时获得抢救时间,降低其病死率,对改善患者预后有重要意义。

**【关键词】** 高血压; 脑出血; 健康教育; 院前抢救

### Effect of health education on the family members of patients with hypertensive cerebral hemorrhage

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## 中、西医学学术思想对比研究

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**【摘要】** 中西医是当今世界并存的两大医疗体系,两者的起源和发展过程完全不同。受着环境、文化、社会等的影响各自形成独特的学术思想体系。中医注重“整体观念”,“辨证论治”;西医则侧重“局部观念”,“辨病论治”。大量临床实践证明,中西医学体系都存在着优势与弊端,在治疗疾病上各有千秋,若能将中西医学学术思想完美结合,两者取长补短,将会建立一个更为完善的医疗体系。然而要实现这一过程,仍需要医疗工作者的不断努力。

**【关键词】** 中西医结合; 整体观念; 局部观念; 辨证论治; 辨病论治

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**Contrast on academic thoughts of Chinese and western medicine** Dong Mengzhen, Deng Yun.

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## 煤工尘肺患者大容量肺灌洗围手术期的护理

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**【摘要】 目的** 总结煤工尘肺患者大容量肺灌洗术前、术中、术后的护理经验。**方法** 对 30 例煤工尘肺患者大容量肺灌洗围手术期进行护理,协助完善相关检查,术前、术中、术后进行心理护理,取得患者的信任与配合。准确记录出入量及麻醉用药量,预防并发症的发生。提出明确的护理诊断,给出有效的护理措施;指导其进行呼吸功能锻炼。**结果** 30 例患者康复出院,术后发热 25 例,术后咽部充血疼痛,术后尿道刺激征 3 例,灌洗后 1 周临床症状减轻,2 周后肺功能有明显改善。**结论** 术前心理护理,术中规范操作、详细记录,术后密切监护是降低大容量肺灌洗术并发症的关键。大容量肺灌洗是治疗尘肺的有效方法,细致周密的护理可提高手术质量和临床效果。

**【关键词】** 支气管肺泡灌洗; 尘肺; 围手术期护理

**Management of patients with coal miner pneumoconiosis in the large capacity lung lavage perioperative nursing stage** Liu Yang.

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