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本刊稿约见本卷第 1 期后插 5
阻塞性睡眠呼吸暂停低通气综合征与 ST 段抬高型急性心肌梗死发作昼夜节律变化的研究

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【摘要】目的 探讨阻塞性睡眠呼吸暂停低通气综合征 (OSAHS) 的严重程度分级对 ST 段抬高型急性心肌梗死(STEMI) 患者预后的影像。方法 选取 86 例 STEMI 患者，根据中华医学会制定的阻塞性睡眠呼吸暂停低通气综合征初步诊断标准[多导睡眠仪 (polysomography, PSG) 的检测结果]，将符合纳入标准的心内科 CCU 患者分为 STEMI 组(OSAHS 组,38 例) 和单纯 STEMI 组(对照组,48 例)。比较分析 OSAHS 组和对照组患者的生化指标、心功能指标及 STEMI 发生时间段差异，以 Logistic 回归分析的统计方法确定影响 STEMI 发作昼夜节律的影响因素。结果 总共有 86 例患者符合纳入标准，其中合并 OSAHS 的患者 38 例 (44.2%)，单纯 STEMI 组 48 例 (55.8%)。上午 06：00~11：59 时段 MI 的发生率与对照组相比，OSAHS 组明显升高 (20.8% 比 44.7%，$\chi^2=5.626, P=0.018$)。上午 06：00~11：59 时段 STEMI 的发生率在轻度 OSAHS 组有下降 (20.8% 比 31.3%，$\chi^2=0.726, P=0.394$)；相反，重度 OSAHS 组患者发病显著升高 (20.8% 比 54.5%，$\chi^2=7.956, P=0.005$)。多变量 Logistic 回归分析结果显示，OSAHS 严重程度 ($OR=2.458, 95\% CI 1.110~5.439, P=0.027$) 是上午 06：00~11：59 时段发生 STEMI 的危险因素。结论 OSAHS 严重程度显著增加上午 6：00~11：59 时段 STEMI 的发生率。

【关键词】睡眠呼吸暂停，阻塞性；心肌梗塞；冠状动脉造影；睡眠监测；昼夜节律

Fund Program: 广东省清远市科技计划项目 (2015B027)

Clinical study on the relationship between obstructive sleep apnea hypopnea syndrome and circadian rhythm of onset in acute ST – segment elevation myocardial infarction  Chen Weiping, Zhu Song, Tian Dongbo, Xiao Jinghua, Liao Xiaowen, Zhang Yifei, Wang Peng. Department of Respiratory, the People's Hospital of Qingyuan (the Sixth Affiliated Hospital of Guangzhou Medical University), Qingyuan, Guangdong 511500, China (Chen WP, Tian DB, Xiao JH, Liao XW, Wang P); Biomedicine Research Centre, the Third Affiliated Hospital of Guangzhou Medical University, Guangzhou, Guangdong 510515, China (Zhu S)

【Abstract】Objective To investigate the influence of severity of obstructive sleep apnea hypopnea syndrome (OSAHS) on acute ST – segment elevation myocardial infarction (STEMI). Methods 86 STEMI patients were divided into two groups, STEMI with OSAHS (OSAHS group, n = 38) and STEMI without OSAHS (control group, n = 48). Clinical data about biochemical index, cardiac function index and the duration of STEMI onset were compared between OSAHS group and control group. Logistic statistic analysis was used to investigate the risk factors that influence the circadian rhythm of onset in STEMI. Results A total of 86 patients met the inclusion criteria, they were divided into two groups, STEMI with OSAHS (OSAHS group, n = 38) and STEMI without OSAHS (control group, n = 48). The incidence rate of STEMI onset during 06:00 am ~ 11:59 am was significantly higher in OSAHS group compared to control group (20.8% vs. 44.7%, $\chi^2=5.626, P=0.018$). This variation was weaken in mild OSAHS group compared to moderate ~ severe OSAHS group (20.8% vs. 54.5%, $\chi^2=7.956, P=0.005$). Multivariate logistic analysis showed that the severity of OSAHS was a risk factor to the STEMI onset during 06:00 am ~ 11:59 am ($OR=2.458, 95\% CI 1.110~5.439, P=0.027$). Conclusion The severity of OSAHS significantly increases the STEMI onset during 06:00 am ~ 11:59 am.

【Key words】Sleep apnea, obstructive; Myocardial infarction; Coronary arteriography; Polysomography; Circadian rhythm

Fund program: Qingyuan Science and Technology Project of Guangdong Province (2015B027)
中西医结合治疗产超广谱β-内酰胺酶细菌感染相关性肺炎的临床观察

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目的 探讨中西医结合治疗产超广谱β-内酰胺酶细菌感染相关性肺炎的临床疗效。

方法 收集80例产ESBLs细菌感染相关性肺炎患者,根据随机数字表法将其分为对照组(西医常规治疗)和观察组(中西医结合治疗),每组40例,比较两组临床症状及体征消失时间及住院时间,痰细菌学培养结果,以及两组的临床疗效。结果 与对照组相比,观察组患者咳嗽消失时间[(6.5±1.3)d vs (8.2±1.5)d, t=4.38, P<0.05],发热消失时间[(5.1±1.2)d vs (6.8±1.4)d, t=4.19, P<0.05],肺部啰音消失时间[(6.2±1.3)d vs (7.8±1.6)d, t=4.27, P<0.05]及住院时间[(9.1±1.3)d vs (11.8±1.6)d, t=5.06, P<0.05]均明显缩短;与对照组相比,观察组痰肺炎克雷伯菌(25.0% vs 8.0%, χ²=4.30, P<0.05)和大肠埃希菌(70.0% vs 60.0%, χ²=4.75, P<0.05)转阴率明显增高;与对照组相比,观察组患者治疗的显效率明显提高(92.5% vs 75.0%, χ²=4.50, P<0.05)。结论 中西医结合治疗能够提高对产ESBLs细菌感染相关性肺炎的临床疗效,提高痰细菌转阴率,值得临床推广。

【关键词】 肺炎; 中西医结合; 产超广谱β-内酰胺酶

【基金项目】浙江省医药卫生一般研究计划项目(2014KYB313)

The clinical contrast research of the treatment of traditional Chinese medicine combined with western medicine for ESBLs bacterial infection associated pneumonia Cai Li, Xu Haiyan, Wang Dongguo.

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【Abstract】Objective To study the clinical efficacy of the treatment of traditional Chinese medicine combined with western medicine for extended - spectrum β - lactamase (ESBLs) bacterial infection associated pneumonia. Methods 80 patients with ESBLs bacterial infection associated pneumonia in our hospital from January 2015 to June 2016 were randomized into the control group (western medicine routine treatment) and the observation group (treatment of traditional Chinese medicine combined with western medicine) according to the random number method, 40 patients in each group. The disappearance time of clinical symptoms and signs and hospitalization time, sputum culture results, and the clinical efficacy of treatment in the two groups were compared. Results Compared with the control group, the disappearance time of cough [(6.5±1.3)d vs (8.2±1.5)d, t=4.38, P<0.05], fever [(5.1±1.2)d vs (6.8±1.4)d, t=4.19, P<0.05], pulmonary rales [(6.2±1.3)d vs (7.8±1.6)d, t=4.27, P<0.05] and the hospitalization time [(9.1±1.3)d vs (11.8±1.6)d, t=5.06, P<0.05] were significantly reduced in the observation group. Compared with the control group, the negative rates of pneumonia klebsiella (25.0% vs 8.0%, χ²=4.30, P<0.05) and Escherichia coli (70.0% vs 60.0%, χ²=4.75, P<0.05) in sputum were obviously increased in the observation group. Compared with the control group, the markedly effective rate of treatment was significantly improved in the observation group(92.5% vs 75.0%, χ²=4.50, P<0.05). Conclusion The treatment of traditional Chinese medicine combined with western medicine can significantly increase the clinical efficacy of ESBLs bacterial infection associated pneumonia, improve the negative rates of sputum bacteria, and it is worthy of clinical promotion.

【Key words】 Pneumonia; Traditional Chinese medicine combined with western medicine; Extended spectrum β - Laclarnases

【Fund program】Zhejiang provincial medical and health research program (2014KYB313)
瑞舒伐他汀对慢性阻塞性肺疾病稳定期患者肺功能及生活质量的影响

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摘要  目的  探讨瑞舒伐他汀对 COPD 稳定期患者肺功能及生活质量的影响。方法  选取 88 例 COPD 确定期患者，采用数字表法随机分为观察组和对照组，各 44 例。对照组采用常规治疗，观察组在常规治疗的基础上口服瑞舒伐他汀 20 mg/次，1 次/ d，治疗 6 个月。分别在治疗前、治疗后 1 个月、治疗后 6 个月、治疗后 12 个月测定患者的 first second forced expiratory volume (FEV₁)、FEV₁/FVC、用力肺活量 (FVC)% 评估患者的肺功能，并采用 COPD 评估测试(COPD Assessment Test, CAT) 量表评估患者的生活质量。结果  治疗后 1 个月及 6 个月，两组患者的 FEV₁、FEV₁/FVC 均高于治疗前 (P < 0.05)；治疗后 6 个月，两组患者 FEV₁、FEV₁/FVC 分别为 (1.49 ± 0.40) L、(59.35 ± 5.51)%，均高于对照组的 (1.28 ± 0.31) L、(53.02 ± 5.60)%，差异均有统计学意义 (t = 2.753, 5.345, P < 0.05)。治疗后 1 个月及 6 个月，两组患者的 CAT 评分均低于治疗前 (P < 0.05)；治疗后 6 个月观察组 CAT 评分为 (17.27 ± 3.32) 分，低于对照组的 (21.25 ± 4.51) 分，差异有统计学意义 (t = -4.714, P < 0.05)。结论  口服瑞舒伐他汀能有效改善 COPD 稳定期患者的肺功能及生活质量。

关键词  肺疾病；慢性阻塞性；瑞舒伐他汀；肺功能；生活质量

Effect of rosuvastatin on lung function and the quality of life in patients with chronic obstructive pulmonary disease  Mao Zifang.

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【Abstract】 Objective  To investigate the effect of rosuvastain on the lung function and quality of life in patients with stable chronic obstructive pulmonary disease (COPD). Methods  88 patients with COPD were selected, they were divided into the research group and the control group by digital table method, each group had 44 cases. Traditional treatment was used to treat patients in the control group, the research group was treated with rosuvastain 20mg, 1 time one day on the basis of the traditional treatment, all patients were treated for 6 months. Before treatment, 1 month after therapy and 6 months after therapy, the first second forced expiratory volume (FEV₁), forced expiratory volume in first second (FEV₁)/forced vital capacity (FVC%) value and the patients’ lung function were determined, the patients’ quality of life was evaluated by the COPD Assessment Test (CAT). Results  After 1 and 6 months of therapy, the FEV₁, FEV₁/FVC of the two groups were higher than before treatment, and after 6 months of therapy, the FEV₁, FEV₁/FVC of the research group were (1.49 ± 0.40) L, (59.35 ± 5.51)% respectively, which were significantly higher than (1.28 ± 0.31) L, (53.02 ± 5.60)% of the control group (t = 2.753, 5.345, all P < 0.05). After 1 and 6 months of therapy, the CAT scores of the two groups were lower than before treatment, and after 6 months of therapy, the CAT score of the research group was (17.27 ± 3.32) points, which was significantly lower than (21.25 ± 4.51) points of the control group (t = -4.714, P < 0.05). Conclusion  Rosuvastain can improve lung function and quality of life in patients with COPD, the clinical curative effect is distinct, and it is worthy of popularization and application.

【Key words】 Pulmonary disease, chronic obstructive; Rosuvastain; Pulmonary function; Quality of life
炎症细胞因子在进展性脑梗死患者中的变化及临床意义

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【摘要】目的 分析进展性脑梗死患者血清炎症细胞因子的表达水平及临床意义。方法 选取于滨州市中心医院就诊的进展性脑梗死患者（进展性脑梗死组）、非进展性脑梗死患者（非进展性脑梗死组）及健康人群（对照组）作为研究对象，每组60例，分别检测其血清白细胞介素-8（IL-8）、超敏C反应蛋白（hs-CRP）、淀粉样蛋白A（SAA）的表达水平。结果 进展性脑梗死组患者入院第1天时血清IL-8（201.89±46.41）mg/L，hs-CRP[(16.55±4.49) mg/L]、SAA[(20.65±4.17) mg/L]的表达水平均明显高于非进展性脑梗死组[(132.02±40.26) mg/L,(8.09±4.06) mg/L,(15.35±4.07) mg/L]，差异均有统计学意义(t=4.289,P=0.000; t=2.276,P=0.006; t=2.269,P=0.031)。进展性脑梗死组及非进展性脑梗死组患者入院第1天时IL-8、hs-CRP及SAA的表达水平均显著高于对照组（进展性脑梗死组比对照组：t=3.614,P=0.000; t=3.406,P=0.007; t=2.559,P=0.009；非进展性脑梗死组比对照组：t=3.602,P=0.000; t=3.181,P=0.009; t=1.520,P=0.026)。结论 血清IL-8、hs-CRP、SAA等炎症细胞因子表达水平的变化是进展性脑梗死的危险因素，可作为评估脑梗死患者病情变化的重要参考依据。

【关键词】进展性脑梗死；非进展性脑梗死；炎症细胞因子

基金项目：山东省中医药科技发展计划项目（2015-496）；滨州医学院科研计划启动基金项目（BY2013KJ91）

Clinical significance and changes of inflammatory cytokines in patients suffered from progressive cerebral infarction

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【Abstract】Objective To observe and analyze the changes of inflammatory cytokines levels in patients with progressive cerebral infarction (PCI). Methods The patients with progressive cerebral infarction (progressive cerebral infarction group), the patients with non – progressive cerebral infarction (non progressive cerebral infarction group) and the healthy individuals (control group) were selected as the research subjects. Sixty individuals were included in each group. The levels of IL-8, hs-CRP, SAA of the research subjects were detected and observed. Results The levels of IL-8 (201.89±46.41) mg/L, hs-CRP (16.55±4.49) mg/L, SAA (20.65±4.17) mg/L of the progressive cerebral infarction group were significantly higher than those of non – progressive cerebral infarction group [(132.02±40.26) mg/L, (8.09±4.06) mg/L, (15.35±4.07) mg/L]. The differences were statistically significant (t=4.289, P=0.000; t=2.276, P=0.006 and t=2.269, P=0.031) . Compared with the control group[(50.70±31.14) mg/L, (0.70±0.11) mg/L and (5.15±2.21) mg/L], the levels of IL-8, hs-CRP, SAA in the progressive cerebral infarction group and non – progressive cerebral infarction group were significantly higher on the first day ( PCI group vs control: t=3.614, P=0.000; t=3.406, P=0.007; t=2.559, P=0.009; NPCI group vs control: t=3.602, P=0.000; t=3.181, P=0.009; t=1.520, P=0.026). Conclusion The changes of the inflammatory factors levels such as IL-8, hs-CRP, SAA have certain predicative value on the development of the PCI.

【Key words】Progressive cerebral infarction; Non progressive cerebral infarction; Inflammatory cytokines

Fund program: Science and technology project of traditional Chinese medicine of Shandong province (2015-496); Science and Technology Development Plan of Binzhou Medical College (BY2013KJ91)
论著

头部亚低温联合鼠神经生长因子治疗新生儿中重度缺氧缺血性脑病疗效观察

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【摘要】目的 探讨头部亚低温联合鼠神经生长因子治疗新生儿中重度缺氧缺血性脑病(HIE)的疗效。方法 将50例足月中重度HIE患儿采用随机双盲法分为观察组和对照组各25例,两者均采用常规对症治疗,观察组在出生后6h内予头部亚低温治疗,维持鼻咽部温度(34.0±0.5)℃,肛温(35.5±0.5)℃,持续72h。待温及病情稳定后即出生后96h予鼠神经生长因子营养脑神经治疗。对照组未予头部亚低温治疗,于生后96h予鼠神经生长因子(使用方法,剂量,疗程与观察组相同)营养脑神经治疗。观察治疗后两组的心率、肌张力、惊厥及意识障碍等的改善情况,于生后3d,2周及4周时行新生儿行为神经测定(NBNA);出生后1个月及3个月时,行头颅MRI平扫和脑干听觉诱发电位检测。结果 两组患儿NBNA评分在生后3d,2周及4周时比较差异均有统计学意义(2.53,2.89,3.23,21.312,<0.01,<0.05,P<0.01)。治疗3个月后,观察组在听力诱发异常例数明显少于对照组,差异有统计学意义(2.53,21.312,P<0.01)。观察组头颅MRI异常例数(3例)明显少于对照组(6例),差异有统计学意义(34.0±0.5,24.125,P<0.05)。结论 头部亚低温联合鼠神经生长因子治疗对新生儿中重度HIE有保护作用,能提高治疗有效率,降低远期神经系统后遗症。

【关键词】 缺氧缺血性脑病; 头部亚低温; 鼠神经生长因子
【基金项目】浙江省公益性技术应用研究项目(2013C33218)

Clinical effect of head hypothermia combined with mouse nerve growth factor in the treatment of neonatal moderately severe hypoxic ischemic encephalopathy  Hou Qiuying, Teng Yiqun, Zhu Wen, Shen Fangfang.
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【Abstract】Objective To observe the curative effect of head hypothermia combined with mouse nerve growth factor in the treatment of neonatal moderately severe hypoxic ischemic encephalopathy (HIE). Methods 50 cases of severe HIE were randomly divided into observation group and control group, with 25 cases in each group. Both two groups were given the conventional treatment. The observation group was given head hypothermia treatment in 6 hours after born, to maintain the nasopharyngeal temperature (34.0±0.5)℃, anal temperature (35.5±0.5)℃, 72 hours continuously. At 96 hours after the birth, the nerve growth factor was given. The control group did not give the head mild hypothermia treatment. At 96 hours after birth, the nerve growth factor (methods, dosage and treatment were the same as the observation group) was treated with nutrition and brain nerve. After treatment, the improvements of heart rate, muscle tension, convulsions and disturbance of consciousness were observed in two groups. After 3 days, 2 weeks and 4 weeks, the neonatal behavioral neurological assay (NBNA), 1 and 3 months after birth, the outfit cranial MRI plain scan and brainstem auditory evoked potential (BAEP) were evaluated. Results NBNA scores of the two groups were compared in 3 days, 2 weeks and 4 weeks after birth, the differences were statistically significant (2.53, 2.89, 3.23, all P<0.05). In the observation group, the abnormal brain MRI was significantly less than the control group, the difference was statistically significant (2.53, 21.312, P<0.01). In the observation group, the number of abnormal auditory evoked potential was significantly less than that of the control group, the difference was statistically significant (4.0±0.5, 24.125, P<0.05). Conclusion Head hypothermia combined with mouse nerve growth factor therapy for the treatment of neonatal moderately severe HIE has protective effect, it can improve the treatment efficacy, reduce the long-term neurological sequelae, and without adverse reaction.

【Key words】 Hypoxic ischemic brain; The head hypothermia; Mouse nerve growth factor
【Fund program】Science and Technology Plan Projects in Zhejiang Province (2013C33218)
壮医药线点灸治疗寻常型银屑病的临床研究

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【摘要】目的 研究壮医药线点灸治疗寻常型银屑病的临床疗效。方法 60例寻常型银屑病患者采用“按顺序编码,不透光,密封的信封”的随机方法分为观察组和对照组,每组30例,对照组给予银屑病常规用药治疗;观察组在对照组治疗基础上给予壮医药线点灸。两组均治疗4个疗程。比较两组临床疗效和不同时段银屑病皮损面积和严重度指数(Psoriasis area and severity index, PASI)评分、皮肤科生活质量指数量表 (Dermatology life of quality index, DLQI) 评分变化。结果 观察组总有效率为76.7%,高于对照组的50.0%(χ² = 3.125, P < 0.05);观察组治疗2个疗程,3个疗程,4个疗程后的PASI评分、DLQI评分与对照组相同时间点比较,差异均有统计学意义(均 P < 0.05)。结论 采用壮医药线点灸治疗寻常型银屑病患者疗效显著,可作为治疗寻常型银屑病的外治优选方案。

【关键词】寻常型银屑病; 壮医; 药线点灸; 疗效观察

【基金项目】国家科技部中医药公益性行业科研专项经费项目(201507006-01)


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【Abstract】Objective To study the clinical effect of Zhuang medicine line point moxibustion in the treatment of psoriasis vulgaris. Methods 60 psoriasis vulgaris patients qualified subjects were randomly divided into observation group and control group. The control group was given routine treatment of psoriasis. The treatment group was given Zhuang medicine line points on the basis of the control group. The patients in two groups were treated for four courses. The clinical efficacy of the two groups were compared, and the changes of PASI score and DLQI score at different time periods were compared. Results The total effective rate of treatment group was 76.7%, which was higher than 50.0% in the control group (χ² = 3.125, P < 0.05). After 2, 3 and 4 courses of treatment, the PASI scores and DLQI scores between the observation group and the control group at the same time point had statistically significant differences (all P < 0.05). Conclusion In this study, the use of Zhuang medicine line point moxibustion treatment for psoriasis vulgaris patients has significant curative effect, which can be used as the treatment for psoriasis vulgaris.

【Key words】Psoriasis vulgaris; Zhuang medicine; Medicated thread moxibustion; Curative effect observation

【Fund program】The public welfare research project of the ministry of science and technology of traditional Chinese medicin(201507006-01)
恶性肿瘤合并静脉血栓栓形成74例临床分析

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【摘要】目的 分析恶性肿瘤合并静脉血栓栓塞症（VTE）的相关因素，为恶性肿瘤合并VTE的早期预防及治疗提供临床依据。方法 收集恶性肿瘤合并VTE患者74例，回顾性分析其临床资料。结果 在74例肿瘤合并VTE患者中，男性多于女性，45～80岁50例（67.57%）。发生VTE最多的病种是肺癌27例（36.49%）；既往有深静脉血栓栓塞、手术病史或者合并高血压的患者都易于发生VTE，分别是14例（18.92%）、12例（16.22%）、11例（14.86%）、57例（77.03%）VTE患者曾行放疗和化疗；血小板计数、D-二聚体、纤维蛋白原、C反应蛋白（CRP）与肿瘤合并VTE均有一定相关性。74例患者均接受了抗凝治疗，其中67例（90.54%）主要通过药物抗凝治疗。结论 肿瘤合并VTE与患者的年龄、肿瘤病种、放/化疗史，既往病史以及凝血相关指标有关。了解肿瘤合并血栓的形成高危因素，有助于对VTE的预防、早期诊断与治疗，降低病死率。

【关键词】肿瘤；静脉血栓栓塞；放疗；化疗；实验室指标；抗凝治疗

【基金项目】浙江省永康市科技计划项目(201351)

Analysis of related factors of malignant tumor complicated with venous thromboembolism in 74 cases

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【Abstract】Objective To discuss the related factors of the malignant tumor complicated with venous thromboembolism (VTE), which may provide the clinical evidence for prevention, diagnosis and treatment of this disease. Methods Retrospectively reviewed the clinical data of patients with malignant tumor who were diagnosed with VTE from June 2012 to June 2015 in our hospital. Results Among 74 cases with tumor merger VTE, female with thrombosis was higher than the male. 67.57% of the tumor with VTE patients was 45 ~ 80 years old. Lung cancer patient with VTE was the highest almost 36.49%. Patients with deep vein catheterization, a history of surgery or merging of hypertension were easy occurred VTE, those were 14 cases (18.92%), 12 cases (16.22%) and 11 cases (14.86%) respectively. 57 VTE patients underwent radiotherapy or chemotherapy treatment. The platelet count, D-dimer, fibrinogen and CRP were associated with thrombosis. Among 74 cases with VTE, 67 cases (90.54%) accepted anticoagulation therapy. Conclusion Sex, tumor disease, chemotherapy or radiotherapy treatment, medical history and coagulative function index were associated with VTE. Early diagnosis and treatment is the key to reduce mortality and improve prognosis of malignant tumor with VTE.

【Key words】Tumor; Venous thromboembolism; Radiotherapy; Chemotherapy; Laboratory indices; Anticoagulation

【Fund program】Yongkang science and technology plan projects (2013-51)
腹腔镜经腹腹膜前疝修补术与平片式无张力疝修补术治疗成年人腹股沟复发疝临床对比研究

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【摘要】 目的 比较腹腔镜下经腹腹膜前疝修补术（TAPP）与平片式无张力疝修补术（Lichtenstein 术）治疗成年人腹股沟复发疝的临床疗效,探讨 TAPP 治疗腹股沟复发疝的临床优势。方法 回顾性分析 2010 年 12 月至 2015 年 1 月寿光市人民医院普外科及潍坊市人民医院胃肠外科收治的 54 例成年人腹股沟复发疝患者，根据治疗方法不同分为 TAPP 组和 Lichtenstein 组，比较两组患者手术时间、术中出血量、术后住院时间、住院费用、术后并发症、术后疼痛及疝复发等的差异。结果 所有患者均顺利完成手术，TAPP 组手术时间 (47.2 ± 9.4) min, 明显短于 Lichtenstein 组的 (73.1 ± 10.4) min (t = -2.503, P = 0.034), 术中出血量中位数 40 (15 ~ 110) mL, 明显少于 Lichtenstein 组的 73 (11 ~ 130) mL (t = -6.018, P = 0.000), 术后住院时间 (6.5 ± 1.4) d, 短于 Lichtenstein 组的 (8.2 ± 1.6) d (t = -2.613, P = 0.028), 术后早期疼痛评分 (1.8 ± 1.2) 分, 优于 Lichtenstein 组的 (2.9 ± 1.4) 分 (t = -7.006, P = 0.000), 差异均有统计学意义 (均 P < 0.05); TAPP 组住院期间费用 (8 842.8 ± 415.2) 元, 高于 Lichtenstein 组的 (6 676.9 ± 327.6) 元, 差异有统计学意义 (t = 6.782, P < 0.05)。TAPP 组术后 2 例出现并发症, 少于 Lichtenstein 组的 5 例; 术后随访 6 ~ 48 个月, Lichtenstein 组 1 例复发, 复发率为 3.8%, TAPP 组无复发。结论 TAPP 治疗成年人腹股沟复发疝具有手术时间短、术中出血少、术后恢复快、术后疼痛轻等优点, 可作为治疗成年人腹股沟复发疝的推荐手术方式。

【关键词】 疝, 腹股沟； 腹腔镜； 腹膜前补片修补术； 平片式无张力修补术； 复发

【基金项目】山东省潍坊市卫生和计划生育委员会科研计划项目（2016wsj035）


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【Abstract】 Objective To compare the clinical efficacy of laparoscopic repair of laparoscopic transabdominal preperitoneal (TAPP) and Lichtenstein tension – free repair hernioplasty in the treatment of recurrent inguinal hernia in adults, and to explore the clinical advantages of TAPP in the treatment of recurrent inguinal hernia. Methods A retrospective analysis was completed in 54 adult patients with recurrent inguinal hernia from December 2010 to January 2015. The patients were randomly divided into TAPP group and Lichtenstein group. The operation time, intraoperative bleeding volume, postoperative hospitalization time, cost of hospitalization, postoperative complications, early postoperative pain and the recurrence of hernia were compared between the two groups. Results All patients were successfully completed surgery. The operation time of TAPP group (47.2 ± 9.4) min was significantly shorter than (73.1 ± 10.4) min of Lichtenstein group (t = -2.503, P = 0.034). The median amount of bleeding during operation of TAPP group was 40 (15 ~ 110) mL, which was significantly less than 73 (11 ~ 130) mL in Lichtenstein group (t = -6.018, P = 0.000). Postoperative hospital stay of TAPP group [(6.5 ± 1.4) d] was shorter than (8.2 ± 1.6) d of the Lichtenstein group (t = -2.613, P = 0.028). Early postoperative pain score of TAPP group [(1.8 ± 1.2) points] was better than (2.9 ± 1.4) points in Lichtenstein group (t = -7.006, P = 0.000), the difference was statistically significant. However, the hospitalization cost of TAPP group (8 842.8 ± 415.2) yuan was higher than (6 676.9 ± 327.6) yuan of the Lichtenstein group, the difference was statistically significant (t = 6.782, P < 0.05). In TAPP group, 2 cases had complications after operation, which were less than 5 cases of Lichtenstein group. Postoperative follow up ranged from 6 to 48 months, 1 case of recurrence in Lichtenstein group, the recurrence rate was 3.8%. There was no recurrence in the TAPP group. Conclusion TAPP has the advantages of short operation time, less bleeding, rapid postoperative recovery, less postoperative pain and so on. It can be used as a recommended procedure for the treatment of recurrent inguinal hernia in adults.

【Key words】 Hernia, inguinal; Laparoscopy; Transabdominal preperitoneal laparoscopic hernioplasty; Path tension – free hernioplasty; Recurrence

Fund program: Weifang City, Shandong Province, health and family planning commission research project (2016wsj035)
自体干细胞联合同种人工异体骨移植治疗不同年龄段股骨头早期坏死患者的疗效比较

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【摘要】目的观察自体干细胞联合同种人工异体骨移植在不同年龄阶段早期股骨头坏死患者治疗中的临床疗效。方法前瞻性选择30例早期股骨头坏死患者为研究对象, 并根据患者年龄分为18～30岁组, >30～40岁组, >40～50岁组, 每组各随机匹配10例。观察三组患者在接受自体干细胞联合同种人工异体骨移植治疗前后髋关节 Harris 评分、VAS 评分, 股骨头 DR, CT 变化, 评估三组治疗前后疗效。结果术后12个月三组患者 Harris 评分及 VAS 评分差异均有统计学意义 (均 P<0.05)。与治疗前比较, 术后6个月, Harris 评分仅18～30岁组差异有统计学意义 [(66.40±7.90) 分 vs. (73.40±12.96) 分, t=2.521, P=0.041], >30～40岁组 VAS 评分 [(9.20±1.99) 分 vs. (7.10±1.29) 分, t=2.449, P=0.037], >40～50岁组 [(8.20±2.68) 分 vs. (6.50±1.08) 分, t=2.882, P=0.018]。差异均有统计学意义 (均 P<0.05)。在疗效方面, 18～30岁组有效5例, 好转4例, 无效1例; >30～40岁组显效4例, 好转5例, 无效1例; >40～50岁组显效5例, 好转3例, 无效2例; 三组间差异无统计学意义 (χ²=1.143, P=0.887)。结论自体干细胞联合同种人工异体骨移植可明显缓解各年龄阶段早期股骨头坏死患者疼痛感觉, 改善患者关节功能。

【关键词】股骨头坏死;干细胞移植;骨移植;关节

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Comparison of the effect of autologous stem cells transplantation combined with allogeneic bone grafting in the treatment of earlier osteonecrosis of the femoral head in different age stages  Yao Xiaohe. 

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【Abstract】Objective To explore the difference of clinical efficacy of autologous stem cells transplantation (ASCT) combined with allogeneic bone grafting (ABG) in the treatment of early osteonecrosis of the femoral head (ONFH) patients in different age stages. Methods 30 early ONFH patients were prospectively studied, and they were divided into 3 groups based on their age; 18~30 years group, >30~40 years group, >40~50 years group. 10 patients were randomly matched in each group. Harris score, VAS score, DR and CT images of femoral head and clinical efficacy were observed in all the 3 groups. Results After 12 months of the treatment, both Harris and VAS scores were significantly different when compared with the score of before treatment in three groups (all P<0.05). After 6 months of treatment, Harris score in 18~30 years group had significant difference compared with before treatment [(66.40±7.90) points vs. (73.40±12.96) points, t=2.521, P=0.041], and >30~40 years group [(9.20±1.99) points vs. (7.10±1.29) points, t=2.449, P=0.037] and >40~50 years group [(8.20±2.68) points vs. (6.50±1.08) points, t=2.882, P=0.018] showed significant differences in VAS score (all P<0.05). In the aspect of clinical efficacy, 4 cases were remarkable, 4 cases were improved, 1 case was inefficacy in 18~30 years group; 5 cases were remarkable, 5 cases were improved, 1 case was inefficacy in >30~40 years group; 5 cases were remarkable, 3 cases were improved, 2 cases were inefficacy in >40~50 years group, there were no significant differences among three groups (χ²=1.143, P=0.887). Conclusion ASCT along with ABT was effective in relieving the pain, improving the function for early ONFH patients of all ages.

【Key words】Femur head necrosis; Stem cell transplantation; Bone transplantation; Joints

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临床药师干预对抗肿瘤药物临床合理应用的影响

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【摘要】目的探讨临床药师参与治疗团队后对抗肿瘤药物临床合理应用的影响。方法采用回顾性调查方法，按是否有临床药师直接或间接参与医疗团队诊疗，将该院肿瘤科诊疗组分为干预组、咨询组、对照组。干预组为临床药师直接参与诊疗组团队诊疗，可以对不合理抗肿瘤药物治疗进行实时现场干预的肿瘤科某一病区某一诊疗组;咨询组为与干预组在同一病区经常与临床药师交流和接受其用药咨询,临床药师间接参与诊疗的诊疗组;对照组为其他未配备临床药师病区的诊疗组，其中对照一组和对照二组为对照组中分配床位最多的两个诊疗组。分别从四组2015年1~12月收治的患者中，随机抽取肺癌、乳腺癌、食管癌、胃癌、结直肠癌、妇科肿瘤、肝胆胰腺癌和其他肿瘤各10份，共320份病历，进行抗肿瘤药物专项点评。记录患者性别、年龄、临床诊断、抗肿瘤药物不合理用药、住院期间的不良反应和意外事件、住院时间等信息。结果干预组抗肿瘤药物不合理用药的发生率(41.25%)低于咨询组(80.00%)，并显著低于两个对照组(147.50%，161.25%)，咨询组也低于两个对照组，而两对照组之间差异无统计学意义($\chi^2=0.193, P>0.05$)。干预组和咨询组的化疗方案不合理(13.75%，20.00%)，用法、用量不适宜(11.25%，18.75%)及适应证不适宜(8.75%，12.50%)问题比较突出，而两对照组还有溶媒不适宜(17.50%，16.25%)和有配伍禁忌或不良相互作用(18.75%、16.25%)问题也较多。干预组(43.75%，12.50%)不良反应和意外事件发生率均显著低于两对照组([73.75%，25.00%]，[78.75%，27.50%])。此外，干预组患者的住院时间在四组中最短($F=8.766, P<0.05$)。结论临床药师参与治疗团队，可以在诊治过程中及时发现不合理用药和安全隐患，为专科医护人员及患者提供用药指导、咨询等药学服务，在肿瘤内科治疗中的作用和地位将越来越显著。

【关键词】临床药师;干预;抗肿瘤药物;合理用药

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Effect of clinical pharmacist intervention on clinical rational use of antineoplastic drugs

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【Abstract】Objective To explore the effect of clinical pharmacist on clinical rational use of antineoplastic drugs after participating in treatment group. Methods Retrospective research was used. According to whether there was a clinical pharmacist directly or indirectly involved in, all medical teams of the oncology department were divided into intervention group, advisory group and control group in our hospital. Intervention group was the medical team that had a specialist clinical pharmacist who could intervene irrational use of antineoplastic drug in the treatment on the spot. Advisory group was in the same area with the intervention group, and didn’t have a specialist clinical pharmacist, but used to communicate with clinical pharmacist and take his medication advice, where clinical pharmacist indirectly involved in treatment. The control group was the medical group in the other area without clinical pharmacists of oncology department. The control group one and two were with the most beds among the control group. Randomly selected lung cancer, breast cancer, esophageal cancer, gastric cancer, colorectal cancer, gynecological cancer, liver/gallbladder/pancreatic cancer and other tumors patients from intervention group, advisory group, control group one and control
group two, from January 2015 to December 2015, 10 copies of each case, 80 copies of each group. And antineoplastic drugs were commented specially. The information such as sex, age, clinical diagnosis, irrational antineoplastic drug use, adverse reaction and unexpected events and hospitalization time were recorded. **Results** The rate of irrational antineoplastic drug use of the intervention group (41.25%) was lower than the advisory group (80%), and was significantly lower than two control groups (147.50%, 161.25%), advisory group was also lower than two control groups, but no significant differences between the two control groups ($\chi^2 = 0.193, P > 0.05$). Irrational chemotherapy, inappropriate usage and dosage and inappropriate indications were prominent problems in intervention group and advisory group. In addition, there were more improper solvent and contraindicated or adverse interaction problems in two control groups. Adverse events and incidence of unexpected events in intervention group (46.25%, 12.50%) were significantly lower than those in two control groups [(73.75%, 22.50%), (23.75%, 18.75%)]. Furthermore, the length of stay of intervention group patients was shortest in four groups ($F = 8.766, P < 0.05$). **Conclusion** By participating in the treatment group, clinical pharmacists can discover the irrational drug use and security risks in treatment, can provide medication guidance, consultation, publicity and other pharmaceutical service for specialist medical staff and patients. They will be more and more prominent in the treatment of cancer.

**Key words** Clinical pharmacist; Intervention; Antineoplastic drugs; Rational drug use

**Fund program:** Medical Science and Technology Development Plan Program of Yancheng in 2013 (YK2013018); Pharmaceutical Association of Jiangsu Province, Baxter Biological Pharmacy Fund in 2014 (No; 001)
【摘要】目的 比较不同剂量右美托咪定用于术后患者镇痛的疗效及对患者情绪的影响。方法 选择手术后需镇静镇痛的患者60例，按照右美托咪啶给药剂量不同分为对照组和观察组，每组30例。两组患者均给予镇痛泵进行镇痛，分别采用0.5 μg·kg⁻¹·h⁻¹、1.0 μg·kg⁻¹·h⁻¹两种剂量的右美托咪啶，均镇痛48h。比较两组患者的不同时间点VAS疼痛评分，Ramsay镇静评分的比较，记录两组患者镇静满意度，谵妄发生率及平均谵妄评分以及治疗过程中不良反应的发生情况。结果 随着术后镇痛时间的延长，各组VAS评分均有所下降，观察组患者在术后4h、8h、12h、24hVAS评分[(3.01 ± 0.53)分、(1.95 ± 0.58)分、(1.52 ± 0.35)分]均低于对照组[(3.92 ± 0.32)分、(2.86 ± 0.67)分、(2.25 ± 0.78)分]，差异均有统计学意义(t = 3.45, 2.43, 4.32, 4.11, 2.43, 4.32, 4.11, 2.43, P < 0.05)。术后24h, 48h时，两组间VAS评分差异无统计学意义(P > 0.05)。结论 选用1.0 μg·kg⁻¹·h⁻¹浓度剂量的右美托咪啶对患者24h内术后镇痛镇静等效果最佳，可降低术后谵妄的发生率，且无明显药物副作用。

【关键词】术后镇痛；右美托咪定；情绪评分；临床疗效

Comparison of effect of different dose of dexmedetomidine on postoperative analgesia and sedation

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【Abstract】Objective To compare the effects of different doses of dexmedetomidine on postoperative analgesia and sedation. Methods From January 2014 to November 2015, 60 cases who needed postoperative analgesia and sedation in our hospital were selected. According to the dosage of dexmedetomidine, they were divided into control group and observation group, 30 cases in each group. Two groups of patients were given analgesia pump for analgesia, with 0.5 μg·kg⁻¹·h⁻¹, 1.0 μg·kg⁻¹·h⁻¹, two doses of dexmedetomidine, and analgesia 48 h. At different time points, the VAS pain score, Ramsay sedation score of the two groups were compared, the calm satisfaction in both two groups was recorded, the average incidence of delirium and delirium score in the process of the treatment and the occurrence of adverse reactions were observed. Results With the extension of time of postoperative analgesia, VAS scores in each group decreased, VAS scores in the observation group after 4h, 8h, 12h were (3.01 ± 0.53) points, (1.95 ± 0.38) points, which were lower than those of the control group[(3.92 ± 0.32) points, (2.86 ± 0.67) points, (2.25 ± 0.78) points], the differences were statistically significant (t = 3.42, 4.11, 2.43, all P < 0.05). After 24h, 48h, VAS score between the two groups had no significant difference(P > 0.05). Postoperative 4h Ramsay score between the two groups had no significant difference (P > 0.05). With increased postoperative analgesia time, Ramsay scores in two groups decreased, postoperative 8h, 12h, Ramsay scores in the observation group [(2.95 ± 0.83) points, (2.22 ± 0.55) points] were lower than the control group[(3.76 ± 0.78) points, (2.98 ± 0.89) points, (2.35 ± 0.87) points], the differences were statistically significant (t = 3.42, 4.11, 2.43, all P < 0.05). Postoperative 24h, 48h, the Ramsay scores between the two groups had no significant difference(P > 0.05). The sedation satisfaction of the observation group (96.67%) was higher than the control group (86.67%), the incidence rate of delirium and delirium average score [3.33%, (15.11 ± 2.03) points] were lower than the control group[13.33%, (19.23 ± 2.21) points], the differences were significant between the two groups (t = 4.32, 4.32, 4.32, 4.27, P < 0.05). After treatment, the adverse reactions were mainly bradycardia, nausea, vomiting, drowsiness, respiratory depression, urinary retention. The overall incidence rate of adverse reactions between the two groups had no significant difference (P > 0.05). Conclusion The effect of 1.0 μg·kg⁻¹·h⁻¹ concentration dexmedetomidine within 24h of postoperative analgesia sedative is best, it can reduce the incidence of postoperative delirium, and without obvious drug side effects.

【Key words】Postoperative analgesia; Dexmedetomidine; Emotional score; Clinical curative effect
来曲唑不同方案治疗多囊卵巢综合征
不育症患者的效果分析

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【摘要】 目的 探讨不同的来曲唑使用方案治疗多囊卵巢综合征(POCS)不孕症患者的临床效果。方法 选取87例POCS不孕症患者为研究对象,根据患者就诊单双号分为A组44例(月经周期第3～7天口服来曲唑5.0 mg/d)、B组43例(月经周期第3天采取一次性口服来曲唑20 mg),治疗过程中进行B超监测,当最大卵泡直径≥18 mm时,肌内注射人绒毛膜促性腺激素(HCG)10 000 IU。比较两组患者生殖内分泌激素的变化及促排卵效果。结果 月经第5天,两组血清雌二醇(T)、卵泡刺激素(FSH)、黄体生成素(LH)差异均无统计学意义(均P>0.05)。B组血清雌二醇(T)、卵泡刺激素(FSH)、黄体生成素(LH)差异均无统计学意义(均P>0.05),B组的血清LH[31.1±9.2IU/L](t = 6.204,P<0.05)低于A组[183.2±69.4IU/L](t = 2.010,P <0.05);B组的子宫内膜厚度、成熟卵泡个数、排卵率、12个月内的妊娠率分别为(95.35%),(34.6±8.9)%,(70.45%),(13.26%),均显著高于A组的(87.30%),(14.21),(70.45),(13.64%),差异均有统计学意义(t = 4.256,t = 4.407,χ² = 9.445,4.398,P <0.05)。结论 月经周期第3天采取一次性口服来曲唑20 mg方案有利于早期降低E₂水平,促进卵泡成熟和发育,提高POCS患者的妊娠率。

【关键词】 不育, 女(雌)性; 来曲唑; 多囊卵巢综合征
论著

暴发性 1 型糖尿病临床特征分析及治疗对策探讨

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【摘要】目的：探讨暴发性 1 型糖尿病 (FT1DM) 的临床特征及治疗策略。方法：回顾性分析 2008 年 1 月至 2016 年 2 月汕头市中心医院收治的 4 例 FT1DM 患者的临床资料及治疗方案。结果：女性 2 例，男性 2 例，年龄 22~68 岁，病程 2~6 d，均以糖尿病酮症酸中毒起病，部分并发休克、急性肾功能不全、肌溶解；1 例晚孕妇出现死胎，首次血糖为 35.6~67.8 mmol/L，HbA1c 5.8%~6.7%，空腹 C 肽：<0.01~0.11 ng/mL，餐后 2 h C 肽：<0.01~0.12 ng/mL，随访 9~43 个月时 C 肽水平无改善。急性期过后给予强化胰岛素治疗控制血糖，血糖波动大，低血糖发生频率高。结论：FT1DM 是一种发展迅速、预后凶险的特殊类型糖尿病，常表现为酮症酸中毒，而 HbA1c 水平正常或轻度升高，严重时并发动脉其他脏器功能的损害，合并妊娠时死胎率极高。由于胰岛 B 细胞功能衰竭，血糖波动大，首选胰岛素泵控制血糖。

【关键词】糖尿病，1 型；暴发性；糖尿病酮症酸中毒；糖化血红蛋白

Clinical features and treatment strategy of patients with fulminant type 1 diabetes Weng Huan, Xiao Zidong.
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【Abstract】Objective：To discuss the clinical features and treatment strategy of patients with fulminant type 1 diabetes mellitus (FT1DM). Methods：Clinical and laboratory data of 4 patients diagnosed as FT1DM in our hospital from January 2008 to February 2016 were retrospectively analyzed. Results：2 females and 2 males aged from 22 to 68 years old were included. They were developed to ketoacidosis rapidly after the appearance of diabetic symptoms in 2~6 days. Some cases complicated with shock, acute renal insufficiency and rhabdomyolysis. One case with late pregnancy had a stillbirth. The plasma glucose level was ranged from 35.6 to 67.8 mmol/L, HbA1c ranged from 5.8% to 6.7%, fasting C peptide ranged from lower than 0.01 to 0.11 ng/mL and 2~hour postprandial C peptide ranged from lower than 0.01 to 0.12 ng/mL. No improvement in C peptide levels were followed up for 9~43 months. After acute phase, intensive insulin therapy was used to control blood glucose. The patients had a great glycaemia excursion and were subjected to hypoglycaemia. Conclusion：FT1DM is a special type of diabetes developed rapidly with dangerous prognosis. It is often shown as ketoacidosis and the HbA1c level is normal or mildly elevated. Serious cases are associated with other organ damage, pregnancy fetal death rate is very high. Because the serious impaired islet B cell function, FT1DM patients has a great glycaemia excursion, continuous subcutaneous insulin infusion is the first choice to control plasma glycaemia.

【Key words】Diabetes mellitus, type 1; Fulminans; Diabetic ketoacidosis; Glycosylated hemoglobin
睑缘炎相关角结膜病变的临床特点及误诊分析
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【摘要】目的 探讨睑缘炎相关角结膜病变(BKC)的临床症状、体征,分析误诊原因。方法 回顾性分析安顺市人民医院眼科2014年6月至2016年6月门诊最终诊断为BKC的患者88例的临床资料,根据患者的症状、体征与BKC诊断标准分析误诊原因。结果 88例BKC患者中误诊59例,误诊率67.04%。安顺市人民医院误诊10例(12.19%),其中住院医师误诊6例(6.81%),主治医师误诊2例(2.27%),副主任及以上医师误诊1例(1.13%);外院误诊49例(55.68%),其中三级医院误诊8例(9.09%),二级医院误诊23例(26.13%),一级医院及以下误诊18例(20.45%);误诊疾病包括病毒性角膜炎14例(15.90%),慢性睑缘炎13例(14.77%),睑板腺功能障碍(MGD)10例(11.36%),干眼8例(9.09%),慢性结膜炎6例(6.81%),过敏性结膜炎5例(5.68%),边缘性角膜溃疡3例(3.40%)。结论 BKC的临床特点与病毒性角膜炎、慢性睑缘炎、MGD、干眼等疾病有相似及重叠之处,加之临床医生对该病的认识及重视不足,临床极易误诊误治,特别是基层医师。临床中应重视患者的病史、症状,裂隙灯显微镜详细检查睑缘、结膜及角膜等情况,最大程度的减少误诊、误治。

【关键词】角结膜炎; 眼睑炎; 误诊

The clinical characteristic and misdiagnosis of blephaokeratoconjunctivitis  Liu Bang, Liu Wenlong.
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【Abstract】Objective To explore the clinical symptoms, signs, and analysis of misdiagnosis of blephaokeratoconjunctivitis (BKC). Methods The clinical data of 88 patients with BKC in our hospital from June 2014 to June 2016 were retrospectively analyzed. Based on the patients’ symptoms, signs and BKC diagnostic criteria, the causes of misdiagnosis were analyzed. Results In 88 patients with BKC, 59 cases were misdiagnosed, the misdiagnosis rate was 67.04%. The People’s Hospital of Anshun misdiagnosed 10 cases (12.19%), among which resident misdiagnosed 6 cases (6.81%), attending physician misdiagnosed 2 cases (2.27%), deputy director and the above physician misdiagnosed 1 case (1.13%); outer court misdiagnosed 49 cases (55.68%), among which three level hospital misdiagnosed 8 cases (9.09%), II level hospital misdiagnosed 23 cases (26.13%), a level hospital and the following misdiagnosed 18 cases (20.45%); misdiagnosis disease including virus sex keratitis 14 cases (15.9%), chronic blepharitis in 13 cases (14.77%), the meibomian gland dysfunction (MGD) in 10 cases (11.36%), 8 cases of dry eye (9.09%), 6 cases of chronic conjunctivitis (6.81%), allergic conjunctivitis 5 cases (5.68%), marginal corneal ulcer in 3 cases (3.4%). Conclusion The clinical characteristics of BKC and viral keratitis, chronic blepharitis, MGDS and dry eye disease are similar and overlap, and clinicians are lack of knowledge and awareness of the disease, the clinical misdiagnosis and mistreatment is vulnerable, especially in primary care doctors. We should pay attention to the clinical patients’ history, symptoms, slit lamp microscope examination of palpebral and conjunctival and corneal conditions, etc. thus to reduce misdiagnosis and avoid medical disputes.

【Key words】 Keratoconjunctivitis; Blepharitis; Misdiagnosis
直肠癌术后早期肠梗阻 57 例临床诊治探讨

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【摘要】 目的 分析直肠癌术后早期肠梗阻的有效预防和处理的方法。方法 回顾性分析 57 例直肠癌术后早期肠梗阻患者的临床资料,包括禁食、胃肠减压、补液抗炎、液状石蜡、泛影葡胺口服造影及手术治疗等。结果 57 例患者中,麻痹性肠梗阻 7 例,保守治疗后均缓解,成功率 100.0% ;早期炎性肠梗阻 37 例经保守治疗 36 例缓解,成功率 97.3% ;机械性肠梗阻 13 例经保守治疗无法缓解,保守成功率 0.0%,再次手术治愈。前两组患者与机械性肠梗阻患者比较,保守成功率差异均有统计学意义 ($\chi^2 = 40.08, 11.08, \text{均 } P < 0.01$)。结论 直肠癌术后早期肠梗阻处理关键在于有效预防、早期发现、严密观察和及时有效处理,把握好手术时机和手术适应证。

【关键词】 直肠肿瘤; 肠梗阻; 治疗

Early diagnosis and treatment of 57 cases with colorectal cancer postoperative ileus  Yu Hongbin, Shen Fuxing, Zhu Wei, Dai Chuang.

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【Abstract】 Objective To explore how to effectively prevent and detect cancer early postoperative intestinal obstruction and treatment methods and means. Methods This retrospective analysis of 13 years occurred in 57 patients with rectal cancer diagnosis and treatment of cases of early postoperative intestinal obstruction process, including fasting, gastrointestinal decompression, fluid therapy, liquid paraffin, diatrizoate and surgical treatment of oral contrast. Results In 57 cases, paralytic intestinal obstruction in 7 cases, conservative treatment was relieved, the success rate was 100.0% ; early inflammatory intestinal obstruction in 37 cases after conservative treatment of 36 cases of remission, the success rate was 97.3% ; mechanical intestinal obstruction in 13 cases after conservative treatment could not be alleviated, conservative success rate was 0.0% and was cured by reoperation. The first two groups of patients compared with mechanical intestinal obstruction patients, conservative success rate had statistical differences ($\chi^2 = 40.08, 11.08, \text{all } P < 0.01$). Conclusion Cancer treatment lies in early postoperative intestinal obstruction effective prevention, early detection, close observation and timely and effective treatment, a good grasp of timing of surgery and surgical indications.

【Key words】 Colorectal neoplasm; Intestinal obstruction; Treatment
药学干预对丙氨酰谷氨酰胺合理使用的
effect analysis
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【摘要】目的 探讨临床药师对丙氨酰谷氨酰胺注射液合理使用的干预效果。方法 调取大同煤矿集团有限责任公司总医院 2015 年第二季度和 2016 年第二季度使用丙氨酰谷氨酰胺注射液的出院医嘱进行专项点评，比较和分析干预前后该药合理使用情况的变化。结果 干预前丙氨酰谷氨酰胺注射液使用率为 4.6%，不合理使用率为 52.9%；干预后合理使用率为 2.9%，不合理使用率为 10.9%，差异均有统计学意义（χ²=49.209, 169.200, 均 P<0.05）。干预后在选药适宜性、药液浓度过高、氨基酸供给超标、配伍不合理等方面与干预前差异均有统计学意义（χ²=38.882, 31.348, 26.242, 4.286, 均 P<0.05）。结论 药学干预对丙氨酰谷氨酰胺注射液的合理使用具有一定的可行性和有效性，可降低其不合理使用率。

【关键词】药学干预；丙氨酰谷氨酰胺；分析

Effect of pharmaceutical intervention on rational use of alanyl-glutamine  Shao Xiaoli, Ni Jia.
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【Abstract】Objective To explore the effect of clinical pharmacist intervention on the rational use of alanyl-glutamine injection. Methods Refer to the second quarter of 2015 and the second quarter of 2016 in the General Hospital of Shanxi Datong Coal Group using alanyl-glutamine injection discharge instructions for special comment, compared and analyzed the changes in the use of the drug before and after the intervention. Results Before intervention, the usage rate and the irrational rate of alanyl-glutamine injection were 4.6% and 52.9%, those were 2.9% and 10.9% after intervention. The differences were statistically significant (χ²=49.209, 169.200, all P<0.05). There were significant differences before and after intervention compared in the choice of drug suitability, the high concentration of the medicine liquid, the excessive supply of amino acid and the incompatibility of the compatibility (χ²=38.882, 31.348, 26.242, 4.286, all P<0.05). Conclusion The pharmacy intervention is feasible and effective for the rational use of alanyl-glutamine injection, and it can reduce irrational using rate.

【Key words】Pharmaceutical intervention; Alanyl-glutamine; Analysis
曲面性有效成分的口服α-硫辛酸联合氯沙坦钾片在2型糖尿病性肾病治疗中的应用

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【摘要】目的 探讨阿法骨化醇联合氯沙坦钾片治疗早期糖尿病肾病的临床疗效。方法 选取90例早期糖尿病肾病患者,将其按照随机数字表法分为对照组和观察组,每组45例。对照组给予氯沙坦钾片进行治疗,观察组给予阿法骨化醇联合氯沙坦钾片进行治疗,两组均治疗3个月。观察两组治疗前后空腹血糖(FBG)、24h尿微量白蛋白定量(UAER)、24h尿蛋白定量(24hpro)、血肌酐(Scr)、25-羟维生素D(25(OH)D)、血钙(Ca2+)、血钾(K+)、血红蛋白(HbA1c)、肿瘤坏死因子-α(TNF-α)、白细胞介素-6(IL-6)水平,并对25(OH)D与UAER,24hpro的的相关性进行分析。同时对治疗后的临床疗效和治疗期间的不良反应进行评估。结果 观察组总有效率为93.3%,显著高于对照组的71.1%(χ²=7.601, P<0.05);治疗后两组FBG、HbA1c、血Ca2+、血K+均无显著变化(均P>0.05);治疗后两组Scr、24hpro、UAER均较治疗前显著下降(均P<0.05),但观察组治疗后24hpro、UAER低于对照组( t=6.296, 11.530, 均P<0.05),两组治疗后Scr相比差异无统计学意义(t=0.331, P>0.05)。治疗后观察组25(OH)D较治疗前显著下降(t=12.000, P<0.05),且显著高于对照组治疗后(t=11.278, P<0.05),与治疗前相比,对照组治疗后25(OH)D无显著变化(t=0.436, P>0.05)。Pearson相关性分析显示,25(OH)D水平与24hpro呈负相关(r=0.483, -0.778, 均P<0.05)。治疗后两组CRP、TNF-α、IL-6均较治疗前显著下降(均P<0.05),但观察组下降更明显(均P<0.05)。两组均未发现严重不良反应,两组不良反应发生情况差异无统计学意义(χ²=0.212, P>0.05)。结论 阿法骨化醇联合氯沙坦钾片可显著降低早期糖尿病肾病患者蛋白尿水平,减轻炎性反应,临床疗效好,安全性高。

【关键词】早期糖尿病肾病; 阿法骨化醇; 氯沙坦钾片


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【Abstract】Objective To discuss the curative effects of alfalcaldiol combined with losartan potassium tablets in the treatment of early diabetic nephropathy (EDN). Methods 90 EDN patients in our hospital were chosen and randomly divided into the observation group and control group (45 cases in each group). The control group was given losartan potassium tablets treatment, while the observation group was given alfalcaldiol combined with telmisartan treatment. All the two groups were treated for 3 months. Before and after treatment, the fasting blood glucose (FBG), 24h urine trace albumin quantitative (UAER), 24h urine protein (24hpro), serum creatinine (Scr), 25-hydroxyl vitamin D (25(OH)D), blood calcium (Ca2+), potassium (K+), glycosylated hemoglobin (HbA1C) and serum inflammatory factors (C-reactive protein (CRP), tumor necrosis factor alpha (TNF-α), interleukin -6 (IL-6)) were observed, and the correlation between 25 (OH) D and UAER, 24hpro was analyzed. At the same time, the clinical curative effects and adverse reactions during treatment were evaluated. Results In the observation group, the total effective rate was 93.3%, which was significantly higher than 71.1% in the control group (χ²=7.601, P<0.05). In the two groups after treatment, the FBG, HbA1c, blood Ca2+ and K+ had no significant changes (all P>0.05). After treatment, Scr, 24hpro and UAER in the two groups were all significantly reduced compared with before treatment (P<0.05), and 24hpro and UAER in the observation group were significantly lower than those in the control group ( t=6.296, 11.530, all P<0.05), but Scr had no statistically significant difference between two groups.
After treatment, 25 (OH) D in the observation group decreased significantly compared with before treatment ($t = 12.000, P < 0.05$), which was significantly higher than that in the control group after treatment ($t = 11.278, P < 0.05$). Compared with before treatment, 25 (OH) D in the control group had no significant change after treatment ($t = 0.436, P > 0.436$). Pearson correlation analysis showed that 25 (OH) D level was negatively correlated with 24h pro and UAER ($r = 0.483, 0.778, all P < 0.05$). In the two groups after treatment, the CRP, TNF-α and IL-6 levels significantly reduced ($P < 0.05$), which in the observation group decreased more obviously (all $P < 0.05$). In the two groups, no serious adverse events were found, the difference was not statistically significant ($\chi^2 = 0.212, P > 0.151$).

**Conclusion**  Alfalcaldol combined with losartan potassium tablets can significantly reduce the proteinuria levels of EDN patients and inflammation, which has better clinical curative effects and higher safety.

**Key words**  Early diabetic nephropathy; Alfalcaldol; Losartan potassium tablets
原发性肝癌患者血清 α-L-岩藻糖苷酶和甲胎蛋白异质体 3 检测的意义

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【摘要】 目的 探讨对原发性肝癌患者检测血清 α-L-岩藻糖苷酶 (AFU) 和甲胎蛋白异质体 3 (AFP-L3) 的检测价值。方法 100 例原发性肝癌患者作为肝癌组，54 例非肝癌患者作为非肝癌组，100 例健康查体者作为健康组。检测入选人群的血清 AFU 和 AFP-L3。血清 AFU 和 AFP-L3 测定采用化学比色速率法。结果 肝癌组、非肝癌组、健康组血清 AFU 分别为 (71.61 ± 3.01) U/L、(11.06 ± 2.15) U/L、(8.54 ± 1.28) U/L，肝癌组、非肝癌组、健康组 AFP-L3 分别为 (30.14 ± 2.93) %、(3.27 ± 0.62) %、(2.77 ± 0.62) %。肝癌组血清 AFP-L3 明显高于非肝癌组和健康组 (t = 13.172, 9.770, 16.036, 7.160，均 P < 0.01)；非肝癌组与健康组血清 AFU、AFP-L3 差异有统计学意义 (t = 3.816, 0.580，均 P > 0.05)。肝癌组、非肝癌组、健康组血清 AFU 阳性率分别为 87.00%、9.26%、3.00%，肝癌组血清 AFP-L3 阳性率明显高于非肝癌组和健康组 (χ² = 3.816, P > 0.05)。肝癌组、非肝癌组、健康组血清 AFP-L3 阳性率分别为 91.06%、7.41%、2.00%，肝癌组血清 AFP-L3 阳性率明显高于非肝癌组和健康组 (χ² = 41.06, 7.762，均 P < 0.01)。非肝癌组与健康组血清 AFP-L3 阴性率差异无统计学意义 (t = 0.167, 0.579, 0.201, 0.601，均 P > 0.05)；与患者 TNM 分期、淋巴结有无转移、有无淋巴结转移的统计学意义 (t = 6.156, 9.106, 10.161, 8.120, 9.770, 12.821，均 P < 0.05)。结论 血清 AFU、AFP-L3 不仅可以帮助诊断原发性肝癌，而且可以判断患者预后。

【关键词】 肝肿瘤； α-L-岩藻糖苷酶； 甲胎蛋白异质体 3

The detection value of serum alpha- L – fucosidase and alpha fetoprotein 3 in primary hepatocellular carcinoma Huang Youmin.
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【Abstract】 Objective To study the detection value of serum alpha- L – fucosidase (AFU) and alpha fetoprotein 3 (AFP-L3) in primary hepatocellular carcinoma (HCC). Methods 100 patients with primary HCC were enrolled as HCC group, 54 cases without HCC were selected as non HCC group, 100 healthy persons were selected as healthy group. Serum AFU and AFP-L3 levels in three groups were determined. The serum AFU was measured by the chemical colorimetry, and the AFP-L3 level was determined by chemiluminescence immunoassay. Results The serum levels of AFU in HCC group, non HCC group and healthy group were (71.61 ± 3.01) U/L, (11.06 ± 2.15) U/L, (8.54 ± 1.28) U/L. The serum levels of AFP-L3 in HCC group, non HCC group and healthy group were (30.14 ± 2.93) %, (3.27 ± 0.62) %, (2.77 ± 0.62) %. The serum levels of AFU and AFP-L3 in HCC group were significantly higher than those in non HCC group and healthy group (t = 13.172, 9.770, 16.036, 7.160, all P < 0.01). There were no significant differences in serum AFU and AFP-L3 levels between the non HCC group and the healthy group (t = 0.761, 0.580, all P > 0.05). The positive rates of AFU were 87.00%, 9.26%, and 3.00% in HCC group, non HCC group, and healthy group. The positive rate of AFU in HCC group was significantly higher than that in non HCC group and healthy group (χ² = 3.816, P > 0.05). There was no significant difference in the positive rate of AFU between the non HCC group and the healthy group (χ² = 0.167, 0.579, 0.201, 0.601, all P > 0.05). The positive rates of AFP-L3 were 91.06%, 7.41%, and 2.00% in HCC group, non HCC group, and healthy group. The positive rate of AFP-L3 in HCC group was significantly higher than that in non HCC group and healthy group (χ² = 41.06, 7.762, all P < 0.01). There was no significant difference in the positive rate of AFP-L3 between the non HCC group and the healthy group (χ² = 3.14, P > 0.05). There were no significant differences in serum tumor diameter about AFU, AFP-L3 (t = 0.167, 0.579, 0.201, 0.601, all P > 0.05), and there were significant differences about TNM stage, lymph node metastasis, and tumor thrombus (t = 6.156, 9.106, 10.161, 8.120, 9.770, 12.821, all P < 0.05). Conclusion Serum AFU and AFP-L3 can not only help the diagnosis of primary liver cancer, but also can determine the prognosis of patients.

【Key words】 Liver neoplasms; Alpha- L – fucosidase; Alpha fetoprotein 3
宫腔镜取环术用于宫内节育环嵌顿的临床效果观察

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【摘要】目的 探讨宫腔镜取环术用于宫内节育环嵌顿的临床效果, 并评估其安全性。方法 选择采用宫腔镜下取环术 586 例(研究组), 同期常规方法取环 693 例(对照组)作为对照。评估患者手术状况、宫颈松弛、取环效果及及安全性。结果 研究组手术时间、阴道出血量、取环时间分别为 (19.36 ± 3.14) min、(9.42 ± 2.11) mL 和(8.17 ± 1.90) min, 均低于对照组的 (30.29 ± 4.08) min、(15.67 ± 2.38) mL 和(11.35 ± 2.26) min, 差异均有统计学意义 (t = 13.16, 11.51, 9.76, 均 P < 0.05)。研究组宫颈松弛 “良好” 取环顺利分别为 490 例 (83.62%) 和 435 例 (74.23%), 均高于对照组的 374 例 (53.54%) 和 362 例 (52.24%), 差异均有统计学意义 (χ² = 10.28, 11.35, 均 P < 0.05)。结论 宫腔镜取环术能够缩短手术时间和取环时间, 减少阴道出血量和流血时间, 提高取环成功率, 患者不良症状较少, 具有较高的安全性。

【关键词】宫腔镜; 嵌顿环; 临床对比; 安全性

The clinical effect of hysteroscopic IUD intrauterine surgery for inlaid incarcerated deriu

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【Abstract】Objective To explore the clinical efficacy of hysteroscopic IUD intrauterine surgery for incarcerated deriu and to assess the safety. Methods 586 women with the incarcerated deriu remove under hysteroscope were selected in the hospital (study group), 693 women during the same period used conventional methods of taking the deriu (control group). The status of surgery, cervical relaxation, take the deriu and effect were assessed. Results The operation time, amount of vaginal bleeding and the dervic time of the study group were (19.36 ± 3.14) min, (9.42 ± 2.11) mL and (8.17 ± 1.90) min, which were lower than those of the control group [(30.29 ± 4.08) min, (15.67 ± 2.38) mL and (11.35 ± 2.26) min], the differences were statistically significant (t = 13.16, 11.51, 9.76, P < 0.05). The cervical relaxation "good" and take part successfully of the study group were 490 cases (83.62%) and 435 cases (74.23%), which were higher than those of the control group [374 cases (53.54%) and 362 cases (52.24%)], the differences were statistically significant (χ² = 10.28, 11.35, P < 0.05). Conclusion Hysteroscopic IUD intrauterine surgery can shorten the operation time and take the dervic time, reduce the amount of vaginal bleeding and bleeding time. It can improve the success rate of taking the dervic and has fewer negative symptoms. It has high safety and clinical advantages are obvious.

【Key words】Hysteroscopy; Incarcerated ring; Clinical comparison; Security
天舒胶囊治疗偏头痛的临床疗效及对血管内皮功能和血流动力学的影响

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【摘要】目的 探讨天舒胶囊治疗偏头痛的临床疗效及其对血管内皮功能、血流动力学的影响。方法选取80例偏头痛患者为观察对象，并按其治疗方法的不同将其均分为对照组与观察组，对照组予以口服盐酸氟桂利嗪胶囊治疗，观察组在对照组的基础上予以口服天舒胶囊治疗，观察两组的临床疗效以及治疗前后的血流动力学[(大脑中动脉(MCA)，大脑前动脉(ACA)，大脑后动脉(PCA))的收缩期峰值流速(Vs)以及舒张期峰值血流速度(Vd)]指标。结果观察组总有效率(97.50%)明显高于对照组(75.00%)(χ²=8.54, P<0.05);而血流动力学与内皮素的相关指标均较治疗前有所降低，且观察组治疗后MCA、ACA、PCA的Vs分别为(105.02±1.12)cm/s、(80.22±1.10)cm/s、(60.34±1.20)cm/s与MCA、ACA、PCA的Vd值分别为(35.22±1.13)cm/s、(40.33±1.21)cm/s、(21.23±1.12)cm/s，均大幅度低于对照组(120.10±1.13)cm/s、(95.33±1.12)cm/s、(50.23±1.10)cm/s，差异均有统计学意义(t=25.46, 25.76, 25.30, 17.04, 14.55, 15.55, P<0.05)。结论天舒胶囊治疗偏头痛的临床疗效显著，可有效改善患者的脑血流速度以及血管舒张功能，值得推广。

【关键词】偏头痛；天舒胶囊；临床疗效；血管内皮功能；血流动力学

The clinical curative effect of Tianshucapsule in the treatment of migraine and its influence on vascular endothelial function and hemodynamics Ji Shujuan.

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【Abstract】Objective To investigate the clinical efficacy of Tianshu capsule in the treatment of migraine and its influence on vascular endothelial function, hemodynamics. Methods 80 patients with migraine from October 2014 to October 2015 in our hospital were selected as the research subjects, and according to the different treatment methods, they were divided into control group and observation group. The control group was treated with oral flunarizine hydrochloride capsules, the observation group was given Tianshu capsule on the basis of the treatment of the control group. The blood dynamics of the two groups before and after treatment and the clinical curative effect of the patients [the middle cerebral artery (MCA), anterior cerebral artery (ACA), Fu (PCA) after artery peak systolic velocity (Vs) and diastolic peak flow velocity (Vd) index, endothelin (ET) index] were observed. Results The curative effect of two groups was significantly improved compared with before treatment, the total effective rate of observation group (97.50%) was significantly higher than the control group (75.00%) (χ²=8.54, P<0.05). The related indices of hemodynamics and endothelium were lower than before treatment, and after treatment, Vs of MCA, ACA, PCA in the observation group were (105.02±1.12)cm/s, (80.22±1.10)cm/s, (60.34±1.20)cm/s, Vd of MCA, ACA, PCA in the observation group were (35.22±1.13)cm/s, (40.33±1.21)cm/s, (21.23±1.12)cm/s, which were significantly lower than those in the control group [Vs of MCA, ACA, PCA; (120.10±1.13)cm/s, (95.33±1.12)cm/s, (50.23±1.10)cm/s, Vd of MCA, ACA, PCA; (42.33±1.10)cm/s, (50.23±1.10)cm/s, (30.21±1.10)cm/s] (t=25.46, 25.76, 25.30, 17.04, 14.55, 15.55, all P<0.05). Conclusion The curative effect of Tianshu capsule in the treatment of migraine was improved in patients with cerebral blood flow velocity and vascular diastolic function, and is worthy of promotion.

【Key words】Migraine; Tianshu capsule; Clinical curative effect; Vascular endothelial function; Hemodynamics
耳内镜下鼓膜置管术在药物治疗无效的
儿童分泌性中耳炎治疗中的应用效果

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目的　探讨药物治疗无效的儿童分泌性中耳炎患者耳内镜下鼓膜置管手术效果。

方法　选择80例药物治疗无效的儿童分泌性中耳炎患者作为研究对象，按照随机数字表法将所有患者分为观察组和对照组，每组40例。观察组患者采用耳内镜下鼓膜置管术进行治疗，对照组采用耳内镜下鼓膜穿刺术进行治疗，观察两组患者的复发、临床疗效和术后并发症情况。

结果　观察组复发率为5.00%，对照组复发率为20.00%（χ^2=4.114，P=0.042），观察组的中耳积液时间为（8.53±1.25）d，对照组为（10.46±1.44）d，两组比较差异有统计学意义（t=5.074，P=0.000）。观察组有37例患者治疗后有所变化，总有效率为92.50%；对照组有28例患者治疗后有所变化，总有效率为70.00%。观察组的总有效率明显高于对照组，差异有统计学意义（χ^2=6.646，P=0.009）。观察组并发症发生率为7.50%，对照组并发症发生率为32.50%（χ^2=7.812，P=0.005）。结论　采用耳内镜下鼓膜置管术，对药物治疗无效的儿童分泌性中耳炎患者进行治疗，其临床疗效显著，复发率相对更低，并发症发生的情况更少，高效安全，值得临床推广应用。

【关键词】 中耳炎；伴渗出物；耳内镜；鼓膜置管；鼓膜穿刺；儿童

Application of ear endoscope in the treatment of secretory otitis media in children with ineffective drug therapy

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【Abstract】 Objective　To investigate the application of ear endoscope in the treatment of secretory otitis media in children with ineffective drug therapy. Methods　80 secretory otitis media children with ineffective drug therapy were selected as the research subjects. According to the random number table method, all patients were divided into treatment group and control group, 40 cases in each group. The observation group received otoendoscopic tympanic membrane tube surgery treatment, the control group received auripuncture with otic endoscope surgery treatment. The complications of the two groups were observed, and the clinical curative effect and postoperative recurrence were compared. Results　The recurrence rate of the observation group was 5.00%, which was significantly lower than 20.00% of the control group (χ^2 = 4.114, P = 0.042). The middle ear effusion time of the observation group was (8.53 ± 1.25) d, which was significantly shorter than (10.46 ± 1.44) d of the control group (t = 5.074, P = 0.000). In the observation group, 37 patients after treatment had change, the total effective rate was 92.50%. In the control group, 28 patients after treatment had change, the total effective rate was 70.00%, the total effective rate of the observation group was significantly higher than the control group, the difference was statistically significant (χ^2 = 6.646, P = 0.009). The incidence rate of complication in the observation group was 7.50%, which was significantly lower than 32.50% in the control group (χ^2 = 7.812, P = 0.005). Conclusion　Tympanostomy tube under ear endoscope surgery for the treatment of drug refractory secretory otitis media in children has good effect, the recurrence rate is relatively lower, has less complications, high safety, it is worthy of clinical application.

【Key words】 Otitis media, effusion; Ear endoscope; Insertion tube; Puncture; Children
微创小切口入路钛板固定治疗跟骨骨折

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【摘要】目的 观察经跗骨窦入路和八字入路应用锁定钛板固定治疗跟骨骨折的临床疗效。方法 对采用经跗骨窦切口或八字形切口入路、钛板固定治疗的跟骨骨折患者 23 例 (25 足) 的临床资料进行分析，男性 21 例(23 足)，女性 2 例。左侧 12 例，右侧 9 例，双侧 2 例。年龄 24~55 岁，平均 38 岁。Sanders 分型：Ⅱ型 16 足，Ⅲ型 9 足。结果 手术时间 70~100 min，平均 85 min。切口均 Ⅰ期愈合，无感染等并发症发生，X 线片复查显示骨性愈合，愈合时间 3~6 个月。所有患者均获随访，随访时间 12~18 个月，平均 13 个月：按 Maryland 评分标准评价，优 16 例，良 6 例，可 1 例，优良率 95.6%。结论 经跗骨窦入路和八字入路应用锁定钛板固定治疗跟骨骨折具有固定牢靠、手术创伤小、并发症少等优点。

【关键词】 跟骨骨折；骨折固定术

Treatment of calcaneal fractures with plate via minimally invasive approach Wang Min, Ma Lin, Wu Xiaobo. Department of Orthopaedics, General Hospital of Jincheng Coal Industry Group, Jincheng, Shanxi 048006, China

【Abstract】Objective To evaluate the clinical effects of sinus tarsi approach and eight-shape approach in the treatment of calcaneal fractures. Methods Analyzed the outcomes of 23 patients (21 males and 2 females) with calcaneal fractures (25 feet) treated with plate via sinus tarsi approach and eight-shape approach. The mean age of patients was 38 years old (ranged from 24 to 55 years). According to Sanders classification; 16 feet in type II, 9 feet in type III. Results The average operation time was 85 min (ranged from 70 min to 100 min), and no wound complications occurred. X-ray review showed that bony healing, and healing time was 3~6 months. The average duration of follow-up was 13 months (ranged from 12 to 18 months). The result was excellent in sixteen cases, good in six cases and fair in one case according to Maryland score. The satisfactory rate was 95.6%. Conclusion Open reduction and internal fixation via the sinus tarsi approach and eight-shape approach provides not only reliable fixation, but also less complications.

【Key words】Calcaneal fractures; Fracture fixation
罗派卡因与布比卡因用于剖宫产
腰-硬联合麻醉的效果比较

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【摘要】 目的 比较罗派卡因与布比卡因用于剖宫产腰-硬联合麻醉的麻醉效果及对仰卧位低血压综合征(SHS)发生率的影响。方法 选取行剖宫产术、ASA 分级 I ～ II 级产妇 200 例,采用随机数字表法分为罗派卡因组(L组)和布比卡因组(B组)。产妇均行腰-硬联合麻醉, L组给予罗派卡因麻醉, B组给予布比卡因麻醉。观察两组 SHS 发生情况、麻醉效果、麻醉并发症及新生儿 Apgar 评分。结果 L组 SHS 发生率为 9%, B组 SHS 发生率为 17%, 两组 SHS 发生率差异有统计学意义($\chi^2 = 9.261, P < 0.01$)。两组产妇麻醉效果、麻醉并发症及新生儿 Apgar 评分差异均无统计学意义(均 $P > 0.05$)。结论 剖宫产腰-硬联合麻醉采用罗派卡因行腰麻可以显著降低 SHS 的发生率,且安全有效,值得临床推广。

【关键词】 剖宫产术; 罗派卡因; 麻醉;联合; 仰卧位低血压综合征

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【Abstract】 Objective To compare the anesthetic effect of ropivacaine and bupivacaine in combined spinal – epidural anesthesia (CSEA) for cesarean section, and their influence on the incidence rate of supine hypotension syndrome (SHS). Methods 200 patients with cesarean section surgery in our hospital from February 2016 to July 2016 were randomly divided into observation group and control group, all of cases were given CSEA. 100 patients in the observation group (the group L) were given ropivacaine in spinal anesthesia, the other 100 patients in the control group (the group B) were given bupivacaine in spinal anesthesia. Recorded the relevant indicators, compared the incidence rate of SHS, the effect of anesthesia and neonatal score. Results The incidence rate of SHS of the group L was lower than the group B ($\chi^2 = 9.261, P < 0.01$). The effect of anesthesia and Apgar score of two groups had no statistically significant differences (all $P > 0.05$). Conclusion The application of ropivacaine in CSEA for cesarean section not only has exact anesthesia effect, but also can effectively prevent SHS without any side effects.

【Key words】 Cesarean section; Ropivacaine; Anesthesia, combined; Supine hypotension syndrome
多维塑形锁骨钢板固定治疗锁骨中段骨折与术后骨不连的关系探讨

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【摘要】目的 探讨多维塑性锁骨钢板固定治疗锁骨中段骨折的临床疗效及其与术后骨不连发生的关系。方法 回顾性分析锁骨中段骨折患者 426 例的临床资料,其中术中采用多维塑形锁骨钢板使骨板内侧与锁骨前下面匹配,而外侧与锁骨上面匹配以满足锁骨解剖结构的患者为 A 组,采用传统方法固定为 B 组。患者术后随访时间最少 12 个月,依据 X 线检查评估患者是否存在骨不连。结果 共有 28 例患者出现骨不连,其中 A 组 4 例,B 组 24 例,两组差异有统计学意义(χ² = 6.679, P = 0.010)。结论 多维塑性锁骨钢板固定治疗锁骨中段骨折可有效减少术后骨不连的发生。

【关键词】锁骨骨折; 骨折固定术; 多维塑性锁骨钢板; 骨不连

The relationship between the fracture of the clavicle which was fixed by torsional-shaped plate and nonunion

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【Abstract】Objective To discuss the relationship between the fracture of the clavicle which was fixed by torsional-shaped plate and nonunion after operation. Methods Retrospective analysis was conducted in 426 patients with midshaft clavicle fractures. Among the patients, the A group used torsional-shaped plate to meet the anatomical structure of the clavicle; the medial plate matched under the front face of the clavicle, and the lateral plate matched the up face of the clavicle. And the traditional method was used in the B group. Patients were followed up for at least 12 months, the patients were judged by X-ray criteria for nonunion. Results A total of 28 patients with nonunion, including 4 cases in A group, 24 cases in B group. After statistics processing, the difference between A group and B group was significant (χ² = 6.679, P = 0.010). Conclusion We find that the treatment of the fracture of the middle part of the clavicle with torsional-shaped plate can effectively reduce the incidence of nonunion.

【Key words】Clavicular fracture; Fracture fixation; Torsional-shaped plate; Nonunion of bone
小探头超声内镜在食管微小平滑肌瘤诊治中的价值

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【摘要】目的 评价小探头超声内镜(EUS)在食管微小平滑肌瘤诊断中的价值并探讨内镜黏膜切除术(EMR)治疗食管微小平滑肌瘤的临床效果。方法 选择食管黏膜下肿物(SMTs)患者46例,采用在小探头EUS辅助下进行EMR治疗,对其临床资料及治疗效果进行分析。结果 46例患者EUS检查提示,来源于黏膜肌层40例,黏膜下层5例,1例来源于固有肌层;40例患者行EMR完整切除,4例行内镜黏膜下剥离术(ESD),另2例转外科手术治疗;术后病理检查提示,46例均为平滑肌瘤,所有患者术后无迟发性出血及穿孔等并发症;术后随访12个月,无肿瘤残留及复发等。结论 小探头EUS可评价SMTs的来源层次,EMR可作为食管微小平滑肌瘤的优先治疗方法。

【关键词】平滑肌瘤;食管;腔内超声检查

Clinical value of small probe endoscopic ultrasonography in the diagnosis and treatment of small esophageal leiomyoma

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【Abstract】Objective To evaluate the diagnostic value of small probe endoscopic ultrasonography and to explore the clinical value of endoscopic mucosal resection (EMR) for esophageal small leiomyoma. Methods A total of 46 patients who diagnosed with esophageal SMTs by endoscope and EUS were selected, who were demanded endoscopic resection, and the clinical data and treatment outcomes of them were retrospectively analyzed. Results As showed by EU, 40 cases of the total 46 cases were originated from mucosal muscularis, 5 cases were originated from sub mucosal, and 1 case was from the muscularis propria layer. A total of 40 cases received EMR with complete excision, 4 cases received ESD, 2 cases received surgical treatment. Examinations of histopathological and immunohistochemical confirmed that the lesions were leiomyomas; both the lateral and basal margins of the specimens were free of tumor cells. None of the patients developed delayed bleeding or perforation. No tumor residual or recurrence was found during follow up (rangeed 1-12 months). Conclusion EUS is an effective method for diagnosing esophagus submucosal tumors, and EMR could be a preferred treatment for small esophagus leiomyoma.

【Key words】Leiomyoma; Esophagus; Endosonography
人表皮生长因子受体 2 在结直肠肿瘤组织中的表达及其与血管内皮生长因子 A 的相关性

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【摘要】目的 研究人表皮生长因子受体 2 (human epidermal receptor 2 , HER-2) 在结直肠癌中的表达及其与血管内皮生长因子 A (vascular endothelial growth factor A, VEGFA) 的相关性。方法 选择结直肠癌患者 80 例为结直肠癌组，另以距肿瘤组织 >5 cm 的正常结肠组织 30 例作为对照组，采用免疫组织化学染色 SP 法，对结直肠癌组及对照组组织中的 HER-2、VEGF-A、FⅧ的表达水平给予检测，并探讨 HER-2 与 VEGF-A、微血管密度 (MVD) 的相关性。结果 结直肠癌组的结肠癌组织中的 HER-2 表达阳性率为 61.25%，明显高于对照组癌旁正常结肠组织中 HER-2 表达阳性率的 3.33%（χ² = 6.342, P < 0.05）。结直肠癌组的结肠癌组织中的 VEGF-A 表达阳性率为 65.00%，明显高于对照组癌旁正常结肠组织中 VEGF-A 表达阳性率的 3.33%（χ² = 4.725, P < 0.05）。结直肠癌患者癌组织中 HER-2、VEGF-A 表达均与肿瘤分化程度、淋巴结转移、临床分级相关 (P < 0.05)，与性别及肿瘤大小无关 (P > 0.05)。经 Pearson 等级相关分析可知，结直肠癌组中 HER-2 的表达与 VEGF-A 表达呈正相关 (r = 0.736, P < 0.05)。HER-2 阳性表达病例 MVD 值为 (61.5 ± 9.4)，对照组 MVD 值为 (48.3 ± 7.8)，两组比较差异有统计学意义 (t = 8.440, P < 0.01)。结论 HER-2 的表达在结直肠癌的侵袭与转移中具有十分重要的作用，推测结直肠癌组织中的 HER-2 高表达可能通过促进 VEGF-A 在体内的表达而增加患者血管密度，从而加速结直肠癌肿瘤的发生及进展。

【关键词】 结直肠肿瘤；人表皮生长因子受体 2；血管内皮生长因子 A；微血管密度

Expression of HER-2 in colorectal cancer tissue and its correlation with vascular endothelial growth factor A L Liu Shucheng. Department of Anorectal, Chifeng Municipal Hospital, Chifeng, Inner Mongolia 024000, China

【Abstract】Objective To investigate the clinical significance of human epidermal receptor 2 (HER-2) expression in colorectal carcinoma. Methods Immunohistochemistry was used to detect HER-2 protein expression in 80 cases with colorectal carcinoma (colorectal cancer group) and 30 cases of normal colon tissues adjacent to tumor tissue >5 cm (control group). Results The positive rate of HER-2 in colorectal carcinoma group was 61.25%, which in control group was 3.33%. The positive rate of VEGF-A in colorectal carcinoma group was 65.00%, which in control group was 3.33%. The expression of HER-2 and VEGF-A in colorectal cancer tissues was correlated with tumor differentiation, lymph node metastasis and clinical classification (P < 0.05), which was independent of gender and tumor size (P > 0.05). Pearson grade correlation analysis showed that the expression of HER-2 was positively correlated with the expression of VEGF-A in colorectal cancer tissues (r = 0.736, P < 0.05). The positive expression of HER-2 was (61.5 ± 9.4), and the MVD value of the control group was (7.8 ± 48.3), and there was significant difference between the two groups (t = 8.440, P < 0.01). Conclusion The expression of HER-2 plays an important role in the invasion and metastasis of colorectal cancer, colorectal cancer with high expression of HER-2 may through promoting VEGF-A expression in vivo and increasing vascular density in patients, thus to speed up the development and progression of colorectal cancer.

【Key words】 Colorectal neoplasms; Human epidermal growth factor receptor 2; Vascular endothelial growth factor A; Microvessel density
丁苯酞治疗急性脑梗死的临床效果观察
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【摘要】目的 探讨丁苯酞在急性脑梗死治疗中的临床应用价值。方法 前瞻性收集急性脑梗死患者120例，将患者按照随机数字表法分为研究组和对照组，每组60例。研究组在常规治疗的基础上采用丁苯酞治疗，对照组仅给予常规治疗。主要观察指标包括美国国立卫生研究院脑卒中量表 (NIHSS)、日常生活活动Barthel指数、血黏度、临床疗效、健康相关的生存质量评分 (HRQL)。结果 两组患者入院时NIHSS评分、Barthel评分、血黏度和HRQL差异均无统计学意义 (均P>0.05)。治疗3个月后与对照组比较，研究组患者NIHSS评分显著降低 ([9.48±3.84]分比[14.38±3.29]分，t=5.395，P=0.000]，Barthel评分显著升高 ([84.44±10.59]分比[75.89±8.39]分，t=3.854，P=0.015]，血黏度显著降低 ([5.09±0.64] mPa/s比[6.48±0.71] mPa/s，t=7.493，P=0.000]，HRQL评分显著升高 ([80.47±15.39]分比[69.58±14.39]分，t=4.395，P=0.002]，临床疗效显著增高 (χ²=6.122，P=0.013]。结论 丁苯酞有助于改善急性脑梗死患者临床预后和生存质量。

【关键词】急性脑梗死；丁苯酞；临床疗效

The clinical effect of butylphthalide in the treatment of acute cerebral infarction Han Yi, Hu Haifang, Xuan Haixian.
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【Abstract】Objective To investigate the clinical value of butylphthalide in patients with acute cerebral infarction. Methods 120 patients with acute cerebral infarction were randomly divided into study group and control group according to the method of random number table, 60 cases in each group. The study group used butylphthalide on the basis of routine treatment, while the control group only received routine treatment. Main outcome measures included the National Institutes of Health Stroke Scale (NIHSS) table, activities of daily living Barthel index, blood viscosity, clinical curative effect and health related quality of life (HRQL) score. Results There was no significant difference in NIHSS score, Barthel score, blood viscosity and HRQL between the two groups on admission (P>0.05). When compared with the control group after 3 months, NIHSS score of the study group decreased significantly ([948±3.84] points vs. [14.38±3.29] points, t=5.395, P=0.000]，Barthel score increased significantly([84.44±10.59] points vs. [75.89±8.39] points, t=3.854, P=0.015]；blood viscosity decreased significantly ([5.09±0.64] mPa/s vs. [6.48±0.71] mPa/s, t=7.493, P=0.000]；HRQL scores increased significantly ([80.47±15.39] points vs. [69.58±14.39] points, t=4.395, P=0.002]；clinical curative effect in the study group was significantly higher than control group (χ²=6.122, P=0.013). Conclusion Butylphthalide is helpful to improve the prognosis and quality of life in patients with acute cerebral infarction.

【Key words】Acute cerebral infarction；Butylphthalide；Clinical curative effect
阿托伐他汀对不同Gensini评分冠心病患者的治疗效果及其对C反应蛋白水平的影响

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【摘要】目的探讨阿托伐他汀对不同Gensini评分冠心病患者的临床疗效及其对超敏C反应蛋白(hs-CRP)水平的影响。方法选取2011年3月至2015年9月收治的冠心病患者120例为研究对象，按不同Gensini评分分为A组(Gensini评分<40分)，B组(Gensini评分40~60分)，C组(Gensini评分>60~80分)，D组(Gensini评分>80分)，每组30例，均给予阿托伐他汀治疗，比较四组临床疗效及总胆固醇(TC)、三酰甘油(TG)、高密度脂蛋白胆固醇(HDL-C)、低密度脂蛋白胆固醇(LDL-C)、hs-CRP水平的变化。结果治疗后Gensini评分越低，疗效越好，A组、B组、C组、D组总有效率分别为96.7%、86.7%、76.6%、56.7%，四组总有效率差异有统计学意义($\chi^2 = 7.362，P < 0.05$)；治疗后，四组TG、TC、HDL-C、LDL-C指标均有所改善，A组改善幅度优于B组，B组改善幅度优于C组，C组改善幅度优于D组，差异均有统计学意义($F = 6.253、6.258、5.856、6.259$，均 $P < 0.05$)；治疗后A组、B组、C组、D组hs-CRP分别为$(8.2 \pm 3.9)$mg/L、$(11.9 \pm 6.9)$mg/L、$(19.2 \pm 9.3)$mg/L、$(24.5 \pm 11.6)$mg/L，四组hs-CRP水平均有所下降，A组治疗后hs-CRP水平低于B、C、D组，B组治疗后hs-CRP水平低于C、D组，C组治疗后hs-CRP水平低于D组，差异均有统计学意义($t = 12.651、9.185、4.982、3.030$，均 $P < 0.05$)。结论冠心病患者血清hs-CRP水平较高，hs-CRP水平与Gensini评分呈正相关。

【关键词】冠状动脉疾病；阿托伐他汀；Gensini评分；C反应蛋白

Effect of atorvastatin in the treatment of coronary heart disease patients with different Gensini score and its influence on hs-CRP level Sun Jun.

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【Abstract】Objective To study the effect of atorvastatin on the levels of high sensitive C – reactive protein (hs-CRP) in coronary heart disease(CHD) patients with different Gensini score. Methods 120 cases of CHD from March 2011 to September 2015 in our hospital were selected as the research subjects. According to the different Gensini scores, they were divided into group A (Gensini score < 40), group B (Gensini score 40 – 60), group C (Gensini score 60 – 80), group D (Gensini score > 80), with 30 patients in each group. All patients were given atorvastatin treatment, the therapeutic effect of the four groups, the total cholesterol (TC), three glycerol (TG), high density lipoprotein cholesterol (HDL–C), low density lipoprotein cholesterol (LDL–C) and hs – CRP levels after treatment were compared. Results After treatment, the lower the Gensini score, the better curative effect, four groups had statistically significant difference in the therapeutic effects ($P < 0.05$), and the total effective rates of group A, B, C and D were 96.7%, 86.7%, 76.6%, 56.7%. After treatment, the TG, TC, HDL–C, LDL–C in four groups were improved, A group improved significantly better than the B group, B group improved better than those of C group, C group improved better than those of D group, the differences were statistically significant ($F = 6.253, 6.258, 5.856, 6.259$, all $P < 0.05$). After treatment, the levels of hs – CRP in group A, B, C and D were $(8.2 \pm 3.9)$mg/L, $(11.9 \pm 6.9)$mg/L, $(19.2 \pm 9.3)$mg/L, $(24.5 \pm 11.6)$mg/L, the hs – CRP levels of four groups were lower, hs – CRP level after treatment in group A was lower than that of B, C, D groups; and hs – CRP level after treatment in group B was lower than that of group C, D; hs – CRP level of C group after treatment was lower than that of group D. The differences were statistically significant($t = 12.651, 9.185, 4.982, 3.030$, all $P < 0.05$). Conclusion The level of serum hs – CRP in patients with CHD is higher, and the level of hs – CRP is positively correlated with the Gensini score.

【Key words】Coronary disease; Atorvastatin; Gensini score; C–reactive protein
脑脊液腺苷脱氨酶、白介素23联合检测在结核性脑膜炎相关疾病诊断中的临床价值

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【摘要】目的探讨脑脊液腺苷脱氨酶(ADA)、白介素23(IL-23)联合检测在结核性脑膜炎相关疾病诊断中的临床应用价值。方法选择结核性脑膜炎相关疾病患者253例为研究对象，按诊断分为结核性脑膜炎组(脑膜炎组)138例，结核性脑膜炎合并脑积水组(脑积水组)35例和对照组80例。所有患者入院后均行腰椎穿刺术，将部分脑脊液标本即刻送检，行脑脊液ADA、IL-23联合检测；脑膜炎组和脑积水组患者均行抗结核药物(INH+RFP+PZA+sm方案)的联合化学治疗；在治疗3个月后脑膜炎组和脑积水组患者再次腰椎穿刺术行脑脊液ADA、IL-23联合检测。比较各组脑脊液ADA、IL-23含量的变化。结果治疗前，脑膜炎组脑脊液ADA、IL-23分别为(12.64±5.54)u/L、(48.38±10.78)pg/mL，脑积水组脑脊液ADA、IL-23分别为(15.81±6.92)u/L、(77.21±13.42)pg/mL，对照组脑脊液ADA、IL-23分别为(3.21±2.20)u/L、(9.05±3.89)pg/mL。脑膜炎组和脑积水组治疗前脑脊液ADA、IL-23均明显高于对照组(F=117.24,724.97,均P < 0.001)；Spearman分析显示，各组脑脊液ADA与IL-23无相关性。治疗后，脑膜炎组脑脊液ADA、IL-23分别为(3.79±3.13)u/L、(13.46±6.62)pg/mL，脑积水组脑脊液ADA、IL-23分别为(6.42±4.35)u/L、(25.42±8.54)pg/mL，脑膜炎组治疗前后脑脊液ADA、IL-23差异均有统计学意义(t=16.34,32.43,均P < 0.001)；脑积水组治疗前后脑脊液ADA、IL-23差异也有统计学意义(t=6.80,19.26,均P < 0.001)。结论脑脊液ADA、IL-23联合检测在结核性脑膜炎相关疾病的早期诊断及疗效观察中具有较高临床价值。

【关键词】脑膜炎，结核性；脑积水；腺苷脱氨酶；白细胞介素23

Clinical value of cerebrospinal fluid ADA, IL-23 joint detection in the diagnosis of tuberculous meningitis related diseases Wang Chunlei, Zhang Daofu, Sun Jinlong.

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【Abstract】Objective To evaluate the clinical value of cerebrospinal fluid ADA, IL-23 joint detection in the diagnosis of tuberculous meningitis related diseases. Methods 253 cases with tuberculous meningitis related diseases were selected as the research subjects. According to the diagnosis, they were divided into tuberculous meningitis group (meningitis group, 138 cases), tuberculous meningitis complicated with hydrocephalus group (hydrocephalus group, 35 cases) and control group(80 cases). All patients after admission received lumbar puncture, the part of cerebrospinal fluid specimens were inspected, the cerebrospinal fluid ADA, IL-23 joint test was conducted. Meningitis group and hydrocephalus group were given anti – TB drugs (INH, RFP and PZA + sm) combined with chemotherapy. 3 months after treatment, the meningitis group and hydrocephalus group received lumbar puncture cerebrospinal fluid ADA, IL-23 joint test again. The levels of ADA, IL-23 in cerebrospinal fluid were
compared. Results Before treatment, cerebrospinal fluid ADA, IL-23 levels in the meningitis group were (12.64 ± 5.54) u/L and (48.38 ± 10.78) pg/mL, those in the hydrocephalus group were (15.81 ± 6.92) u/L and (77.21 ± 13.42) pg/mL, which in the control group were (3.21 ± 2.20) u/L and (9.05 ± 3.89) pg/mL, ADA, IL-23 levels in meningitis group and hydrocephalus group before treatment were significantly higher than the control group ($F = 117.24, 724.97, P < 0.001$). Spearma analysis showed that each group of cerebrospinal fluid ADA and IL-23 had no correlation. After treatment, the cerebrospinal fluid ADA, IL-23 levels in the meningitis group were (3.79 ± 3.13) u/L and (13.46 ± 6.62) pg/mL, which in the hydrocephalus group were (6.42 ± 4.35) u/L and (25.42 ± 8.54) pg/mL, the meningitis group before and after treatment had statistically significant differences in cerebrospinal fluid ADA, IL-23 ($t = 16.34, 32.43$, all $P < 0.001$); hydrocephalus group before and after treatment had statistically significant differences in cerebrospinal fluid ADA, IL-23 ($t = 6.80, 19.26$, all $P < 0.001$). Conclusion Cerebrospinal fluid ADA, IL-23 joint detection in the early diagnosis of tuberculous meningitis related diseases and clinical observation has high clinical value.

【Key words】Meningitis, tuberculous; Hydrocephalus; Adenosine deaminase; Interleukin-23
替格瑞洛与氯吡格雷对急性冠脉综合征患者经皮冠状动脉介入治疗术后血小板功能和炎性因子的影响比较

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【摘要】目的 比较替格瑞洛与氯吡格雷对急性冠脉综合征(ACS)患者经皮冠状动脉介入治疗(PCI)术后血小板功能和炎性因子的影响。方法 选取180例ACS并接受PCI手术治疗的患者，将其按照随机数字表法分为观察组和对照组，每组90例，两组患者均给予常规治疗，对照组在常规治疗基础上术前、术后均给予氯吡格雷进行治疗，观察组在常规治疗基础上术前、术后均给予替格瑞洛进行治疗，分别比较治疗前及术后24 h, 7, 28 d的C反应蛋白(CRP)、白细胞介素-6(IL-6)、肿瘤坏死因子-α(TNF-α)、髓过氧化物酶(MPO)、可溶性CD40受体(sCD40L)含量及血小板最大聚集率(MPAR)、P2Y12反应单位(PRU)。结果 两组治疗前MPAR及PRU差异无统计学意义(t=0.41, 0.19，均P＞0.05)；术后24 h, 7 d, 28 d两组MPAR及PRU均较治疗前显著下降(t≥2.09, 均P＜0.05)；术后24 h, 7, 28 d观察组MPAR分别为(53.24±11.20)％，(42.33±10.80)％，(30.77±8.99)％，均显著低于对照组的(57.34±13.21)％，(48.09±10.90)％，(38.87±8.97)％(t=2.24, 3.56, 6.05，均P＜0.05)；术后24 h, 7, 28 d观察组PRU分别为(214.56±13.45)U，(190.57±12.21)U，(113.26±10.90) U，均显著低于对照组的(225.59±14.78)U，(210.21±14.09)U，(143.23±12.01)U(t=5.24, 2.11, 17.53，均P＜0.05)。结论与氯吡格雷相比，ACS患者PCI术后应用替格瑞洛可更好的抗血小板聚集和炎性反应，且可降低心血管不良事件的发生率。

【关键词】冠状动脉疾病；替格瑞洛；血小板；炎症趋化因子类

Comparison of the effect of ticagrelor and clopidogrel on platelet functions and inflammation factor in patients with acute coronary syndrome after PCI Li Mingying.

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【Abstract】Objective To compare the effect of ticagrelor and clopidogrel on platelet functions and inflammation factor in patients with acute coronary syndrome(ACS) after PCI. Methods 180 patients with ACS who taken PCI were chosen and randomly divided into the observation group and the control group(90 cases in each group). All patients of the two groups were given conventional treatment, and the control group received clopidogrel treatment on the basis of routine therapy preoperation and postoperation, while the observation group received ticagrelor treatment on the basis of the control group treatment. Before treatment and 24 h, 7 d, 28 d after treatment, the C reaction protein (CRP), interleukin 6 (IL-6), tumor necrosis factor alpha (TNF-α), myeloperoxidase (MPO), soluble CD40 receptor (sCD40L), platelet maximum aggregation rate (MPAR) and P2Y12 response unit (PRU) in the two groups were recorded and compared, as well as the main cerebrovascular events after six months follow-up. Results In the two groups before treatment, MPAR and PRU had no statistically significant differences (t=0.41, 0.19, P>0.05). After treatment, MPAR and PRU were significantly decreased compared with before treatment (t≥2.09, all P<0.05). MPAR in the observation group were (53.24±11.20)％，(42.33±10.80)％，(30.77±8.99)％ respectively, which were significantly lower than those in the control group [(57.34±13.21)％，(48.09±
10.90) % , (38.87 ± 8.97) % (t = 2.24, 3.56, 6.05, all P < 0.05). 24h, 7d and 28d after operation, PRU in the observation group were (214.56 ± 13.45) U, (190.57 ± 12.21) U, (113.26 ± 10.90) U respectively, which were significantly lower than those in the control group [ (225.59 ± 14.78) U, (210.21 ± 14.09) U, (143.23 ± 12.01) U ] (t = 5.24, 2.11, 17.53, all P < 0.05). In the two groups before treatment, CRP CD40L, IL-6 and TNF-α had no statistically significant differences (all P > 0.05). 24h after treatment, CRP, sCD40L, IL-6 and TNF-α in the two groups all significantly increased (all P < 0.05), and then decreased. 24h, 7d, 28d after treatment, DCRP, sCD40L, IL-6 and TNF-α in the observation group were all significantly lower than those in the control group (t = 60.79, 50.30, 27.95, 12.98, 40.29, 16.73, 15.03, 7.30, all P < 0.05). And, the incidence rate of cardiovascular adverse events of the observation group was 2.22 %, which was significantly lower than 10.00% of the control group (χ² = 5.714, P < 0.05).

**Conclusion**  Compared with clopidogrel, using ticagrelor to treat ACS patients after PCI has better antiplatelet aggregation and inflammation effects, which can reduce the incidence of cardiovascular adverse events.

**Key words**  Coronary artery disease;  Ticagrelor;  Blood platelets;  Chemokines
彩色多普勒超声结合超声弹性成像对非哺乳期乳腺炎、乳腺癌的诊断分析

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【摘要】目的 运用彩色多普勒超声技术(CDFI)结合超声弹性成像技术(UE)观察分析非哺乳期乳腺炎、乳腺癌的超声参数特征，并探讨其临床应用价值。方法 回顾性分析因触及乳腺肿物而进行治疗的85例女性患者的临床资料，共85个乳腺肿块。所有患者均获得病理证实，并根据病理结果，分为非哺乳期乳腺炎组(NLM组)共计28例，乳腺癌组(Ca组)共计57例。患者均在治疗前接受CDFI检查以及UE检查，对两组患者所获得的超声参数进行比较分析。结果 NLM组乳腺病灶血流分级中0~1级所占比例(71.43%)和阻力指数(RI)＜0.7所占比例(82.14%)明显高于Ca组(24.56%，15.79%)，而Ⅱ~Ⅲ级所占比例(28.57%)和RI≥0.7所占比例(17.86%)明显低于Ca组(75.44%，84.21%)，差异均有统计学意义(χ²=17.185，35.217，均P＜0.05)；NLM组乳腺病灶UE评分[(1.75±0.97)分]以及应变率比值(1.64±0.83)明显低于Ca组[(4.19±0.74)分，(5.03±1.08)]，差异均有统计学意义(t=12.873，-14.623，均P＜0.05)；CDFI联合UE的准确率(89.41%)高于UE的准确率(76.47%)，CDFI的准确率(67.06%)，差异有统计学意义(χ²=12.337，P＜0.05)。结论 CDFI、UE对非哺乳期乳腺炎以及乳腺癌均具有一定的诊断能力，两者联合可获得更高的诊断准确率，值得临床上推广应用。

【关键词】超声检查，多普勒，彩色；弹性成像技术；乳腺炎；乳腺肿瘤

Diagnosis of non lactation mastitis, breast cancer by color doppler flow imaging and ultrasonic elastography

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【Abstract】Objective To study ultrasonic parameters characteristics of lactation mastitis, breast cancer by using color doppler flow imaging(CDFI) and ultrasonic elastography (UE), and to explore its clinical value. Methods Retrospective analysis was conducted in the clinical data of 85 female patients (a total of 85 breast lesions). All patients were confirmed by pathology, and according to the results of pathology, they were divided into non lactation mastitis group (group NLM, a total of 28 cases), breast cancer group (group Ca, a total of 57 cases). All patients accepted CDFI and UE before treatment, and compared ultrasonic parameters between the two groups. Results The proportions of class 0~1(71.43%) and RI<0.7(82.14%) in group NLM were significantly higher than those in group Ca, while the proportions of class II ~ III(28.57%) and RI≥0.7(17.86%) were significantly lower than 75.44% , 84.21% in group Ca(χ²=17.185, 35.217, all P<0.05). The UE ratings(1.75±0.97) and the strain rate ratio (1.64±0.83) in NLM group were lower than (4.19±0.74, 5.03±1.08) in group Ca(t=12.873, -14.623, all P<0.05). The accuracy of CDFI + UE(89.41%) was higher than the accuracy of UE(76.47%) or the accuracy of CDFI(67.06%)(χ²=12.337, P<0.05). Conclusion CDFI, UE have a certain diagnosis ability for non lactation mastitis and breast cancer, combining both can obtain better diagnostic value, which is worthy of clinical application.

【Key words】Ultrasonography, doppler, color; Elasticity imaging techniques; Mastitis; Breast neoplasms
两种手术方法治疗原发性闭角型青光眼合并白内障的疗效比较
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【摘要】 目的 比较虹膜根切 + 小梁切除联合白内障小切口摘除 + 人工晶体植入术和虹膜根切 + 小梁切除联合白内障超声乳化 + 人工晶体植入术两种手术方案的效果,为临床治疗提供依据。方法 选择 40 例原发性闭角型青光眼合并白内障住院患者（68 眼）作为研究对象,采用随机数字法随机分为 A、B 两组,其中 A 组 19 例（31 眼）,B 组 21 例（37 眼）,A 组患者接受虹膜根切 + 小梁切除小切口摘除 + 人工晶体植入术治疗,B 组患者接受虹膜根切 + 小梁切除联合白内障超声乳化 + 人工晶体植入术治疗。比较各组患者治疗前眼压、视力、中央前房深度,以及治疗后两组间眼压、视力、中央前房深度改善量及并发症发生率。结果 经治疗后, A 组患者眼压、视力以及中央前房深度分别改善（21.71 ± 10.17）mmHg,（0.29 ± 0.09）及（1.97 ± 0.47）mm,改善量具有统计学意义（t 值分别为 11.12, 6.93 及 17.39, 均 P < 0.05）; B 组患者眼压、视力以及中央前房深度分别改善（19.45 ± 9.54）mmHg,（0.35 ± 0.16）及（1.98 ± 0.39）mm,改善量具有统计学意义（t 值分别为 6.52, 5.78 及 17.78, 均 P < 0.05）; 治疗后, A、B 两组患者眼压分别降低（21.74 ± 10.17）mmHg 和（19.45 ± 9.54）mmHg,差异无统计学意义（t = 0.96, P = 0.35）度和（0.35 ± 0.16）度,差异无统计学意义（t = 1.86, P = 0.80）; A、B 两组患者中央前房深度分别增加（1.97 ± 0.47）mm 和（1.98 ± 0.39）mm,差异无统计学意义（t = 0.9, P = 0.54）; A、B 两组患者并发症发生率分别为 48.39% 和 21.74%,差异无统计学意义（χ² = 5.44, P = 0.02）。结论 两种手术治疗方案具有良好的、相同的临床效果, 但“虹膜根切 + 小梁切除联合白内障超声乳化 + 人工晶体植入术”术后并发症发生率低,安全性更好。

【关键词】 原发性闭角型青光眼； 白内障； 小切口摘除； 超声乳化

Comparison of the therapeutic effects of two surgical methods for treating primary angle closure glaucoma with cataract  Bao Xingwang.

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【Abstract】Objective To study the different clinical effects between the method of "peripheral iridectomy + trabeculectomy combined with cataract extraction with small incision + intraocular lens implantation" and the method of "peripheral iridectomy + trabeculectomy combined with cataract with phacoemulsification + intraocular lens implantation", so as to provide guidance for clinic. Methods 40 cases were randomly divided into A and B groups, and A group included 19 patients (31 eyes) while B group included 21 patients (37 eyes). A group was treated with the "peripheral iridectomy + trabeculectomy combined with cataract extraction with small incision + intraocular lens implantation" method, and B group was cured with the method of "peripheral iridectomy + trabeculectomy combined with cataract with phacoemulsification + intraocular lens implantation" method. In each group, the eye pressures, visual acuity, central anterior chamber depths of before and after treatment were compared to study the clinical effect. And after treatment, the improvement amount of eye pressure, visual acuity, central anterior chamber depths and the complication rates were compared between the two groups, so as to determine the better method. Results After treatment, the eye pressure, visual acuity, central anterior chamber depths in A group were significantly improved [(21.71 ± 10.17) mmHg, (0.29 ± 0.09) and (1.97 ± 0.47) mm], t = 11.12, 6.93, 17.39, all P < 0.05]. The eye pressure, visual acuity, central anterior chamber depths in B group were significantly improved [(19.45 ± 9.54) mmHg, (0.35 ± 0.16) and (1.98 ± 0.39) mm], t = 6.52, 5.78, 17.78, all P < 0.05]. After treatment, the eye pressures in A and B groups were cut down [(21.74 ± 10.17) and (19.45 ± 9.54) mmHg], and there was no statistical significant difference between the two groups (t = 0.96, P = 0.17). The visual acuity in A and B groups were improved [(0.29 ± 0.09) and (0.35 ± 0.16) degrees], and there was no statistically significant difference between the two groups (t = 1.86, P = 0.35). The central anterior chamber depths in A and B groups were improved [(1.97 ± 0.47) and (1.98 ± 0.39) mm], and there was no statistically significant difference between the two groups (t = 0.9, P = 0.54). The incidence rates of complication in A and B groups were 48.39% and 21.62%, respectively, and the difference between two groups was significant (χ² = 5.44, P = 0.02). Conclusion The two treatments had significant and equal clinical effects, while because of its lower incidence rate of complication, the method of "peripheral iridectomy + trabeculectomy combined with cataract with phacoemulsification + intraocular lens implantation" is more safe than the other one.
鼻咽癌放疗后大出血急救与伦理沟通

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【摘要】目的 研究鼻咽癌放疗后大出血的急救与伦理沟通。方法 本文收集37例经病理证实的鼻咽癌治疗后鼻咽大出血患者,急救方法主要包括预防性气管切开、前后鼻孔填塞、数字减影动脉造影栓塞术,同时与患者家属进行合理的伦理沟通。结果 8例气管切开术后行血管栓塞成功,半年后随访只有2例存活。患者家属均无异议。结论 鼻咽癌放疗后大出血死亡率高,伦理沟通可获家属理解。
【关键词】鼻咽肿瘤; 出血; 血管造影术,伦理; 沟通

Emergency treatment for patients with post-therapy nasopharyngeal carcinoma intractable epistaxis and ethical communication with their family members  Shangguan Hanjing, Cai Chengfu, Liu Cunshan, Chen Aimin, Luo Xianyang.
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可视喉镜与直接喉镜在颈椎损伤患者急诊插管中的应用效果比较

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【摘要】 目的 比较可视喉镜与直接喉镜在颈椎损伤患者急诊插管中的应用效果。方法 选取急诊室因颈椎损伤需行气管插管抢救的患者 70 例, 根据插管所使用的喉镜不同分为两组, U 组使用 TD-C-IV 可视喉镜, M 组使用经典的 Macintosh 直接喉镜, 比较两组声门暴露程度、插管成功的时间、插管次数、一次插管成功率、插管中牙齿、口腔黏膜损伤率以及麻醉医生受患者口腔分泌物、呕吐物喷射污染率等指标。结果 U 组声门暴露更好, U 组插管时间 (41.55 ± 7.22) s 短于 M 组的 (61.19 ± 7.53) s, U 组插管总次数少, 一次插管成功率为 91.42% , 比 M 组的 71.42% 高 (χ² = 4.62, P < 0.05), U 组插管中牙齿损伤率 8.6% 与 M 组的 11.4% 比较差异无统计学意义 (χ² = 0.16, P > 0.05) 口腔黏膜损伤发生率 8.57% 低于 M 组 (χ² = 4.62, P < 0.05), 麻醉医师受污染率 14.29% 低于 M 组 (χ² = 7.00, P < 0.05)。结论 在颈椎损伤患者急救气管插管方面 UE 可视喉镜与 Macintosh 直接喉镜相比, 声门暴露好, 插管时间短, 一次插管成功率高, 口腔黏膜损伤率低, 麻醉医生受患者口腔分泌物、呕吐物喷射污染的几率也低。

【关键词】 气管插管； 喉镜； 颈椎损伤

Comparison of emergency tracheal intubations using visual laryngoscope and macintosh direct laryngoscope in patients with cervical spine injury  Mao Zhihao, Ling Guiqiang,
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剖宫产术中出血 160 例临床分析

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【摘要】目的 探讨剖宫产术中出血的原因与预防措施。方法 选择剖宫产术中出血产妇 160 例的临床资料,回顾性分析其术中出血的原因,采取相应的止血治疗方法,探讨预防措施。结果 160 例剖宫产术中出血产妇中,子宫肌瘤 22 例,胎盘因素 36 例,凝血功能障碍 28 例,切口撕裂 18 例,宫缩乏力 56 例。经子宫按摩、止血等治疗,显效 136 例,有效 24 例,无效 0 例,总有效率为 100.00%。结论 导致剖宫产产妇发生术中出血的原因包括子宫肌瘤、胎盘因素、凝血障碍、切口撕裂、宫缩乏力等,针对产妇出血原因的不同,采取相应的止血治疗和护理措施,有助于其出血症状的减轻,提高产妇分娩的安全性。

【关键词】剖宫产术; 出血; 妊娠

Clinical analysis of 160 cases of hemorrhage during cesarean section  Lin Yulan.
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病例报告

二甲双胍致脱发二例

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二甲双胍致脱发二例

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患者1，男，42岁。因“发现血糖偏高1年”于2015年4月到栖霞区妇幼保健院就诊。既往有高血压病史8年。

口服苯磺酸氨氯地平片控制血压。

患者1年前体检发现血糖偏高，诊断为2型糖尿病，后予二甲双胍（0.25 g，3次/d）治疗，服用2周后患者渐出现脱发，且脱发愈来愈重，后患者自行停用该药脱发症状渐缓解。后因血糖控制不佳，到南京鼓楼医院诊治，改用盐酸二甲双胍缓释片（格华止）0.5 g，每天2次口服，服用2周后脱发症状再次出现，考虑服用盐酸二甲双胍引起的可能，予停用，改用格列齐特缓释片、阿卡波糖控制血糖，患者血糖控制平稳，脱发症状渐缓解，并且再未出现。

入院辅助检查:空腹血糖6.8 mmol/L，餐后2 h血糖13.0 mmol/L，糖化血红蛋白7.2%，肝肾功能、血常规正常。

患者两次口服二甲双胍（0.25 g，3次/d）均出现脱发症状，停用后脱发症状缓解考虑服用二甲双胍引起的脱发。

Metformin induced hair loss in 2 cases  Ding Aimei, Zheng Rendong.

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阻塞性睡眠呼吸暂停综合征氧化应激反应的分子机制
与脑卒中的关联性研究进展

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【摘要】阻塞性睡眠呼吸暂停（OSA）是一种发病率高且具有一定潜在危险的疾病，以夜间睡眠打鼾中反复间断性低氧血症、高碳酸血症为特征，是缺血性脑卒中的独立危险因素，目前多项研究证实OSA与氧化应激密切相关。本研究就氧化应激在OSA与脑卒中发生的相关性，如促进动脉粥样硬化、损伤线粒体、缺血再灌注损伤、缺血预处理的复杂机制加以综述，从分子机制探讨氧化应激对于OSA及脑卒中的关系。

【关键词】睡眠呼吸暂停，阻塞性；氧化性应激；卒中

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Advances of molecular mechanisms of oxidative stress in obstructive sleep apnea syndrome and stroke

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【Abstract】Obstructive sleep apnea (OSA) is a high incidence of potentially dangerous disease, characterized by intermittent hypoxia or hypercapnia. It is an independent risk factor for ischemic stroke. Currently a number of studies have confirmed OSA closely associated with oxidative stress. In this paper, the complex mechanisms of oxidative stress in the OSA and the occurrence of stroke will be reviewed, such as promoting atherosclerosis, damaging the mitochondria, ischemia – reperfusion injury, ischemic preconditioning. To investigate the relationship between OSA, oxidative stress and stroke from molecular mechanisms.

【Key words】Sleep apnea, obstructive; Oxidative stress; Stroke

Fund program: National Natural Science Foundation of China (81400957)
健康教育联合心理疏导对冠心病伴焦虑抑郁患者心理状态的影响

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【摘要】目的 分析对合并焦虑抑郁症状的冠心病患者施行健康教育与心理疏导联合干预的临床价值，且观察其对患者心理状态造成的影响。方法 合并焦虑抑郁症状的冠心病患者100例，随机双色球法分成两组：对照组50例，给予常规临床护理服务；观察组50例，在对照组的护理基础上加用健康教育联合心理疏导干预。观察两组患者的心功能与心率变化，比较干预前后的焦虑、抑郁情绪变化。结果 观察组患者治疗后的各项心功能与心率指标rMSSD，SDANN，SDNN，FS与LVEF分别为（64.21±2.26）ms²，（67.18±3.35）ms²，（98.84±2.62）ms²，（26.61±0.48）%，（48.27±1.16）%，均较治疗前（t=5.531，5.654，6.671，4.982，5.053，均P<0.05）和对照组治疗后显著升高（t=4.996，5.087，5.972，4.655，4.683，均P<0.05）。观察组患者干预后的焦虑评分（41.23±4.86）分和抑郁评分（40.89±6.08）分，均较自身干预前（t=6.753，6.688，均P<0.05）与对照组治疗后显著降低（t=4.437，3.986，均P<0.05）。结论 针对合并焦虑抑郁症状的冠心病患者施行健康教育与心理疏导联合干预可有效提高患者的疗效，改善其心理状态，值得广泛推广。

【关键词】焦虑；抑郁；冠心病；健康教育；心理疏导；心理状态

Effect of health education combined with psychological counseling on psychological status of patients with coronary heart disease with anxiety and depression  Zhang Huihong, Ye Lingyan, Zhao Suyu.
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中美英三国的协同医疗模式比较及启示

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【摘要】 通过对中国医疗联合体、美国的管理式医疗和英国的整合型保健和这三种协同医疗模式进行概述、对比分析，认为中美英三国的协同医疗模式在服务的理念、范围、对象、体系的结构、双向转诊的模式等存在差异。并在此基础上，对中国协同医疗体系的完善进行讨论和建议。

【关键词】 协同医疗；分级诊疗；全科医疗；医疗联合体

Comparison analysis of regional collaborative health care among China, America and Britain and the inspirations to China  Wang Ronghua, Li Yuntao, Ji Guozhong.
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临床药师参与高警示药品管理工作的工作实践

赵瑞

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【摘要】 目的 探讨药师在高警示药品管理工作中的工作方向与方法。方法 通过制定高警示药品目录、单次最大剂量表、病区制定小单元高警示药品目录、法定给药途径和标准给药浓度表等内容协助临床合理应用高警示药品。结果 帮助药师、护士、医师更加合理地应用高警示药品。结论 临床药师从自身的工作特点出发在高警示药品的管理中起到了重要作用，体现了自身的价值。

【关键词】 高警示药品； 药师； 单次最大剂量； 法定给药途径； 给药浓度

Working practice of clinical pharmacists participating in the management of high alert medications

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舒适护理模式实施优质护理在胃癌根治术中的应用

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【摘要】 目的 探讨舒适护理模式应用在胃癌根治手术中的效果及临床价值。方法 将行胃癌根治手术患者108例采用随机数字法分为观察组和对照组,每组54例,对照组给予常规护理模式,观察组采用舒适护理模式,记录两组护理效果。结果 观察组手术后肛门排气时间[(1.03±0.21)d],胃管拔除时间[(3.12±0.59)d],下床活动时间[(5.49±1.16)d],住院时间[(14.68±2.71)d];对照组手术后肛门排气时间[(2.45±0.88)d],胃管拔除时间[(5.49±1.38)d],下床活动时间[(7.35±2.16)d],住院时间[(22.67±5.38)d],组间差异均有统计学意义(t=11.5339,11.604,5.574,9.746,均P<0.05)。观察组住院环境[(8.15±0.87)分],护理技能[(8.87±0.63)分],护理主动性[(8.75±0.71)分],心理支持[(8.95±0.95)分],健康教育[(9.21±0.69)分];对照组住院环境[(6.88±0.43)分],护理技能[(7.12±0.28)分],护理主动性[(7.04±0.31)分],心理支持[(7.19±0.38)分],健康教育[(7.54±0.29)分],组间差异均有统计学意义(t=9.616,18.653,16.219,12.640,16.396,均P<0.05)。观察组术后并发症发生率为3.70%,对照组术后并发症发生率为22.22%,组间差异有统计学意义(χ²=8.206,P<0.05)。结论 舒适护理模式应用在胃癌根治手术中能够提升患者术后胃肠功能恢复情况,减少手术并发症发生,提升临床护理满意度,值得在临床上推广应用。

【关键词】 胃肿瘤; 胃切除术; 护理

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