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目次

论著

- 真武汤治疗急性心力衰竭的疗效及对患者心功能、
心肌细胞凋亡因子和血清脑钠肽的影响 1089
史文静 杨炜 宋佳 陈春燕 吴斌
- 应用老年综合评估分析营养不良与老年人
急性冠脉综合征的相关性 1094
杨茜岚 余真 曲晨 胡维维 何慧薇
- 适应性伺服通气与双水平无创正压通气用于
心力衰竭合并复杂性睡眠呼吸暂停综合征
患者的效果比较 1099
俞淑依
- 原发性肾上腺皮质癌11例临床分析 1103
林乐 魏永宝 李涛 叶烈夫 朱庆国 高祥勋
- 不同胎龄早产儿相关影响因素分析 1107
崔娆 张小莉 王艳芬
- 美托洛尔联合缬沙坦与硝苯地平控释片治疗
原发性高血压合并冠心病的疗效比较 1110
易昌容 傅永平
- 康复新液对颅脑损伤机械通气患者
早期肠内营养的辅助作用 1113
张宏伟 魏立友 刘淑正 张振宇 张静
- 不同促宫颈成熟方法用于足月妊娠的效果比较 1117
田圆圆
- 连续髂筋膜间隙阻滞术用于老年人股骨骨折椎管内
麻醉前摆放体位及术后镇痛的效果观察 1121
金理照 丁梯杰 黄美华 陈香环
- 针刺联合臭氧椎旁注射治疗带状疱疹后遗神经痛的
临床研究 1125
姬成茂 袁小华 陈霞 朱和玲 谭国雄
- 全胃切除与近端胃切除术治疗胃底癌的临床价值比较 1130
辛海荣 宋宇豹 王龙跃 高泽锋

激素替代治疗对绝经后子宫肌瘤患者的影响分析	1134
谷雨枫	
针刺内迎香穴治疗呃逆 60 例疗效观察	1137
国华 钟如春 刘霞	
中药制剂脑得康丸的毒理学实验研究	1140
徐增良 张林涛 宋德文 王翠华	
电视辅助胸腔镜手术治疗早期非小细胞肺癌临床分析	1145
何理祥 郭圣聪 许波涛	
椎体成形术与椎体后凸成形术治疗骨质疏松性椎体压缩性骨折的效果比较	1149
武海峰	
丹芪益肾汤治疗糖尿病肾病的效果及对患者尿蛋白的影响	1153
原小英	
中高位子宫下段横切口用于瘢痕子宫妊娠剖宫产术的安全性观察	1156
桂华 赵巧云 林媛妮	
术后早期炎性肠梗阻的诊断与治疗分析	1160
陈革 李文春	
培美曲赛联合奈达铂或顺铂治疗晚期非小细胞肺癌的疗效及安全性观察	1163
迟洪亮 姜燕飞 匡如	
氢吗啡酮对瑞芬太尼复合麻醉所致术后痛觉过敏的预防作用研究	1167
楼洁 邵瑾	
不同对比剂浓度对多层螺旋 CT 腹部动脉血管成像的影响比较	1171
龚军	
阿托伐他汀联合速效救心丸对老年冠心病患者血脂和血清炎性因子的影响	1174
杨兰 冯爽	
多层螺旋 CT 检查对小肠疾病的诊断价值	1178
贝晶晶 邱敏华	
山东省青岛市 2016 年严重药品不良反应报告分析	1181
范春 王涛 闫美兴	
术前使用帕瑞昔布钠对硬膜外血肿患者围术期疼痛及凝血功能的影响	1185
孙晶	
多发伤患者发生创伤性凝血病的危险因素及预后分析	1188
徐杰	
经皮微创闭合复位与切开复位内固定治疗踝关节骨折的疗效比较	1192
齐武林 董思珍	
胎儿宫内生长受限 120 例病因及妊娠结局分析	1196
游燕 陈香军 王丹凤 包晓琴	
正畸-修复联合治疗上颌前牙牙列缺损伴错牙合畸形临床效果观察	1200
吴秉 徐春华	

研究与实践

- 异位妊娠患者子宫内膜的超声形态特点分析 1204
张志峰 范立新 刘伟玺

病例报告

- 晚期涎腺癌一例 1205
赵桂松 周庄 陈洪义 刘思源

健康教育

- 健康教育护理干预对小儿癫痫治疗效果的影响 1208
戴霞华 李寅洁 曹李丽

护理学

- 前馈控制在预防手术室护理缺陷中的运用 1211
崔萍儿 蔡方琼
- 早期功能康复护理对手外伤后关节僵硬患者康复效果的影响 1214
韩小红 叶赣闽
- 认知行为干预对经外周置入中心静脉导管患者焦虑情绪的影响 1217
王晶 魏琴

综 述

- 一测多评结合指纹图谱法在中药质量控制中的研究进展 1220
魏良兵 单莉 高家荣 郭明飞 姜楠楠

《中国基层医药》杂志可直接用的缩略语 对英文目次二

《中国基层医药》杂志协办单位 1133

《中国基层医药》杂志 2017 年相关指标一览表 1144

本期广告目次 1148

本刊稿约见本卷第 1 期后插 3

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真武汤治疗急性心力衰竭的疗效及对患者心功能、心肌细胞凋亡因子和血清脑钠肽的影响

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【摘要】 目的 探讨真武汤治疗急性心力衰竭(AHF)的临床疗效及对患者心功能、心肌细胞凋亡因子和血清脑钠肽(BNP)水平的影响。**方法** 将 AHF 患者 94 例纳入研究,依据其就诊时间编号分组,其中单号者 47 例作为对照组,接受常规西医治疗;双号者 47 例作为观察组,在对照组治疗基础上联合真武汤加减治疗。评价两组临床治疗效果,并对比两组治疗前后 BNP、可溶性 Fas(sFas)、可溶性 Fas 配体(sFasL)、肿瘤坏死因子 α (TNF- α)水平及心功能指标[左室射血分数(LVEF)、每搏输出量(SV)、左室舒张末内径(LVEDd)、左室收缩末内径(LVEDs)]。**结果** 观察组治疗总有效率为 91.49%(43/47),高于对照组的 65.96%(31/47),差异有统计学意义($\chi^2=8.871, P<0.05$)。治疗后观察组 LVEF、SV 分别为(52.77 \pm 4.41)%、(79.00 \pm 6.54)mL,高于对照组的(43.15 \pm 3.88)%、(69.22 \pm 4.80)mL,而 LVEDd、LVEDs 分别为(50.55 \pm 3.43)mm、(37.44 \pm 2.73)mm,低于对照组的(59.52 \pm 4.02)mm、(42.04 \pm 3.20)mm,差异均有统计学意义($t=7.454, 7.042, 6.768, 6.890$, 均 $P<0.05$)。治疗后观察组心肌细胞凋亡因子 sFas、sFasL、TNF- α 分别为(2.65 \pm 0.30) μ g/L、(0.21 \pm 0.08) μ g/L、(1.20 \pm 0.13)ng/L,低于对照组的(3.38 \pm 0.37) μ g/L、(0.33 \pm 0.12) μ g/L、(1.48 \pm 0.20)ng/L,差异均有统计学意义($t=6.438, 6.703, 6.185$, 均 $P<0.05$)。治疗后观察组 BNP 水平为(252.77 \pm 27.43)ng/L,低于对照组的(387.67 \pm 41.97)ng/L,差异有统计学意义($t=6.870, P<0.05$)。**结论** 常规西医治疗基础上联合应用真武汤治疗 AHF 疗效确切,能明显改善患者临床症状和心功能,降低心肌细胞凋亡因子和 BNP 水平,具有较高的临床应用价值。

【关键词】 心力衰竭; 真武汤; 心功能; 细胞凋亡因子; 利钠肽,脑

基金项目:国家自然科学基金项目(81222051)

Effect of Zhenwu decoction in the treatment of acute heart failure and its influence on cardiac function, cardiomyocyte apoptosis factor and serum level of brain natriuretic peptide Shi Wenjing, Yang Wei, Song Jia, Chen Chunyan, Wu Bin.

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【Abstract】 Objective To explore the clinical effect of Zhenwu decoction in the treatment of acute heart failure(AHF), and its influence on cardiac function, cardiomyocyte apoptosis factor and serum level of brain natriuretic peptide(BNP). **Methods** 94 patients with AHF were enrolled in the study. According to their treatment time number, 47 cases with odd numbers were selected as control group, who were given west medicine for treatment, while 47 cases with even numbers were selected as observation group, who were given Zhenwu decoction on the basis of control group. The clinical treatment effect of the two groups was evaluated, and the levels of BNP, soluble Fas(sFas), soluble Fas ligand(sFasL), tumor necrosis factor- α (TNF- α), and cardiac function indicators including left ventricular ejection fraction(LVEF), stroke volume(SV), left ventricular end diastole(LVEDd), left ventricular end of systolic diameter(LVEDs) before and after treatment were compared. **Results** The total effective rate of the observation group was 91.49%(43/47), which was higher than that of the control group 65.96%(31/47), the difference between the two groups was statistically significant($\chi^2=8.871, P<0.05$). After treatment, the LVEF and SV in the observation group were (52.77 \pm 4.41)% and (79.00 \pm 6.54)mL, respectively, which were higher than those in the

control group [$(43.15 \pm 3.88)\%$, (69.22 ± 4.80) mL], while the LVEDd and LVEDs of the observation group were (50.55 ± 3.43) mm, (37.44 ± 2.73) mm, respectively, which were lower than those of the control group [(59.52 ± 4.02) mm, (42.04 ± 3.20) mm], the differences were statistically significant ($t = 7.454, 7.042, 6.768, 6.890$, all $P < 0.05$). After treatment, the levels of sFas, sFasL and TNF - α in the observation group were (2.65 ± 0.30) $\mu\text{g/L}$, (0.21 ± 0.08) $\mu\text{g/L}$, (1.20 ± 0.13) ng/L, respectively, which were lower than those of the control group [(3.38 ± 0.37) $\mu\text{g/L}$, (0.33 ± 0.12) $\mu\text{g/L}$, (1.48 ± 0.20) ng/L], the differences were statistically significant ($t = 6.438, 6.703, 6.185$, all $P < 0.05$). After treatment, the BNP level in the observation group was (252.77 ± 27.43) ng/L, which was lower than that in the control group [(387.67 ± 41.97) ng/L], the difference was statistically significant ($t = 6.870, P < 0.05$). **Conclusion** The curative effect of routine treatment of western medicine combined with Zhenwu decoction in the treatment of AHF is exact, which can significantly improve the clinical symptoms and cardiac function, reduce myocardial cell apoptosis and BNP level, and it has high clinical value, which is worthy of popularization and application.

【Key words】 Heart failure; Zhenwu Decoction; Cardiac function; Cardiomyocyte apoptosis factor; Natriuretic peptide, brain

Fund program: National Natural Science Foundation of China(81222051)

应用老年综合评估分析营养不良与老年人急性冠脉综合征的相关性

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【摘要】 **目的** 分析老年急性冠脉综合征(ACS)患者中营养不良对相关因素及短期预后的影响。**方法** 筛选老年 ACS 患者 415 例,进行老年综合评估和随访。**结果** 根据营养不良评分将患者分为营养不良组 179 例和非营养不良组 236 例。(1)营养不良组中女性、>85 岁、≥3 种共存疾病比例分别为 47.5% (85/179)、11.7% (21/179)、62.6% (112/179),高于非营养不良组的 36.9% (87/236)、4.7% (11/236)、41.9% (99/236) ($\chi^2 = 4.732, 7.152, 17.318$, 均 $P < 0.05$)。(2)营养不良组中老年综合征如尿失禁、跌倒、视力障碍、听力障碍、便秘、睡眠障碍、口腔疾病发生率分别为 47.5% (85/179)、30.2% (54/179)、40.2% (72/179)、41.9% (75/179)、54.7% (98/179)、52.0% (93/179)、76.5% (137/179),高于非营养不良组的 31.4% (74/236)、14.0% (33/236)、29.2% (69/236)、29.7% (70/236)、30.5% (72/236)、36.0% (85/236)、53.0% (125/236) ($\chi^2 = 11.206, 16.092, 5.477, 6.707, 24.732, 10.577, 24.297$, 均 $P < 0.05$)。(3)营养不良组中共存慢性病如高血压、慢性阻塞性肺疾病、心力衰竭、严重肾功能不全、脑血管疾病、痴呆、贫血、骨质疏松发生率分别为 77.1% (138/179)、16.2% (29/179)、22.9% (41/179)、17.9% (32/179)、46.9% (84/179)、6.7% (12/179)、27.4% (49/179)、26.8% (48/179),高于非营养不良组的 61.9% (146/236)、7.6% (18/236)、14.4% (34/236)、7.2% (17/236)、32.2% (76/236)、1.3% (3/236)、13.1% (31/236)、17.4% (41/236) ($\chi^2 = 10.931, 7.451, 4.965, 11.137, 9.315, 8.624, 13.262, 5.388$, 均 $P < 0.05$)。(4)Cox 回归分析显示,营养不良风险评分是老年人 ACS 全因死亡 ($HR = 0.034, 95\% CI: 0.072 \sim 0.904$) 和急诊就诊 ($HR = 0.328, 95\% CI: 0.197 \sim 0.548$) 的独立风险预测因子。**结论** 运用老年综合评估可以全面评估老年人 ACS 的营养情况,营养不良评分是老年人 ACS 全因死亡及急诊就诊的独立风险预测因子。

【关键词】 冠状动脉疾病; 综合评估; 老年人; 营养不良

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Correlation between malnutrition and acute coronary syndrome in the elderly with comprehensive geriatric assessment Yang Xilan, Yu Zhen, Qu Chen, Hu Weiwei, He Huiwei.

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【Abstract】 Objective To analyze the influence of malnutrition in the elderly patients with acute coronary syndrome on related factors and short-term prognosis. **Methods** 415 elderly patients with acute coronary syndrome were selected. Comprehensive geriatric assessment was used to investigate the risk of acute coronary syndrome by examining coexisting diseases and using the NRS2000 score. The mortality and emergency visits were followed up. **Results** The patients were divided into two groups according to NRS2000 score: malnutrition group ($n = 179$) and non-malnutrition group ($n = 236$). (1) In malnutrition group, the proportions of female, over 85 years old, more than 3 kinds of coexisting diseases were 47.5% (85/179), 11.7% (21/179), 62.6% (112/179), respectively, which were higher than those of the non-malnutrition group [36.9% (87/236), 4.7% (11/236), 41.9% (99/236)] ($\chi^2 = 4.732, 7.152, 17.318$, all $P < 0.05$). (2) In malnutrition group, the incidence rates of geriatric syndromes such as uracratia, falls, visual disorder, hearing disorder, constipation, sleep disorders, oral problems were 47.5% (85/179), 30.2% (54/179), 40.2% (72/179), 41.9% (75/179), 54.7% (98/179), 52.0% (93/179), 76.5% (137/179), respectively, which were higher than those of the non-malnutrition group [31.4% (74/236), 14% (33/236), 29.2%

(69/236), 29.7% (70/236), 30.5% (72/236), 36.0% (85/236), 53.0% (125/236)] ($\chi^2 = 11.206, 16.092, 5.477, 6.707, 24.732, 10.577, 24.297$, all $P < 0.05$). (3) In malnutrition group, the incidence rates of coexisting chronic diseases such as hypertension, chronic obstructive pulmonary disease, heart failure, severe renal insufficiency, cerebrovascular disease, dementia, anemia, osteoporosis were 77.1% (138/179), 16.2% (29/179), 22.9% (41/179), 17.9% (32/179), 46.9% (84/179), 6.7% (12/179), 27.4% (49/179), 26.8% (48/179), respectively, which were higher than those of the non-malnutrition group [61.9% (146/236), 7.6% (18/236), 14.4% (34/236), 7.2% (17/236), 32.2% (76/236), 1.3% (3/236), 13.1% (31/236), 17.4% (41/236)] ($\chi^2 = 10.931, 7.451, 4.965, 11.137, 9.315, 8.624, 13.262, 5.388$, all $P < 0.05$). (4) Cox regression analysis showed that malnutrition risk score was the independent risk predictor for all-cause mortality ($HR = 0.034, 95\% CI: 0.072 - 0.904$) and emergency department visits ($HR = 0.328, 95\% CI: 0.197 - 0.548$) in elderly patients with acute coronary syndrome. **Conclusion** Comprehensive geriatric assessment and nutritional assessment are useful to evaluate the clinical features of acute coronary syndrome in elderly patients. Malnutrition risk score is an independent predictor of all-cause mortality and emergency treatment in elderly patients with acute coronary syndrome.

【Key words】 Coronary disease; Comprehensive geriatric assessment; Aged; Malnutrition

Fund program: Science and Technology Development Planning Project of Nanjing City, Jiangsu Province (201402009)

适应性伺服通气与双水平无创正压通气用于心力衰竭合并复杂性睡眠呼吸暂停综合征患者的效果比较

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【摘要】 **目的** 比较适应性伺服通气(ASV)与双水平无创正压通气(BiPAP)对心力衰竭合并复杂性睡眠呼吸暂停综合征(CompSAS)患者的临床疗效。**方法** 选取心力衰竭合并 CompSAS 患者 34 例,采用随机数字表法将入选患者分为 ASV 组和 BiPAP 组,每组 17 例。经治疗 1 个月后,比较两组患者临床疗效、多导睡眠(PSG)监测相关参数和心功能指标。**结果** ASV 组总有效率为 88.2% (15/17),显著高于 BiPAP 组的 58.8% (10/17),差异有统计学意义($\chi^2 = 7.777, P < 0.01$);与 BiPAP 组比较,ASV 组睡眠效率显著提高($t = 4.951, P < 0.01$),呼吸暂停低通气指数(AHI)和中枢呼吸暂停指数(CAI)明显降低($t = 14.893, P < 0.01; t = 18.384, P < 0.01$),氧饱和度显著提高($t = -5.743, P < 0.01$);与治疗前比较,两组患者治疗后的心功能参数均得到改善,与 BiPAP 组治疗后比较,ASV 组左室射血分数(LVEF)显著延长,6 min 步行距离明显延长($t = -6.552, P < 0.01; t = -6.720, P < 0.01$)。**结论** 与 BiPAP 比较,ASV 治疗心力衰竭合并 CompSAS 患者疗效确切,可提高睡眠效率,纠正呼吸紊乱,降低 AHI 和 CAI,改善心脏功能。

【关键词】 通气机,机械; 睡眠呼吸暂停综合征; 心力衰竭; 临床对照试验

Comparison of the effects of adaptive servo - ventilation and biphasic positive airway pressure in the treatment of adult heart failure patients complicated with complex sleep apnes syndrome Yu Shuyi.

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【Abstract】 **Objective** To compare the therapeutic outcomes of adaptive servo - ventilation (ASV) and biphasic positive airway pressure(BiPAP) in the treatment of adult chronic heart failure(CHF) patients complicated with complex sleep apnes syndrome(SAS). **Methods** 34 adult CHF patients complicated with complex SAS were selected and divided into ASV group and BiPAP group according to random number table method, 17 cases in each group. The clinical efficacy, polysomnograph(PSG) data and heart function during treatment were compared. **Results** The total effective rate of the ASV group was 88.2% (15/17), which was higher than 58.8% (10/17) of the BiPAP group($\chi^2 = 7.777, P < 0.01$). Compared with the BiPAP group, the sleeping efficacy, SpO₂ and LVEF significantly increased in the ASV group ($t = 4.951, P < 0.01; t = -5.743, P < 0.01$), while the AHI and CAI were significantly decreased in the ASV group ($t = 14.893, P < 0.01; t = 18.384, P < 0.01$). Compared with pre - treatment, the heart function parameters of the two groups after treatment were improved. Compared with the BiPAP group after treatment, the LVEF and 6min walking distance were significantly prolonged in the ASV group ($t = -6.552, P < 0.01; t = -6.720, P < 0.01$). **Conclusion** Compared with BiPAP, ASA showed better effect in the treatment of CHF patients complicated with complex SAS. It can improve the sleeping efficacy and respiratory disorder, decrease the AHI and CAI, and enhance the heart function, which is worth to be recommended into clinical application.

【Key words】 Ventilators, mechanical; Sleep apnes syndromes; Heart failure; Controlled clinical trial

原发性肾上腺皮质癌 11 例临床分析

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【摘要】 **目的** 提高原发性肾上腺皮质癌诊疗水平。**方法** 回顾性分析 11 例经病理检查确诊为原发性肾上腺皮质癌患者的临床病理资料。患者中位年龄 43 岁,其中男性 6 例,女性 5 例;左侧 7 例(63.6%);超过 6 cm 最大径有 9 例(81.8%),平均直径 12.9 cm。均完成 CT 和/或 MRI 等影像学检查,多数 CT 表现为混杂密度病灶,或 MRI 呈现混杂信号。仅 3 例(27.3%)术前影像学考虑肾上腺皮质癌。**结果** 11 例患者均行手术治疗。9 例(81.8%)肿瘤完整切除。3 例术后失访,8 例随访时间 5~58 个月。3 例术后 5~15 个月肿瘤特异性死亡,美国癌症联合会/国际抗癌联盟(AJCC/UICC)分期Ⅱ期、Ⅲ期、Ⅳ期各 1 例。存活 5 例,3 例无瘤生存,2 例局部复发。**结论** 肾上腺皮质癌术前诊断困难,直径超过 4 cm 以及肿瘤不均匀强化,均要考虑到肾上腺皮质癌可能,应尽快手术治疗,并酌情给予化疗等综合治疗。未来基因等临床基础研究或许能够为晚期患者提供更多的治疗选择。

【关键词】 肾上腺皮质肿瘤; 回顾性研究

基金项目:福建省自然科学基金资助项目(2016J05177)

Clinical analysis of 11 cases of primary adrenocortical carcinoma Lin Le, Wei Yongbao, Li Tao, Ye Liefu, Zhu Qingguo, Gao Xiangxun.

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【Abstract】 **Objective** To improve the diagnosis and treatment of primary adrenal cortical carcinoma. **Methods** The clinical and pathological data of 11 patients who diagnosed as primary adrenal cortical carcinoma by pathology were retrospectively analyzed. The median age was 43 years, including 6 males, 5 females. 7 cases (63.6%) got the tumor on the left. 9 cases (81.8%) presented the maximum diameter of tumor more than 6 cm, and the average maximum diameter was 12.9 cm. All cases had CT or MRI imaging examination. Among most of them, CT showed mixed density lesions, or MRI showed mixed signal. Only 3 cases (27.3%) were considered adrenal cortical cancer through preoperative examinations. **Results** 11 patients were treated with surgical treatment. Of them, 9 cases (81.8%) had complete resection of tumor. 3 cases were lost to follow-up, while other 8 cases were followed up for 5-58 months. 3 cases presented tumor-specific death at 5-15 months after surgery, with each 1 case in AJCC stage II, III and IV, respectively. Survive were in 5 cases, and 3 cases of them were tumor-free survival, while the other 2 cases of them had local recurrence. **Conclusion** Adrenal cortical carcinoma is very difficult to diagnose preoperatively. Adrenal cortical cancer should be considered when tumor size more than 4cm and tumor presenting inhomogeneous enhancement. Then, the surgical treatment should be performed as soon as possible, and as appropriate, chemotherapy and other comprehensive treatment should be given subsequently. Clinical and basic research such as genes test may provide more treatment options for advanced tumors in future.

【Key words】 Adrenal cortex neoplasms; Retrospective studies

Fund program: Natural Science Foundation Project of Fujian Province (2016J05177)

不同胎龄早产儿相关影响因素分析

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【摘要】 目的 探讨不同胎龄早产儿的相关影响因素。方法 在出院后随访的早产儿中,选择资料完整的 114 例,按出生时胎龄进行分组,收集可能的影响变量,采用单因素分析,筛选出影响不同胎龄早产儿的可能因素,再行等级 logistic 回归分析。结果 114 例早产儿,孕期并发症及合并症中妊娠期高血压疾病发生率最高(38.60%),其次胎膜早破发生率为 30.70%。孕期并发症及合并症患者发生早产严重程度是非孕期并发症及合并症患者的 2.111 倍,其可信区间为(0.846,5.269);父母大学以上文化程度发生早产严重程度是非大学以上的 0.627 倍,其可信区间为(0.311,1.266)。经等级 logistic 回归分析发现,孕前并发症及合并症、父母文化程度是不同胎龄早产儿的相关影响因素。结论 减少孕期并发症及合并症、提高父母文化水平可减轻早产的发生及程度。

【关键词】 婴儿,早产; 因素分析,统计学

基金项目:山西省科技厅基础条件平台建设项目(2014091020)

Analysis of related factors of preterm infants with different gestational age Cui Rao,Zhang Xiaoli,Wang Yanfen.

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【Abstract】 Objective To observe the related factors of premature infants with different gestational age.

Methods In the premature infants who were followed up after discharge,114 cases with complete data were selected, and grouped at birth by gestational age. The possible impact variables were collected,single factor analysis was used to screen possible factors,then multiple linear regression analysis was conducted. **Results** Of 114 premature infants,the incidence rate of pregnancy induced hypertension in pregnancy complications was 38.60%. Secondly,the incidence rate of premature rupture of membranes was 30.70%. The incidence of preterm birth in pregnancy complications was 2.111 times greater than that in non pregnancy complications,its confidence interval was (0.846,5.269). The level of education of parents above college was preterm,and the severity was 0.627 times higher than that in non universities, its confidence interval was (0.311,1.266). Multiple linear regression analysis showed that preconception complications and parents' degree of culture were the related factors of premature infants. **Conclusion** Reducing pregnancy complications and raising the level of parent culture can reduce preterm birth.

【Key words】 Infant,premature; Factor analysis,statistical

Fund program: Basic Condition Platform Construction Project of Shanxi Provincial Science and Technology Department(2014091020)

美托洛尔联合缬沙坦与硝苯地平控释片治疗原发性高血压合并冠心病的疗效比较

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【摘要】 目的 比较美托洛尔联合缬沙坦与硝苯地平控释片治疗原发性高血压合并冠心病的临床效果。**方法** 选取原发性高血压合并冠心病患者 200 例, 采用随机数字表法分成观察组和对照组, 每组 100 例, 观察组采用美托洛尔联合缬沙坦治疗, 对照组采用硝苯地平控释片治疗, 比较两组患者的临床效果。**结果** 两组治疗前血压水平[对照组舒张压、收缩压分别为(106.8 ± 12.3) mmHg、(173.4 ± 22.8) mmHg, 观察组舒张压和收缩压分别为(104.3 ± 11.4) mmHg、(177.6 ± 24.2) mmHg]差异均无统计学意义($t = 1.265, 0.337$, 均 $P > 0.05$)。经过不同药物治疗后, 观察组收缩压(131.6 ± 17.4) mmHg, 舒张压(85.3 ± 7.1) mmHg, 临床总有效率 93.0% (93/100), 心绞痛症状改善率 86.0% (86/100), 均明显优于对照组的(131.6 ± 17.4) mmHg、(85.3 ± 7.1) mmHg、68.0% (68/100)、63.0% (63/100), 两组差异均有统计学意义($t = 5.229, 6.122, \chi^2 = 9.148, 7.224$, 均 $P < 0.05$)。**结论** 美托洛尔联合缬沙坦治疗原发性高血压合并冠心病的效果优于硝苯地平控释片。

【关键词】 高血压; 冠状动脉疾病; 美托洛尔; 缬沙坦; 硝苯地平控释片

基金项目:浙江省医学会临床科研基金项目(2016ZYC - A87)

Comparison of the curative effect of metoprolol combined with valsartan and nifedipine controlled release tablets in the treatment of primary hypertension complicated with coronary heart disease Yi Changrong, Fu Yongping.

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【Abstract】 Objective To compare the clinical effect of metoprolol combined with valsartan and nifedipine controlled release tablets in the treatment of primary hypertension complicated with coronary heart disease (CHD).

Methods 200 primary hypertension patients with CHD were selected, and they were randomly divided into observation group and control group according to the digital table, 100 cases in each group. The observation group was treated with metoprolol combined with valsartan, the control group was treated with nifedipine controlled release tablets. The clinical effect of the two groups was compared. **Results** Before treatment, the diastolic and systolic blood pressure of the control group were (106.8 ± 12.3) mmHg and (173.4 ± 22.8) mmHg, respectively, which of the observation group were (104.3 ± 11.4) mmHg, (177.6 ± 24.2) mmHg, respectively, the differences were not statistically significant between the two groups ($t = 1.265, 0.337$, all $P > 0.05$). The diastolic and systolic blood pressure after treatment in of the observation group were (131.6 ± 17.4) mmHg, (85.3 ± 7.1) mmHg, respectively, and the total effective rate of the observation group was 93.0% (93/100), the improvement rate of angina symptoms of the observation group was 86.0% (86/100), which were significantly better than those of the control group [(131.6 ± 17.4) mmHg, (85.3 ± 7.1) mmHg, 68.0% (68/100), 63.0% (63/100)], the differences were statistically significant ($t = 5.229, 6.122, \chi^2 = 9.148, 7.224$, all $P < 0.05$). **Conclusion** The combination of metoprolol and valsartan has better effect in the treatment of primary hypertension complicated with CHD compared with nifedipine controlled release tablets.

【Key words】 Hypertension; Coronary heart disease; Metholol; Valsartan; Nifedipine controlled release tablets

Fund program: Clinical Research Fund Project of Zhejiang Medical Association (2016ZYC - A87)

康复新液对颅脑损伤机械通气患者早期肠内营养的辅助作用

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【摘要】 目的 研究康复新液对颅脑损伤机械通气患者早期肠内营养的辅助作用及其对机械通气所产生的间接影响。**方法** 选择行早期肠内营养的颅脑损伤机械通气患者 60 例,采用随机数字表法分为治疗组 and 对照组各 30 例,两组患者均给予常规治疗和营养支持,治疗组在此基础上给予康复新液治疗。治疗前及治疗后 7 d,检测两组清蛋白(ALB)、前白蛋白(PA)、总蛋白(TP);观察两组 7 d 内腹胀、反流、误吸发生率;观察两组机械通气时间、ICU 住院时间;比较两组 28 d 病死率。**结果** 治疗后 7 d,治疗组与对照组 ALB[(33.47 ± 4.82)g/L 比 (30.47 ± 4.64)g/L]、PA[(206.21 ± 41.87)mg/L 比 (185.62 ± 38.94)mg/L]、TP[(57.82 ± 5.96)g/L 比 (54.47 ± 6.17)g/L] 差异均有统计学意义($t = 2.456, 2.338, 2.139$, 均 $P < 0.05$)。治疗组与对照组腹胀发生率(20.00% 比 53.33%)、反流发生率(16.67% 比 43.33%)、机械通气时间[(11.76 ± 2.02)d 比 (13.02 ± 1.96)d]、ICU 住院时间[(13.74 ± 2.31)d 比 (15.43 ± 2.14)d] 差异均有统计学意义($\chi^2 = 7.177, 5.07, t = 2.452, 2.940$, 均 $P < 0.05$)。两组 28 d 病死率差异无统计学意义($P > 0.05$)。**结论** 康复新液对颅脑损伤机械通气患者早期肠内营养具有辅助作用,并能缩短机械通气时间。

【关键词】 康复新液; 颅脑损伤; 呼吸,人工; 肠道营养

基金项目:河北省唐山市科学技术研究与发展指导计划项目(15130219a)

Helping role of Kangfuxin liquid on early enteral nutrition in craniocerebral injury patients with mechanical ventilation Zhang Hongwei, Wei Liyou, Liu Shuzheng, Zhang Zhenyu, Zhang Jing.

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【Abstract】 Objective To investigate the helping role of Kangfuxin liquid on early enteral nutrition in craniocerebral injury patients with mechanical ventilation, and the indirect effect on mechanical ventilation. **Methods** 60 craniocerebral injury patients with mechanical ventilation and early enteral nutrition were selected, and they were randomly divided into treatment group and control group according to the digital table, 30 cases in each group. All patients were given conventional treatment and nutritional support, the patients in the treatment group were given Kangfuxin liquid. Before and 7 days after treatment, the levels of albumin (ALB), pre albumin (PA) and total protein (TP) were tested. The incidence of abdominal distension, reflux and aspiration in 7 days were recorded. The time of mechanical ventilation and the stay time in ICU were recorded. The mortality rate in 28 days was recorded. **Results** 7 days after treatment, the levels of ALB[(33.47 ± 4.82)g/L vs. (30.47 ± 4.64)g/L], PA[(206.21 ± 41.87)mg/L vs. (185.62 ± 38.94)mg/L] and TP[(57.82 ± 5.96)g/L vs. (54.47 ± 6.17)g/L] in the treatment group were higher than those in the control group ($t = 2.456, 2.338, 2.139$, all $P < 0.05$). The incidence rates of abdominal distension(20.00% vs. 53.33%), reflux(16.67% vs. 43.33%), time of mechanical ventilation[(11.76 ± 2.02)d vs. (13.02 ± 1.96)d] and the stay time in ICU[(13.74 ± 2.31)d vs. (15.43 ± 2.14)d] in the treatment group were lower than those in the control group($\chi^2 = 7.177, 5.07, t = 2.452, 2.940$, all $P < 0.05$). There was no statistically significant difference in 28-day mortality rate ($P > 0.05$). **Conclusion** Kangfuxin liquid has helping role on early enteral nutrition in craniocerebral injury patients with mechanical ventilation. And it is helpful to shorten the time of mechanical ventilation.

【Key words】 Kangfuxin liquid; Craniocerebral trauma; Respiration, artificial; Enteral nutrition

Fund program: Science and Technology Research and Development Planning Project of Tangshan City, Hebei Province (15130219a)

不同促宫颈成熟方法用于足月妊娠的效果比较

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【摘要】 目的 比较不同促宫颈成熟方法在足月妊娠引产中的预后效果。方法 选取足月妊娠初产妇 160 例为研究对象,按照促宫颈成熟方法的不同将产妇分为两组,观察组($n=80$)行地诺前列酮栓引产,对照组($n=80$)行静脉滴注小剂量缩宫素引产。观察两组宫颈 Bishop 评分、促宫颈成熟效果、引产情况、分娩方式、新生儿结局。结果 用药前两组 Bishop 评分差异无统计学意义($t=0.436, P>0.05$),用药 24 h 观察组 Bishop 评分为(8.3 ± 2.6)分,优于对照组的(5.9 ± 2.0)分($t=6.544, P<0.05$)。观察组促宫颈成熟总有效率 95.0%,高于对照组的 66.2% ($Z = -5.716, P<0.05$)。观察组用药至临产时间为(12.6 ± 4.5)h,显著短于对照组的(21.7 ± 7.8)h($t=9.039, P<0.05$),两组总产程、产后出血量差异均无统计学意义($t=2.298、1.102, 均 P>0.05$)。观察组阴道分娩 66 例(82.5%),剖宫产 14 例(17.5%),对照组分别为 49 例(61.2%)、31 例(38.8%),分娩方式观察组显著优于对照组($\chi^2 = 8.935, P<0.05$)。两组新生儿出生体质量及出生后 1 min、5 min Apgar 评分差异均无统计学意义(均 $P>0.05$)。结论 足月妊娠产妇采用地诺前列酮栓引产,能够提高宫颈 Bishop 评分及促宫颈成熟效果,提升分娩质量,效果优于缩宫素。

【关键词】 宫颈成熟; 足月妊娠; 引产; 地诺前列酮栓

基金项目:浙江省湖州市科研计划项目(2015GY54)

Prognostic effect of intrauterine pregnancy induced by different methods of cervical ripening

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【Abstract】 Objective To investigate the effect of different cervical ripening methods on induction of labor in term pregnancy. **Methods** 160 cases of labor induction of full-term pregnancy primipara were selected as the research subjects. According to the different methods of cervical ripening, they were divided into two groups. The observation group ($n=80$) underwent dinoprostone suppositories induced labor, the control group ($n=80$) received intravenous infusion of small dose of oxytocin. The cervical Bishop score, cervical ripening effect, induction of labor, mode of delivery, neonatal outcome were observed in the two groups. **Results** Before treatment, the Bishop scores of the two groups had no statistically significant difference ($t=0.436, P>0.05$). After treatment for 24h, the Bishop score of the observation group was (8.3 ± 2.6) points, which was higher than (5.9 ± 2.0) points of the control group ($t=6.544, P<0.05$). In the observation group, the total effective rate of cervical ripening was 95.0%, which was higher than 66.2% of the control group ($Z = -5.716, P<0.05$). The duration of labor in the observation group was (12.6 ± 4.5)h, which was significantly shorter than (21.7 ± 7.8)h in the control group ($t=9.039, P<0.05$). The total labor, postpartum hemorrhage volume had no statistically significant differences between the two groups ($t=2.298, 1.102, all P>0.05$). In the observation group, 66 cases (82.5%) were vaginal delivery, 14 cases (17.5%) were cesarean section, those were 49 cases (61.2%) and 31 cases (38.8%) in the control group. The delivery mode of the observation group was significantly better than that of the control group ($\chi^2 = 8.935, P<0.05$). There were no statistically significant difference between the two groups in neonatal birth weight and postnatal 1min and 5min Apgar scores (all $P>0.05$). **Conclusion** Parturient with dinoprostone suppositories full-term pregnancy abortion can improve the cervical Bishop score and cervical ripening effect, improve the quality of delivery, it is better than oxytocin, and worthy of clinical application.

【Key words】 Cervical ripening; Full-term pregnancy; Induced labor; Dinoprostone suppositories

Fund program: Research Planning Project of Huzhou City, Zhejiang Province(2015GY54)

连续髂筋膜间隙阻滞术用于老年人股骨骨折椎管内麻醉前摆放体位及术后镇痛的效果观察

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【摘要】 **目的** 探讨连续髂筋膜间隙阻滞术用于老年股骨骨折患者椎管内麻醉前摆放体位及术后镇痛的效果。**方法** 择老年单侧股骨骨折患者 60 例,年龄 68~87 岁,体质量 49~70 kg,ASA 分级 II~III 级,采用随机数字表法分为髂筋膜间隙阻滞组(A 组, $n=30$)和静脉药物镇痛组(B 组, $n=30$),A、B 两组均行腰-硬联合麻醉,A 组于摆放体位 15 min 前行连续髂筋膜间隙阻滞术。B 组常规腰-硬联合麻醉。术毕,A 组连接全自动注射液泵,持续输注 0.2% 罗派卡因 $0.1 \text{ mL} \cdot \text{kg}^{-1} \cdot \text{h}^{-1}$ 。B 组患者自控静脉镇痛,术后给予负荷量地佐辛 5 mg 静脉滴注,用自动注射泵持续输注地佐辛 $0.01 \text{ mg} \cdot \text{kg}^{-1} \cdot \text{h}^{-1}$ 。分别对患者入室时(T0)和刚摆放体位后(T1)的心率、舒张压以及收缩压进行测量并记录,记录术后 2、4、6、12、24 和 48 h 时间点患者的 VAS 评分以及手术过程中哌替啶的使用量及患者是否出现不良反应。**结果** A 组 T1 时刻的心率、舒张压以及收缩压较 T0 无明显增高($P>0.05$)。而 B 组 T1 时刻的心率、舒张压以及收缩压较 T0 明显增高($t_{\text{心b}}=5.302, t_{\text{舒b}}=7.369, t_{\text{收b}}=5.629, P<0.05$),A 组 T1、T2、T4、T6、T12、T24、T48 时间点疼痛 VAS 评分低于 B 组相应各个时间点($t_1=66.401, t_2=7.719, t_4=25.260, t_6=13.170, t_{12}=3.837, t_{24}=3.081, t_{48}=6.202$, 均 $P<0.05$),A 组未发生穿刺血肿、局麻药中毒等并发症。**结论** 连续髂筋膜间隙阻滞可为老年股骨骨折患者提供持续镇痛,安全有效,执行简便,为后期手术治疗提供有利条件。

【关键词】 髂筋膜间隙阻滞; 股骨骨折; 老年人; 术后镇痛

基金项目:浙江省温州市科技计划项目(Y20160386)

Application of continuous iliac fascial interstitial obstruction in the placement of anaesthesia in the vertebral canal of the elderly femoral fractures and postoperative analgesia Jin Lizhao, Ding Tijie, Huang Meihua, Chen Xianghuan.

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【Abstract】 **Objective** To investigate the effect of continuous iliac fascia space block on the placement of body position and postoperative analgesia in patients with femoral fractures. **Methods** 60 patients with senile selective unilateral femoral fracture, aged 68–87 years old, weight 49–70kg, ASA grade II–III were selected, and they were randomly divided into iliac fascia block group (A group) and intravenous analgesia group (B group) according to the digital, 30 cases in each group. The two groups underwent lumbar epidural anesthesia, A group received continuous fascia iliaca compartment block 15 min before the the body position. B group was routinely given combination of lumbar and hard anesthesia. After operation, A group was connected with the automatic infusion pump continuous infusion of 0.2% ropivacaine $0.1 \text{ mL} \cdot \text{kg}^{-1} \cdot \text{h}^{-1}$. B group received controlled intravenous analgesia, postoperative given loading dose of dezocine intravenous infusion of 5mg with automatic injection pump for dezocine $0.01 \text{ mg} \cdot \text{kg}^{-1} \cdot \text{h}^{-1}$. When the patients entered the room (T0) and just after the placement of the body position (T1), the heart rate, diastolic blood pressure and systolic blood pressure were measured and recorded. At postoperative 2, 4, 6, 12, 24 and 48h, the VAS scores and pethidine usage during surgery, the adverse reaction were recorded. **Results** The heart rate, diastolic pressure and systolic pressure at T1 in A group had no significant change compared with T0 (all $P>0.05$). The heart rate, diastolic pressure and systolic pressure in the control group (B group) at T1 were significantly higher than at T0 ($t=5.302, 7.369, 5.629$, all $P<0.05$). At T1, T2, T4, T6, T12, T24 and T48, the pain VAS scores in A group were lower than those in B group ($t_1=66.401, t_2=7.719, t_4=25.260, t_6=13.170, t_{12}=3.837, t_{24}=3.081, t_{48}=6.202$, all $P<0.05$). The study group had no complications such as puncture hematoma, intoxication of local anesthetic and other complications. **Conclusion** Continuous iliofascial block can provide continuous analgesia for elderly patients with femoral fractures. It is safe and effective, and is easy to perform. It provides favorable conditions for later operative treatment.

【Key words】 Iliac fascia space block; Femoral fracture; Elderly; Postoperative analgesia

Fund program: Science and Technology Planning Project of Wenzhou City, Zhejiang province (Y20160386)

针刺联合臭氧椎旁注射治疗带状疱疹后遗神经痛的临床研究

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【摘要】 目的 探讨针刺联合臭氧椎旁注射治疗带状疱疹后遗神经痛的临床疗效。**方法** 将 70 例颈胸腰骶部带状疱疹后遗神经痛患者, 采用随机数字表法分为对照组(传统针灸 + 加巴喷丁胶囊口服 + 百乐眠胶囊口服组)和观察组(腹针 + 浮针 + 臭氧椎旁注射组), 每组 35 例。观察两组患者治疗后的临床疗效、治疗前后睡眠状况(SRSS)评分、焦虑状态(HAMA)评分和疼痛视觉模拟(VAS)评分。**结果** 观察组的疗效显著优于对照组的疗效(91.43% 比 65.71%) ($\chi^2 = 6.873, P < 0.05$), 观察组治疗后 SRSS、HAMA、VAS 评分均优于对照组[SRSS:(17.23 ± 3.36) 分比(10.79 ± 2.48) 分, $t = 8.472, P < 0.05$; HAMA:(12.14 ± 2.62) 分比(8.49 ± 2.77) 分, $t = 7.251, P < 0.05$; VAS:(3.19 ± 0.98) 分比(1.87 ± 0.68) 分, $t = 6.919, P < 0.05$]。**结论** 采用针刺联合臭氧椎旁注射治疗带状疱疹后遗神经痛, 疗效显著, 无不良反应, 具有较高的临床应用价值。

【关键词】 针刺疗法; 神经痛, 带状疱疹后

基金项目: 广东省东莞市科学技术局医药卫生类项目(201610515000490)

Clinical study of acupuncture combined with three oxygen in the treatment of postherpetic neuralgia

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【Abstract】 Objective To explore the clinical efficacy of acupuncture combined with three oxygen in the treatment of postherpetic neuralgia. **Methods** According to the digital table, 70 patients with neck thoracolumbar sacral postherpetic neuralgia were randomly divided into control group (conventional acupuncture plus oral gabapentin + Bailemian capsule oral group) and observation group (abdominal acupuncture + floating needle + three oxygen paravertebral injection group), 35 cases in each group. The clinical efficacy, sleep state (SRSS), anxiety state (HAMA) and visual analogue scale (VAS) of the two groups were observed and recorded after treatment. **Results** The curative effect of the observation group was significantly better than that of the control group (91.43% vs. 65.71%, $\chi^2 = 6.873, P < 0.05$), and the SRSS, HAMA and VAS scores after treatment in the observation group were better than those in the control group [SRSS:(17.23 ± 3.36) points vs. (10.79 ± 2.48) points, $t = 8.472, P < 0.05$; HAMA:(12.14 ± 2.62) points vs. (8.49 ± 2.77) points, $t = 7.251, P < 0.05$; VAS:(3.19 ± 0.98) points vs. (1.87 ± 0.68) points, $t = 6.919, P < 0.05$]. **Conclusion** Acupuncture combined with three oxygen in the treatment of postherpetic neuralgia has significant curative effect, without toxic and side effects, it has higher clinical practical value.

【Key words】 Acupuncture therapy; Neuralgia, postherpetic

Fund program: Medical and Health Project of Municipal Bureau of Dongguan City, Guangdong Province (201610515000490)

全胃切除与近端胃切除术治疗胃底癌的临床价值比较

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【摘要】 **目的** 比较全胃切除与近端胃切除术治疗胃底癌的临床价值。**方法** 选择胃底胃癌患者 80 例, 采用随机数字表法分为观察组、对照组, 各 40 例, 观察组实施全胃切除术, 对照组则实施近端胃切除术。比较两组手术相关情况(手术时间、术中出血量、术后肛门排气时间), 统计两组术后病理 R0 切除比例及 2 年内生存情况。**结果** 观察组手术时间 $[(86.3 \pm 1.9) \text{ min}]$ 短于对照组 $[(102.3 \pm 2.6) \text{ min}]$ ($t = 31.424, P < 0.05$), 术中出血量 $[(180.5 \pm 15.0) \text{ mL}]$ 少于对照组 $[(230.0 \pm 25.0) \text{ mL}]$ ($t = 10.738, P < 0.05$), 肛门排气时间 $[(41.5 \pm 2.1) \text{ h}]$ 早于对照组 $[(56.9 \pm 3.3) \text{ h}]$ ($t = 24.900, P < 0.05$); 观察组术后病理 R0 切除率为 32.5% (13/40), 高于对照组的 5.0% (2/40) ($\chi^2 = 8.205, P < 0.05$), 1 年生存率 (92.5%)、2 年生存率 (67.5%) 均显著高于对照组 (60.0%、42.5%) ($\chi^2 = 4.943, 5.051$, 均 $P < 0.05$)。**结论** 针对胃底部胃癌患者实施全胃切除, 相对于近端胃切除术, 手术时间短, 术中出血少, 术后恢复快, 且提高病理切除比例及患者生存率。

【关键词】 胃肿瘤; 胃切除术; 临床对照试验

Comparison of clinical value of total gastrectomy and proximal gastrectomy in the treatment of gastric fundus carcinoma Xin Hairong, Song Yubao, Wang Longyue, Gao Zefeng.

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【Abstract】 **Objective** To compare the clinical value of total gastrectomy and proximal gastrectomy in the treatment of gastric fundus carcinoma. **Methods** 80 patients with gastric fundus cancer were divided into observation group and control group according to the random number method. The observation group was treated with total gastrectomy, and the control group was treated by proximal gastrectomy. The operation-related conditions, such as operation time, intraoperative bleeding and postoperative anal exhaust time of the two groups were compared. After surgery R0 resection rate and 2-year survival rate were analyzed. **Results** The operative time in the observation group was $(86.3 \pm 1.9) \text{ min}$, which was shorter than $(102.3 \pm 2.6) \text{ min}$ in the control group ($t = 31.424, P < 0.05$). The intraoperative blood loss of the observation group was $(180.5 \pm 15.0) \text{ mL}$, which was less than $(230.0 \pm 25.0) \text{ mL}$ of the control group ($t = 10.738, P < 0.05$). The anal exhaust time of the observation group was $(41.5 \pm 2.1) \text{ h}$, which was shorter than $(56.9 \pm 3.3) \text{ h}$ of the control group ($t = 24.900, P < 0.05$). The percentage of pathologic R0 resection of the observation group was 32.5% (13/40), which was higher than 5.0% (2/40) of the control group ($\chi^2 = 8.205, P < 0.05$). The 1-year survival rate and 2-year survival rate in the observation group were 92.5%, 67.5%, respectively, which were significantly higher than those in the control group (60.0%, 42.5%, $\chi^2 = 4.943, 5.051$, all $P < 0.05$). **Conclusion** Compared with the proximal gastrectomy, the total gastrectomy in the treatment of gastric fundus carcinoma has shorter operation time, less intraoperative blood loss, quicker postoperative recovery, higher pathologic resection rate and survival rate.

【Key words】 Stomach neoplasms; Gastrectomy; Controlled clinical trial

激素替代治疗对绝经后子宫肌瘤患者的影响分析

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【摘要】目的 探讨激素替代治疗对绝经后子宫肌瘤患者的影响。**方法** 选取确诊绝经后期的子宫肌瘤患者 80 例, 采用随机双盲法分为研究组 43 例(给予激素替代治疗, 小剂量雌二醇联合地屈孕酮)和对照组 37 例(给予谷维素治疗)。比较治疗 12 个月后两组激素水平(卵泡刺激素、黄体生成素)、子宫结构(子宫肌瘤体积、子宫内膜厚度、子宫体积)。**结果** 在患者激素水平方面, 研究组患者黄体生成素(12.19 ± 2.39) U/L, 卵泡刺激素(13.14 ± 5.29) U/L; 对照组患者黄体生成素(15.09 ± 3.18) U/L, 卵泡刺激素(22.19 ± 6.25) U/L, 研究组较对照组均明显降低($t = 11.312, 10.583$, 均 $P < 0.05$)。在患者子宫结构方面, 研究组患者子宫肌瘤体积(6.45 ± 2.21) cm^3 , 子宫体积(45.56 ± 15.17) cm^3 , 子宫内膜厚度(2.84 ± 1.07) mm; 对照组患者子宫肌瘤体积(5.92 ± 1.81) cm^3 , 子宫体积(38.25 ± 10.52) cm^3 , 子宫内膜厚度(2.36 ± 0.82) mm, 研究组较对照组子宫肌瘤体积无明显增加, 差异无统计学意义($t = 1.043, P > 0.05$), 子宫体积及子宫内膜厚度略增加, 差异均有统计学意义($t = 8.492, 7.954$, 均 $P < 0.05$)。**结论** 在绝经后子宫肌瘤患者子宫功能结构方面, 激素替代治疗可改善子宫结构功能, 并且不增大子宫肌瘤, 同时降低卵泡刺激素、黄体生成素水平。

【关键词】 绝经后期; 激素替代疗法; 平滑肌瘤

Effect of hormone replacement therapy on the uterine structure for patients with myoma of uterus in postmenopause Gu Yufeng.

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【Abstract】Objective To investigate the effect of hormone replacement therapy on the uterine structure for patients with myoma of uterus in postmenopause. **Methods** According to the method of treatment, 149 patients were divided into study group (73 cases) and control group (76 cases). The control group was given oryzanol, while the study group was given hormone replacement therapy (little dose of estradiol combined with dydrogesterone). The sex hormone levels (LH, FSH), uterine structure (volume of uterine fibroids, endometrial thickness, uterine volume) were compared. **Results** The sex hormone levels of LH, FSH in the study group were (12.19 ± 2.39) U/L, (13.14 ± 5.29) U/L, respectively, which were lower than those in the control group [(15.09 ± 3.18) U/L, (22.19 ± 6.25) U/L], the differences were statistically significant ($t = 11.312, 10.583$, all $P < 0.05$). The volume of uterus fibroids, volume of uterine, endometrial thickness in the study group were (6.45 ± 2.21) cm^3 , (45.56 ± 15.17) cm^3 , (2.84 ± 1.07) mm, respectively, which in the control group were (5.92 ± 1.81) cm^3 , (38.25 ± 10.52) cm^3 , (2.36 ± 0.82) mm, respectively. Compared with the control group, the study group had bigger uterine and endometrial thickness, the differences were statistically significant ($t = 8.492, 7.954$, all $P < 0.05$), while the volume of uterus fibroids had no statistically significant difference between the two groups ($t = 1.043, P > 0.05$). **Conclusion** On the uterine structure of patients with myoma of uterus in postmenopause, compared with traditional oryzanol, hormone replacement can improve the status of uterine structure and function, and resist the side-effect of enlargement of the volume of uterine fibroids. There is significant advance for hormone replacement therapy on the uterine structure of patients with uterine fibroids in postmenopause.

【Key words】 Postmenopause; Hormone replacement therapy; Leiomyoma

针刺内迎香穴治疗呃逆 60 例疗效观察

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【摘要】 **目的** 观察针刺内迎香穴治疗呃逆的临床疗效。**方法** 选取 120 例呃逆患者,采用随机数字表法分为治疗组和对照组,每组 60 例。对照组采用常规穴位针刺,治疗组针刺内迎香穴。针刺 1 次观察两组患者治疗的总有效率、起效时间。**结果** 治疗组总有效率 100.0%,对照组总有效率 96.7%,治疗组高于对照组,但差异无统计学意义($P > 0.05$);两组治疗即刻起效时间比较差异有统计学意义($\chi^2 = 10.75, P = 0.00$)。**结论** 针刺内迎香穴治疗呃逆可提高治疗效果,缩短治疗时间。

【关键词】 针刺; 内迎香穴; 呃逆

Clinical effect of acupuncture Yingxiang point in the treatment of 60 patients with hiccups Guo Hua, Zhong Ruchun, Liu Xia.

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【Abstract】 **Objective** To observe the clinical effect of acupuncture Yingxiang point in the treatment of hiccups. **Methods** 120 cases with hiccups were selected, and they were randomly divided into treatment group and control group according to the digital table, 60 cases in each group. The control group was given conventional acupoint acupuncture. The treatment group received acupuncture internal Yingxiang acupuncture point. The total effective rate and effective time of treatment were observed. **Results** The total effective rate of the treatment group was 100.0%, which of the control group was 96.7%, the difference between the two groups was not statistically significant ($P > 0.05$). The effective time between the two groups had statistically significant difference ($\chi^2 = 10.75, P = 0.00$).

Conclusion Acupuncture Yingxiang point in the treatment of hiccups can enhance the treatment effect and shorten treatment time.

【Key words】 Acupuncture; Inside yingxiang cave; Hiccups

中药制剂脑得康丸的毒理学实验研究

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【摘要】 **目的** 利用大鼠动物模型研究中药制剂脑得康丸的毒理学作用。**方法** 将 SD 大鼠采用随机数字表法分为对照组、脑得康丸小剂量组(3.85 g/kg)、大剂量组(7.71 g/kg)和最大耐受剂量组(77.14 g/kg), 每组 20 只, 雌雄各半。脑得康丸各剂量组经口灌胃给药, 对照组给予蒸馏水, 各组持续给药 12 周, 最大耐受剂量组给药 1 周。实验期间观察动物生存情况, 检测给药末期大鼠血常规、血生化和脏器 HE 病理。**结果** 各脑得康丸剂量组大鼠在实验期间无死亡, 未见毒性反应, 表现无异常, 1~12 周的体质量增长正常 ($F = 0.688, 0.540, 0.121, 0.065, 0.128, 0.239, 0.199, 0.378, 0.127, 0.446, 0.906$ 和 $0.665, P = 0.562, 0.585, 0.886, 0.937, 0.880, 0.788, 0.820, 0.687, 0.881, 0.642, 0.410$ 和 0.518), 雌性及雄性的红细胞(RBC) ($\varnothing: F = 0.178, P = 0.910, \delta: F = 0.119, P = 0.948$)、血红蛋白(HGB) ($\varnothing: F = 0.046, P = 0.987, \delta: F = 0.072, P = 0.975$)、红细胞比容(HCT) ($\varnothing: F = 0.126, P = 0.944, \delta: F = 0.054, P = 0.983$)、血小板(PLT) ($\varnothing: F = 0.515, P = 0.675, \delta: F = 0.500, P = 0.685$)、白细胞(WBC) ($\varnothing: F = 0.078, P = 0.972, \delta: F = 0.057, P = 0.982$)、嗜酸性粒细胞(Eos) ($\varnothing: F = 0.078, P = 0.972, \delta: F = 0.057, P = 0.982$)、淋巴细胞(Lym) ($\varnothing: F = 0.078, P = 0.972, \delta: F = 0.057, P = 0.982$)、中性粒细胞(Neu) ($\varnothing: F = 0.134, P = 0.939, \delta: F = 0.090, P = 0.999$)、丙氨酸氨基转移酶(ALT) ($\varnothing: F = 0.572, P = 0.637, \delta: F = 0.200, P = 0.896$)、门冬氨酸氨基转移酶(AST) ($\varnothing: F = 0.572, P = 0.637, \delta: F = 0.200, P = 0.896$)、总蛋白(TP) ($\varnothing: F = 0.665, P = 0.579, \delta: F = 0.343, P = 0.795$)、白蛋白(ALB) ($\varnothing: F = 0.533, P = 0.663, \delta: F = 0.668, P = 0.577$)、甘油三酯(TG) ($\varnothing: F = 0.843, P = 0.480, \delta: F = 0.561, P = 0.644$)、总胆固醇(CHOL) ($\varnothing: F = 0.245, P = 0.864, \delta: F = 0.046, P = 0.987$)、血糖(GLU) ($\varnothing: F = 0.216, P = 0.884, \delta: F = 0.095, P = 0.963$)、尿素氮(BUN) ($\varnothing: F = 0.172, P = 0.914, \delta: F = 0.203, P = 0.894$)和肌酐(Cr) ($\varnothing: F = 0.172, P = 0.914, \delta: F = 0.203, P = 0.894$)符合实验正常范围。**结论** 脑得康丸对实验大鼠无明显毒副作用。

【关键词】 脑得康丸; 毒理学; 大鼠; 血液学; 生化指标; 病理学

Study on the toxicology of traditional medicine Nao - de - kang Xu Zengliang, Zhang Lintao, Song Dewen, Wang Cuihua.

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【Abstract】 Objective To study the toxicological effects of Nao - de - kang on rats. **Methods** According to the digital table, SD rats were randomly divided into blank group and Nao - de - kang small dose group (3.85g/kg), high dose group (7.71g/kg) and maximum tolerated dose group (77.14g/kg), 20 rats in each group, half male and half female. All groups were treated for 12 weeks, and the maximum tolerated dose group was treated for 1 week. The animal activity during treatment, the blood routine indicators, blood biochemical index and the organs for pathological examination were recorded and compared. **Results** There was no mortality in the dose group of rats in the experimental period. The weights of 4 groups had no statistically significant differences during treatment ($F = 0.688, 0.540, 0.121, 0.065, 0.128, 0.239, 0.199, 0.378, 0.127, 0.446, 0.906$ and $0.665, P = 0.562, 0.585, 0.886, 0.937, 0.880, 0.788, 0.820, 0.687, 0.881, 0.642, 0.410$ and 0.518), male and female's red blood cell (RBC) ($\varnothing: F = 0.178, P = 0.910, \delta: F = 0.119, P = 0.948$), hemoglobin (HGB) ($\varnothing: F = 0.046, P = 0.987, \delta: F = 0.072, P = 0.975$), hematocrit (HCT) ($\varnothing: F = 0.126, P = 0.944, \delta: F = 0.054, P = 0.983$), platelet (PLT) ($\varnothing: F = 0.515, P = 0.675,$

♂ : $F = 0.500, P = 0.685$), white blood cell (WBC) (♀ : $F = 0.078, P = 0.972$, ♂ : $F = 0.057, P = 0.982$), eosinophils (Eos) (♀ : $F = 0.078, P = 0.972$, ♂ : $F = 0.057, P = 0.982$), lymphocyte (Lym) (♀ : $F = 0.078, P = 0.972$, ♂ : $F = 0.057, P = 0.982$), neutrophilic granulocyte (Neu) (♀ : $F = 0.134, P = 0.939$, ♂ : $F = 0.090, P = 0.999$), alanine aminotransferase (ALT) (♀ : $F = 0.572, P = 0.637$, ♂ : $F = 0.200, P = 0.896$), aspartate aminotransferase (AST) (♀ : $F = 0.572, P = 0.637$, ♂ : $F = 0.200, P = 0.896$), total protein (TP) (♀ : $F = 0.665, P = 0.579$, ♂ : $F = 0.343, P = 0.795$), albumin (ALB) (♀ : $F = 0.533, P = 0.663$, ♂ : $F = 0.668, P = 0.577$), triglyceride (TG) (♀ : $F = 0.843, P = 0.480$, ♂ : $F = 0.561, P = 0.644$), cholesterol (CHOL) (♀ : $F = 0.245, P = 0.864$, ♂ : $F = 0.046, P = 0.987$), glucose (GLU) (♀ : $F = 0.216, P = 0.884$, ♂ : $F = 0.095, P = 0.963$), urea nitrogen (BUN) (♀ : $F = 0.172, P = 0.914$, ♂ : $F = 0.203, P = 0.894$) and creatinine (Cr) (♀ : $F = 0.172, P = 0.914$, ♂ : $F = 0.203, P = 0.894$) had no statistically significant differences. **Conclusion** Nao - de - kang has no obvious side effect.

【Key words】 Nao-de-kang; Toxicology; Rat; Hematology; Biochemical index; Pathology

电视辅助胸腔镜手术治疗早期非小细胞肺癌临床分析

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【摘要】 **目的** 探讨早期非细胞肺癌患者电视辅助胸腔镜手术的临床效果。**方法** 选择 130 例早期非小细胞肺癌患者, 采用随机数字表法分为观察组和对照组, 每组 65 例。观察组采用电视辅助胸腔镜手术, 对照组采用传统开胸手术。比较两组围术期情况; 于术前 24 h、术后 24 h 采集患者空腹静脉血, 测定 T 细胞亚群 (CD_3^+ 、 CD_4^+ 、 CD_4^+/CD_8^+) 的变化; 记录术后并发症; 并随访 1 年, 记录病死率及复发率。**结果** 两组淋巴结清扫个数差异无统计学意义 ($t = 1.023, P > 0.05$); 观察组手术时间明显长于对照组 ($t = 6.479, P < 0.05$), 观察组术中出血量明显少于对照组, 术后引流时间、下床活动时间明显短于对照组, 疼痛评分明显低于对照组, 差异均有统计学意义 ($t = 17.081, 16.040, 39.443, 21.237$, 均 $P < 0.05$); 手术后, 两组 CD_3^+ 、 CD_4^+ 、 CD_4^+/CD_8^+ 较术前均显著降低 (观察组: $t = 5.591, 5.300, 4.300$, 对照组: $t = 10.450, 10.735, 4.883$, 均 $P < 0.05$), 观察组 CD_3^+ 、 CD_4^+ 、 CD_4^+/CD_8^+ 明显高于对照组 [(58.95 ± 7.58)% 比 (52.42 ± 7.52)%、(34.83 ± 3.75)% 比 (30.07 ± 3.12)%、(1.21 ± 0.17) 比 (1.15 ± 0.13)], $t = 4.931, 7.867, 2.260$, 均 $P < 0.05$]; 观察组并发症发生率明显低于对照组 [6.15% (4/65) 比 18.46% (12/65), $\chi^2 = 4.561, P < 0.05$]; 随访 1 年, 两组生存率、复发率差异均无统计学意义 ($\chi^2 = 0.367, 0.208$, 均 $P > 0.05$)。**结论** 在早期非小细胞肺癌患者中应用电视辅助胸腔镜手术效果显著, 对患者创伤小, 恢复快, 且有助于保护机体免疫功能。

【关键词】 癌, 非小细胞肺; 胸腔镜检查; 胸外科手术, 电视辅助

Clinical analysis of video - assisted thoroscopic surgery in 65 patients with early non - small cell lung cancer He Lixiang, Guo Shengcong, Xu Botao.

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【Abstract】 Objective To study the clinical effect of video - assisted thoroscopic surgery in the treatment of early non - small cell lung cancer (NSCLC). **Methods** 130 cases with early NSCLC were selected. According to random number table, the patients were divided into the observation group and the control group, 65 cases in each group. The observation group was treated with video - assisted thoroscopic surgery, while the control group was treated with thoracotomy. The perioperative period of the two groups was compared, 24h before operation and 24h after operation, the changes of T lymphocyte subsets (CD_3^+ , CD_4^+ , CD_4^+/CD_8^+) were measured, and the postoperative complications were recorded. The patients were followed up for one year, the survival rate and recurrence rate were recorded. **Results** There was no statistically significant difference in the number of lymph node dissection between the two groups ($t = 1.023, P > 0.05$). The operation time of the observation group was significantly longer than that of the control group ($t = 6.479, P < 0.05$), the amount of bleeding of the observation group was significantly less than that of the control group, the postoperative drainage time and ambulation time of the observation group were significantly shorter than those of the control group, the pain score of the observation group was lower than that of the control group, the differences were statistically significant ($t = 17.081, 16.040, 39.443, 21.237$, all $P < 0.05$). After operation, the CD_3^+ , CD_4^+ , CD_4^+/CD_8^+ in the two groups were significantly reduced compared with before operation (observation group: $t = 5.591, 5.300, 4.300$; the control group: $t = 10.450, 10.735, 4.883$, all $P < 0.05$), the CD_3^+ , CD_4^+ , CD_4^+/CD_8^+ of the observation group were significantly higher than those of the control group [(58.95 ± 7.58)% vs. (52.42 ± 7.52)%, (34.83 ± 3.75)% vs. (30.07 ± 3.12)%, (1.21 ± 0.17) vs. (1.15 ± 0.13)], $t = 4.931, 7.867, 2.260$, all $P < 0.05$]. The incidence rate of complications of the observation group was significantly lower than that of the control group [6.15% (4/65) vs. 18.46% (12/65), $\chi^2 = 4.561, P < 0.05$]. The patients were followed up for 1 year, there were no statistically significant differences in survival and recurrence between the two groups ($\chi^2 = 0.367, 0.208$, all $P > 0.05$). **Conclusion** Video - assisted thoroscopic surgery is well for early NSCLC patients, with advantages of small trauma, quick recovery, and it can help to protect the immune function of the organism, the clinical value is high.

【Key words】 Carcinoma, non-small-cell lung; Thoracoscopy; Thoracic surgery, video-assisted

椎体成形术与椎体后凸成形术治疗骨质疏松性椎体压缩性骨折的效果比较

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【摘要】 **目的** 探讨椎体成形术(PVP)与椎体后凸成形术(PKP)治疗骨质疏松性椎体压缩性骨折的有效性和安全性,为临床治疗提供参考依据。**方法** 选择 67 例骨质疏松性椎体压缩性骨折患者为研究对象,根据不同术式分为 PVP 组($n=32$)和 PKP 组($n=35$),比较两组患者的手术情况、疼痛程度、椎体相对高度、Cobb 角以及骨水泥渗漏发生率。**结果** PKP 组手术时间、透视次数、骨水泥注入量、术后伤椎高度均明显优于 PVP 组,骨水泥渗漏率明显低于 PVP 组(均 $P < 0.05$);术后 12 个月,PKP 组椎体压缩率低于 PVP 组($P < 0.05$),两组患者 VAS 评分、Cobb 角差异无统计学意义($P > 0.05$)。**结论** PVP 与 PKP 均是治疗骨质疏松性椎体压缩性骨折的有效术式,PKP 更有利于促进患者椎体高度恢复,且减少了骨水泥渗漏的发生。

【关键词】 骨折,压缩性; 骨质疏松性骨折; 椎体成形术; 椎体后凸成形术; 临床效果

Comparison of the clinical effects of percutaneous vertebroplasty and percutaneous kyphoplasty in the treatment of osteoporotic vertebral compression fractures Wu Haifeng.

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【Abstract】 **Objective** To investigate the effect and safety of percutaneous vertebroplasty (PVP) and percutaneous kyphoplasty (PKP) in the treatment of osteoporotic vertebral compression fractures, thus to provide reference for clinical treatment. **Methods** 67 patients with osteoporotic vertebral compression fractures were selected as study subjects. According to the different operation type, the patients were divided into PVP group ($n=32$) and PKP group ($n=35$). The operation condition, pain degree, relative height of vertebral body, Cobb angle and incidence of cement leakage were compared between the two groups. **Results** The operation time, X-ray times, bone cement injection volume, postoperative injury vertebral height of the PKP group were significantly higher than those of the PVP group (all $P < 0.05$), the bone cement leakage rate of the PKP group was significantly lower than that of PVP group ($P < 0.05$). 12 months after operation, the vertebral compression rate of the PKP group was lower than that of PVP group ($P < 0.05$), there were no statistically significant differences in VAS scores and Cobb angle between the two groups (all $P > 0.05$). **Conclusion** PVP and PKP are the effective methods for the treatment of osteoporotic vertebral compression fractures, which can significantly improve the degree of pain in patients, but PKP surgery is more conducive to promote the restoration of vertebral height, and can reduce the occurrence of bone cement leakage.

【Key words】 Fractures, compression; Osteoporotic fractures; Percutaneous vertebroplasty; Percutaneous kyphoplasty; Clinical effect

丹芪益肾汤治疗糖尿病肾病的效果及对患者尿蛋白的影响

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【摘要】 目的 分析丹芪益肾汤治疗糖尿病肾病的效果及对患者尿蛋白的影响。方法 选取 150 例糖尿病肾病患者为研究对象,采用随机数字表法分为两组,分别是采取西药治疗的对照组($n=75$)、采取丹芪益肾汤治疗的研究组($n=75$),对比两组治疗有效率,治疗前后血肌酐(Cr)、24 h 尿蛋白水平和尿素氮(BUN)的改善程度以及治疗前后患者空腹血糖的变化。结果 研究组总有效率高达 84.0%,对照组总治疗有效率仅有 71.1%,研究组有效率明显高于对照组,两组差异有统计学意义($\chi^2=7.215, P<0.05$);治疗前两组各项指标差异均无统计学意义($P>0.05$),治疗后,研究组各项指标的改善程度均显著高于对照组(均 $P<0.05$);治疗后,研究组空腹血糖、餐后 2 h 血糖以及空腹胰岛素的浓度均明显低于对照组(均 $P<0.05$)。结论 丹芪益肾汤治疗糖尿病肾病有比较理想的临床效果,显著降低患者尿蛋白以及空腹血糖的含量。

【关键词】 丹芪益肾汤; 糖尿病肾病; 蛋白尿; 治疗效果

Effect of Danqi Yishen decoction in the treatment of diabetes mellitus and its influence on proteinuria

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【Abstract】 **Objective** To evaluate the effect of Danqi Yishen decoction on diabetes mellitus(DM) and its influence on proteinuria. **Methods** 150 DM patients were randomly selected, and they were randomly divided into two groups according to the digital table, 75 cases in each group. The control group was given western medicine, the study group was treated by Danqi Yishen decoction. The treatment efficacy, blood serum creatinine (Cr), 24h urine protein, blood urea nitrogen (BUN) and fasting blood glucose (FBG) before and after treatment were compared between the two groups. **Results** The total effective rate of the study group was 84.0%, which was significantly higher than 71.1% of the control group, the difference between the two groups was statistically significant ($\chi^2=7.215, P<0.05$). Before treatment, there were no statistically significant differences in the health indicators between the two groups (all $P>0.05$). After treatment, the improvement of indicators of the study group were significantly higher than those of the control group (all $P<0.05$). After treatment, the FBG, postprandial 2h plasma glucose and fasting insulin concentration in the study group were significantly lower than those in the control group (all $P<0.05$). **Conclusion** Danqi Yishen decoction has ideal clinical effect in the treatment of DM, and can significantly reduce the proteinuria and FBG, which is worthy of widely popularized.

【Key words】 Danqi Yishen Decoction; Diabetes; Proteinuria; Treatment effect

中高位子宫下段横切口用于瘢痕子宫妊娠剖宫产术的安全性观察

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【摘要】 **目的** 探讨瘢痕子宫再次分娩应用中高位子宫下段横切口的疗效,分析其手术方式的安全性。**方法** 选取行剖宫产术的 88 例瘢痕子宫产妇为研究对象,年龄 24 ~ 37 岁,体质量 53.3 ~ 76.9 kg,采用随机数字表法分为观察组和对照组各 44 例,观察组行高位子宫下段横切口入路,对照组采用常规的剖宫产入路。比较两组的手术时间、术中情况、手术切口的愈合情况、住院时间以及新生儿阿氏评分。**结果** 观察组术中出血量(50.1 ± 3.2)mL,显著高于对照组的(48.9 ± 1.7)mL($t = 2.099, P < 0.05$);观察组胎儿娩出时间(9.5 ± 3.3)min、术后通气时间(331 ± 97)min,显著短于对照组($t = 3.018, 4.733, P < 0.05$);观察组新生儿阿氏评分(9.3 ± 1.2)分,显著高于对照组的(8.8 ± 2.4)分($t = 4.800, P < 0.05$);观察组新生儿缺氧 0 例,吸入性肺炎 1 例、产妇产后出血 2 例,其并发症发生率与对照组差异无统计学意义($\chi^2 = 1.030, P > 0.05$)。观察组产妇手术切口愈合甲级 40 例,瘢痕明显生成 7 例;对照组切口愈合情况为甲级者共 37 例,但瘢痕明显形成 11 例,组间差异有统计学意义($\chi^2 = 4.200, P < 0.05$)。**结论** 高位子宫下段横切口顺应了皮肤的张力线,有利于产妇产后手术切口的愈合,且一定程度上可缓解疼痛,促进产妇产后恢复时间,能进一步促进产妇恢复,显著提高新生儿分娩的临床结局,并降低剖宫产后并发症情况。

【关键词】 妊娠,异位; 剖宫产术,再; 手术入路; 并发症

The safety observation of transverse incision of the lower part of the upper uterus in the application of scar uterus Gui Hua, Zhao Qiaoyun, Lin Yuanni.

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【Abstract】 **Objective** To investigate the effect of the transverse incision of the lower segment of the upper uterus in the treatment of scar uterine redelivery, and to analyze the safety of the surgical method. **Methods** 88 patients with scar uterus who received cesarean section were randomly selected as research subjects, aged 24 - 37 years old, weight 53.3 - 76.9kg. According to the method of random numbers, they were divided into observation group and the control group, 44 cases in each group. The observation group received transverse incision of the lower segment of the uterus. The control group received conventional cesarean section. The operation time, intraoperative conditions, surgical incision healing, overall hospitalization time and neonatal Apgar score were statistically observed. **Results** The intraoperative blood loss of the observation group [(50.1 ± 3.2) mL] was significantly higher than (48.9 ± 1.7) mL of the control group, and the difference between the two groups was statistically significant ($t = 2.099, P < 0.05$). The fetal delivery time, postoperative ventilation time in the observation group were (9.5 ± 3.3) min, (331 ± 97) min, respectively which were significantly shorter than those in the control group, and the differences between the two groups were statistically significant ($t = 3.018, 4.733, all P < 0.05$). The neonatal Apgar score of the observation group (9.3 ± 1.2) was significantly higher than (8.8 ± 2.4) of the control group ($t = 4.800, P < 0.05$). In the observation group, newborn hypoxia 0 cases, 1 case of aspiration pneumonia, maternal postpartum hemorrhage in 2 cases. There was no statistically significant difference in incidence of complications between the two groups ($\chi^2 = 1.03, P > 0.05$). In the observation group, maternal incision healing class A in 40 cases, scar clearly generated in 7 cases, which in the control group were 37 cases, 11 cases, respectively, the difference between the two groups was statistically significant ($t = 4.200, P < 0.05$). **Conclusion** Transverse incision of the lower segment of the uterus complied with the tension of skin line, is beneficial to maternal postpartum incision healing, and to some extent can relieve pain, promote parturient recovery, further promote the puerpera restoration, significantly improve the clinical outcome of neonatal birth, postoperative complications and reduce cesarean section, it is worthy of clinical promotion.

【Key words】 Pregnancy, ectopic; Cesarean section, repeat; Surgical approach; Complications

术后早期炎性肠梗阻的诊断与治疗分析

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【摘要】 目的 探讨术后早期炎性肠梗阻的诊断与治疗效果。**方法** 回顾性分析术后早期炎性肠梗阻患者 20 例的临床资料,分析患者的治疗效果。**结果** 20 例患者经过治疗,患者的腹痛和腹胀均有明显改善,胃肠减压量为 (221.6 ± 138.6) mL/d。患者腹部 X 线平片显示肠管梗阻明显减少或消失,患者均治愈出院。**结论** 对手术后早期炎性肠梗阻患者要密切观察临床变化,采取综合治疗方法。

【关键词】 肠梗阻; 诊断; 治疗

The diagnosis and treatment of early inflammatory bowel obstruction after operation Chen Ge, Li Wenchun.

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【Abstract】 Objective To investigate the diagnosis and treatment effect of early inflammatory bowel obstruction after operation. **Methods** The clinical data of 20 patients with early inflammatory bowel obstruction were analyzed. The therapeutic effect was analyzed. **Results** 20 patients were treated with significant improvement in abdominal pain and abdominal distention, and gastrointestinal decompression volume was (221.6 ± 138.6) mL/d. Patients with abdominal flat tablet showed that the intestinal canal was significantly reduced or disappeared, and all patients were cured and discharged. **Conclusion** For the patients with early inflammatory intestinal obstruction after operation, we should pay close attention to the clinical response of patients, adopt comprehensive treatment to relieve patients' pain.

【Key words】 Intestinal Obstruction; Diagnosis; Treatment

培美曲塞联合奈达铂或顺铂治疗晚期非小细胞肺癌的疗效及安全性观察

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【摘要】 **目的** 观察培美曲塞联合奈达铂或顺铂一线治疗晚期非小细胞肺癌的临床疗效及不良反应。**方法** 选取 85 例经病理学或细胞学确诊的 III B/IV 期非小细胞肺癌患者, 采用随机双盲方法分成两组, 其中研究组 ($n=45$) 采取培美曲塞联合奈达铂化疗方案, 对照组 ($n=40$) 行培美曲塞联合顺铂化疗治疗, 具体方法是培美曲塞 500 mg/m^2 , 第 1 天静脉滴注, 顺铂 75 mg/m^2 或奈达铂 80 mg/m^2 , 分 3 次给药, 第 2、3、4 天, 静脉滴注, 每 21 天为 1 个周期, 化疗结束后进行疗效评价及不良反应分析; 随访记录无进展生存期及一年生存率。**结果** 85 例患者中无完全缓解 (CR) 病例, 部分缓解 (PR) 35 例, 稳定 (SD) 35 例, 进展 (PD) 15 例, 总有效率 (ORR) 为 42.2%, 疾病控制率 (DCR) 为 82.2%; 两组之间的 ORR 和 DCR 差异均无统计学意义 ($\chi^2 = 0.043$, 0.001 , 均 $P > 0.05$)。不良反应方面, 两组患者之间白细胞数降低 (42.2% 比 25.0%)、中性粒细胞数降低 (35.6% 比 17.5%)、血小板数降低 (42.2% 比 15.0%)、贫血 (31.1% 比 12.5%)、恶心/呕吐 (22.2% 比 70.0%) 发生率差异均有统计学意义 ($\chi^2 = 9.319, 4.664, 7.559, 4.226, 19.556$, 均 $P < 0.05$); 两组患者的无进展生存期及一年生存率差异均无统计学意义 ($\chi^2 = 0.717, 0.226$, 均 $P > 0.05$)。**结论** 培美曲塞联合奈达铂或顺铂一线治疗晚期非小细胞肺癌在疗效方面无显著差异, 对非鳞癌患者疗效较好; 不良反应方面, 奈达铂更容易引起骨髓抑制, 而顺铂的肠道副作用更为常见。

【关键词】 癌, 非小细胞肺; 培美曲塞; 奈达铂; 顺铂

Efficacy and safety of pemetrexed combined with nedaplatin or cisplatin in the treatment of advanced non-small cell lung cancer

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【Abstract】 **Objective** To observe the clinical efficacy and adverse reactions of pemetrexed in combination with nedaplatin or cisplatin in the treatment of advanced non-small cell lung cancer (NSCLC). **Methods** 85 patients with stage III B/IV NSCLC diagnosed by pathology or cytology were randomly divided into two groups by random double blind method. The study group (45 cases) was treated with pemetrexed combined with nedaplatin, and the control group (40 cases) was given pemetrexed combined with cisplatin chemotherapy. The specific method was pemetrexed 500 mg/m^2 , the first day of intravenous infusion, cisplatin 75 mg/m^2 or nedaplatin 80 mg/m^2 , divided into 3 times, the 2nd, 3rd, 4th day, intravenous infusion, every 21 d for a cycle. At the end of the chemotherapy, the efficacy and adverse reaction were analyzed. The patients were followed up to record no progress survival and one-year survival rate. **Results** Among 85 patients, there were 35 cases of partial remission (PR), 35 cases of stable (SD) and 15 cases of progression (PD), the total effective rate (ORR) was 42.2%, the disease control rate (DCR) was 82.2%. There were no statistically significant differences in ORR and DCR between the two groups ($\chi^2 = 0.043, 0.001$, all $P > 0.05$). As to the adverse reactions, the incidence rates of the decreased number of white blood cells (42.2% vs. 25.0%), the decreased number of neutrophils (35.6% vs. 17.5%), the decreased number of platelets (42.2% vs. 15.0%), anemia (31.1% vs. 12.5%), nausea/vomiting (22.2% vs. 70.0%) between the two groups had statistically significant differences ($\chi^2 = 9.319, 4.664, 7.559, 4.226, 19.556$, all $P < 0.05$). There were no significant differences in progression-free survival and one-year survival rate between the two groups ($\chi^2 = 0.717, 0.226$, all $P > 0.05$). **Conclusion** There was no statistically significant difference in the efficacy between pemetrexed combined with nedaplatin or cisplatin, non-squamous cell carcinoma patients get a better therapeutic effect. Nedaplatin is more likely to cause myelosuppression and intestinal side effects of cisplatin are more common.

【Key words】 Carcinoma, non-small-cell lung; Pemetrexed; Nedaplatin; Cisplatin

氢吗啡酮对瑞芬太尼复合麻醉所致术后痛觉过敏的预防作用研究

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【摘要】 目的 探讨氢吗啡酮对瑞芬太尼复合麻醉所致术后痛觉过敏(RIH)的预防效果。**方法** 将 64 例择期行腹部手术及术后镇痛的患者采用随机数字表法分为两组各 32 例。两组术后均采用患者自控镇痛(PCIA),对照组:芬太尼 12.5 $\mu\text{g}/\text{kg}$;氢吗啡酮组:氢吗啡酮 10 $\mu\text{g}/\text{kg}$ + 芬太尼 12.5 $\mu\text{g}/\text{kg}$ 。比较两组术后不同时间的镇痛效果,术后恢复情况及 PCIA 使用情况、不良反应发生率。**结果** 两组呼吸恢复时间、唤醒时间、拔管时间差异均无统计学意义($t = 1.21, 0.83, 0.33$, 均 $P > 0.05$),氢吗啡酮组拔管时 MAP、HR 显著低于对照组($t = 2.84, 2.66$, $P < 0.05$);氢吗啡酮组术后 30 min、1 h、2 h、4 h、12 h VAS 评分均明显低于对照组($t = 8.83, 5.25, 8.77, 9.51, 9.69$, 均 $P < 0.05$),两组术后 24 h VAS 评分差异无统计学意义($t = 1.87$, $P > 0.05$);与对照组比较,氢吗啡酮组术后 1 h、24 h 按压次数、芬太尼用量均明显减少($t = 16.71, 36.38, 43.05, 10.98$, $P < 0.05$);两组不良反应发生率差异无统计学意义($\chi^2 = 0.14$, $P > 0.05$)。**结论** 氢吗啡酮用于瑞芬太尼复合麻醉术后镇痛,可有效预防 RIH,减少术后其他镇痛药物的用量,且不增加不良反应。

【关键词】 氢吗啡酮; 瑞芬太尼; 痛觉过敏; 预防

Prevention of hydromorphone on postoperative hyperpathia in patients receiving remifentanyl combined anesthesia Lou Jie, Shao Jin.

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【Abstract】 Objective To explore the clinical effect of hydromorphone in the prevention of postoperative hyperpathia in patients receiving remifentanyl combined anesthesia. **Methods** 64 patients who were scheduled to receive abdominal surgery and postoperative analgesia were randomly divided into hydromorphone group ($n = 32$) and control group ($n = 32$) according to random number table. All the cases were given PCIA after surgery, the control group was given fentanyl 12.5 $\mu\text{g}/\text{kg}$, and the hydromorphone group was given fentanyl 12.5 $\mu\text{g}/\text{kg}$ + hydromorphone 10 $\mu\text{g}/\text{kg}$. The postoperative analgesic effects at different time, postoperative recovery, usage of PCIA and incidence of adverse effects in two groups were compared. **Results** There were no statistically significant differences in respiration recovery time, wake-up time, extubation time between the two groups ($t = 1.21, 0.83, 0.33$, all $P > 0.05$). The levels of MAP, HR after extubation of the hydromorphone group were significantly lower than those of the control group ($t = 2.84, 2.66$, all $P < 0.05$). The VAS scores at 30 min, 1h, 2h, 4h, 12h after operation in the hydromorphone group were significantly lower than those in the control group ($t = 8.83, 5.25, 8.77, 9.51, 9.69$, all $P < 0.05$), while the difference was not statistically significant between the two groups at 24h after operation ($t = 1.87$, $P > 0.05$). The press times and dosage of fentanyl during 1h, 24h after surgery of the hydromorphone group were significantly less than those of the control group ($t = 16.71, 36.38, 43.05, 10.98$, all $P < 0.05$). The adverse reactions between the two groups had no statistically statistical difference ($\chi^2 = 0.14$, $P > 0.05$). **Conclusion** Postoperative analgesia of remifentanyl combined anesthesia with hydromorphone can effectively prevent RIH, reduce other anesthetics dose, and does not increase the risk of complications.

【Key words】 Hydromorphone; Remifentanyl; Hyperpathia; Prevention

不同对比剂浓度对多层螺旋 CT 腹部动脉血管成像的影响比较

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【摘要】 **目的** 探讨不同对比剂浓度对多层螺旋 CT 腹部动脉血管成像的影响。**方法** 选择 85 例行腹部多层螺旋 CT 动脉血管成像的患者, 采用随机数字表法分为高浓度组 45 例和低浓度组 40 例。高浓度组使用 370 mgI/mL 对比剂 60 mL, 低浓度组使用 300 mgI/mL 对比剂 100 mL。比较两组患者腹主动脉强化值、图像质量以及不良反应发生情况。**结果** 高浓度组肾动脉显示评分以及腹主动脉成像评分均显著高于低浓度组[(3.76 ± 0.85) 分比(3.27 ± 0.69) 分, (2.57 ± 0.53) 分比(2.11 ± 0.50) 分], 差异均有统计学意义($t = 2.895, 4.101$, 均 $P < 0.05$); 高浓度组患者腹腔干水平、肾动脉水平以及髂动脉水平强化值均显著高于低浓度组[(346.37 ± 27.85) Hu 比(305.74 ± 22.69) Hu, (310.77 ± 28.39) Hu 比(289.50 ± 19.85) Hu, (301.42 ± 24.87) Hu 比(276.59 ± 23.10) Hu], 差异均有统计学意义($t = 7.316, 3.955, 4.750$, 均 $P < 0.05$); 两组患者均未发生相关不良反应。**结论** 高浓度对比剂可提高多层螺旋 CT 腹部动脉血管成像患者腹主动脉强化值, 从而提高图像质量, 且能够减少对对比剂的使用剂量, 安全性较高, 值得临床推广。

【关键词】 体层摄影术, 螺旋计算机; 造影剂; 血管造影术; 腹部

Comparison of the effect of different contrast media concentrations on multi slice spiral CT angiography of abdominal artery Gong Jun.

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【Abstract】 Objective To investigate the effect of different contrast media concentrations on abdominal aortic angiography with multi-slice spiral CT. **Methods** 85 patients underwent abdominal multi slice spiral CT angiography were selected, and they were randomly divided into high concentration group(45 cases) and low concentration group(40 cases) according to random number table method. The high concentration group used 370mgI/mL contrast agent 60mL, and the low concentration group used 300mgI/mL contrast agent 100mL. The abdominal aorta to enhance value, image quality and the incidence of adverse reactions were compared between the two groups. **Results** The scores of renal artery and abdominal aorta in the high concentration group were significantly higher than those in the low concentration group[(3.76 ± 0.85) points vs. (3.27 ± 0.69) points, (2.57 ± 0.53) points vs. (2.11 ± 0.50) points], the differences were statistically significant($t = 2.895, 4.101$, all $P < 0.05$). The levels of celiac trunk, renal artery and iliac artery in the high concentration group were significantly higher than those in the low concentration group [(346.37 ± 27.85) Hu vs. (305.74 ± 22.69) Hu, (310.77 ± 28.39) Hu vs. (289.50 ± 19.85) Hu, (301.42 ± 24.87) Hu vs. (276.59 ± 23.10) Hu], the differences were statistically significant($t = 7.316, 3.955, 4.750$, all $P < 0.05$). No adverse reactions occurred in the two groups. **Conclusion** High concentration of contrast agent can improve the multi-slice spiral CT angiography in patients with abdominal aorta to enhance value, so as to improve the image quality, and can reduce the dose of contrast agent, and it has high safety and is worthy of promotion.

【Key words】 Tomography, spiral computed; Contrast media; Angiography; Abdomen

阿托伐他汀联合速效救心丸对老年冠心病患者血脂和血清炎性因子的影响

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【摘要】 **目的** 探讨阿托伐他汀联合速效救心丸对老年冠心病患者血脂和血清炎性因子的影响。**方法** 选取 184 例老年冠心病患者,采用随机数字表法将其分为对照组和观察组,每组 92 例。对照组给予阿托伐他汀治疗,观察组给予阿托伐他汀联合速效救心丸治疗。比较两组患者治疗前、治疗 1 个月后血脂[总胆固醇(TC),甘油三酯(TG),高密度脂蛋白胆固醇(HDL-C),低密度脂蛋白胆固醇(LDL-C)]和血清炎性因子[肿瘤坏死因子 α (TNF- α),C 反应蛋白(CRP)、基质金属蛋白酶 9(MMP-9)、白细胞介素 6(IL-6)]。**结果** 治疗 1 个月后观察组血脂(TC、TG、HDL-C、LDL-C)水平均明显低于对照组[(4.26 \pm 0.68)mmol/L 比(5.14 \pm 0.61)mmol/L,(1.51 \pm 0.17)mmol/L 比(1.75 \pm 0.19)mmol/L,(1.60 \pm 0.38)mmol/L 比(1.52 \pm 0.43)mmol/L,(3.01 \pm 0.32)mmol/L 比(3.18 \pm 0.42)mmol/L, $t=2.774,2.355,1.976,2.476$,均 $P<0.05$];治疗后 1 个月观察组血清炎性因子(TNF- α 、CRP、MMP-9、IL-6)均明显低于对照组[(50.35 \pm 7.47)ng/L 比(64.83 \pm 8.96)ng/L,(46.50 \pm 5.93)mg/L 比(57.77 \pm 6.48)mg/L,(35.44 \pm 6.17) μ g/L 比(46.85 \pm 7.44) μ g/L,(16.84 \pm 6.72)ng/L 比(26.85 \pm 9.42)ng/L, $t=11.905,12.306,22.159,8.297$,均 $P<0.05$]。**结论** 对老年冠心病患者采用阿托伐他汀联合速效救心丸治疗,其临床效果显著,可有效改善患者血脂水平,降低其血清炎性因子水平。

【关键词】 冠状动脉疾病; 阿托伐他汀; 速效救心丸; 老年人

Influence of atorvastatin combined with Quick Heart – Reliever Pill on blood fat and serum inflammatory factors of elderly patients with coronary artery disease Yang Lan, Feng Shuang.

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【Abstract】 Objective To investigate the effect of atorvastatin combined with Quick Heart – Reliever Pill on blood fat and serum inflammatory factors of elderly patients with coronary artery disease. **Methods** 184 elderly patients with coronary artery disease were selected, and they were randomly divided into control group and observation group according to the digital table, 92 cases in each group. The control group was given atorvastatin treatment, while the observation group was given atorvastatin combined with Quick Heart – Reliever Pill. The levels of serum inflammatory factors(TNF – α , CRP, MMP – 9 and IL – 6) and blood lipid(TC, TG, HDL – C, LDL – C) in the two groups after 1 month treatment were compared. **Results** After 1 month treatment, the blood lipid levels(TC, TG, HDL – C, LDL – C) of the observation group were significantly lower than those of the control group[(4.26 \pm 0.68)mmol/L vs. (5.14 \pm 0.61)mmol/L, (1.51 \pm 0.17)mmol/L vs. (1.75 \pm 0.19)mmol/L, (1.60 \pm 0.38)mmol/L vs. (1.52 \pm 0.43)mmol/L, (3.01 \pm 0.32)mmol/L vs. (3.18 \pm 0.42)mmol/L, $t=2.774, 2.355, 1.976, 2.476$, all $P<0.05$], and the levels of serum inflammatory factors(TNF – α , CRP, MMP – 9 and IL – 6) of the observation group were significantly lower than those of the control group[(50.35 \pm 7.47)ng/L vs. (64.83 \pm 8.96)ng/L, (46.50 \pm 5.93)mg/L vs. (57.77 \pm 6.48)mg/L, (35.44 \pm 6.17) μ g/L vs. (46.85 \pm 7.44) μ g/L, (16.84 \pm 6.72)ng/L vs. (26.85 \pm 9.42)ng/L, $t=11.905, 12.306, 22.159, 8.297$, all $P<0.05$]. **Conclusion** Atorvastatin combined with Quick Heart – Reliever Pill in the treatment of elderly patients with coronary heart disease can achieve notable effects without increasing the liver burden, which can also effectively refine the blood lipid in patients, reduce the inflammatory factors levels, and it is worthy of clinical promotion.

【Key words】 Coronary artery disease; Atorvastatin; Quick-acting kyushin pills; Aged

多层螺旋 CT 检查对小肠疾病的诊断价值

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【摘要】 目的 探讨多层螺旋 CT 小肠造影(MDCTE)扫描技术在小肠疾病诊断中的临床应用价值。**方法** 对 78 例临床怀疑小肠疾病患者行 MDCTE 平扫及增强扫描,观察病变部位、大小、形态、周围侵犯及转移情况,结果与最终临床诊断对照分析。**结果** 78 例患者中,最终临床诊断阳性 49 例,阴性 29 例。MDCTE 阳性诊断 40 例与最终临床诊断相符;29 例阴性与最终临床诊断相符,漏误诊有 9 例。MDCTE 对小肠疾病诊断的敏感性为 81.63% (40/49)、特异性为 100% (29/29)、阳性预测值为 100% (40/40)、阴性预测值为 76.32% (29/38)、诊断正确率为 88.46% [(40+29)/78]。**结论** MDCTE 对小肠疾病的临床诊断有重要指导意义。

【关键词】 体层摄影术,螺旋计算机; 小肠疾病

Clinical significance of multi slice spiral CT in the diagnosis of small intestinal diseases *Bei Jingjing, Qiu Minhua.*

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【Abstract】 Objective To explore the clinical significance of multi slice spiral CT in the diagnosis of small intestinal diseases. **Methods** 78 patients suspected with small intestinal diseases were selected and scanned by multi detector row spiral CT instrument. The lesion position, size, type, range and distant metastasis were observed. Then, the clinical and pathological results were compared and analyzed. **Results** The final clinicopathological diagnosis had 49 positive cases, 29 negative cases among the 78 patients. The MDCTE had 40 positive cases, which had correspondence with pathological diagnosis; 29 negative cases had correspondence with pathological diagnosis; 9 cases had been misdiagnosed. The sensitivity of MDCTE in diagnosis of small intestinal diseases was 81.63% (40/49), the specificity was 100.00% (29/29), the positive predictive rate was 100.00% (40/40), the negative predictive rate was 76.32% (29/38), the accuracy of diagnosis was 88.46% [(40+29)/78]. **Conclusion** MDCTE has important clinical significance in the diagnosis of small intestinal diseases.

【Key words】 Cicatrix, hypertrophic; Small intestinal diseases

山东省青岛市 2016 年严重药品不良反应报告分析

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【摘要】 **目的** 分析青岛市严重药品不良反应(ADR)发生情况,为临床安全用药提供参考。**方法** 采用回顾性研究方法,对青岛市药品不良反应监测中心 2016 年收集的 1 130 例严重 ADR 报告进行综合分析。**结果** 抗感染药物、中药注射剂和抗肿瘤药物是引发严重 ADR 最多的三类药物,73.45% 的严重 ADR 是由静脉给药引发,65.00% 的过敏性休克发生在给药 10 min 内,乳酸左氧氟沙星注射液是引发严重 ADR 最多的药物,丹红注射液是引发过敏性休克最多的药物,热毒宁注射液是引发儿童严重 ADR 最多的药物。**结论** 进一步加强抗感染药物、中药注射剂和抗肿瘤药物的用药安全性监测,重视对儿童特殊群体 ADR 监测。

【关键词】 药品副反应报告系统; 休克; 分析

Analysis of serious adverse drug reactions in 2016 from Qingdao of Shandong province Fan Chun, Wang Tao, Yan Meixing.

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【Abstract】 **Objective** To analyze characteristics of serious adverse drug reaction from Qingdao and provide reference for clinical applications. **Methods** 1 130 reports collected by Qingdao Center for ADR Monitoring in 2016 were analyzed using retrospective study method. **Results** The antibiotics, traditional Chinese medicine injection and antitumor drug caused the higher proportion of serious adverse drug reaction. Injection was the main way for administration, which induced 73.45% of serious adverse drug reaction. 65.00% cases with allergic shock occurred within 10min. Levofloxacin lactate injection caused the highest proportion of serious adverse drug reaction, Danhong injection caused the highest proportion of allergic shock reaction, Reduning injection caused the highest proportion of serious adverse drug reaction in children. **Conclusion** Safety monitoring for antibiotics, traditional Chinese medicine injection and antitumor drug should be further strengthened, including children adverse reactions.

【Key words】 Adverse drug reaction reporting systems; Shock; Analysis

术前使用帕瑞昔布钠对硬膜外血肿患者围术期疼痛及凝血功能的影响

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【摘要】目的 探讨术前使用帕瑞昔布钠对硬膜外血肿患者围术期疼痛及凝血功能的影响。**方法** 选择脑外伤硬膜外血肿行手术治疗患者 80 例, 采用随机数字表法分为两组, 每组 40 例。术前 30 min, 观察组给予帕瑞昔布钠, 对照组则使用相同剂量 0.9% 氯化钠注射液, 比较术后 6 h、12 h、24 h 及 48 h 两组疼痛视觉模拟评分(VAS 评分)变化情况, 统计术后 48 h 内两组患者静脉自控镇痛(PCIA)按压次数, 观察术后两组患者凝血功能变化情况。**结果** 观察组术后 6 h、12 h、24 h 及 48 h 疼痛 VAS 评分分别为(4.1 ± 0.3)分、(4.0 ± 0.2)分、(3.0 ± 0.3)分和(2.3 ± 0.1)分, 均显著低于同时间点对照组($t = 17.541, 3.508, 7.589, 28.284$, 均 $P < 0.05$), 观察组术后 6 h、12 h、24 h 及 48 h PCIA 按压次数分别为(1.9 ± 0.4)次、(1.8 ± 0.3)次、(1.1 ± 0.2)次和(0.7 ± 0.1)次, 均少于对照组($t = 4.939, 3.795, 12.279, 16.000$, 均 $P < 0.05$), 干预后两组凝血功能检查指标中 PT、TT、APTT 及 Fib 等差异均无统计学意义($t = 0.407, 0.000, 1.491, 0.331$, 均 $P > 0.05$)。**结论** 术前使用帕瑞昔布钠能有效减轻硬膜外血肿患者围术期疼痛, 且对凝血功能无影响。

【关键词】 硬膜外血肿; 帕瑞昔布钠; 围术期疼痛; 凝血功能

Effects of preoperative use of parecoxib sodium on perioperative pain and coagulation in patients with epidural hematoma Sun Jing.

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【Abstract】Objective To investigate the effect of preoperative use of paracetin sodium on epidural pain and coagulation in patients with epidural hematoma. **Methods** 80 brain trauma patients with epidural hematoma underwent surgery were selected, and they were randomly divided into two groups according to the digital table, 40 cases in each group. 30 min before surgery, the observation group was given parecoxib sodium, and the control group was treated with the same volume of 0.9% saline. Then, the changes of the visual analogue scale (VAS score) and PCIA compression times were compared between the two groups at 6h, 12h, 24h and 48h after operation. The coagulation changes were observed. **Results** 6h, 12h, 24h and 48h after operation, the VAS scores of the pain in the observation group were (4.1 ± 0.3) points, (4.0 ± 0.2) points, (3.0 ± 0.3) points and (2.3 ± 0.3) points, respectively, which were lower than those in the control group ($t = 17.541, 3.508, 7.589$ and 28.284 , all $P < 0.05$). 6h, 12h, 24h and 48h after operation, the PCIA times in the observation group were (1.9 ± 0.4) times, (1.8 ± 0.3) times, (1.1 ± 0.2) times and (0.7 ± 0.1) times, respectively, which were lower than those in the control group ($t = 4.939, 3.795, 12.279$ and 16.000 , all $P < 0.05$). The PT, TT, APTT and Fib between the two groups had no statistically significant differences ($t = 0.407, 0.000, 1.491$ and 0.331 , all $P > 0.05$). **Conclusion** Preoperative use of parecoxib sodium can effectively reduce the perioperative pain in patients with epidural hematoma, and it has no effect on coagulation function with high safety.

【Key words】 Epidural hematoma; Parecoxib sodium; Perioperative pain; Coagulation function

多发伤患者发生创伤性凝血病的危险因素及预后分析

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【摘要】 目的 分析多发伤患者发生创伤性凝血病(TC)的危险因素及预后的影响因素。方法 回顾性分析多发伤患者 180 例的临床资料,根据患者是否发生急性 TC 分为 TC 组和对照组,TC 组患者根据预后情况分为死亡组和存活组,分析年龄、性别、多发伤原因、血常规指标[血红蛋白(Hb)、红细胞比容(Hct),血小板(Plt)]、凝血指标[凝血酶原时间(PT)、活化部分凝血活酶时间(APTT)]、动脉血气指标、损伤严重程度评分(ISS)、急性生理和慢性健康评分 II (APACHE II)评分、格拉斯哥昏迷评分(GCS 评分)、合并重型颅脑损伤(STBI)、输血量、使用升压药对 TC 及预后的影响。结果 180 例多发伤患者共有 52 例发生 TC,发生率为 28.89%。52 例 TC 患者中 21 例死亡,病死率为 40.38%。128 例对照组患者中 12 例死亡,病死率为 9.38%,TC 组病死率明显高于对照组,差异有统计学意义($\chi^2 = 23.749, P < 0.01$)。单因素分析结果显示,TC 组和对照组合并 STBI 比例、使用升压药比例、GCS 评分 ≤ 6 分比例、Hb、Hct、Plt、ISS、APACHE II 评分、输血量差异均有统计学意义($\chi^2 = 45.779, 28.281, 15.626, t = 5.148, 6.183, 13.366, 6.248, 9.146, 8.353$, 均 $P < 0.01$)。logistic 回归分析结果显示,GCS 评分 ≤ 6 分、合并 STBI、Plt 计数水平是多发伤患者发生 TC 的独立危险因素。结论 急诊多发伤患者易出现 TC,具有较高病死率,影响 TC 的独立危险因素为 GCS 评分 ≤ 6 分、合并 STBI、Plt 计数水平,影响 TC 患者预后的独立危险因素为 GCS 评分 ≤ 6 分、合并 STBI。

【关键词】 多处创伤; 创伤性凝血病; 预后; 因素分析,统计学

Analysis of risk factors and prognosis of acute traumatic coagulopathy in patients with polytrauma Xu Jie.

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【Abstract】 Objective To analyze the risk factors and the prognostic factors of acute traumatic coagulopathy (TC) in patients with polytrauma. **Methods** The clinical data of 180 patients with multiple trauma were analyzed. All the patients were divided into TC group and control group according to whether acute TC was occurring or not. The TC group were divided into death group and survival group according to the prognosis. The influence of age, gender, multiple trauma cause, blood index [hemoglobin (Hb), hematocrit (Hct), platelet (Plt)], coagulation index [prothrombin time (PT), activated partial thromboplastin time (APTT)], arterial blood gas index, injury severity score (ISS), acute physiology and chronic health score II (APACHE II), Glasgow Coma Scale (GCS) score, complicated with severe head injury (STBI), blood transfusion, use of antihypertensive drugs on TC and prognosis were analyzed. **Results** There were 52 patients with TC in 180 patients with polytrauma, which accounted for 28.89%. There were 21 deaths in 52 patients with TC, which accounted for 40.38%. There were 12 deaths in 128 patients without TC, which accounted for 9.38%. The death rate of the TC patients were significantly higher than that of the non-TC patients, the difference was statistically significant ($\chi^2 = 23.749, P < 0.01$). The differences of the ratio of Consolidate STBI, the ratio of using boost drugs, GCS ≤ 6 , Hb, Hct, Plt, ISS, APACHE II, blood transfusion between the TC group and control group were statistically significant ($\chi^2 = 45.779, 28.281, 15.626, t = 5.148, 6.183, 13.366, 6.248, 9.146, 8.353$, all $P < 0.01$). logistic regression analysis showed that GCS ≤ 6 points, complicated with STBI, Plt count were independent risk factors for acute TC in patients with polytrauma. **Conclusion** Emergency patients with multiple injuries are prone to TC, which has higher mortality. The GCS ≤ 6 points, complicated with STBI and Plt count are the independent risk factors for TC. The GCS ≤ 6 points, complicated with STBI are the independent risk factors for prognosis of TC patients.

【Key words】 Multiple trauma; Traumatic coagulopathy; Prognosis; Factor analysis, statistical

经皮微创闭合复位与切开复位内固定治疗踝关节骨折的疗效比较

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【摘要】 **目的** 比较经皮微创闭合复位与切开复位内固定治疗踝关节骨折的临床疗效。**方法** 选取踝关节骨折患者 133 例, 采用随机数字表法分为闭合组 65 例与切开组 68 例。闭合组患者实施经皮微创闭合复位, 切开组患者实施切开复位内固定。比较两组治疗疗效, 术中出血量、骨折愈合时间、手术时间及术后并发症。**结果** 闭合组优良率(98.46%) 高于对照组(85.29%) ($\chi^2 = 7.594, P < 0.05$); 闭合组术中出血量 [(19.40 ± 3.56) mL] 少于切开组 [(39.84 ± 4.15) mL], 骨折愈合时间 [(10.24 ± 2.15) 周] 短于切开组 [(15.46 ± 3.67) 周], 手术时间 [(38.94 ± 8.71) min] 短于切开组 [(59.38 ± 13.25) min], 差异均有统计学意义 ($t = 30.424, 9.950, 10.462$, 均 $P < 0.05$); 闭合组术后并发症发生率(1.54%) 低于切开组(16.18%) ($\chi^2 = 8.675, P < 0.05$)。**结论** 经皮微创闭合复位治疗踝关节骨折的临床疗效优于切开复位内固定。

【关键词】 经皮微创闭合复位; 切口复位内固定; 踝关节骨折; 疗效

Comparison of the clinical efficacy of minimally invasive closed reduction and open reduction and internal fixation for ankle fracture Qi Wulin, Dong Sizhen.

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【Abstract】 **Objective** To compare the clinical efficacy of minimally invasive closed reduction and open reduction and internal fixation in the treatment of ankle fractures. **Methods** 133 cases with ankle fractures were selected. They were divided into closed group (65 cases) and incision group (68 cases) according to random table method. The closed group was treated with minimally invasive closed reduction, and the incision group was treated with open reduction and internal fixation. The therapeutic effect, amount of bleeding, time of fracture healing, time of operation and postoperative complications were compared between the two groups. **Results** The good rate of the closed group (98.46%) was higher than that of the control group (85.29%, $\chi^2 = 7.594, P < 0.05$). The amount of bleeding in the closed group [(19.40 ± 3.56) mL] was less than that in the incision group [(39.84 ± 4.15) mL], the fracture healing time in the closed group [(10.24 ± 2.15) weeks] was shorter than that in the incision group [(15.46 ± 3.67) weeks], the operation time in the closed group [(38.94 ± 8.71) min] was shorter than that the incision group [(59.38 ± 13.25) min] ($t = 30.424, 9.950, 10.462$, all $P < 0.05$). The incidence rate of postoperative complication in the closed group (1.54%) was lower than that in the incision group (16.18%, $\chi^2 = 8.675, P < 0.05$). **Conclusion** Minimally invasive closed reduction in the treatment of ankle fractures is better than open reduction and internal fixation, and has important research value.

【Key words】 Minimally invasive closed reduction; Incision internal fixation; Ankle fracture; Curative effect

胎儿宫内生长受限 120 例病因及妊娠结局分析

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【摘要】 目的 探讨胎儿宫内生长受限的致病因素及其妊娠结局。方法 选择 120 例胎儿宫内生长受限(FGR)孕产妇作为研究对象(FGR 组),并选择同期顺利分娩的 120 例健康孕产妇作为对照组。对两组孕产妇的病历资料及妊娠结局进行分析比较。结果 两组孕产妇年龄差异无统计学意义($t = 1.097, P > 0.05$),而 FGR 组中来自乡村、无产前检查以及行剖宫产手术的孕产妇比例显著高于对照组($\chi^2 = 8.832, 4.842, 7.466, 4.843$, 均 $P < 0.05$)。FGR 组中并发有妊娠期高血压、心肺疾病、胎膜早破、贫血、羊水过少、脐带异常、胎盘异常、宫内窘迫、胎粪感染等疾病以及双胎的孕产妇比例明显高于对照组($\chi^2 = 12.810, 4.655, 6.666, 12.860, 16.335, 6.587, 4.629, 6.696, 7.924, 8.038$, 均 $P < 0.05$),上述因素均是导致 FGR 发生的致病因素。FGR 组新生儿出生质量、出生胎龄分别为 $(2\ 134.32 \pm 322.17)$ g、 (35.74 ± 2.12) 周,均明显低于对照组的 $(2\ 793.83 \pm 427.64)$ g、 (38.23 ± 2.75) 周($t = 13.493, 7.855$, 均 $P < 0.05$),同时其新生儿疾病、新生儿窒息以及新生儿死亡的比例分别为 15.00%、3.33% 和 4.17%,明显高于对照组的 3.33%、1.67%、0.00% ($\chi^2 = 9.808, 4.668, 5.106$, 均 $P < 0.05$)。结论 FGR 的发病与妊娠期高血压、心肺疾病、胎膜早破、贫血、羊水过少、脐带异常、胎盘异常、宫内窘迫、胎粪感染等疾病以及双胎明显相关。临床上对于 FGR 应及时诊治,必要时可终止妊娠,以尽可能改善不良妊娠结局,达到优生优育的目的。

【关键词】 胎儿生长迟缓; 危险因素; 妊娠结局

Analysis of etiology and pregnancy outcome in 120 cases with fetal intrauterine growth restriction You Yan, Chen Xiangjun, Wang Danfeng, Bao Xiaolin.

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【Abstract】 Objective To explore the etiology and pregnancy outcome of fetal intrauterine growth restriction (FGR). **Methods** 120 cases of FGR pregnant women were selected as the research subjects (FGR group). And 120 healthy pregnant women who were successfully delivered during the same period were selected as the control group. The medical records and pregnancy outcomes in the two groups were analyzed and compared. **Results** There was no statistically significant difference in age between the FGR group and the control group ($t = 1.0978, P > 0.05$). In the FGR group, the proportions of pregnant women who came from the countryside, without prenatal examination and the choice of cesarean section were significantly higher than those in the control group, and the differences between the two groups were statistically significant ($\chi^2 = 8.832, 4.842, 7.466, 4.843$, all $P < 0.05$). The proportions of pregnancy induced hypertension, heart lung disease, premature rupture of membranes, anemia, oligohydramnios, abnormal umbilical cord, placental abnormalities intrauterine distress and meconium infection and twin pregnant women in the FGR group were significantly higher than those in the control group ($\chi^2 = 12.810, 4.655, 6.666, 12.860, 16.335, 6.587, 4.629, 6.696, 7.924, 8.038$, all $P < 0.05$), these factors were the causative factors of FGR. The neonatal quality and gestational age in the FGR group were $(2\ 134.32 \pm 322.17)$ g and (35.74 ± 2.12) weeks, respectively, which were significantly lower than those in the control group [$(2\ 793.83 \pm 427.64)$ g, (38.23 ± 2.75) weeks] ($t = 13.493, 7.855$, all $P < 0.05$). The incidence rates of neonatal morbidity, neonatal asphyxia and neonatal death in the FGR group were 15.00%, 3.33% and 4.17%, respectively, which were significantly higher than 3.33%, 1.67%, 0.00% in the control group ($\chi^2 = 9.808, 4.668, 5.106$, all $P < 0.05$).

Conclusion The incidence of FGR is associated with pregnancy induced hypertension, heart lung disease, premature rupture of membranes, anemia, oligohydramnios, abnormal umbilical cord, placental abnormalities intrauterine distress, meconium infection and twins. FGR should be promptly diagnosed and treated in the clinical, can terminate pregnancy when necessary, as soon as possible to improve the adverse pregnancy outcome. Improving the adverse pregnancy outcomes as much as possible can achieve the purpose of eugenics.

【Key words】 Fetal growth retardation; Risk factors; Pregnancy outcome

正畸-修复联合治疗上颌前牙牙列缺损伴错殆畸形临床效果观察

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【摘要】 **目的** 探讨上颌前牙牙列缺损伴错殆畸形患者采用正畸-修复治疗的临床效果。**方法** 回顾性分析 68 例上颌前牙牙列缺损伴错殆畸形患者临床资料,按照治疗方法不同将其分为对照组(修复治疗)与研究组(正畸-修复),各 34 例。统计两组患者牙齿咬合关系、前牙覆合覆盖、牙齿排列情况、临床治疗效果及治疗费用;通过问卷调查方式调查患者对治疗后的满意度;检测两组患者软垢指数与附着丧失指数。**结果** 研究组患者牙齿咬合关系良好率、前牙覆合覆盖良好率及牙齿排列整齐率分别为 82.35% (28/34)、88.24% (30/34)、94.12% (32/34),明显高于对照组的 58.82% (20/34)、67.65% (23/34)、73.53% (25/34) ($\chi^2 = 4.53, 4.19, 5.31, P = 0.03, 0.04, 0.02$)。研究组总有效率 94.12% (32/34),明显高于对照组的 70.59% (24/34) ($\chi^2 = 6.50, P = 0.03$)。研究组治疗费用为(8 124.63 ± 386.58)元,明显高于对照组的(2 179.86 ± 276.82)元($t = 72.90, P = 0.00$);研究组患者满意度为 88.24% (30/34),明显高于对照组的 52.94% (18/34) ($\chi^2 = 10.20, P = 0.00$)。研究组患者软垢指数、牙附着丧失指数分别为(0.14 ± 0.07)、(5.06 ± 1.38),明显低于对照组的(0.63 ± 0.18)、(6.52 ± 1.58) ($t = 14.79, 4.05, P = 0.00, 0.00$)。**结论** 上颌前牙牙列缺损伴错殆畸形患者采用正畸-修复联合治疗可有助于改善患者牙齿畸形,且效果显著,赢得患者好评,但该方法费用较高,因此患者在选择时需综合考虑。

【关键词】 牙缺失; 牙畸形; 正畸; 修复

Clinical effect of orthodontic – repair combined therapy for maxillary anterior teeth dentition defect with malocclusion Wu Bing, Xu Chunhua.

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【Abstract】 Objective To investigate the clinical effect of orthodontic – repair combined therapy in the treatment of maxillary anterior teeth dentition defect and malocclusion. **Methods** The clinical data of 68 patients with maxillary anterior dentition defect and malocclusion were analyzed retrospectively. They were divided into control group (repair treatment) and study group (orthodontic – repair treatment) according to the different methods of treatment, 34 cases in each group. The tooth occlusal relationship, the occlusion of the anterior teeth and the arrangement of the teeth, clinical treatment effect and the treatment cost were analyzed. The satisfaction of the patients after treatment was investigated by questionnaire. The debris index and attachment loss index were detected. **Results** The good rate of tooth occlusal relationship, good rate of anterior teeth coverage and teeth order rate in the study group were 82.35% (28/34), 88.24% (30/34), 94.12% (32/34), respectively, which were significantly higher than those in the control group [58.82% (20/34), 67.65% (23/34), 73.53% (25/34)] ($\chi^2 = 4.53, 4.19, 4.53, P = 0.03, 0.04, 0.03$). The total effective rate of the study group was 94.12% (32/34), which was significantly higher than that of the control group [70.59% (24/34)] ($\chi^2 = 6.50, P = 0.03$). The average treatment cost of the study group was (8 124.63 ± 386.58) yuan, which was significantly higher than (2 179.86 ± 276.82) yuan of the control group ($t = 72.90, P = 0.00$). The patients' satisfaction of the study group was 88.24% (30/34), which was significantly higher than that of the control group [52.94% (18/34)] ($\chi^2 = 10.20, P = 0.00$). The debris index and attachment loss index in the study group were (0.14 ± 0.07), (5.06 ± 1.38), respectively, which were significantly lower than those in the control group [(0.63 ± 0.18), (6.52 ± 1.58)] ($t = 14.79, 14.79, P = 0.00, 0.00$). **Conclusion** Orthodontics combined with orthodontic treatment can help to improve the patients' tooth deformity, and the effect is remarkable, which can win the patients' praise, but the cost of the method is high, so patients should be considered in the selection.

【Key words】 Tooth loss; Tooth abnormalities; Orthodontic; Repair

异位妊娠患者子宫内膜的超声形态特点分析

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【摘要】 目的 观察异位妊娠患者子宫内膜的超声形态特点,为超声检查早期诊断异位妊娠提供依据。
方法 对停经时间 >40 d、尿妊娠试验阳性、宫腔内未见孕囊疑似早期妊娠患者 37 例行超声检查,超声测量内膜厚度,观察内膜形态、回声均匀程度及有无三线征特点,分析异位妊娠患者子宫内膜的超声影像特点。
结果 37 例患者中,诊断异位妊娠 32 例,内膜厚度 5 ~ 13 mm,平均厚度 9 mm,回声杂乱欠均匀,形态欠饱满,多无三线征。诊断宫内妊娠 5 例,内膜厚度约 10 ~ 18 mm,平均厚度 14 mm,回声均匀,形态饱满,多可见三线征。
结论 子宫内膜厚度约 9 mm、回声杂乱不均匀、形态欠饱满等是异位妊娠的超声影像学主要特点,是早期诊断异位妊娠的依据之一。

【关键词】 妊娠,异位; 腔内超声检查; 子宫内膜

Ultrasonographic characteristics of endometrium in patients with ectopic pregnancy Zhang Zhifeng, Fan Lixin, Liu Weixi.

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晚期涎腺癌一例

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患者,男性,69岁。主诉:因左侧颌面部疼痛12个月,于当地县医院按牙痛治疗多日不见好转,症状逐渐加重。于2015年1月11日就诊于河北医科大学第二医院口腔科,行活体活检,病理结果回报:考虑腺样囊性癌,符合鳞状细胞癌(低分化)。经中国医学科学院肿瘤医院病理科会诊示:(口底)小涎腺来源的癌,部分呈腺样囊性癌形态(见图1)。肺CT示:两肺多发结节,考虑为转移。2015年1月26日入河北医科大学第三医院。既往病史:患者冠心病半年余,口服药物治疗,具体治疗不详。无手术、外伤史,否认药物过敏史。入院查体:左侧颌面部压叩痛(+),放射痛(-)。脊柱四肢查体未见明显异常。辅助检查:河北医科大学第二医院MRI鼻咽平扫示:左侧下颌骨内侧口底部可见斑片状等/稍长T₁、稍长T₂信号,其内信号不均匀,压脂T₂WI呈稍高信号。病变位于颊舌骨肌上方,病变与下颌骨及邻近颊舌骨肌关系密切,病变边界模糊,范围约1.5cm×2.3cm,两侧颌下间隙及颈部血管间隙未见明显肿大淋巴结。河北医科大学第三医院下颌腺CT平扫:(1)原“左侧口底肿物术后”口底结构紊乱,口咽腔不对称,右侧饱满,建议结合MRI检查,必要时CT增强扫描。(2)左侧下颌腺未见明确显示,请结合临床病史(见图2)。(3)胸部CT平扫显示,双肺多发性占

位(见图3,2015年3月胸部CT)。综合分析入院诊断:涎腺癌;双肺多发转移;冠心病。治疗:完善各项检查后未见用药禁忌证,于2015年1月27日使用榄香烯注射液治疗,1次/d,每次0.4g,用药15d后疗程结束,向患者交待病情给予出院、休息;15d后继续用药,用药15d后疗程结束,休息15d后,继续用药15d。3次为1个疗程。休息半年后,间断应用5次,分别是2015年9月7日、2015年11月18日、2016年3月2日、2016年7月4日、2016年10月20日行药物治疗,治疗期间以榄香烯为主,辅助参芪扶正注射液、消癌平,同时用榄香烯口服乳剂。预后:用药过程中患者无明显不良反应,比如脱发、白细胞降低等,有时口腔分泌较多唾液,考虑与病变有关。患者定期复查胸部CT结果可见肺部病灶位进展缓慢,早期肺部病灶出现钙化、缩小,患者治疗将近两年半的时间。2017年5月2日再次就诊,主诉颌面部疼痛明显加重,饮食减少,言语不清,腰背部因疼痛活动受限。2017年8月,患者因上述症状加重就诊,随后给予患者试验性使用吉非替尼治疗,2017年9月15日随访患者颌面部疼痛明显减轻,局部稍麻木,腰背部疼痛明显减轻可自主活动。患者开始用药时出现恶心、头晕、便秘、皮炎,3d后上述症状逐渐减轻。

Advanced salivary gland carcinoma; a case report Zhao Guisong, Zhou Zhuang, Chen Hongyi, Liu Siyuan.

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健康教育护理干预对小儿癫痫治疗效果的影响

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【摘要】 **目的** 探究健康教育护理干预对小儿癫痫治疗效果的影响。**方法** 选取 96 例癫痫患儿为研究对象。采用随机数字表法将患儿分为两组,每组 48 例。对照组患儿行常规护理干预,观察组患儿行健康教育护理干预。观察两组治疗依从性、临床效果、生活质量评分,评估小儿癫痫应用健康教育护理干预对治疗效果的影响。**结果** 观察组正确认识癫痫、遵医嘱用药、定期复查、规范日常生活治疗依从性分别为 95.8%、97.9%、91.7%、93.8%,显著优于对照组的 68.8%、70.8%、66.7%、64.6%,组间差异均有统计学意义(均 $P < 0.05$)。观察组治疗总有效率 93.8%,高于对照组的 64.6% ($\chi^2 = 5.289, P < 0.05$)。干预前,两组生活质量评分差异无统计学意义($P > 0.05$);干预后观察组认知能力、行为问题、情绪状况、身体状况、社会功能评分分别为(78.6 ± 8.4)分、(73.3 ± 7.6)分、(77.5 ± 8.1)分、(72.7 ± 7.5)分、(76.4 ± 8.0)分,均显著高于对照组的(67.9 ± 6.8)分、(58.4 ± 5.6)分、(69.2 ± 7.0)分、(59.6 ± 5.7)分、(67.5 ± 6.9)分,组间差异均有统计学意义(均 $P < 0.05$)。**结论** 健康教育护理干预应用于小儿癫痫有利于提高治疗依从性,进而提高癫痫患儿的临床治疗效果及生活质量。

【关键词】 健康教育; 癫痫

Effect of health education and nursing intervention in the treatment of children with epilepsy Dai Xiahua, Li Yinjie, Cao Lili.

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前馈控制在预防手术室护理缺陷中的运用

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【摘要】 **目的** 探讨手术室护理的前馈控制对于减少护理缺陷和提高手术治疗效果的影响。**方法** 选取 116 例手术患者作为研究对象,将其分为观察组(前馈控制)59 例和对照组(常规护理管理)57 例,比较两组患者的手术治疗效果,评价手术室护理质量。**结果** 与对照组相比,观察组患者对于护理的满意率(93.22% 比 77.97%, $\chi^2 = 19.211, P < 0.05$)相对更高,而投诉率(1.69% 比 5.26%, $\chi^2 = 14.328$)、护理缺陷发生率(0.00% 比 3.51%, $\chi^2 = 16.947, P < 0.05$)相对更低。与前馈控制运用前相比,前馈控制运用后的手术室护理质量得以显著提升,在专业技能[(93.25 ± 4.74) 分比(81.36 ± 5.21) 分, $t = 8.314, P < 0.05$]、器械管理[(93.82 ± 4.92) 分比(82.29 ± 5.47) 分, $t = 7.255, P < 0.05$]、风险管控[(95.08 ± 4.12) 分比(83.34 ± 4.97) 分, $t = 7.042, P < 0.05$]以及护患沟通[(95.64 ± 3.42) 分比(85.52 ± 4.86) 分, $t = 7.297, P < 0.05$]等方面的评分明显更高。**结论** 手术室护理的前馈控制对于减少护理缺陷和提高手术治疗效果有着积极的帮助和影响。

【关键词】 前馈控制; 手术室护理; 缺陷

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Application of feedforward control in nursing defects in operation room Cui Pinger, Cai Fangqiong.

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Fund program: Medical and Health Scientific Research Fund Project of Zhejiang Province(2017KY604)

早期功能康复护理对手外伤后关节僵硬患者 康复效果的影响

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【摘要】 目的 探讨早期功能康复护理应用于手外伤后关节僵硬患者中的康复效果及应用价值。**方法** 将手外伤后关节僵硬患者 110 例采用随机数字表法分为观察组(36 例)和对照组(38 例),对照组给予常规护理,观察组采用早期功能康复护理,比较两组护理效果。**结果** 观察组干预后手部肿胀程度评分(6.15 ± 1.32)分,疼痛评分(1.13 ± 1.01)分;对照组干预后手部肿胀程度评分(14.06 ± 2.62)分,疼痛评分(3.46 ± 1.89)分,组间差异均有统计学意义($t = 19.995, 8.063$, 均 $P < 0.05$)。观察组干预后 CARROLL 评分(79.67 ± 13.44)分,TAM 评分(172.19 ± 24.64)分;对照组干预后 CARROLL 评分(62.16 ± 9.75)分,TAM 评分(140.19 ± 15.72)分,组间差异均有统计学意义($t = 7.820, 8.119$, 均 $P < 0.05$)。观察组治疗优良率为 72.73%,对照组治疗优良率的 36.36%,组间差异有统计学意义($\chi^2 = 14.666, P < 0.05$)。**结论** 早期功能康复护理应用在手外伤后关节僵硬患者中能够提升患者生活自理能力,促进手功能障碍恢复,减轻疼痛程度。

【关键词】 康复护理学; 手损伤; 手关节; 运动障碍

基金项目:浙江省三门县科技计划项目(15302)

Influence of functional intervention on the functional recovery in hand injury patients with ankylosis

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Fund program: Science and Technology Planning Project of Sanmen County, Zhejiang Province (15302)

认知行为干预对经外周置入中心静脉导管患者焦虑情绪的影响

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【摘要】 **目的** 探讨认知行为干预对经外周置入中心静脉导管(PICC)患者焦虑情绪的影响。**方法** 将 64 例 PICC 置管患者按入院日单双号分为观察组 32 例和对照组 32 例,对照组给予常规的置管护理,观察组在对照组的基础上采取认知行为干预。比较两组患者在 PICC 置管时的焦虑程度及对护理操作的满意度。**结果** 观察组置管前焦虑评分(56.15 ± 10.66)分,对照组(55.75 ± 11.26)分,差异无统计学意义($t = 1.77, P > 0.05$);观察组置管后焦虑评分(47.31 ± 15.23)分,对照组(54.96 ± 12.35)分,两组差异有统计学意义($t = 15.02, P < 0.05$)。观察组患者对护理工作的满意度高于对照组,两组总满意率(观察组 53.1%,对照组 93.7%)差异有统计学意义($\chi^2 = 13.537, P < 0.01$)。**结论** 认知行为干预能降低 PICC 置管患者的焦虑程度。

【关键词】 导管插入术,中心静脉; 焦虑; 行为疗法; 认知疗法

Effect of cognitive behavioral intervention on the anxiety of patients with peripherally inserted central catheter Wang Jing, Wei Qin.

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一测多评结合指纹图谱法在中药质量控制中的研究进展

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【摘要】 一测多评法结合指纹图谱法经常应用于中药及制剂的质量控制中。该研究查阅资料,分析整理,说明"一测多评"法在部分中药和中药复方制剂中多指标含量测定中也能得到应用。该方法可以作为多指标含量测定方法的一种补充,与指纹图谱相结合则能互为补益,更全面科学的评价中药的质量。

【关键词】 中草药; 质量控制; 皮纹学; 图谱

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Research progress on the quality control of traditional Chinese medicine by the method of "quantitative analysis of multi - components by single marker" combined with fingerprint Wei Liangbing, Shan Li, Gao Jiarong, Guo Mingfei, Jiang Nannan.

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【Abstract】 The method of "quantitative analysis of multi - components by single marker (QAMS)" combined with fingerprint often used in the quality control of traditional Chinese medicine (TCM) and its preparation. This study reviewed and analyzed the data. It showed that "QAMS" can be used in the determination of multiple indicators in some traditional Chinese medicine and Chinese herbal compound preparations. This is a supplementary method for the determination of content, combined with the fingerprint to mutual benefit, quality evaluation of TCM is more comprehensive and scientific.

【Key words】 Drugs, chinese herbal; Quality control; Dermatoglyphics; Pictorial works

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