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目次

骨科疾病

| | |
|---|------|
| 高粘度骨水泥对不同程度骨质疏松性椎体压缩性骨折 经皮椎体成形术的疗效影响及其弥散分析 | 2721 |
| 马建华 王庆雷 | |
| 经皮椎体成形术在高龄胸腰椎压缩性骨折患者治疗中的 效果分析 | 2726 |
| 宋益挺 严建武 | |
| 计算机辅助 Taylor 三维空间外固定架治疗下肢骨干骨折的 临床研究 | 2730 |
| 张远 严卫锋 张玉良 王斌 | |
| 微创经伤椎撬拨复位内固定术在胸腰椎骨折治疗中的应用 | 2734 |
| 聂锋锋 鞠亮 杜宪法 黄寿国 张英华 陈波 李明 | |
| 外踝上穿支皮瓣修复足踝部软组织缺损的效果观察 | 2739 |
| 谢长发 黄晓涛 方略 张弛 | |
| 不同固定方式用于股骨髁间粉碎性骨折的效果比较 | 2743 |
| 袁浩 | |
| 外固定架结合有限内固定治疗累及干骺端的 青少年胫骨远端骨折的疗效观察 | 2747 |
| 罗学勤 | |
| 颈椎前路减压钛网加带锁钢板内固定术治疗颈椎伤病的 临床观察 | 2750 |
| 邵伟伟 龙亨国 王庆丰 | |
| 股骨近端防旋髓内钉 II 内固定治疗股骨转子间骨折的 疗效观察 | 2754 |
| 彭靖远 刘志兵 朱继明 | |
| 股骨近端防旋髓内钉与动力髌螺钉内固定治疗老年人 股骨转子间骨折的效果比较 | 2757 |
| 韩张杰 | |

论 著

| | |
|---|------|
| 河南省部分地区 2006-2015 年艾滋病患者流行病学 及临床特征分析 | 2761 |
| 孙燕 陈昭云 杨莹 张雪 李超锋 赵清霞 | |

| | |
|---|------|
| 血液透析与腹膜透析治疗老年人终末期肾病的效果比较 | 2765 |
| 费霞佩 叶立英 | |
| 肝硬化首次食管胃底静脉曲张破裂出血的危险因素分析 | 2770 |
| 俞文方 孙小军 | |
| 高频联合低频超声检查用于急性阑尾炎的诊断价值 | 2775 |
| 王鑫 | |
| 酶联免疫吸附试验联合胶体金免疫层析法在类风湿关节炎患者血清 抗环瓜氨酸肽抗体检测中的应用价值 | 2779 |
| 王逸群 张超 | |
| 高血压脑出血患者微创术后颅内压水平监测及其与神经损伤、 炎症应激反应的相关性分析 | 2783 |
| 罗永康 | |
| 不同剂量阿替普酶治疗老年人急性脑梗死的疗效及安全性比较 | 2788 |
| 马舰 金焕喜 | |
| 全身麻醉复合硬膜外腔阻滞用于腹腔镜直肠癌根治术的效果观察 | 2792 |
| 高举 | |
| 大黄芍药汤联合腹腔镜手术治疗老年人急性化脓性胆囊炎的临床观察 | 2796 |
| 方振军 | |
| 前列地尔联合苦碟子注射液治疗后循环缺血性眩晕的临床疗效及其对溶血磷脂酸、 酸性磷脂水平的影响 | 2800 |
| 戚建巨 郎明霞 | |
| 糖尿病颈动脉、椎动脉硬化斑块发生率及相关因素分析 | 2804 |
| 张新义 | |
| 强化阿托伐他汀治疗经皮冠状动脉介入术后对比剂肾病的临床价值 | 2808 |
| 于春英 王焕泰 | |
| 支撑喉镜下低温等离子射频术治疗成人喉乳头状瘤的临床疗效观察 | 2811 |
| 倪荣华 张成一 林志宏 | |
| 糖尿病肾病患者血清 25-羟维生素 D ₃ 与尿维生素 D 结合蛋白的相关性研究 | 2815 |
| 苏丽清 周玉萍 王海静 司凤霞 林雯雯 | |
| 血清透明质酸对慢性病毒性肝炎肝纤维化的诊断价值 | 2819 |
| 王秀丽 姚鹏 | |

研究与实践

| | |
|---|------|
| 益气补肾通络汤联合甲钴胺穴位注射治疗糖尿病周围神经病变的疗效分析 | 2823 |
| 马影 | |
| 银马解毒颗粒治疗热邪犯肺证咳嗽的临床疗效观察 | 2826 |
| 马财芝 符云 贺丽 | |
| 腹腔镜手术与开腹手术治疗粘连性肠梗阻的临床效果比较 | 2829 |
| 孙海 | |
| 早期和中晚期帕金森病患者血清尿酸、同型半胱氨酸含量变化 及其与帕金森综合评分量表评分的相关性分析 | 2832 |
| 朱晓曦 | |
| 重组人生长激素治疗生长激素缺乏症的疗效观察及对患儿肾上腺皮质功能的影响 | 2835 |
| 陈双忠 吴美珍 | |

健康教育

- 分期健康教育在骨外科患者围术期护理中的临床效果 2838
刘琼 陶晓 夏丽莉
- 健康教育在择期手术患者中的应用效果分析 2841
林玲

护理学

- 个体化舒适护理对重症支气管哮喘机械通气患者的效果分析 2844
徐巧妹
- 精细化护理在消化性溃疡出血治疗中的应用 2847
陈员娥 郭旭日 高聪颖
- 个性化护理对胸外科手术术后患者疼痛评分、生活质量及情绪状态的影响 2850
张诗越

综 述

- 距骨骨折的研究进展 2853
皮治兵 渠立群

- 《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 2017 年相关指标一览表 2742
- 《中国基层医药》杂志协办单位 2769
- 《中国基层医药》杂志 2019 年度重点报道计划 2774
- 本期广告目次 2856

本刊稿约见本卷第 1 期后插 3、第 13 期后插 5

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高粘度骨水泥对不同程度骨质疏松性椎体压缩性骨折经皮椎体成形术的疗效影响及其弥散分析

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【摘要】 目的 观察高粘度骨水泥经皮椎体成形术(PVP)治疗不同程度骨质疏松性椎体压缩性骨折(OVCF)的疗效及弥散分布的差异。**方法** 选取2013年10月至2016年10月北京老年医院收治的OVCF患者65例为研究对象。术前椎体压缩程度按Genant半定量法分组:I度组(椎体压缩 $\leq 25\%$)24例、II度组(椎体压缩 $> 25\% \sim 40\%$)23例、III度组(椎体压缩 $> 40\%$)18例,各组均行椎体成形术,且使用高粘度骨水泥。术后进行CT扫描复查,计算椎体内骨水泥的弥散体积及弥散系数,比较不同分组之间的差异,并比较术前、术后视觉模拟(VAS)评分的差异,评价高粘度骨水泥PVP的治疗效果。**结果** 三组患者在单个椎体手术时间及骨水泥注入量上差异均无统计学意义(均 $P > 0.05$),但III度组的骨水泥弥散体积(8.25 ± 1.38) mL及弥散系数(2.15 ± 0.21)与II度组[(9.32 ± 1.85) mL、(2.42 ± 0.27)]差异均有统计学意义($t = 2.43, 3.51$,均 $P < 0.05$),与I度组[(9.38 ± 1.92) mL、(2.44 ± 0.23)]差异均有统计学意义($t = 2.12, 2.29$,均 $P < 0.05$),而I度组与II度组之间的骨水泥弥散体积及弥散系数差异均无统计学意义($t = 0.11, 0.29$,均 $P > 0.05$);术后三组患者VAS评分均明显下降,且术前、术后第1天及术后6个月之间差异均有统计学意义($t = 28.21, 27.01$,均 $P < 0.01$)。**结论** 经高粘度骨水泥PVP治疗OVCF患者的VAS评分明显降低,近远期疼痛症状均缓解,且高粘度骨水泥PVP有极低的骨水泥渗漏率。术前椎体压缩程度的不同并不影响术中高粘度骨水泥的注射量及手术时间,但对骨水泥的弥散分布有影响,表现为骨水泥弥散体积及弥散系数会随着椎体压缩程度的增加而呈下降趋势,尤其是重度压缩的椎体骨折的骨水泥弥散会明显减低。

【关键词】 骨质疏松性骨折; 脊柱骨折; 椎体成形术; 成像,三维; 弥散体积; 弥散系数

基金项目: 卫生部医药卫生科技发展中心课题(W2013ZT034)

The efficacy and dispersion analysis of high viscosity cement in the treatment of osteoporotic vertebral compression fractures with different degrees of osteoporosis Ma Jianhua, Wang Qinglei.

Department of the Second Orthopaedics, Beijing Geriatrics Hospital, Beijing 100095, China

【Abstract】 Objective To observe the efficacy and difference of dispersion of osteoporotic vertebral fractures with high-viscosity cement in the treatment of vertebral compression fractures with different degrees of osteoporosis.

Methods From October 2013 to October 2016, a total of 65 patients with clinically diagnosed thoracolumbar osteoporotic fractures in Beijing Geriatrics Hospital were selected, and they were divided into three groups according to Genant semiquantitative method: 24 cases of I degree group (vertebral compression $\leq 25\%$), 23 cases of II degree group (vertebral compression of $> 25\% - 40\%$), 18 cases of III degree group (vertebral compression $> 40\%$). All patients underwent vertebroplasty and received high viscosity bone cement. CT scan was performed after operation, then the volume of vertebral bone cement dispersion and diffusion coefficient were calculated, the differences among different groups were compared. The visual analogue scale (VAS) of all patients were recorded before operation, 1 day after operation and 6 months after operation. The differences of preoperative and postoperative VAS scores were compared to evaluate the therapeutic effect of high viscosity cement on PVP. **Results** There were no statistically significant differences among the three groups in the time of single vertebral body operation and the amount of cement

injected (all $P > 0.05$). However, the volume and the diffusion coefficient of the cement in the III degree group [(8.25 ± 1.38)mL and (2.15 ± 0.21)] were significantly different from those in the II degree group [(9.32 ± 1.85)mL and (2.42 ± 0.27)] ($t = 2.43, 3.51$, all $P < 0.05$) and the I degree group [(9.38 ± 1.92)mL and (2.44 ± 0.23)] ($t = 2.12, 2.29$, all $P < 0.05$). There were no statistically significant differences in the volume and the dispersion coefficient of cement between the I degree group and II degree group ($t = 0.11, 0.29$, all $P > 0.05$). The postoperative VAS score decreased significantly, and the differences were statistically significant among preoperation, postoperative 1 day and postoperative 6 months ($t = 28.21, 27.01$, all $P < 0.01$). **Conclusion** The VAS score of patients with OVCF decreases significantly after PVP treatment with high viscosity cement. The pain symptoms of patients with OVCF are significantly relieved in both short-term and long-term, and PVP with high viscosity cement has a very low incidence rate of bone cement leakage. The different degree of preoperative vertebral compression doesn't affect the amount of bone cement injection and operation time, but partly impact the dispersion of high viscosity cement, shown as the dispersion volume and diffusion coefficient of bone cement can decline with the increase of the degree of vertebral compression, especially for heavily compressed vertebral fractures, the dispersion of bone cement is clearly diminished.

【Key words】 Osteoporotic fractures; Spinal fractures; Vertebroplasty; Imaging, three-dimensional; Dispersion volume; Dispersion coefficient

Fund program: Project of Medical and Health Technology Development Center of Ministry of Health (W2013ZT034)

经皮椎体成形术在老年胸腰椎压缩性骨折患者治疗中的效果分析

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DOI:10.3760/cma.j.issn.1008-6706.2018.21.002

【摘要】 目的 观察经皮椎体成形术治疗老年胸腰椎压缩性骨折患者的临床效果。**方法** 选择慈溪市慈林医院 2014 年 9 月至 2015 年 9 月收治的老年胸腰椎压缩性骨折患者 70 例为研究对象,采用随机数字表法分为对照组 35 例、研究组 35 例。对照组采用非手术治疗,研究组采用经皮椎体成形术治疗。比较两组治疗前后视觉模拟评分法(VAS)评分、功能独立性评定量表(FIM)评分变化,比较两组治疗前后椎体高度丢失、伤椎前后缘高度恢复、Cobb 角矫正以及生活质量(SF-36)评分的变化。**结果** 治疗后,研究组 VAS 评分为(3.46 ± 0.25)分、FIM 评分为(67.94 ± 5.48)分,对照组分别为(5.02 ± 0.13)分、(51.49 ± 3.84)分,两组差异均有统计学意义($t = 32.75, 14.54$, 均 $P < 0.05$);研究组椎体高度丢失(4.90 ± 0.23)mm、伤椎前后缘高度恢复(93.84 ± 1.12)%、Cobb 角矫正(11.21 ± 0.24)°,均优于对照组($t = 34.67, 101.31, 190.57$, 均 $P < 0.05$);两组 SF-36 各指标评分差异均有统计学意义(均 $P < 0.05$)。**结论** 经皮椎体成形术用于治疗老年胸腰椎压缩性骨折患者有较好的效果,有助于缓解疼痛,提高患者生活质量。

【关键词】 骨折,压缩性; 脊柱骨折; 经皮椎体成形术; 老年人; 临床对照试验

基金项目:浙江省卫生科技计划项目(2014KYB246)

Effect of percutaneous vertebroplasty in the treatment of elderly patients with thoracolumbar compression fractures Song Yiting, Yan Jianwu.

Department of Orthopedics, Cilin Hospital, Cixi, Zhejiang 315315, China

【Abstract】 Objective To observe the clinical effect of percutaneous vertebroplasty(PVP) in the treatment of elderly patients with thoracolumbar vertebral compression fractures. **Methods** From September 2014 to September 2015, 70 elderly patients with vertebral compression fractures in Cilin Hospital were selected and randomly divided into two groups according to the digital table, with 35 cases in each group. The control group received conservative treatment, the study group was given PVP treatment. Before and after treatment, the visual analogue scale(VAS), functional independence measure(FIM) score were compared between the two groups. The loss of vertebral height, vertebral height restoration of anterior and posterior margin, Cobb angle correction and quality of life(SF-36) score changes were compared between the two groups. **Results** After treatment, the VAS score, FIM score of the study group were (3.46 ± 0.25) points, (67.94 ± 5.48) points, which of the control group were (5.02 ± 0.13) points, (51.49 ± 3.84) points, there were statistically significant differences between the two groups($t = 32.75, 14.54$, all $P < 0.05$). The vertebral height lost, vertebral height restoration and margin, Cobb angle correction in the study group were (4.90 ± 0.23) mm, (93.84 ± 1.12)%, (11.21 ± 0.24)°, respectively, which were better than those in the control group ($t = 34.67, 101.31, 190.57$, all $P < 0.05$). The SF-36 scores between the two groups had statistically significant differences(all $P < 0.05$). **Conclusion** PVP in the treatment of elderly patients with thoracolumbar compression fractures has good effect, it can help to relieve the pain, improve the quality of life of patients.

【Key words】 Fractures, compression; Spinal fractures; Percutaneous vertebroplasty; Aged; Controlled clinical trial

Fund program: Health Science and Technology Planning Project of Zhejiang Province (2014KYB246)

计算机辅助 Taylor 三维空间外固定架治疗下肢骨干骨折的临床研究

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【摘要】 **目的** 探究计算机辅助 Taylor 三维空间外固定架治疗下肢骨干骨折的临床效果。**方法** 选取 2015 年 12 月至 2016 年 12 月在武警浙江省总队嘉兴医院接受计算机辅助 Taylor 三维空间外固定架治疗的下肢骨干骨折患者 12 例为研究对象, 对其临床资料进行分析, 并比较骨折恢复情况。**结果** 经治疗后, 12 例患者骨折部位全部复位成功, 且经 X 线检测, 骨折部位均愈合完全, 且其中 11 例显示为优、1 例显示为良, 优良率为 100%。患者均未出现骨髓炎等。**结论** 采用计算机辅助 Taylor 三维空间外固定架治疗下肢骨干骨折, 能够有效提高治疗效果, 促进患者骨折愈合, 同时创伤小, 操作方法简单, 对提高患者术后生活质量具有重要意义, 值得推广。

【关键词】 骨折, 开放性; 软组织损伤; 成像, 三维; 外固定器

基金项目: 浙江省嘉兴市科技计划项目(2015AY23061)

Clinical study on computer assisted Taylor three - dimensional external fixator in the treatment of bone fracture of lower extremity Zhang Yuan, Yan Weifeng, Zhang Yuliang, Wang Bin.

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【Abstract】 **Objective** To explore the clinical effect of computer assisted Taylor three - dimensional external fixator in the treatment of bone fracture of lower extremity. **Methods** From December 2015 to December 2016, 12 patients with bone fracture of lower extremity who took computer assisted Taylor three - dimensional external fixator in Jiaying Hospital of Zhejiang Provincial Armed Police Force were selected. The clinical data were analyzed, and the fracture recovery was compared. **Results** After treatment, all patients had successful fracture reduction, and with X - ray detection, the fracture healed completely, 11 cases showed excellent, 1 case showed good, the excellent and good rate was 100%. All patients had no symptoms of osteomyelitis. **Conclusion** Computer aided 3D Taylor external fixator in the treatment of tibial shaft fracture can effectively improve the treatment effect, enhance the recovery of patients with fracture, and with less trauma, simple operation, and has important significance to improve the quality of life of patients after operation. It is worthy of promotion.

【Key words】 Fractures, open; Soft tissue injuries; Imaging, three-dimensional; External fixators

Fund program: Science and Technology Planning Project of Jiaying City, Zhejiang Province(2015AY23061)

微创经伤椎撬拨复位内固定术 在胸腰椎骨折治疗中的应用

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【摘要】 目的 探讨后路微创经伤椎定向椎弓根螺钉撬拨复位内固定术治疗无神经损伤单节段胸腰椎骨折的临床疗效。**方法** 选择临沂市中心医院 2011 年 2 月至 2015 年 6 月收治的无神经障碍单节段胸腰椎骨折患者 83 例为研究对象,采用随机数字表法分为两组,A 组 40 例给予经伤椎撬拨复位内固定术治疗;B 组 43 例采用经伤椎万向钉复位固定术治疗。观察两组围手术期相关参数、后凸畸形矫正及临床症状改善情况等。**结果** 两组手术时间、术中出血量、住院时间差异均无统计学意义(均 $P > 0.05$)。两组术后相同时期视觉模拟量表(VAS)评分和 Oswestry 功能障碍指数(ODI)评分差异均无统计学意义(均 $P > 0.05$)。术前 A 组伤椎椎体前缘高度、矢状位后凸 Cobb 角、伤椎自身成角分别为 $(66.3 \pm 14.2)\%$ 、 $(20.4 \pm 6.5)^\circ$ 、 $(21.9 \pm 6.6)^\circ$,B 组分别为 $(64.8 \pm 13.5)\%$ 、 $(14.5 \pm 7.7)^\circ$ 、 $(15.6 \pm 5.9)^\circ$,两组差异均无统计学意义(均 $P > 0.05$);术后 A 组伤椎椎体前缘高度、矢状位后凸 Cobb 角、伤椎自身成角分别为 $(93.8 \pm 9.8)\%$ 、 $(5.3 \pm 3.3)^\circ$ 、 $(5.4 \pm 2.0)^\circ$,B 组分别为 $(88.0 \pm 10.6)\%$ 、 $(4.1 \pm 2.8)^\circ$ 、 $(8.1 \pm 4.7)^\circ$,两组差异均有统计学意义($t = 8.893, 2.345, 3.351$,均 $P < 0.01$)。**结论** 微创经伤椎定向椎弓根螺钉撬拨复位内固定术治疗胸腰椎骨折,疗效优于单纯使用万向钉固定,是一种安全有效的手术方式。

【关键词】 脊柱骨折; 骨折固定术,内; 骨固定钢丝; 疗效比较研究

基金项目:山东省临沂市科技发展计划项目(201515034)

Application of minimally invasive poking reduction technique in the treatment of thoracolumbar fractures

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【Abstract】 Objective To investigate the clinical effects of minimally invasive poking reduction technique in the treatment of single segment thoracolumbar fractures without neural impairment. **Methods** From February 2011 to June 2015, 83 cases of thoracolumbar fractures without neural impairment underwent minimally invasive pedicle screw fixation in Linyi Central Hospital were selected and randomly divided into two groups. Group A (40 cases) was treated with poking reduction technique by percutaneous polyaxial pedicle screw fixation, 43 patients in group B were treated with only percutaneous polyaxial pedicle screw fixation. The perioperative index, pre-and postoperative radiography, relief of the low back pain and general health status of the two groups were recorded and compared. **Results** There were no statistically significant differences in the operation time, operative blood loss, hospitalization time. All patients were followed up for 20–27 months (average 24 months), the scores of visual analogue scale (VAS) and Oswestry disability index (ODI) had no statistically significant differences between the two groups in the same period (all $P > 0.05$). Before operation, the Cobb angle, sagittal index and anterior height of the fracture vertebral body in group A were $(66.3 \pm 14.2)\%$, $(20.4 \pm 6.5)^\circ$, $(21.9 \pm 6.6)^\circ$, respectively, which in group B were $(64.8 \pm 13.5)\%$, $(14.5 \pm 7.7)^\circ$, $(15.6 \pm 5.9)^\circ$, respectively, the differences were not statistically significant (all $P > 0.05$). After operation, the Cobb angle, sagittal index and anterior height of the fracture vertebral body in group A were $(93.8 \pm 9.8)\%$, $(5.3 \pm 3.3)^\circ$, $(5.4 \pm 2.0)^\circ$, respectively, which in group B were $(88.0 \pm 10.6)\%$, $(4.1 \pm 2.8)^\circ$, $(8.1 \pm 4.7)^\circ$, respectively, the differences were statistically significant ($t = 8.893, 2.345, 3.351$, all $P < 0.01$). **Conclusion** The effect of poking reduction technique by percutaneous polyaxial pedicle screw fixation is better than

simply polyaxial pedicle screw in the treatment of thoracolumbar fracture, which is a safe and effective operation method.

【Key words】 Spinal fractures; Fracture fixation, internal; Bone wires; Comparative effectiveness research

Fund program: Science and Technology Development Planning Project of Linyi City, Shandong Province(201515034)

外踝上穿支皮瓣修复足踝部软组织缺损的效果观察

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【摘要】 目的 观察外踝上穿支皮瓣修复足踝部软组织缺损的临床效果。**方法** 选取慈溪市中医医院 2012 年 1 月至 2015 年 12 月收治的足踝部软组织烧伤患者 36 例为研究对象,创伤面积直径 4 ~ 10 cm,均采用外踝上穿支皮瓣修复,其中外踝上后穿支皮瓣修复 17 例,前穿支皮瓣修复 19 例,皮瓣面积直径 5 ~ 13 cm,观察修复效果。**结果** 36 例患者手术移植皮瓣均成活,7 例产生平均直径为 2.6 cm 的淤血斑,2 例产生小范围坏死,通过换药处理均治愈。随访 6 ~ 12 个月,移植皮瓣与原皮肤粘合正常,肤色、质地与周围皮肤相近。前穿支皮瓣修复的皮瓣成活时间、自主行走时间分别为(2.20 ± 0.70)周、(4.70 ± 1.10)周,长于后穿支皮瓣修复的(2.10 ± 0.80)周、(4.20 ± 1.10)周,但差异均无统计学意义(均 $P > 0.05$);前穿支皮瓣修复的美国矫形足踝协会(AOFAS)评分(77.47 ± 3.41)分,明显低于后穿支皮瓣修复的(80.12 ± 4.12)分,差异有统计学意义($t = 2.110, P < 0.05$)。**结论** 外踝上穿支皮瓣用于足踝部皮肤软组织缺损的修复有显著的效果,手术简便,成功率高。

【关键词】 踝损伤; 软组织损伤; 外科皮瓣; 修复外科手术

基金项目:浙江省宁波市科技项目(2012C50028)

Effect of lateral malleolus perforator flap for the repair of soft tissue defect of foot and ankle Xie Changfa, Huang Xiaotao, Fang Lue, Zhang Chi.

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【Abstract】 Objective To study the effect of lateral supramalleolar perforator flap for skin and soft tissue defect of lateral malleolus. **Methods** From January 2012 to December 2015, 36 patients with soft tissue burn of ankle in the Traditional Chinese Medicine Hospital of Cixi were selected as study objects. The average wound area was 4 ~ 10cm. The average flap size was 5 ~ 13cm. There were 17 cases received skin flap of behind perforator of the lateral malleolus. There were 19 cases received skin flap of front perforator of the lateral malleolus. The effect of repair was observed. **Results** All flaps survived in 36 cases after operation. There were 7 cases of 2.6cm of blood stasis, and necrosis occurred in 2 cases which healed after dressing change. Transplantation of skin flap and the original skin had good adhesion, skin color and texture was similar to the surrounding skin during the follow-up period of 6 to 12 months. The survival time and walk time of the repair of anterior perforator flap were (2.20 ± 0.70) weeks, (4.70 ± 1.10) weeks, respectively, which were longer than those of the lateral retromalleolar perforator flap [(2.10 ± 0.80) weeks, (4.20 ± 1.10) weeks], but the differences were not statistically significant (all $P > 0.05$). The American orthopaedic foot and ankle society (AOFAS) score of the anterior perforator flap was significantly lower than that of the lateral retromalleolar perforator flap, the difference was statistically significant [(77.47 ± 3.41) points vs. (80.12 ± 4.12) points, $t = 2.110, P < 0.05$]. **Conclusion** Lateral supramalleolar perforator flap has significant effect for skin and soft tissue defect of lateral malleolus. The operation is simple, the success rate is high, it is worth to be popularized in clinical.

【Key words】 Ankle injuries; Soft tissue injuries; Surgical flaps; Reconstructive surgical procedures

Fund program: Science and Technology Planning Project of Ningbo City, Zhejiang Province (2012C50028)

不同固定方式用于股骨髁间粉碎性骨折的效果比较

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【摘要】 目的 比较不同固定方式用于股骨髁间粉碎性骨折的应用效果。**方法** 选择武警浙江省总队嘉兴医院 2015 年 5 月至 2017 年 5 月收治的股骨髁间粉碎性骨折患者 88 例为研究对象, 根据固定方式不同分为两组, 对照组 ($n=46$) 采用动力髁间螺丝内固定治疗, 观察组 ($n=42$) 采用桥接组合式固定系统治疗。比较两组围术期相关指标、术后功能恢复情况、并发症发生率。**结果** 观察组手术时间为 (104.36 ± 20.72) min, 术中出血量为 (180.62 ± 12.65) mL, 术后引流量为 (93.47 ± 9.16) mL, 骨折愈合时间为 (9.42 ± 0.51) 周, 术后负重时间为 (4.62 ± 1.81) 周, 对照组分别为 (120.36 ± 17.18) min、 (269.74 ± 20.24) mL、 (62.31 ± 7.34) mL、 (10.32 ± 0.67) 周、 (10.33 ± 1.75) 周, 两组差异均有统计学意义 ($t=3.96, 24.49, 17.50, 7.04, 15.04$, 均 $P < 0.05$); 观察组术后关节功能恢复优良率为 95.24%, 高于对照组的 76.09% ($\chi^2=6.40, P < 0.05$); 观察组并发症发生率 (4.76%) 低于对照组 (21.74%) ($\chi^2=5.37, P < 0.05$)。**结论** 使用桥接组合式固定系统治疗股骨髁间粉碎性骨折的应用效果比动力髁间螺丝内固定更加优越, 临床应用价值高。

【关键词】 股骨骨折; 骨折固定术; 临床对照试验

基金项目: 浙江省嘉兴市科技局科技计划项目 (2013AY21067)

Comparison of the effects of different fixation methods in the treatment of intercondylar comminuted fracture of the femur Yuan Hao.

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【Abstract】 Objective To compare the effects of different fixation methods in the treatment of femoral intercondylar comminuted fracture. **Methods** From May 2015 to May 2017, 88 cases with femoral intercondylar comminuted fracture in Jiaying Hospital of Zhejiang Armed Police Corps were selected in the research. According to the different fixation methods, the patients were divided into two groups. The control group ($n=46$) received dynamic condylar screw internal fixation treatment, the observation group ($n=42$) received the combination of fixed bridge treatment system. The related indicators of perioperative period, recovery of function after surgery, incidence of complications were compared between the two groups. **Results** The operation time, amount of bleeding, postoperative drainage, fracture healing time, postoperative weight-bearing time of the observation group were (104.36 ± 20.72) min, (180.62 ± 12.65) mL, (93.47 ± 9.16) mL, (9.42 ± 0.51) weeks, (4.62 ± 1.81) weeks, respectively, which of the control group were (120.36 ± 17.18) min, (269.74 ± 20.24) mL, (62.31 ± 7.34) mL, (10.32 ± 0.67) weeks, (10.33 ± 1.75) weeks, respectively, there were statistically significant differences between the two groups ($t=3.96, 24.49, 17.50, 7.04, 15.04$, all $P < 0.05$). The joint function recovery rate of the observation group was 95.24%, which was higher than 76.09% of the control group ($\chi^2=6.40, P < 0.05$). The incidence rate of complications in the observation group (4.76%) was lower than that in the control group (21.74%) ($\chi^2=5.37, P < 0.05$). **Conclusion** The effect of bridged composite fixation system in the treatment of femoral intercondylar comminuted fracture is more effective than dynamic intercondylar screw fixation, and the clinical application value is higher than dynamic intercondylar screw fixation.

【Key words】 Femoral fractures; Fracture fixation; Controlled clinical trial

Fund program: Science and Technology Planning Project of Jiaying Municipal Science and Technology Bureau of Zhejiang Province (2013AY21067)

外固定架结合有限内固定治疗累及干骺端的青少年胫骨远端骨折的疗效观察

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【摘要】 目的 探讨外固定架结合有限内固定治疗累及干骺端的青少年胫骨远端骨折的疗效。**方法** 选择北大医疗鲁中医院 2013 年 2 月至 2017 年 6 月收治的采用外固定架结合有限内固定微创治疗的累及干骺端的青少年胫骨远端骨折患者 18 例为研究对象,均为闭合性骨折,按 Salter-Harris 分型:Ⅱ型 8 例,Ⅲ型 8 例,Ⅳ型 2 例。观察术后骨折愈合时间,患肢完全负重时间,踝关节功能评分情况,术后切口皮肤、深部组织及钉道感染等并发症情况。**结果** 18 例患者获得术后 12~24 个月随访,平均 16 个月,术后骨折愈合时间为 (8.4 ± 3.2) 周,患肢完全负重时间为 (8.8 ± 2.2) 周,踝关节功能评分按照 Kofoed 评分:术后 6 周随访 Kofoed 评分为 (86.6 ± 6.8) 分,优 15 例,良 3 例,优良率为 100%,1 例患者术后 1 周钉道渗出,拆除外固定架后钉道愈合,无其他切口及深部感染等并发症发生。**结论** 对于合并有骨骺损伤的青少年胫骨远端骨折,采用外固定架结合有限内固定手术治疗,避免开放性手术造成骨折端血运破坏,具有小切口、骨折愈合快、并发症少、踝关节功能恢复好等优点,有良好的临床治疗效果。

【关键词】 胫骨骨折; 骨骺; 骨折固定术,内; 外固定器; 青少年

Observation of the effect of external fixator combined with limited internal fixation in the treatment of adolescents distal tibial fracture involving the metaphysis Luo Xueqin.

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【Abstract】 Objective To evaluate the clinical indications, complications and curative effects of external fixation combined with limited internal fixation in the treatment of adolescents distal tibial fracture involving the metaphysis. **Methods** From February 2013 to June 2017, 18 adolescent patients of distal tibial fracture involving stem epiphyseal in Luzhong Hospital of Beida Care were treated with external fixator combined with limited internal fixation. All 18 cases were closed fractures, according to Salter-Harris classification: type II 8 cases, type III 8 cases, type IV 2 cases. The fracture healing time, postoperative patients with limb full weight-bearing time, postoperative ankle function grading, postoperative incision of the skin, deep tissue and nail complications such as infection were observed. **Results** All patients received postoperative 12 to 24 months follow-up, with average of 16 months, the average postoperative fracture healing time was (8.4 ± 3.2) weeks, the full load time of affected limb after operation was average (8.8 ± 2.2) weeks, the ankle joint function score according to Kofoed score: 6 weeks after operation, Kofoed score was (86.6 ± 6.8) points, excellent in 15 cases, good in 3 cases, and the excellent and good rate was 100%, 1 case with nail way out at postoperative 1 week, after the demolition of external fixator nail healed, no other blade and deep infection and other complications occurred. **Conclusion** The external fixation combined with limited internal fixation in the treatment of adolescents distal tibial fracture involving the metaphysis can avoid fracture end blood supply damage caused by open surgery, it is quick with small incision, fracture healing, fewer complications, and the advantages of ankle joint function restore is good, has good clinical therapeutic effect.

【Key words】 Tibial fractures; Epiphyses; Fracture fixation, internal; External fixators; Adolescent

颈椎前路减压钛网加带锁钢板内固定术 治疗颈椎伤病的临床观察

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【摘要】 **目的** 探讨颈椎前路减压钛网加带锁钢板内固定术治疗颈椎伤病的临床疗效。**方法** 选择 2015 年 1 月至 2016 年 1 月舟山市中医院收治的颈椎伤病患者 58 例为研究对象,采用随机数字表法分为两组,对照组 29 例,采取颈椎前路减压自体髂骨移植加带锁钢板内固定术;观察组 29 例,采取颈椎前路减压钛网加带锁钢板内固定术。记录两组手术时间、手术出血量及术后并发症发生情况,术后随访 1 年,采用日本骨科协会评估治疗(JOA)评分标准对患者神经功能恢复情况进行评定,并比较两组植骨融合率。**结果** 观察组手术时间为(80.12 ± 5.13) min,手术出血量为(61.45 ± 3.75) mL,均显著少于对照组,差异均有统计学意义($t = 2.956$ 、 2.254 ,均 $P < 0.05$);观察组术后并发症发生率为 6.90%,显著低于对照组的 24.14%,差异有统计学意义($\chi^2 = 8.540$, $P < 0.05$);观察组术后 JOA 评分为(88.95 ± 10.41)分,显著高于对照组的(82.11 ± 7.03)分,差异有统计学意义($t = 2.192$, $P < 0.05$);术后随访 1 年,观察组植骨融合率为 96.55%(28/29),对照组 93.10%(27/29),两组植骨融合率差异无统计学意义($\chi^2 = 2.862$, $P = 0.090$)。**结论** 颈椎前路减压钛网加带锁钢板内固定术治疗颈椎伤病的疗效较好,具有创伤小、骨性融合率高的优点。

【关键词】 颈椎伤病; 前路; 减压; 钛网; 内固定器; 出血量; 并发症

Clinical observation of anterior cervical decompression and titanium mesh with locking plate fixation for treatment of cervical spondylosis

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【Abstract】 **Objective** To investigate the clinical effect of anterior cervical decompression and titanium mesh with locking plate fixation in the treatment of cervical spondylosis. **Methods** From January 2015 to January 2016, 58 patients with cervical spondylosis in Zhoushan Hospital of Traditional Chinese Medicine were selected and randomly divided into two groups, with 29 cases in each group. The control group received the anterior cervical decompression and autogenous iliac bone graft with locking plate fixation. The observation group received anterior cervical decompression and titanium mesh with locking plate fixation. The operation time, bleeding volume and postoperative complications were recorded in the two groups. The patients were followed up for 1 year after operation, the recovery of neurological function was evaluated by JOA standard, and the bone graft fusion rate was compared between the two groups. **Results** The operation time, blood loss of the observation group were (80.12 ± 5.13) min, (61.45 ± 3.75) mL, respectively, which were significantly less than those of the control group, the differences were statistically significant ($t = 2.956$, 2.254 , all $P < 0.05$). The incidence rate of postoperative complications in the observation group was 6.90%, which was significantly lower than 24.14% in the control group, the difference was statistically significant ($\chi^2 = 8.540$, $P < 0.05$). The postoperative JOA score of the observation group was (88.95 ± 10.41) points, which was significantly higher than (82.11 ± 7.03) points of the control group, the difference was statistically significant ($t = 2.192$, $P < 0.05$). After 1 year follow-up, the fusion rate of the observation group was 96.55% (28/29), which of the control group was 93.10% (27/29), the difference was not statistically significant ($\chi^2 = 2.862$, $P = 0.090$). **Conclusion** Anterior cervical decompression and titanium mesh with locking plate fixation in the treatment of cervical spine injury has good curative effect, and has the advantages of small trauma and high bone fusion rate.

【Key words】 Cervical spine injury; Anterior approach; Decompression; Titanium mesh; Internal fixators; Haemorrhage; Complication

股骨近端防旋髓内钉Ⅱ内固定治疗 股骨转子间骨折的疗效观察

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【摘要】 目的 评价股骨近端防旋髓内钉Ⅱ(PFNAⅡ)内固定治疗股骨转子间骨折的临床疗效。**方法** 回顾性分析岳阳市岳化医院骨科 2012 年 9 月至 2016 年 4 月经 PFNAⅡ内固定治疗的股骨转子间骨折患者 37 例的临床资料。**结果** 37 例患者手术顺利,手术时间范围 40~120 min,平均 66 min;出血量范围 30~110 mL,平均 50 mL;术中术后 X 线骨折对位良好,内固定牢靠。术后 3 d 患者行主动或被动活动患肢髋关节,术后 7 d 练习床上坐立,术后 14 d 拆线并下床扶拐不负重或部分负重行走。未出现下肢深静脉血栓(DVT)病例,术后多次复查显示骨折愈合良好,髋关节功能良好。**结论** PFNAⅡ是对 PFNAⅠ型的改良,具有手术操作简单、创伤小、固定牢固及术后恢复迅速等优点,是治疗股骨转子间骨折的理想方法。

【关键词】 股骨骨折; 骨折固定术,髓内; 骨钉; 出血量; 并发症

Clinical observation of proximal femoral anti - rotation nail internal fixation in the treatment of intertrochanteric fracture Peng Jingyuan, Liu Zhibing, Zhu Jiming.

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【Abstract】 Objective To evaluate the clinical effect of proximal femoral nail anti - rotation Ⅱ (PFNA Ⅱ) internal fixation in the treatment of intertrochanteric fracture. **Methods** From September 2012 to April 2016, the clinical data of 37 patients with intertrochanteric fracture who were treated by PFNA Ⅱ internal fixation in Yuehua Hospital were retrospectively analyzed. **Results** All 37 patients were successfully operated, and the operation time was 40~120 min, with an average of 66 min. The amount of blood loss was 30~110 mL, with an average of 50 mL. During operation and after operation, X ray showed a good position and steady internal fixation. Three days after operation, patients exercised diseased side hip joint. Seven days after operation, patients exercised sitting on the bed. Fourteen days after operation, suture was dismantled and patients could get out of bed and walk with no weight or some weight. Lower limb deep venous thrombosis (DVT) was not observed. Through operative multiple reexamination, the fracture was healed and hip joint function was good. **Conclusion** PFNA Ⅱ has advantages of convenient operation, less trauma, stronger internal fixation, rapid recovery. It is an ideal method to treat intertrochanteric fracture.

【Key words】 Femoral fractures; Fracture fixation, intramedullary; Bone nails; Haemorrhage; Complication

股骨近端防旋髓内钉与动力髁螺钉内固定治疗老年人股骨转子间骨折的效果比较

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【摘要】 目的 比较股骨近端防旋髓内钉(PFNA)与动力髁螺钉(DHS)内固定治疗老年人股骨转子间骨折的临床效果。**方法** 选取2014年1月至2016年3月临汾市尧都区第二人民医院收治的老年股骨转子间骨折患者100例作为研究对象,采用随机数字表法分为两组,每组50例,PFNA组、DHS组分别接受PFNA、DHS内固定治疗,比较两组治疗效果、骨折愈合情况、并发症发生情况及髋关节功能评分。**结果** PFNA组的治疗优良率(92%)明显高于DHS组的76% ($\chi^2 = 4.762, P < 0.05$);PFNA组患者的骨折愈合时间[(15.37 ± 6.29)周]明显短于DHS组的(23.64 ± 8.17)周($t = 5.671, P < 0.05$);PFNA组并发症发生率(6%)明显低于DHS组的22% ($\chi^2 = 5.316, P < 0.05$);手术后,PFNA组和DHS组患者的Harri髋关节功能评分分别为(87.95 ± 13.41)分、(74.42 ± 12.87)分,均较术前明显增高($t = 11.330, 5.788$, 均 $P < 0.05$),而PFNA组手术后的Harri髋关节功能评分高于DHS组($t = 5.147, P < 0.05$)。**结论** 相比于DHS,采用PFNA内固定治疗老年人股骨转子间骨折的临床效果更加显著。

【关键词】 股骨骨折; 骨折固定术,髓内; 内固定器; 骨钉; 老年人

Comparison of the clinical effects of proximal femoral anti-rotation nail and dynamic hip screw internal fixation in the treatment of elderly patients with intertrochanteric fracture Han Zhangjie.

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【Abstract】 Objective To compare the effects of proximal femoral nail anti-rotation (PFNA) and dynamic hip screw (DHS) internal fixation in treating senile intertrochanteric fractures. **Methods** From January 2014 to March 2016, 100 elderly patients with intertrochanteric fracture in the Second People's Hospital of Yaodu District were selected and randomly divided into two groups according to the digital table, with 50 patients in each group. The PFNA group and DHS group were treated with PFNA and DHS internal fixation, respectively. The curative effect, fracture healing, complications and hip function scores were compared between the two groups. **Results** The treatment excellent rate of the PFNA group (92%) was significantly higher than 76% of the DHS group ($\chi^2 = 4.762, P < 0.05$). The fracture healing time of the PFNA group was (15.37 ± 6.29) weeks, which was significantly shorter than (23.64 ± 8.17) weeks of the DHS group ($t = 5.671, P < 0.05$). The incidence rate of complications of the PFNA group (6%) was significantly lower than 22% of the DHS group ($\chi^2 = 5.316, P < 0.05$);. After surgery, the Harri hip scores of the PFNA group and DHS group were significantly higher than those before surgery ($t = 11.330, 5.788$, all $P < 0.05$), and the Harri hip score of the PFNA group after surgery was higher than that of the DHS group ($t = 5.147, P < 0.05$). **Conclusion** Compared with DHS, the clinical effect of PFNA internal fixation in the treatment of elderly patients with femoral intertrochanteric fractures is more significant.

【Key words】 Femoral fractures; Fracture fixation, intramedullary; Internal fixators; Bone nails; Aged

河南省部分地区 2006-2015 年艾滋病患者流行病学及临床特征分析

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【摘要】 目的 探讨河南省部分地区艾滋病(AIDS)患者流行病学及临床特点。**方法** 选择 2006-2015 年郑州市第六人民医院收治的 AIDS 患者 10 324 例次为研究对象进行流行病学以及临床特征分析。**结果** 2006-2015 年住院人次数逐年上升,10 年平均增长率为 20.31%;患者年龄(43.91 ± 13.56)岁,40~60 岁年龄组占 54.06%,职业以农民为主占 71.12%;2006-2015 年间患者传播途径发生了很大变化,2008 年以前以血液传播为主占 72.72%,2013 年以后以性传播为主占 59.69%。患者合并 2 种以上机会感染者占 40.41%,机会性感染发病率较高的前五位分别是:细菌性肺炎(32.68%)、肺结核(19.29%)、真菌感染(18.65%)、肺孢子菌肺炎(12.96%)、肺外结核(7.45%)。患者病死率 5.79%,外周血 CD4 细胞数与疾病严重程度及预后密切相关。**结论** 早期开展抗病毒治疗,控制机会性感染是缓解病情,降低病死率的重要环节。

【关键词】 获得性免疫缺陷综合征; 艾滋病相关机会致病菌感染; 流行病学

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Analysis of AIDS epidemic and clinical features in some part regions of Henan province during 2006 – 2015

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【Abstract】 Objective To discuss the epidemiology and clinical characteristics of AIDS in some part of Henan regions. **Methods** Retrospective analysis was conducted based on the clinical and epidemic information collected from AIDS patients who were treated in the Sixth People's Hospital of Zhengzhou between 2006 and 2015 in Henan province. **Results** Between 2006 and 2015, the number of hospitalization increased every year. The average growth rate was 20.31%. The average age of patients was (43.91 ± 13.56) years old. The patients from 40 to 60 years old group occupied 54.06% of total patients, and 71.12% of patients were farmers. During 2006 to 2015, the propagation path changed a lot. Before 2008, blood transmission was the major propagation path (72.72%), but after 2013, the major propagation path was sexual activity (59.69%). 40.41% of patients were infected by two or more opportunistic infections. The top five opportunistic infections were bacterial pneumonia (32.68%), tuberculosis (19.29%), fungal infection (18.65%), pneumocystis carinii pneumonia (12.96%), extra pulmonary tuberculosis (7.45%). The death rate was 5.79%. The number of CD4 cells in peripheral blood was closely related to the severity of illness. **Conclusion** Early anti-virus treatment and opportunistic infection control are key factors to relieve the severity of illness and reduce the death rate.

【Key words】 Acquired immunodeficiency syndrome; AIDS-related opportunistic infection; Epidemiology

Fund program: 12th Five-Year National Science and Technology Major Special Project (2012ZX10001-003-001); Medical Science and Technology Research Program Henan Province (162102310217)

血液透析与腹膜透析治疗老年人 终末期肾病的效果比较

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【摘要】 目的 比较血液透析(HD)与腹膜透析(PD)治疗老年人终末期肾病的效果及对患者生存率的影响。**方法** 回顾性分析宁波市北仑区人民医院 2013 年 3 月至 2015 年 4 月治疗的老年终末期肾病患者 100 例的临床资料,根据透析方式不同分为两组,HD 组 50 例采用 HD 治疗,PD 组 50 例采用 PD 治疗。观察两组透析治疗前后炎症因子水平、肾功能、营养指标和脂代谢水平,比较两组患者 2 年生存率。**结果** 两组患者治疗前炎症因子水平差异均无统计学意义;治疗后,HD 组白细胞介素 18(IL-18) [(56.22 ± 7.32) mg/L]、IL-6 [(12.18 ± 2.03) mg/L] 和超敏 C 反应蛋白(hs-CRP) [(8.54 ± 1.12) mg/L] 水平均低于 PD 组 [(78.46 ± 7.28) mg/L、(15.23 ± 2.25) mg/L、(10.23 ± 1.67) mg/L] ($t = 15.233, 7.117, 5.943$, 均 $P < 0.001$);治疗后,HD 组 BUN [(6.22 ± 1.05) mmol/L]、SCr [(115.44 ± 10.84) μ mol/L] 水平均低于 PD 组 [(8.87 ± 1.22) mmol/L、(134.52 ± 15.23) μ mol/L] ($t = 5.943, 7.217$, 均 $P < 0.001$),肾小球滤过率(GFR) [(8.15 ± 13.35) mL/min] 水平高于 PD 组 [(9.26 ± 12.58) mL/min] ($t = -4.969, P < 0.001$)。两组治疗前营养指标差异均无统计学意义,治疗后,HD 组血清白蛋白(ALB) [(53.62 ± 4.13) g/L]、血清前白蛋白(PA) [(342.15 ± 15.02) mg/L] 和血红蛋白(Hb) [(115.86 ± 10.02) g/L] 水平均高于 PD 组 [(45.95 ± 5.57) g/L]、(228.36 ± 12.23) mg/L、(98.02 ± 7.12) g/L] ($t = -7.821, -41.541, -10.263$, 均 $P < 0.001$);两组治疗前脂代谢指标差异均无统计学意义,治疗后,HD 组总胆固醇(TC) [(4.78 ± 0.98) mmol/L]、低密度脂蛋白(LDL) [(2.51 ± 0.97) mmol/L] 水平均低于 PD 组 [(5.53 ± 1.02) mmol/L、(2.89 ± 1.03) mmol/L] ($t = 3.749, 1.899$, 均 $P < 0.05$),高密度脂蛋白(HDL) [(1.39 ± 0.46) mmol/L] 水平高于 PD 组 [(1.22 ± 0.34) mmol/L] ($t = -2.101, P < 0.001$);HD 组 2 年生存率为 96.00%,PD 组 2 年生存率为 86.00%,两组 2 年生存率差异无统计学意义 ($P > 0.05$)。**结论** 与 PD 相比,HD 对老年终末期肾病患者有较好的治疗效果,可明显改善代谢水平,提高患者生存率。

【关键词】 肾疾病; 血液透析滤过; 腹膜透析; 肾功能试验; 炎症因子; 生存率; 脂代谢障碍; 老年人

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Comparison of the effects of hemodialysis and peritoneal dialysis for elderly patients with end-stage renal disease Fei Xiapai, Ye Liying.

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【Abstract】 Objective To compare the effects of hemodialysis (HD) and peritoneal dialysis (PD) in the treatment of elderly patients with end-stage renal disease. **Methods** The clinical data of 100 elderly patients with end-stage renal disease who were treated in the People's Hospital of Beilun District from March 2013 to April 2015 were retrospectively analyzed. The patients were divided into HD group and PD group according to the treatment methods, with 50 cases in each group. The 2-year survival rate of the patients in the two groups was observed, and the differences of renal function, nutritional index and lipid metabolism were compared between the two groups before and after treatment. **Results** Before treatment, there were no statistically significant differences between the two groups in the levels of proinflammatory cytokines. After treatment, the levels of IL-18 [(56.22 ± 7.32) mg/L], IL-6 [(12.18 ± 2.03) mg/L] and hs-CRP [(8.54 ± 1.12) mg/L] in the HD group were lower than those in the PD group [(78.46 ± 7.28) mg/L, (15.23 ± 2.25) mg/L, (10.23 ± 1.67) mg/L] ($t = 15.233, 7.117, 5.943$, all $P < 0.001$). After treatment, the levels of BUN [(6.22 ± 1.05) mmol/L], SCr [(115.44 ± 10.84) μ mol/L] in the HD

group were lower than those in the PD group [(8.87 ± 1.22) mmol/L, (134.52 ± 15.23) μ mol/L] ($t = 5.943, 7.217, \text{all } P < 0.001$), the GFR [(8.15 ± 13.35) mL/min] of the HD group was higher than that of the PD group [(9.26 ± 12.58) mL/min] ($t = -4.969, P < 0.001$). Before treatment, the nutrition indicators between two groups had no statistically significant difference. After treatment, the levels of ALB [(53.62 ± 4.13) g/L], PA [(342.15 ± 15.02) mg/L] and Hb [(115.86 ± 10.02) g/L] in the HD group were higher than those in the PD group [(45.95 ± 5.57) g/L, (228.36 ± 12.23) mg/L, (98.02 ± 7.12) g/L] ($t = -7.821, -41.541, -10.263, \text{all } P < 0.001$). Before treatment, the lipid metabolism indicators between the two groups had no statistically significant differences (all $P > 0.05$). After treatment, the levels of TC [(4.78 ± 0.98) mmol/L], LDL [(2.51 ± 0.97) mmol/L] in the HD group were lower than those in the PD group [(5.53 ± 1.02) mmol/L, (2.89 ± 1.03) mmol/L] ($t = 3.749, 1.899, \text{all } P < 0.05$), the level of HDL [(1.39 ± 0.46) mmol/L] of the HD group was higher than that of the PD group [(1.22 ± 0.34) mmol/L] ($t = -2.101, P < 0.001$). The 2-year survival rate in the HD group was 96.00%, and that in the PD group was 86.00%. There was no statistically significant difference between the two groups in the 2-year survival rate ($P > 0.05$). **Conclusion** HD has better therapeutic effect on elderly patients with end-stage renal disease, it can significantly improve the metabolic level of patients and improve the survival rate of patients.

【Key words】 Kidney diseases; Hemodiafiltration; Peritoneal dialysis; Kidney function tests; Inflammatory factors; Survival rate; Lipid metabolism disorders; Aged

Fund program: Clinical Research Foundation of Zhejiang Medical Association (2013ZYC-A77)

肝硬化首次食管胃底静脉曲张破裂出血的危险因素分析

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【摘要】 目的 分析肝硬化患者首次食管胃底静脉曲张破裂出血的危险因素,为进行有针对性的防护措施提供依据。方法 选取 2016 年 1 月至 2017 年 12 月绍兴市立医院收治的首次食管胃底静脉曲张破裂出血的肝硬化患者 86 例作为出血组,无消化道静脉曲张破裂出血的肝硬化患者 86 例作为非出血组,采用回顾性调查方法对肝硬化患者进行调查,采用 SPSS 22.0 统计学软件进行统计分析。结果 单因素分析结果表明,不同病程($t = 4.975, P < 0.001$)、肝功能($\chi^2 = 12.450, P = 0.002$)、血小板计数(PLT)($t = 2.243, P = 0.012$)、凝血酶原时间(PT)($t = 5.832, P < 0.001$)、食管静脉曲张程度($\chi^2 = 18.702, P < 0.001$)、红征($\chi^2 = 4.691, P = 0.030$)及门静脉内径($t = 3.425, P < 0.001$)的首次食管胃底静脉曲张破裂出血发生情况比较,差异均有统计学意义。多元 logistic 回归分析结果显示首次食管胃底静脉曲张破裂出血的危险因素为 PLT($OR = 2.167, P < 0.001$)、PT($OR = 0.645, P = 0.014$)、食管静脉曲张程度($OR = 2.751, P = 0.009$)及门静脉内径($OR = 1.185, P = 0.018$)。结论 PT、PLT 等多种因素与肝硬化患者首次食管胃底静脉曲张破裂出血相关,医护人员应有针对性的采取护理对策。

【关键词】 肝硬化; 出血; 食管和胃静脉曲张; 危险因素; 护理

基金项目:浙江省医药卫生科技计划项目(2018KY837)

Analysis of risk factors of the first time of esophageal varices bleeding in cirrhosis Yu Wenfang, Sun Xiaojun.

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【Abstract】 Objective To analyze the risk factors of the first time of upper gastrointestinal tract variceal bleeding in patients with liver cirrhosis, and to provide suggestions and references for targeted nursing strategies.

Methods From January 2016 to December 2017, 86 cases of liver cirrhosis for the first time of upper gastrointestinal tract variceal bleeding treated in Shaoxing Municipal Hospital were randomly selected as bleeding group, and 86 patients with liver cirrhosis without upper gastrointestinal tract variceal bleeding were randomly selected as non-bleeding group. The retrospective investigation method was used, and SPSS 22.0 software was used for statistical analysis. **Results** The results of single factor analysis showed that there were significant differences in the incidence of upper gastrointestinal tract variceal bleeding in patients of liver cirrhosis with different course of disease ($t = 4.975, P < 0.001$), liver function ($\chi^2 = 12.450, P = 0.002$), platelet count ($t = 2.243, P = 0.012$), prothrombin time ($t = 5.832, P < 0.001$), degree of esophageal varices ($\chi^2 = 18.702, P < 0.001$), red sign ($\chi^2 = 4.691, P = 0.030$) and portal vein diameter ($t = 3.425, P < 0.001$). The multivariate logistic regression analysis showed that the risk factors for the first time of upper gastrointestinal tract variceal bleeding were prothrombin time ($OR = 2.167, P < 0.001$), platelet count ($OR = 0.645, P = 0.014$), esophageal varicosity ($OR = 2.751, P = 0.009$) and portal vein diameter ($OR = 1.185, P = 0.018$). **Conclusion** Different factors are related to upper gastrointestinal tract variceal bleeding for the first time in patients with liver cirrhosis, and the medical staff should take corresponding nursing measures.

【Key words】 Liver cirrhosis; Hemorrhage; Esophageal and gastric varices; Risk factors; Nursing care

Fund program: Medical and Health Science and Technology Planing Project of Zhejiang Province(2018KY837)

高频联合低频超声检查用于急性阑尾炎的诊断价值

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【摘要】 目的 分析高频联合低频超声检查用于急性阑尾炎诊断的临床效果。**方法** 选择宁波市北仑区中医院 2015 年 9 月至 2016 年 9 月收治的疑似急性阑尾炎患者 150 例为研究对象,对患者进行高频联合低频超声检查,分析高频联合低频超声检查对急性阑尾炎患者诊断的正确率,并与术后病理检查结果进行比较。**结果** 高频联合低频超声检查诊断阑尾周围脓肿正确率为 95.5%,诊断单纯性阑尾炎正确率为 94.4%,诊断化脓性阑尾炎正确率为 97.8%,诊断坏疽性阑尾炎正确率为 97.9%;高频联合低频超声检查对位于回肠前的急性阑尾炎诊断正确率为 97.4%,对位于盆位的急性阑尾炎诊断正确率为 97.6%,对位于盲肠后位的急性阑尾炎诊断正确率为 97.1%,对位于回肠后位的急性阑尾炎诊断正确率为 93.8%;高频联合低频超声检查对急性阑尾炎诊断正确率、特异性、灵敏性、漏诊率、误诊率分别为 96.9%、90.0%、96.9%、3.1%、10.0%,与术后病理检查结果差异均无统计学意义(均 $P > 0.05$)。**结论** 高频联合低频超声检查用于诊断急性阑尾炎有较高的诊断正确率。

【关键词】 超声检查; 阑尾炎; 急性病; 诊断

基金项目:浙江省医药卫生科技计划项目(2012KYA024)

Clinical value of high frequency combined with low frequency of ultrasound for the diagnosis of acute appendicitis Wang Xin.

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【Abstract】 Objective To analyze the clinical value of high frequency combined with low-frequency ultrasound examination for the diagnosis of acute appendicitis. **Methods** From September 2015 to September 2016, 150 patients with suspected acute appendicitis in the Traditional Chinese Medicine Hospital of Beilun District were selected in the research, the low frequency combined with high frequency ultrasound examination was performed. The diagnostic accuracy of high frequency combined with low frequency ultrasound for patients with acute appendicitis was compared with postoperative pathological findings. **Results** The diagnostic accuracy of high frequency combined with low frequency ultrasound for periappendicular abscess, simple appendicitis, suppurative appendicitis, gangrenous appendicitis was 95.5%, 94.4%, 97.8%, 97.9%, respectively. The diagnosis accuracy of high frequency combined with low frequency ultrasound for acute appendicitis at prepositional ileum, basin, upward behind cecum, behind ileum was 97.4%, 97.6%, 97.1%, 93.8%, respectively. The accuracy, specificity, sensitivity, the missed diagnosis rate and misdiagnosis rate of high frequency combined with low frequency ultrasound in the diagnosis of acute appendicitis were 96.9%, 90.0%, 96.9%, 3.1%, 10.0%, respectively, and compared with the results of postoperative pathologic examination, there were no statistically significant differences (all $P > 0.05$). **Conclusion** High frequency combined with low frequency ultrasound in the diagnosis of acute appendicitis has high diagnostic accuracy.

【Key words】 Ultrasonography; Appendicitis; Acute disease; Diagnosis

Fund program: Medical and Health Care Science and Technology Planning Project of Zhejiang Province (2012 KYA024)

酶联免疫吸附试验联合胶体金免疫层析法在类风湿关节炎患者血清抗环瓜氨酸肽抗体检测中的应用价值

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【摘要】 目的 探讨酶联免疫吸附试验(ELISA)联合胶体金免疫层析法用于类风湿关节炎(RA)患者血清抗环瓜氨酸肽(CCP)抗体的检测价值。方法 选取2014年10月至2016年10月阜阳市人民医院收治的类风湿关节炎患者120例设为RA组,选择同期入院健康体检者120例,设为对照组。采集患者血清标本,分别采用ELISA法、ELISA联合胶体金免疫层析法对患者进行血清抗CCP抗体检测。结果 ELISA法低于ELISA联合胶体金免疫层析法检测($\chi^2 = 3.943, P < 0.05$)。ELISA联合胶体金免疫层析法诊断敏感性(93.33%)、特异度(91.67%)、阳性预测值(84.85%)、阴性预测值(96.49%)均高于单一ELISA、胶体金免疫层析法(均 $P < 0.05$)。结论 ELISA联合胶体金免疫层析法用于RA患者血清CCP抗体检测效果理想,能获得较高的诊断敏感性、特异性,值得推广应用。

【关键词】 关节炎,类风湿; 酶联免疫吸附测定; 胶体金免疫层析法; 血清抗环瓜氨酸肽; 敏感性与特异性

基金项目:安徽省教育厅大学生创客实验室建设计划项目(2015ckjh013)

Clinical value of ELISA combined with colloidal gold immunochromatography in serum anti - CCP antibody detection of patients with rheumatoid arthritis Wang Yiqun, Zhang Chao.

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【Abstract】 Objective To investigate the clinical value of ELISA combined with colloidal gold immunochromatography in the detection of anti - cyclic citrullinated peptide (CCP) antibody in patients with rheumatoid arthritis (RA). **Methods** From October 2014 to October 2016, 120 patients with RA who admitted to Fuyang People's Hospital were selected as RA group, and 120 healthy subjects were selected as the control group. Serum samples of patients were collected and tested for anti - CCP antibody by ELISA and ELISA combined with colloidal gold immunochromatography. **Results** ELISA method was lower than ELISA combined with colloidal gold immunochromatography test ($\chi^2 = 3.943, P < 0.05$). The sensitivity, specificity, positive predictive value, negative predictive value of ELISA combined with colloidal gold immunochromatography assay were 93.33%, 91.67%, 84.85%, 96.49%, respectively, which were higher than single ELISA method (all $P < 0.05$). **Conclusion** ELISA combined with colloidal gold immunochromatography assay for detection of serum anti - CCP antibody in patients with RA is effective and can obtain high diagnostic sensitivity and specificity, and it is worthy of promotion.

【Key words】 Arthritis, rheumatoid; Enzyme-linked immunosorbent assay; Colloidal gold immunochromatography; serum anti-cyclic citrullinated peptide; Sensitivity and specificity

Fund program: Project of Building Construction Project of College Students of Anhui Education Department (2015ckjh013)

高血压脑出血患者微创术后颅内压水平监测及其与神经损伤、炎症应激反应的相关性分析

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【摘要】 **目的** 探讨高血压脑出血患者微创术后颅内压水平监测及其与神经损伤、炎症应激反应的相关关系。**方法** 选取 2014 年 12 月至 2017 年 10 月台州市立医院收治的高血压脑出血患者 60 例为研究对象, 根据治疗预后分为血肿清除组 45 例、再出血组 15 例。比较两组患者的术后 24 h 颅内压水平、血清神经损伤相关指标[神经元特异性烯醇化酶(NSE)、脑钠肽(BNP)、心脏型脂肪酸结合蛋白(h-FABP)、胶质纤维酸性蛋白(GFAP)、S100B 蛋白(S100B)]、炎性介质[白细胞介素-1 β (IL-1 β)、白细胞介素-6(IL-6)、肿瘤坏死因子 α (TNF- α)]、氧化应激指标[超氧化物歧化酶(SOD)、过氧化氢酶(CAT)、活性氧(ROS)、晚期蛋白氧化产物(AOPP)]含量的差异。采用 Pearson 检验评估高血压脑出血患者微创术后 24 h 颅内压水平与神经损伤、炎症应激反应的相关关系。**结果** 血肿清除组患者术后 24 h 的颅内压[(349.27 \pm 45.81) mmH₂O] 低于再出血组[(511.09 \pm 57.64) mmH₂O] ($t = -11.093, P < 0.05$); 血清中神经损伤标志物 NSE、h-FABP、GFAP、S100B 的含量[(9.37 \pm 1.05) ng/L、(7.04 \pm 0.85) μ g/L、(7.19 \pm 0.85) μ g/L、(20.47 \pm 3.19) ng/L] 均低于再出血组[(14.58 \pm 1.62) ng/L、(11.36 \pm 1.62) μ g/L、(16.23 \pm 1.72) μ g/L、(45.87 \pm 5.62) ng/L] ($t = -14.414, -13.330, -26.989, -21.749, 均 P < 0.05$), BNP 的含量为(22.61 \pm 2.85) μ g/L 高于再出血组的(15.28 \pm 1.79) μ g/L ($t = 11.732, P < 0.05$); 血清中炎性介质 IL-1 β 、IL-6、TNF- α 的含量[(5.28 \pm 0.59) ng/L、(9.73 \pm 1.54) ng/L、(15.28 \pm 1.76) ng/L] 均低于再出血组[(11.07 \pm 1.63) ng/L、(20.46 \pm 2.95) ng/L、(23.51 \pm 3.79) ng/L] ($t = -20.410, -18.225, -11.445, 均 P < 0.05$); 血清中抗氧化因子 SOD、CAT 的含量[(49.58 \pm 6.21) U/L、(68.11 \pm 7.59) U/L] 均高于再出血组[(32.16 \pm 4.05) U/L、(45.23 \pm 5.61) U/L] ($t = 10.138, 10.715, 均 P < 0.05$), 氧化因子 ROS、AOPP 的含量[(15.28 \pm 1.73) μ g/L、(10.94 \pm 1.62) μ g/L] 均低于再出血组[(34.19 \pm 4.25) μ g/L、(22.53 \pm 2.18) μ g/L] ($t = -24.632, -21.945, 均 P < 0.05$)。Pearson 检验显示, 高血压脑出血患者术后 24 h 颅内压水平与神经损伤、炎症应激反应程度均呈正相关($r = 0.371, 0.483, 0.427, 0.519, 0.537, 均 P < 0.05$)。**结论** 高血压脑出血微创术后颅内压水平监测可有效判断患者神经损伤、炎症应激反应严重程度, 预估再发脑出血风险。

【关键词】 脑出血; 颅内压; 颅神经损伤; 炎症因子; 相关分析; 生物标记物

基金项目: 浙江省台州市科技局科技计划资助项目(14SF05)

Monitoring of intracranial pressure in patients with hypertensive intracerebral hemorrhage after minimally invasive surgery and its correlation with nerve injury, inflammatory stress response Luo Yongkang.

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【Abstract】 Objective To monitor the intracranial pressure in patients with hypertensive intracerebral hemorrhage after minimally invasive surgery and to explore its correlation with nerve injury, inflammatory stress response.

Methods From December 2014 to October 2017, 60 patients of hypertensive intracerebral hemorrhage underwent minimally invasive surgery in Taizhou Municipal Hospital were chosen in the research. According to the prognosis, the patients were divided into hematoma clearance group ($n = 45$) and rebleeding group ($n = 15$). The levels of intracranial pressure 24h after surgery, serum contents of nerve injury related indicators, inflammatory mediators and oxidative stress indicators were compared between the two groups. Pearson test was used to evaluate the correlation between intracranial pressure 24h after surgery and nerve injury, inflammatory stress response. **Results** 24 h after surgery, the

intracranial pressure in the hematoma clearance group was (349.27 ± 45.81) mmH₂O, which was lower than (511.09 ± 57.64) mmH₂O in the rebleeding group ($t = -11.093, P < 0.05$). The serum contents of nerve injury markers such as NSE, h-FABP, GFAP, S100B in the hematoma clearance group were (9.37 ± 1.05) ng/L, (7.04 ± 0.85) μg/L, (7.19 ± 0.85) μg/L, (20.47 ± 3.19) ng/L, respectively, which were significantly lower than those in the rebleeding group [(14.58 ± 1.62) ng/L, (11.36 ± 1.62) μg/L, (16.23 ± 1.72) μg/L, (45.87 ± 5.62) ng/L] ($t = -14.414, -13.330, -26.989, -21.749$, all $P < 0.05$), the BNP level of the hematoma clearance group [(22.61 ± 2.85) μg/L] was significantly higher than (15.28 ± 1.79) μg/L in the rebleeding group ($t = 11.732, P < 0.05$). The levels of inflammatory mediators such as IL-6, IL-1β, TNF-α in the hematoma clearance group were (5.28 ± 0.59) ng/L, (9.73 ± 1.54) ng/L, (15.28 ± 1.76) ng/L, respectively, which were lower than those in the rebleeding group [(11.07 ± 1.63) ng/L, (20.46 ± 2.95) ng/L, (23.51 ± 3.79) ng/L] ($t = -20.410, -18.225, -11.445$, all $P < 0.05$). The levels of antioxidant factors such as SOD, CAT in the hematoma clearance group were (49.58 ± 6.21) U/L, (68.11 ± 7.59) U/L, respectively, which were significantly higher than those in the rebleeding group [(32.16 ± 4.05) U/L, (45.23 ± 5.61) U/L] ($t = 10.138, 10.715$, all $P < 0.05$). The contents of ROS, AOPP in the hematoma clearance group were (15.28 ± 1.73) μg/L, (10.94 ± 1.62) μg/L, respectively, which were lower than those in the rebleeding group [(34.19 ± 4.25) μg/L, (22.53 ± 2.18) μg/L] ($t = -24.632, -21.945$, all $P < 0.05$). Pearson test showed that the level in 24h intracranial pressure in patients with hypertensive intracerebral hemorrhage was positively correlated with the degree of nerve injury, inflammation stress ($r = 0.371, 0.483, 0.427, 0.519, 0.537$, all $P < 0.05$). **Conclusion** Monitoring of intracranial pressure after minimally invasive surgery for hypertensive intracerebral hemorrhage, can effectively judge the severity of nerve injury and inflammatory stress reaction, and can predict the risk of recurrent intracerebral hemorrhage.

【Key words】 Cerebral hemorrhage; Intracranial pressure; Cranial nerve injuries; Inflammatory factors; Correlation analysis; Biomarkers

Fund program: Science and Technology Planning Project of Taizhou City, Zhejiang Province (14SF05)

不同剂量阿替普酶治疗老年人急性脑梗死的疗效及安全性比较

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【摘要】 目的 比较不同剂量阿替普酶治疗老年人急性脑梗死的疗效,探讨其安全性。**方法** 选取 2016 年 1 月至 2017 年 6 月北京市昌平区医院收治的老年脑梗死患者 82 例作为研究对象,采用随机数字表法分为两组:其中观察组 41 例(阿替普酶剂量为 0.6 mg/kg),对照组 41 例(阿替普酶剂量为 0.9 mg/kg),比较两组患者的治疗有效率及出血发生率。**结果** 观察组治疗有效率 95.13% (39/41),对照组 100.00% (41/41),差异无统计学意义($Z=4.982, P>0.05$)。观察组出血发生率 7.32% (3/41),对照组 24.39% (10/41),差异有统计学意义($\chi^2=6.248, P<0.05$)。**结论** 不同剂量阿替普酶治疗老年急性脑梗死患者的疗效无明显差异,低剂量安全性更为可靠。

【关键词】 脑梗死; 药物剂量计算; 疗效比较研究; 出血; 阿替普酶

Comparison of effect and safety of different dosages of alteplase in the treatment of elderly patients with acute cerebral infarction Ma Jian, Jin Huanxi.

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【Abstract】 Objective To compare the effect of different dosages of alteplase in the treatment of elderly patients with acute cerebral infarction, as well to evaluate the safety. **Methods** From January 2016 to June 2017, 82 patients with acute cerebral infarction in the Hospital of Changping District were chosen in this study. The patients were randomly divided into 2 groups according to the digital table: 41 patients in study group (0.6 mg/kg alteplase) and 41 patients in control group (0.9mg/kg alteplase). The effective rate and incidence of hemorrhage were compared between the two groups. **Results** The effective rate of the study group was 95.13% (39/41), which of the control group was 100.00% (41/41), the difference was not statistically significant ($Z=4.982, P>0.05$). The incidence rate of hemorrhage in the study group was 7.32% (3/41), which in the control group was 24.39% (10/41), the difference was statistically significant ($\chi^2=6.248, P<0.05$). **Conclusion** The effect of different dosages of alteplase demonstrates no significant difference in the treatment of elderly patients, and the safety of low dose is more reliable.

【Key words】 Brain infarction; Drug dosage calculations; Comparative effectiveness research; Hemorrhage; Alteplase

全身麻醉复合硬膜外腔阻滞用于腹腔镜 直肠癌根治术的效果观察

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【摘要】 目的 探讨全身麻醉复合硬膜外腔阻滞在腹腔镜直肠癌根治术中的应用价值。**方法** 选择 2015 年 2 月至 2016 年 7 月大同市第五人民医院收治的直肠癌拟行腹腔镜直肠癌根治术患者 95 例为研究对象,采用随机数字表法分为全身麻醉组(GA 组)48 例和全身麻醉复合硬膜外腔阻滞组(CEGA 组)47 例,评估两组患者麻醉效果、血流动力学指数、苏醒时间、拔管时间、麻醉用药量、不良反应等。**结果** 达到 I ~ II 级麻醉效果:CEGA 组为 89.36%,GA 组为 72.92%,差异有统计学意义($U = 5.034, P < 0.05$);GA 组麻醉用药量均高于 CEGA 组[(780.26 ± 152.01) mg 比 (499.31 ± 153.01) mg],差异有统计学意义($t = 4.561, P < 0.05$);CEGA 组苏醒时间为(10.26 ± 2.81) min,手术时间为(139.26 ± 34.16) min,GA 组分别为(23.46 ± 3.64) min、(109.23 ± 35.03) min,差异均有统计学意义($t = 6.235, 9.490$, 均 $P < 0.05$);CEGA 组不良反应发生率为 10.64%,GA 组为 27.08%,差异有统计学意义($\chi^2 = 10.342, P < 0.05$);在气腹、拔管期时 GA 组 HR、MVP [(105.26 ± 15.07) 次/min、(109.18 ± 16.27) 次/min、[(13.26 ± 2.65) kPa、(14.91 ± 2.57) kPa]均高于 CEGA 组,两组差异均有统计学意义($t = 6.575, 6.154, 5.842, 6.544$, 均 $P < 0.05$);CEGA 组拔管前后各基点 Steward 苏醒评分均高于 GA 组,两组差异均有统计学意义($t = 6.354, 3.268, 3.869, 3.992, 3.564, 4.065, 4.031, 4.689$, 均 $P < 0.05$)。**结论** 全身麻醉复合硬膜外腔阻滞有较好的麻醉效果,麻醉用药量少,对患者血流动力学影响小,易于苏醒,是适合腹腔镜直肠癌根治术的麻醉方法。

【关键词】 麻醉,全身; 麻醉,硬膜外; 腹腔镜检查; 结直肠外科手术

Clinical value of general anesthesia combined with epidural anesthesia in laparoscopic radical resection of rectal cancer Gao Ju.

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【Abstract】 Objective To explore the application of general anesthesia combined with epidural anesthesia in laparoscopic radical resection of rectal cancer. **Methods** From February 2015 to July 2016, 95 rectal cancer patients undergoing laparoscopic radical resection in the Fifth People's Hospital of Datong were randomly divided into general anesthesia(GA) group(48 cases) and GA combined with epidural anesthesia(CEGA) group(47 cases) according to the digital table. The effect of anesthesia, hemodynamic index, recovery time, extubation time, general anesthesia dosage, adverse reaction were assessed. **Results** In the CEGA group, 89.36% reached the level I ~ II anesthesia, GA group was 72.92%, the difference between the two groups was statistically significant ($U = 5.034, P < 0.05$). The anesthesia dosage of the GA group was higher than that of the CEGA group [(780.26 ± 152.01) mg vs. (499.31 ± 153.01) mg], the difference between the two groups was statistically significant ($t = 4.561, P < 0.05$). The recovery time, operation time in the CEGA group were (10.26 ± 2.81) min, (139.26 ± 34.16) min, respectively, which in the group GA were (23.46 ± 3.64) min, (109.23 ± 35.03) min, respectively, the difference between the two groups was statistically significant ($t = 6.235, 9.490$, all $P < 0.05$). The incidence rate of adverse reaction of the CEGA group was 10.64%, which of the GA group was 27.08%, the difference between the two groups was statistically significant ($\chi^2 = 10.342, P < 0.05$). At pneumoperitoneum and extubation, HR, MVP in the GA group were (105.26 ± 15.07) times/min, (109.18 ± 16.27) times/min, (13.26 ± 2.65) kPa, (14.91 ± 2.57) kPa, respectively, which were significantly higher than those in the CEGA group ($t = 6.575, 6.154, 5.842, 6.544$, all $P < 0.05$). The Steward awakening scores of each base point before and after extubation in the CEGA group were significantly higher than those in the GA group ($t = 6.354, 3.268, 3.869, 3.992, 3.564, 4.065, 4.031, 4.689$, all $P < 0.05$).

Conclusion CEGA has good anesthetic effect, less dosage in general anesthesia, little influence on hemodynamics and easy to wake up. It is an ideal anesthesia method for laparoscopic radical resection of rectal cancer.

【Key words】 Anesthesia, general; Anesthesia, epidural; Laparoscopy; Colorectal surgery

大黄芍药汤联合腹腔镜手术治疗老年人急性化脓性胆囊炎的临床观察

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【摘要】 **目的** 探讨大黄芍药汤联合腹腔镜手术治疗老年人急性化脓性胆囊炎的临床效果。**方法** 选取 2016 年 3 月至 2017 年 4 月浙江省中医院安吉分院收治的老年急性化脓性胆囊炎患者 52 例作为研究对象,根据治疗方式不同可分成对照组和观察组两组各 26 例。对照组予腹腔镜手术治疗;观察组在腹腔镜手术治疗的基础上再给予大黄芍药汤。观察两组患者的临床治疗效果、住院时间、白细胞恢复正常时间、退热时间、使用抗生素时间、并发症发生情况以及患者对治疗的满意程度。**结果** 观察组患者对治疗的满意程度为 96.15%,明显优于对照组的 73.08% ($\chi^2 = 18.093, P = 0.001$);观察组的住院时间、抗生素使用时间、退热时间、白细胞恢复正常时间分别为 $(6.2 \pm 0.9)d$ 、 $(4.4 \pm 0.6)d$ 、 $(3.4 \pm 0.7)d$ 、 $(4.1 \pm 1.1)d$,均明显短于对照组 ($t = 14.706, 13.425, 12.604, 13.102, P = 0.003, 0.001, 0.002, 0.001$);观察组的治疗有效率、并发症发生率分别为 96.15%、7.69%,均显著优于对照组 ($\chi^2 = 96.150, 9.082, P = 0.001, 0.001$)。**结论** 对老年急性化脓性胆囊炎患者采用腹腔镜手术联合大黄芍药汤治疗,可以明显缩短患者的住院时间、退热时间、白细胞恢复正常时间以及使用抗生素时间,减少患者术后并发症的发生,从而提高患者的临床效果。

【关键词】 胆囊炎,急性; 腹腔镜检查; 住院时间; 病人满意度; 老年人; 中药大黄芍药汤

Clinical effect of traditional Chinese medicine rhubarb peony decoction combined with laparoscopic surgery in the treatment of aged patients with acute suppurative cholecystitis Fang Zhenjun.

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【Abstract】 **Objective** To investigate the clinical effect of traditional Chinese medicine rhubarb peony decoction combined with laparoscopic surgery in the treatment of elderly patients with acute suppurative cholecystitis. **Methods** From March 2016 to April 2017, 52 patients with acute suppurative cholecystitis who were surgically treated in Anji Branch of Zhejiang Province Traditional Chinese Medical Hospital were selected in this study. According to different treatment methods, the patients were divided into control group and observation group, with 26 cases in each group. The control group was given laparoscopic surgery, the observation group was given traditional Chinese medicine rhubarb peony decoction based on laparoscopic surgery. The clinical treatment effect, hospitalization time, leukocyte recovery time, antipyretic time, antibiotic use time, occurrence of complications, and patients' satisfaction with treatment were observed. **Results** The patients' satisfaction rate with the treatment of the observation group was 96.15%, which was significantly higher than 73.08% of the control group ($\chi^2 = 18.093, P = 0.001$). The hospitalization time, antibiotic use time, defervescence time and leukocyte recovery time of the observation group were $(6.2 \pm 0.9)d$, $(4.4 \pm 0.6)d$, $(3.4 \pm 0.7)d$, $(4.1 \pm 1.1)d$, respectively, which were significantly shorter than those in the control group ($t = 14.706, 13.425, 12.604, 13.102; P = 0.003, 0.001, 0.002, 0.001$). The treatment effective rate, incidence rate of complication in the observation group were 96.15%, 7.69%, respectively, which were significantly better than those in the control group ($\chi^2 = 96.15, 9.082; P = 0.001, 0.001$). **Conclusion** Laparoscopic surgery combined with traditional Chinese medicine rhubarb peony decoction for elderly patients with acute suppurative cholecystitis can significantly shorten the length of hospital stay, defervescence time, leukocyte recovery time and antibiotic use, and reduce the incidence of postoperative complications, improve the patients' clinical effect of surgery. In addition, this method can also improve the patients' satisfaction with the treatment, which can be used in clinical practice.

【Key words】 Cholecystitis, acute; Laparoscopy; Length of stay; Patient satisfaction; Aged;
Dahuang Shaoyao decoction

前列地尔联合苦碟子注射液治疗后循环缺血性眩晕的临床疗效及其对溶血磷脂酸、酸性磷脂水平的影响

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【摘要】 **目的** 探讨前列地尔联合苦碟子注射液治疗后循环缺血性眩晕的临床疗效及其对溶血磷脂酸(LPA)、酸性磷脂(AP)水平的影响。**方法** 选取2015年10月至2017年10月宁波大学医学院附属医院收治的后循环缺血患者92例,采用随机数字表法分为观察组和对照组各46例。对照组采用苦碟子注射液治疗,观察组采用前列地尔联合苦碟子注射液治疗,比较两组的临床疗效及治疗前后LPA、AP水平变化。**结果** 治疗后,观察组总有效率为95.65%,对照组总有效率为82.61%,差异有统计学意义($\chi^2=8.622, P<0.05$)。治疗后,两组双侧椎-基底动脉平均血流速度(Vm)、收缩期峰流速(Vs)较治疗前均明显增快(观察组: $t=14.041, 11.124, 11.207, 10.057, 10.925, 11.920$;对照组: $t=7.204, 7.057, 8.145, 6.572, 6.581, 5.481$;均 $P<0.05$);与对照组比较,观察组双侧椎-基底动脉Vm[(34.24±3.04)cm/s、(30.54±3.33)cm/s、(35.42±3.46)cm/s]、Vs[(40.09±5.14)cm/s、(40.24±5.02)cm/s、(43.14±4.97)cm/s]均显著增高,差异均有统计学意义($t=7.825, 4.581, 8.610, 7.256, 7.017, 5.824$,均 $P<0.05$)。治疗后,两组患者LPA、AP水平较治疗前均显著降低(观察组: $t=18.054, 17.259$;对照组: $t=17.651, 14.254$;均 $P<0.05$);与对照组LPA[(1.75±0.52) $\mu\text{mol/L}$]、AP[(2.42±0.51) $\mu\text{mol/L}$]水平比较,观察组患者LPA[(1.05±0.28) $\mu\text{mol/L}$]、AP[(1.84±0.48) $\mu\text{mol/L}$]水平均显著降低,差异均有统计学意义($t=8.571, 7.224$,均 $P<0.05$)。两组患者治疗前白白细胞计数分别为 $(6.23\pm0.54)\times 10^9/\text{L}$ 、 $(6.68\pm0.57)\times 10^9/\text{L}$;治疗后白细胞计数分别为 $(6.57\pm0.61)\times 10^9/\text{L}$ 、 $(6.42\pm0.64)\times 10^9/\text{L}$,差异均无统计学意义(均 $P>0.05$)。治疗过程中,两组均未出现明显不良反应。**结论** 前列地尔联合苦碟子注射液治疗后循环缺血性眩晕临床疗效显著,LPA、AP水平明显改善,未发生白细胞减少等不良反应,安全性较好。

【关键词】 脑缺血; 眩晕; 磷脂酸类; 磷脂类; 白细胞计数; 血流速度; 前列地尔; 苦碟子注射液

Clinical effect of alprostadil combined with Kudiezi injection in the treatment of posterior circulation ischemic vertigo and its effect on levels of lysophosphatidic acid, acidic phospholipid Qi Jianju, Lang Mingxia.

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【Abstract】 **Objective** To explore the clinical effect of alprostadil combined with Kudiezi injection in the treatment of posterior circulation ischemic vertigo, and its effect on levels of lysophosphatidic acid (LPA), acidic phospholipid (AP). **Methods** From October 2015 to October 2017, 92 cases of posterior circulation ischemia in the Affiliated Hospital of Medical College were selected and randomly divided into observation group ($n=46$) and control group ($n=46$) according to the digital table. The control group was treated with Kudiezi injection, while the observation group was treated with alprostadil combined with Kudiezi injection. The clinical efficacy and LPA, AP levels before and after treatment were compared between the two groups. **Results** After treatment, the total effective rate in the observation group was 95.65%, which in the control group was 82.61%, there was statistically significant difference between the two groups ($\chi^2=8.622, P<0.05$). After treatment, Vm and Vs of bilateral vertebrobasilar artery in both two groups were increased more rapidly than those before treatment (observation group: $t=14.041, 11.124,$

11. 207, 10. 057, 10. 925, 11. 920; control group: $t = 7. 204, 7. 057, 8. 145, 6. 572, 6. 581, 5. 481$, all $P < 0. 05$). Compared with the control group, the V_m [(34. 24 ± 3. 04) cm/s, (30. 54 ± 3. 33) cm/s, (35. 42 ± 3. 46) cm/s] and V_s [(40. 09 ± 5. 14) cm/s, (40. 24 ± 5. 02) cm/s, (43. 14 ± 4. 97) cm/s] of bilateral vertebrobasilar artery in the observation group were significantly higher ($t = 7. 825, 4. 581, 8. 610, 7. 256, 7. 017, 5. 824$, all $P < 0. 05$). After treatment, the levels of LPA and AP in the two groups were significantly lower than those before treatment (observation group: $t = 18. 054, 17. 259$; control group: $t = 17. 651, 14. 254$, all $P < 0. 05$). The levels of LPA and AP in the control group [(1. 75 ± 0. 52) μmol/L, (2. 42 ± 0. 51) μmol/L] were significantly higher than those in the observation group [(1. 05 ± 0. 28) μmol/L, (1. 84 ± 0. 48) μmol/L] ($t = 8. 571, 7. 224$, all $P < 0. 05$). Before treatment, the number of white blood cells in two groups were $(6. 23 ± 0. 54) × 10^9/L$, $(6. 68 ± 0. 57) × 10^9/L$, respectively, which after treatment were $(6. 57 ± 0. 61) × 10^9/L$, $(6. 42 ± 0. 64) × 10^9/L$, respectively, there was no statistically significant difference in leukocyte count between the two groups before and after treatment (all $P < 0. 05$). During the treatment, there was no obvious adverse reaction in the two groups. **Conclusion** Alprostadil combined with Kudiezi injection in the treatment of circulatory ischemic vertigo has excellent clinical effect, there are no adverse reactions such as leukopenia occurred and the safety is good.

【Key words】 Brain ischemia; Vertigo; Phosphatidic acids; Phosphatidis; Leukocyte count; Blood flow velocity; Alprostadil; Kudiezi injection

糖尿病颈动脉、椎动脉硬化斑块发生率及相关因素分析

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【摘要】 目的 探讨糖尿病(DM)患者颈动脉、椎动脉硬化斑块发生率及相关因素。**方法** 选择2012年9月至2017年9月太原市中铁三局集团中心医院诊治的DM患者465例为研究对象,应用彩色多普勒超声对465例DM患者进行检查,统计颈动脉斑块、椎动脉斑块的发生率,logistic回归分析DM患者动脉硬化斑块形成和不良结局的危险因素。**结果** 共检出351例存在动脉斑块患者,检出率75.48%,其中颈动脉69.23%,椎动脉60.97%,61~70岁占93.65%,空腹血糖>15.0 mmol/L患者中有79.17%,DM病程>10年患者中有97.80%检出动脉斑块,动脉斑块组与无动脉斑块组在年龄、空腹血糖水平、病程差异均有统计学意义($\chi^2 = 10.564, 9.165, 10.285$, 均 $P < 0.05$);29例DM伴动脉斑块患者发生不良结局事件,不良结局患者空腹血糖水平(15.26 ± 5.93) mmol/L,斑块积分(2.59 ± 0.68)分,与未发生不良结局DM比较差异均有统计学意义($t = 5.646, 3.964$, 均 $P < 0.05$);logistic回归分析显示:年龄 ≥ 61 岁、空腹血糖 ≥ 10.1 mmol/L、病程 ≥ 5 年为DM患者动脉硬化斑块形成的危险因素,其OR值分别为1.592(95% CI:1.160~4.237)、2.263(95% CI:0.952~8.859)、1.095(95% CI:2.963~10.763);空腹血糖水平 ≥ 15.0 mmol/L、斑块积分 > 2 分为DM不良预后危险因素,其OR值分别为:3.592(95% CI:0.956~6.261)、2.913(95% CI:1.238~9.238)。**结论** DM患者有较高的颈动脉、椎动脉斑块发生风险,血糖水平越高,斑块积分越高,预后越差。

【关键词】 糖尿病; 颈动脉; 椎动脉; 动脉硬化

The study of the probability and clinical significance of carotid and vertebral atherosclerotic plaque in diabetes Zhang Xinyi.

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【Abstract】 Objective To investigate the probability and clinical significance of carotid and vertebral atherosclerotic plaque in patients with diabetes mellitus (DM). **Methods** From September 2012 to September 2017, 465 patients with DM in Taiyuan Central Group Hospital were examined by color Doppler ultrasound. The incidence of carotid plaque, vertebral artery plaque was analyzed, logistic regression analysis was used to analyze the risk factors of atherosclerosis formation and adverse outcomes in DM patients. **Results** There were 351 cases of arterial plaques, the detection rate was 75.48%, including 69.23% of carotid arteries, 60.97% of vertebral arteries, 61-70 years old accounted for 93.65%, patients with fasting blood glucose > 15.0 mmol/L accounted for 79.17%, DM patients with the course of more than 10 years accounted for 97.80% of detectable arterial plaque. The age, fasting blood glucose level, duration had statistically significant differences between the plaque group and non plaque group ($F = 10.564, 9.165, 10.285$, all $P < 0.05$). Adverse outcomes were observed in 29 DM patients with arterial plaque. The fasting blood glucose level [(15.26 ± 5.93) mmol/L], plaque score [(2.59 ± 0.68) points] in patients with adverse outcomes had statistically significant differences compared with DM patients without adverse outcomes ($t = 5.646, 3.964$, all $P < 0.05$). The results of logistic regression analysis showed that age over 61 years, fasting blood glucose more than 10.1 mmol/L, duration of DM more than 5 years were risk factors of plaque formation in DM patients, the OR values were 1.592 (95% CI: 1.160 ~ 4.237), 2.263 (95% CI: 0.952 ~ 8.859), 1.095 (95% CI: 2.963 ~ 10.763). The fasting blood glucose level ≥ 15.0 mmol/L, plaque score > 2 points were risk factors of poor prognosis of DM patients, the OR values were 3.592 (95% CI: 0.956 ~ 6.261), 2.913 (95% CI: 1.238 ~ 9.238). **Conclusion** Patients with DM has a higher risk of carotid artery and vertebral artery plaque, the higher the blood sugar level, the higher the plaque score, the worse the prognosis.

【Key words】 Diabetes mellitus; Carotid arteries; Vertebral artery; Arteriosclerosis

强化阿托伐他汀治疗经皮冠状动脉介入术后对比剂肾病的临床价值

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【摘要】 **目的** 探讨强化阿托伐他汀治疗经皮冠状动脉介入术后对比剂肾病的临床价值。**方法** 选择 2016 年 7 月至 2017 年 7 月烟台市莱阳中心医院收治冠状动脉粥样硬化性心脏病行经皮冠状动脉介入术后对比剂肾病患者 94 例为研究对象,按照随机数字表法分为观察组与对照组各 47 例,观察组行阿托伐他汀强化治疗,对照组口服空白胶囊进行对照,比较干预前后两组肾功能变化情况,及干预后临床症状消失时间。**结果** 干预后,观察组尿素氮及血肌酐水平分别为 (6.1 ± 0.3) mmol/L 和 (81.5 ± 5.5) μ mol/L,均显著优于干预前的 (26.5 ± 2.9) mmol/L 和 (491.5 ± 25.6) μ mol/L ($t = 47.970, 104.730$, 均 $P < 0.05$) 及干预后对照组的 (13.9 ± 2.0) mmol/L 和 (265.7 ± 31.8) μ mol/L ($t = 26.441, 39.130$, 均 $P < 0.05$); 干预后观察组蛋白尿恢复正常时间、低蛋白血症恢复正常时间、水肿消退时间及血脂恢复正常时间分别为 (11.3 ± 1.1) d、 (21.3 ± 2.1) d、 (4.1 ± 0.3) d 和 (45.3 ± 3.6) d,均显著短于对照组的 (13.5 ± 1.3) d、 (23.8 ± 2.6) d、 (5.6 ± 0.4) d 和 (62.3 ± 4.2) d ($t = 9.803, 5.979, 21.503, 17.481$, 均 $P < 0.05$)。**结论** 针对经皮冠状动脉介入术后对比剂肾病,使用阿托伐他汀强化治疗,能有效保护患者肾功能,改善临床症状,值得临床推广。

【关键词】 肾病; 冠状动脉疾病; 放射学,介入性; 造影剂; 强化治疗; 阿托伐他汀

Clinical value of atorvastatin therapy in the treatment of contrast agent nephropathy after interventional therapy Yu Chunying, Wang Huantai.

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【Abstract】 **Objective** To investigate the protective effect of atorvastatin on patients with contrast nephropathy after percutaneous coronary intervention (PCI). **Methods** From July 2016 to July 2017, 94 patients with nephropathy in Laiyang Central Hospital were enrolled in this study. The patients were randomly divided into two groups, with 47 cases in each group. The observation group received atorvastatin intensive treatment, and the control group was treated with blank capsule. The changes of renal function before and after intervention, and the recovery time of clinical symptoms after intervention were compared. **Results** After intervention, the blood urea nitrogen and serum creatinine levels of the observation group were (6.1 ± 0.3) mmol/L and (81.5 ± 5.5) μ mol/L, respectively, which were significantly lower than those before intervention [(26.5 ± 2.9) mmol/L, (491.5 ± 25.6) μ mol/L] ($t = 47.970, 104.730$, all $P < 0.05$) and those of the control group after intervention [(13.9 ± 2.0) mmol/L, (265.7 ± 31.8) μ mol/L] ($t = 26.441, 39.130$, all $P < 0.05$). After intervention, the recovery time of proteinuria, hypoalbuminemia, and edema disappeared time, normal blood lipid recovery time in the observation group were (11.3 ± 1.1) d, (21.3 ± 2.1) d, (4.1 ± 0.3) d and (45.3 ± 3.6) d, respectively, which were significantly shorter than those in the control group [(13.5 ± 1.3) d, (23.8 ± 2.6) d, (5.6 ± 0.4) d, (62.3 ± 4.2) d] ($t = 9.803, 5.979, 21.503, 17.481$, all $P < 0.05$). **Conclusion** For the contrast agent nephropathy, the use of atorvastatin intensive therapy can effectively protect the patients' renal function, improve the clinical symptoms, which is worthy of clinical promotion.

【Key words】 Nephrosis; Coronary artery disease; Radiology, interventional; Contrast media; Intensive Therapy; Atorvastatin

支撑喉镜下低温等离子射频术治疗成人喉乳头状瘤的临床疗效观察

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【摘要】 **目的** 探讨内窥镜支撑喉镜下低温等离子射频术治疗成人喉乳头状瘤的临床效果。**方法** 选取诸暨市中心医院 2014 年 1 月至 2018 年 4 月收治的成人喉乳头状瘤患者 60 例为研究对象,按照治疗方法将其分为对照组与观察组,每组 30 例。对照组应用支撑喉镜下瘤体钳除术,观察组采用支撑喉镜下低温等离子射频术治疗。记录两组手术时间、术中出血量、住院时间、术后并发症、术后随访,记录两组复发时间及复发率。**结果** 观察组手术时间为 (29.54 ± 4.52) min,明显短于对照组的 (38.85 ± 5.47) min ($t = 7.186, P = 0.000$);术中出血量为 (1.24 ± 0.76) mL,明显少于对照组的 (35.69 ± 5.88) mL ($t = 31.825, P = 0.000$);住院时间为 (3.83 ± 1.17) d,明显短于对照组的 (4.79 ± 1.47) d ($t = 2.798, P = 0.006$)。观察组术后并发症率 3.33% (1/30),明显低于对照组的 23.33% (7/30) ($\chi^2 = 5.192, P = 0.022$);观察组术后复发时间为 (2.42 ± 0.57) 个月,明显长于对照组的 (1.28 ± 0.36) 个月 ($t = 9.261, P = 0.000$);观察组术后复发率为 6.67% (2/30),明显低于对照组的 40.00% (12/30) ($\chi^2 = 9.316, P = 0.002$)。**结论** 内窥镜支撑喉镜下低温等离子射频术治疗成人喉乳头状瘤患者创伤小,且可延长术后复发时间,降低术后复发率。

【关键词】 喉疾病; 乳头状瘤; 喉镜检查; 低温等离子射频术; 成年人

Clinical efficacy of low-temperature plasma radiofrequency ablation under endoscope – supported laryngoscope in the treatment of adult patients with laryngeal papilloma Ni Ronghua, Zhang Chengyi, Lin Zhihong.

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【Abstract】 **Objective** To investigate the clinical effect of low-temperature plasma radiofrequency with endoscopic laryngoscope in the treatment of adult patients with laryngeal papilloma. **Methods** From January 2014 to April 2018, 60 adult patients with laryngeal papilloma in Zhuji Central Hospital were enrolled in this study. According to the treatment methods, they were divided into control group and observation group, with 30 cases in each group. The control group was treated with laryngoscope tweezers, and the observation group was treated by low temperature plasma radiofrequency with endoscopic laryngoscope. The operation time, intraoperative blood loss, hospitalization time and postoperative complications were recorded. The follow-up was performed on the first day after operation. The recurrence rate and average recurrence time were recorded. **Results** The average operation time in the observation group was (29.54 ± 4.52) min, which was significantly shorter than (38.85 ± 5.47) min in the control group ($t = 7.186, P = 0.000$). The intraoperative blood loss of the observation group was (1.24 ± 0.76) mL, which was significantly lower than (35.69 ± 5.88) mL of the control group ($t = 31.825, P = 0.000$). The length of hospital stay of the observation group was (3.83 ± 1.17) d, which was significantly shorter than (4.79 ± 1.47) d of the control group ($t = 2.798, P = 0.006$). The incidence rate of postoperative complication in the observation group was 3.33% (1/30), which was significantly lower than 23.33% in the control group ($\chi^2 = 5.192, P = 0.022$). The mean duration of postoperative recurrence in observation group was (2.42 ± 0.57) months, which was significantly longer than (1.28 ± 0.36) months in the control group ($t = 9.261, P = 0.000$). The postoperative recurrence rate of the observation group was 6.67% (2/30), which was significantly lower than that of the control group [40.00% (12/30), $\chi^2 = 9.316, P =$

0.002]. **Conclusion** Low temperature plasma radiofrequency with endoscopic laryngoscope in the treatment of adult patients with laryngeal papilloma has less trauma, and can extend the recurrence time, reduce the postoperative recurrence rate.

【Key words】 Laryngeal diseases; Papilloma; Laryngoscopy; Low temperature plasma radiofrequency; Adult

糖尿病肾病患者血清 25-羟维生素 D₃ 与尿维生素 D 结合蛋白的相关性研究

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【摘要】 目的 观察糖尿病肾病患者血清 25-羟维生素 D₃ (25(OH)D₃) 及尿维生素 D 结合蛋白(uVDBP)的变化,并进行相关影响因素的分析,为糖尿病肾病早期诊断和治疗提供新的方法。**方法** 选择 2015 年 1~12 月威海市立医院内分泌科住院治疗的糖尿病肾病患者 85 例为研究对象,依据尿微量白蛋白/尿肌酐比值(UACR)将其分为三组,2 型糖尿病正常白蛋白尿组 28 例、微量白蛋白尿组 31 例、临床蛋白尿组 26 例,并选取同期健康体检者 25 例为对照组。抽取空腹静脉血,检测空腹血糖(FPG)、糖化血红蛋白(HbA1c)、胆固醇(TC)、甘油三酯(TG)及肌酐(CRE)等代谢指标,运用化学发光法检测血清 25(OH)D₃,运用 ELISA 法检测 uVDBP,观察不同分期糖尿病肾病患者 25(OH)D₃ 及 uVDBP 的变化。**结果** 2 型糖尿病正常白蛋白尿组、微量白蛋白尿组、临床蛋白尿组及对照组血清 25(OH)D₃ 组间差异均有统计学意义[(20.04 ± 7.52)ng/mL、(16.54 ± 6.51)ng/mL、(10.77 ± 4.63)ng/mL、(29.65 ± 5.47)ng/mL, $F = 86.294, P < 0.001$],三组病例组 25(OH)D₃ 均显著低于对照组(均 $P < 0.05$);四组间 uVDBP 水平差异有统计学意义[(8.44 ± 3.20)mg/L、(14.22 ± 3.26)mg/L、(21.77 ± 5.87)mg/L、(4.95 ± 1.34)mg/L, $F = 125.583, P < 0.001$]。三组病例组 uVDBP 水平均高于对照组(均 $P < 0.05$)。相关分析显示糖尿病肾病患者血清 25(OH)D₃ 随糖尿病肾病加重而逐渐降低,与 UACR 呈负相关($r = -0.575, P < 0.01$);而 uVDBP 水平则与 UACR 呈正相关($r = 0.436, P = 0.015$)。**结论** 随着糖尿病肾病的进展,血清 25(OH)D₃ 水平逐渐降低,表明 25(OH)D₃ 在糖尿病肾病发病过程中可能起一定的作用;而可能作为糖尿病肾病早期参考指标的 uVDBP 水平则随糖尿病肾病进展而排出量逐渐增加,检测 uVDBP 或许能为 T2DM 肾病的早期诊断提供一些新线索。

【关键词】 糖尿病,2 型; 糖尿病肾病; 25-羟维生素 D₃; 维生素 D 结合蛋白

Clinical investigation of relationship between serum 25 – hydroxyvitamin D₃ and urine vitamin D binding protein levels in patients with diabetic nephropathy *Su Liqing, Zhou Yuping, Wang Haijing, Si Fengxia, Lin Wenwen.*

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【Abstract】 Objective To investigate the serum levels of 25 – hydroxyvitamin D₃ (25(OH)D₃) and urine vitamin D binding protein(uVDBP) in patients with diabetic nephropathy (DN), and to determine the relationship between 25(OH)D₃, uVDBP and DN, in order to provide a new method for early diagnosis and treatment of DN.

Methods From January 2015 to December 2015, 85 DN patients admitted into Weihai Municipal Hospital were selected. According to the ratio of UALB to UCR (UACR), the patients were divided into three groups. Type 2 diabetes had 28 cases of normal albuminuria group, 31 cases of microalbuminuria group, and 26 cases of clinical albuminuria group. We also enrolled 25 healthy people who received outpatient service as control group. Serum 25(OH)D₃ levels were measured by chemiluminescence method. Urine VDBP levels were assayed by ELISA. FPG, HbA1c, UREA, SCr, TC, TG were measured by electrochemiluminescence. **Results** The results showed that serum 25(OH)D₃ was significantly lower in the normal albuminuria group, microalbuminuria group and clinical proteinuria group than that in the control group ($P < 0.05$), and there was statistically significant difference among the four groups [(20.04 ± 7.52)ng/mL, (16.54 ± 6.51)ng/mL, (10.77 ± 4.63)ng/mL, (29.65 ± 5.47)ng/mL, $F = 86.294, P < 0.001$]. The results showed that uVDBP was significantly higher in the DN group than that in the control group (all $P < 0.05$), and there

was statistically significant difference among the four groups [$(8.44 \pm 3.20) \text{ mg/L}$, $(14.22 \pm 3.26) \text{ mg/L}$, $(21.77 \pm 5.87) \text{ mg/L}$, $(4.95 \pm 1.34) \text{ mg/L}$, $F = 125.583$, $P < 0.001$]. Correlation analysis showed that serum $25(\text{OH})\text{D}_3$ decreased gradually with the increase of DN and negatively correlated with UACR ($r = -0.575$, $P < 0.01$), while uVDBP level was positively correlated with UACR ($r = 0.436$, $P = 0.015$). **Conclusion** With the progress of DN, serum $25(\text{OH})\text{D}_3$ levels gradually decreased, indicating that $25(\text{OH})\text{D}_3$ may play an important role in the pathogenesis of DN; uVDBP may be an early diagnostic method for DN.

【Key words】 Diabetes mellitus, type 2; Diabetic nephropathy; 1,25-dihydroxyvitamin D; Vitamin D binding protein

血清透明质酸对慢性病毒性肝炎 肝纤维化的诊断价值

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【摘要】 **目的** 探讨血清透明质酸(HA)在慢性病毒性肝炎肝纤维化诊断中的临床价值。**方法** 选取运城市中心医院 2015 年 1 月至 2016 年 2 月收治的慢性病毒性肝炎肝纤维化患者 108 例为研究对象,同时选取健康体检者 30 例作为对照组,均进行血清 HA 测定,分析血清 HA 在肝纤维化中的敏感度和特异度,并探讨血清 HA 与肝病病理分级、分期的关系。**结果** 急性黄疸型肝炎、慢性肝炎轻度、慢性肝炎中度、慢性肝炎重度、肝炎后肝硬化血清 HA 水平为 (138.76 ± 14.92) ng/L、 (90.21 ± 6.73) ng/L、 (106.29 ± 12.35) ng/L、 (365.48 ± 25.39) ng/L、 (597.24 ± 48.11) ng/L,均高于对照组的 (64.26 ± 8.24) ng/L,差异均有统计学意义($t = 8.723, 6.275, 22.025, 65.798, 63.670$, 均 $P < 0.05$),随着肝纤维化程度的增加,患者血清 HA 水平明显升高,血清 HA 与肝炎活动度分级及肝纤维化分期有一定相关性($r = 0.48, 0.43$, 均 $P < 0.05$),且特异度较高。**结论** 血清 HA 在慢性病毒性肝炎肝纤维化诊断中具有良好的诊断价值。

【关键词】 肝炎; 肝炎病毒; 肝硬化; 肝纤维化; 透明质酸; 诊断; 特异度

Diagnostic value of serum hyaluronic acid in hepatic fibrosis of chronic viral hepatitis Wang Xiuli, Yao Peng.

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【Abstract】 **Objective** To investigate the clinical value of serum hyaluronic acid(HA) in the diagnosis of hepatic fibrosis in chronic viral hepatitis. **Methods** From January 2015 to February 2016, 108 patients with chronic viral hepatitis diagnosed by liver biopsy in Yuncheng Central Hospital were selected, and 30 healthy subjects were selected as controls. Serum HA was measured and the sensitivity and specificity of serum HA in the diagnosis of liver fibrosis were analyzed. The relationship between serum HA and liver pathological grade and staging were explored. **Results** The levels of serum HA in acute jaundice hepatitis, chronic hepatitis, mild and chronic hepatitis, moderate and chronic hepatitis, severe hepatitis and liver cirrhosis were (138.76 ± 14.92) ng/L, (90.21 ± 6.73) ng/L, (106.29 ± 12.35) ng/L, (365.48 ± 25.39) ng/L, (597.24 ± 48.11) ng/L, respectively, which were significantly higher than (64.26 ± 8.24) ng/L in the control group, the difference was statistically significant ($t = 8.723, 6.275, 22.025, 65.798, 63.670$, all $P < 0.05$). With the increase of liver fibrosis, serum HA level was significantly increased. Serum HA and liver inflammation activity classification and liver fibrosis staging had certain correlation ($r = 0.48, 0.43$, all $P < 0.05$), and the specificity was high. **Conclusion** Serum HA has a good diagnostic value in the diagnosis of hepatic fibrosis in chronic viral hepatitis.

【Key words】 Hepatitis; Hepacivirus; Liver cirrhosis; Hyaluronic acid; Diagnosis; Specificity

益气补肾通络汤联合甲钴胺穴位注射治疗 糖尿病周围神经病变的疗效分析

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【摘要】 目的 探讨益气补肾通络汤联合甲钴胺穴位注射治疗糖尿病周围神经病变的疗效。方法 选取 2014 年 1 月至 2015 年 8 月永嘉县中医医院住院治疗的糖尿病周围神经病变患者 64 例为研究对象,按照随机数字表法分为观察组和对照组各 32 例。在常规治疗的基础上,对照组应用甲钴胺足三里注射,观察组采用益气补肾通络汤联合甲钴胺足三里注射,疗程 8 周。比较两组疗效及胫腓神经感觉神经传导速率(SNCV)、运动神经传导速率(MNCV)的差异。结果 观察组总有效率为 93.8%,对照组总有效率为 71.9%,经秩和检验,两组疗效差异有统计学意义($Z=6.404, P<0.05$)。治疗后观察组症候评分[(3.32±1.15)分比(4.98±1.53)分]、体征评分[(2.95±0.95)分比(3.61±1.02)分]改善程度均显著优于对照组($t=4.258、5.167, 均 P<0.05$)。观察组胫神经、腓神经 SNCV [(45.2±14.2)m/s 比(40.2±13.9)m/s] 及 MNCV [(44.6±10.7)m/s 比(40.1±11.2)m/s] 改善程度均显著优于对照组,差异均有统计学意义($t=5.654、4.638, 均 P<0.05$)。结论 益气补肾通络汤联合甲钴胺穴位注射治疗糖尿病周围神经病变具有良好的疗效。

【关键词】 糖尿病,2 型; 糖尿病神经病变; 益气补肾通络汤; 甲钴胺; 疗效比较研究

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Analysis of Yiqi Bushen Tongluo decoction combined with acupoint injection of mecobalamin in the treatment of diabetic peripheral neuropathy Ma Ying.

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Fund program: Science and Technology Development Planning Project of Yongjia County, Zhejiang Province (2015308)

银马解毒颗粒治疗热邪犯肺证咳嗽的临床疗效观察

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【摘要】 目的 观察银马解毒颗粒治疗热邪犯肺证咳嗽的临床效果。方法 选取 2017 年 1 月至 2018 年 1 月齐齐哈尔市中医医院及齐齐哈尔医学院附属第三医院收治的急性热邪犯肺证咳嗽患者 100 例为研究对象,根据患者治疗方法分为观察组与对照组各 50 例。观察组给予银马解毒颗粒治疗,对照组给予麻杏止咳片治疗,比较两组患者的治疗效果。结果 观察组咳嗽缓解时间为 (4.83 ± 1.14) d,明显短于对照组的 (6.78 ± 1.35) d,差异有统计学意义($t = 7.894, P < 0.05$)。两组患者发热持续时间和发热温度比较,差异均有统计学意义($t = 6.742, 2.056$,均 $P < 0.05$)。结论 银马解毒颗粒治疗热邪犯肺证咳嗽效果显著,有效改善其临床症状,加快疾病康复速度。

【关键词】 咳嗽; 发热; 热邪犯肺; 银马解毒颗粒; 治疗效果

Clinical effect of Yinma Jiedu granule in the treatment of cough evil committed lung syndrome Ma Caizhi, Fu Yun, He Li.

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腹腔镜手术与开腹手术治疗粘连性肠梗阻的临床效果比较

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【摘要】 目的 比较腹腔镜手术与开腹手术治疗粘连性肠梗阻的临床效果。**方法** 选取 2015 年 2 月至 2016 年 1 月大同新建康医院收治的粘连性肠梗阻患者 50 例为研究对象,采用简单随机法分为两组各 25 例,对照组给予开腹手术治疗,观察组给予腹腔镜手术治疗,比较两组患者的手术情况及术后并发症发生情况。**结果** 观察组患者切口长度为 (2.94 ± 0.47) cm,较对照组短 ($t = 18.63, P < 0.01$),手术耗时为 (55.93 ± 10.36) min,出血量为 (65.98 ± 5.72) mL,均优于对照组,术后排气时间为 (1.00 ± 0.02) d,下床活动时间为 (8.31 ± 5.46) h,导尿管拔出时间为 (2.89 ± 1.46) d,住院天数为 (4.08 ± 1.36) d,均明显短于对照组 ($t = 5.48, 23.21, 10.77, 10.16, 6.72, 7.80$, 均 $P < 0.05$),此外观察组患者的并发症发生率 (8.00%) 与对照组 (32.00%) 比较明显降低 ($\chi^2 = 4.50, P < 0.05$)。**结论** 腹腔镜手术治疗粘连性肠梗阻的疗效显著,值得在临床中推广应用。

【关键词】 肠梗阻; 粘连性; 腹腔镜检查; 开腹手术; 手术时间; 出血量; 临床效果

Comparison of the clinical effect of laparoscopic surgery and laparotomy in the treatment of adhesive intestinal obstruction Sun Hai.

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早期和中晚期帕金森病患者血清尿酸、同型半胱氨酸含量变化及其与帕金森综合评分量表评分的相关性分析

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【摘要】 目的 分析早期和中晚期帕金森病(PD)患者血清同型半胱氨酸(Hcy)、尿酸含量变化及其与帕金森综合评分量表(UPDRS)评分的相关性。**方法** 选取聊城市第二人民医院 2016 年 1 月至 2017 年 6 月收治的 PD 患者 54 例为观察组,同期于该院体检健康的志愿者 40 例为对照组,测定两组尿酸、Hcy 水平,比较不同分期的 PD 患者性别、年龄、受教育年限、病程、尿酸、Hcy 水平及 UPDRS 等情况,并对血清尿酸、Hcy 水平与 UPDRS 评分的关系进行相关性分析。**结果** 观察组的血清尿酸水平 $[(319.46 \pm 73.74) \mu\text{mol/L}]$ 较对照组 $[(417.94 \pm 65.94) \mu\text{mol/L}]$ 显著降低($t=7.12, P<0.01$),而观察组血清 Hcy 水平 $[(16.96 \pm 3.52) \mu\text{mol/L}]$ 较对照组 $[(10.16 \pm 2.95) \mu\text{mol/L}]$ 显著升高($t=11.32, P<0.01$);早期与中晚期 PD 患者血清尿酸水平差异无统计学意义($P>0.05$),而中晚期 PD 患者血清 Hcy 水平 $[(18.92 \pm 3.21) \mu\text{mol/L}]$ 较早期 PD 患者 $[(16.12 \pm 2.95) \mu\text{mol/L}]$ 显著升高($t=2.43, P<0.05$)。PD 患者血清尿酸水平与 UPDRS 评分并无显著相关性($r=-0.35, P<0.01$),而 Hcy 与 UPDRS 评分呈正相关关系($r=0.42, P<0.05$)。**结论** PD 患者血清尿酸、Hcy 水平存在显著变化,并且不同分期的患者血清 Hcy 水平明显不同,提示血清 Hcy 可能与 PD 的发生、发展过程密切相关。

【关键词】 帕金森病; 尿酸; 半胱氨酸; 帕金森综合评分量表; 相关分析; 正相关

Changes of serum Hcy and uric acid levels in patients with early, middle and advanced stage of Parkinson's disease and correlation with UPDRS score Zhu Xiaotun.

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重组人生长激素治疗生长激素缺乏症的疗效观察 及对患儿肾上腺皮质功能的影响

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【摘要】 **目的** 探讨重组人生长激素(r-hGH)治疗生长激素缺乏症(GHD)及对患儿肾上腺皮质功能的影响。**方法** 选取2015年1月至2016年12月杭州市富阳区妇幼保健院、浙江省人民医院收治的GHD患儿分别26例、30例(共56例)为研究对象,患儿均采用r-hGH治疗。记录治疗前后患儿身高(Ht)、体质量(Wt)、生长速率(GV)、体质量指数(BMI)的变化以及血清促肾上腺皮质激素(ACTH)、血清皮质醇(COR)的变化。**结果** 治疗3个月、6个月后,患儿的Ht分别(133.90 ± 13.50)cm、(134.20 ± 13.65)cm,与治疗前[(128.30 ± 13.10)cm]比较,差异均有统计学意义(均 $P < 0.05$);患儿的Wt分别(38.10 ± 7.85)kg、(39.50 ± 7.20)kg,与治疗前[(35.10 ± 7.60)kg]比较,差异均有统计学意义(均 $P < 0.05$);患儿的GV分别(10.60 ± 2.85)cm/年、(11.80 ± 3.20)cm/年,与治疗前[(4.20 ± 2.42)cm/年]比较,差异均有统计学意义(均 $P < 0.05$);而BMI的差异均无统计学意义(均 $P > 0.05$)。治疗3个月、6个月的血清ACTH水平均较治疗前下降,但治疗3个月后的差异无统计学意义($P > 0.05$);治疗6个月后为(20.20 ± 3.60)IU/L,与治疗前[(22.70 ± 3.10)IU/L]比较差异有统计学意义($t = 3.938, P < 0.05$);治疗3个月、6个月后,患儿的血清COR水平均下降,分别为(210.80 ± 31.40)nmol/L、(184.60 ± 34.40)nmol/L,与治疗前[(292.10 ± 32.60)nmol/L]比较,差异均有统计学意义(均 $P < 0.05$)。**结论** r-hGH治疗GHD有较为明显的疗效,但可能会使肾上腺皮质功能减退,应定期复查血清ACTH以及COR水平,及时调整药物剂量,确保发挥r-hGH作用的同时,减少药物损害的发生。

【关键词】 侏儒症,垂体性; 生长激素; 肾上腺皮质功能试验; 重组人生长激素; 儿童; 疗效

Effect of recombinant human growth hormone on growth hormone deficiency and adrenal function

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分期健康教育在骨外科患者围术期护理中的临床效果

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【摘要】 **目的** 探讨分期健康教育在骨外科患者围术期护理中的临床效果。**方法** 选择 2016 年 2 月至 2017 年 12 月杭州市红十字会医院骨科收治的手术患者 100 例作为研究对象,采用随机数字表法分成观察组和对照组,每组 50 例,观察组使用分期健康教育方式对围术期进行护理干预,对照组使用常规健康教育方式进行围术期护理,比较分析两组患者临床护理效果。**结果** 观察组患者对疾病的了解程度、生活中需要注意的方面等知识的掌握合格率和临床护理满意度(90.00%)显著优于对照组(72.00%),两组差异有统计学意义($\chi^2 = 13.247, P < 0.05$)。**结论** 在骨外科患者围术期采取分期健康教育,能够使健康教育的各个环节充分落实到每个患者,加快了患者的康复速度,帮助患者顺利度过围术期。

【关键词】 健康教育; 医院,骨科; 围术期; 护理; 临床效果

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健康教育在择期手术患者中的应用效果分析

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【摘要】 目的 分析择期手术患者接受健康教育的应用效果。方法 选择 2015 年 8 月至 2016 年 8 月浙江大学附属第一医院北仑分院(北仑区人民医院)收治的择期手术患者 110 例为研究对象,采用随机数字表法分为两组,对照组 55 例采用常规护理,观察组 55 例在常规护理基础上联合健康教育,通过生命体征测定、焦虑自评量表(SAS)评分、护士信任度评分、护理满意率等指标评估健康教育应用效果。**结果** 观察组心率、舒张压、收缩压分别为(77.84 ± 11.20)次/min、(71.05 ± 10.25) mmHg、(116.87 ± 12.58) mmHg,明显低于对照组的(96.51 ± 11.34)次/min、(82.57 ± 10.58) mmHg、(125.45 ± 12.71) mmHg($t = 8.687, 5.800, 3.558$, 均 $P < 0.01$);干预后观察组 SAS 评分(42.10 ± 4.25)分,低于对照组的(51.21 ± 4.48)分,观察组护士信任度评分(92.17 ± 5.25)分,高于对照组的(83.28 ± 5.61)分,差异均有统计学意义($t = 10.941, 8.581$, 均 $P = 0.000$);观察组患者护理满意率为 94.55%,明显高于对照组的 80.00%,差异有统计学意义($\chi^2 = 9.531, P = 0.002$)。**结论** 对择期手术患者进行健康教育,有利于缓解患者焦虑情绪,提高对护士信任度,值得临床积极推广和应用。

【关键词】 手术室; 择期手术; 健康教育; 生命体征; 病人满意度; 应用效果

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个体化舒适护理对重症支气管哮喘机械通气患者的效果分析

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【摘要】 目的 探讨个体化舒适护理用于重症支气管哮喘机械通气患者的临床效果。**方法** 选择义乌市中心医院 2014 年 1 月至 2017 年 1 月接受机械通气治疗的重症支气管哮喘患者 100 例为研究对象,采用随机数字表法分为对照组、观察组,每组 50 例。对照组采取常规护理干预,观察组采取个体化舒适护理干预,比较两组患者症状缓解时间、机械通气时间、住院时间、哮喘控制效果、肺通气功能、护理满意度以及机械通气期间的护理不良事件发生率。**结果** 观察组咳嗽缓解时间 $[(3.60 \pm 1.35) \text{d}]$ 、咳痰缓解时间 $[(2.54 \pm 1.25) \text{d}]$ 、气促缓解时间 $[(1.93 \pm 0.87) \text{d}]$ 、哮鸣音缓解时间 $[(4.09 \pm 1.26) \text{d}]$ 、机械通气时间 $[(6.43 \pm 1.37) \text{d}]$ 、住院时间 $[(8.24 \pm 1.75) \text{d}]$,均明显短于对照组,差异均有统计学意义(均 $P < 0.05$);观察组哮喘控制总有效率为 96%,高于对照组的 82% ($\chi^2 = 5.025, P < 0.05$);干预后,观察组 1 秒用力呼吸容积(FEV_1) $[(2.09 \pm 0.69) \text{L}]$ 、1 秒用力呼吸容积与用力肺活量的比值(FEV_1/FVC) $[(58.94 \pm 15.67)\%]$ 等肺通气功能指标均高于对照组($t = 5.215, 5.838$,均 $P < 0.05$);观察组护理满意度为 94%,对照组为 78%,两组差异有统计学意义($\chi^2 = 5.316, P < 0.05$);机械通气期间,观察组的护理不良事件发生率(4%)明显低于对照组(20%) ($\chi^2 = 6.061, P < 0.05$)。**结论** 在重症支气管哮喘患者接受机械通气治疗期间,对患者实施个体化舒适护理干预,可有效促进患者临床症状缓解,缩短其治疗时间,提高哮喘控制效果,改善其肺通气功能,还可减少机械通气治疗期间护理不良事件的发生。

【关键词】 哮喘; 呼吸,人工; 通气机,机械; 个体化医学; 护理

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精细化护理在消化性溃疡出血治疗中的应用

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【摘要】 **目的** 探讨精细化护理在消化性溃疡出血治疗中的应用。**方法** 选择温州医科大学附属第二医院 2016 年 1 月至 2017 年 12 月收治的消化性溃疡伴出血患者 179 例,采用随机数字表法分为对照组(80 例)和干预组(99 例),对照组进行常规护理干预,干预组应用精细化护理。护理干预 2 周后观察两组止血时间、胃肠道症状消失时间和住院时间,评估患者健康知识评分、依从性、满意度、生活质量,应用 Zung 焦虑自评量表(SAS)评估患者焦虑状况。**结果** 干预组止血时间、胃肠道症状消失时间和住院时间分别为(4.54 ± 0.96) d、(7.15 ± 1.01) d 和(11.40 ± 3.72) d,均短于对照组的(5.90 ± 1.03) d、(9.82 ± 0.94) d 和(13.85 ± 3.51) d,差异均有统计学意义($t = 8.96, 9.57, 10.38, 12.45$, 均 $P < 0.05$);干预组护理依从性、健康知识评分、护理满意度、胃肠道症状、全身症状、情感功能、社会功能评分分别为(96.51 ± 7.64)分、(93.70 ± 8.62)分、(98.61 ± 10.14)分、(60.81 ± 4.32)分、(31.50 ± 2.07)分、(77.56 ± 5.92)分,均高于对照组的(90.85 ± 6.97)分、(81.39 ± 9.30)分、(91.24 ± 9.36)分、(54.60 ± 4.51)分、(28.32 ± 1.85)分、(73.18 ± 5.59)分和(28.03 ± 2.62)分,差异均有统计学意义($t = 11.06, 11.89, 11.76, 10.81, 9.67, 10.05$, 均 $P < 0.05$),干预组干预后 SAS 评分结果为(50.73 ± 6.20)分,低于对照组的(55.26 ± 6.42)分,差异有统计学意义($t = 11.24, P < 0.05$)。**结论** 应用精细化护理对消化性溃疡出血患者进行护理干预,能够显著缩短患者止血时间、胃肠道症状消失时间和住院时间,改善患者负性情绪,提高患者依从性、满意度和生活质量,值得推广应用。

【关键词】 消化性溃疡出血; 护理; 生活质量; 满意度; 病人依从; 负性情绪

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个性化护理对胸外科手术后患者疼痛评分、生活质量及情绪状态的影响

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【摘要】 目的 探讨个性化护理对胸外科手术后患者疼痛评分、生活质量及情绪状态的影响。方法 选取武警浙江省总队嘉兴医院于 2015 年 12 月至 2016 年 6 月收治的胸外科肿瘤术后患者 82 例,按照随机数字表法分为观察组 41 例与对照组 41 例。观察组采用个性化护理干预,对照组采用常规护理干预。比较两组干预前后疼痛视觉模拟评分(VAS 评分)、生活质量各量表评分、情绪状态变化及术后感染发生情况。**结果** 观察组总满意率(97.56%)高于对照组(70.73%)($P < 0.05$)。观察组干预后 VAS 评分为(1.67 ± 0.43)分,低于对照组的(2.97 ± 0.86)分($t = 8.657, P < 0.05$)。观察组干预后认识功能[(65.47 ± 5.89)分]、情绪功能[(60.35 ± 7.19)分]、躯体功能[(59.86 ± 5.68)分]、角色功能[(57.32 ± 4.57)分]、社会功能[(61.39 ± 6.34)分],高于对照组的(54.20 ± 5.27)分、(48.32 ± 5.80)分、(47.59 ± 5.14)分、(50.09 ± 4.32)分、(53.02 ± 5.60)分;观察组干预后 SDS 评分[(43.25 ± 3.27)分]和 SAS 评分[(36.49 ± 2.78)分]低于对照组的(49.87 ± 4.05)分、SAS 评分(43.82 ± 3.25)分($t = 8.143, 8.930$, 均 $P < 0.05$)。观察组术后感染率(9.76%)低于对照组(36.59%)($P < 0.05$)。**结论** 个性化护理对胸外科手术后患者护理效果明显,可减轻患者疼痛,改善患者生活质量,减轻患者不良情绪。

【关键词】 肺外科手术; 护理; 护理质量研究; 疼痛评分; 生活质量; 情绪状态

Effect of individualized nursing on pain score, quality of life and emotional state in patients with tumor after operation Zhang Shiyue.

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距骨骨折的研究进展

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【摘要】 距骨骨折在骨科临床工作中因距骨的特殊结构而较少见,多由高空坠落、严重暴力引起。随着现代社会进步,交通事故和建筑工地事故多发,距骨骨折呈上升趋势。该研究就距骨骨折的解剖和血供、损伤机制和分型、诊断及治疗作一综述。

【关键词】 骨折; 距骨; 损伤机制; 诊断; 治疗; 综述

Research progress of talus fracture Pi Zhibing, Qu Liqun.

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【Abstract】 The talus fracture is a rare kind of fracture in clinical work in the department of orthopedics due to the special structure of the talus. It is usually caused by high altitude falling accidents and serious violence, etc. Associated with the economic development, the talus fracture cases are found with increasing trend caused by serious traffic and building accidents. In this review, we will summarize the main progresses contributed to knowledge of anatomy and blood supply, damage mechanism and classification, and especially the diagnosis and treatment of talus fracture.

【Key words】 Fractures, bone; Talus; Damage mechanism; Diagnosis; Treatment; Review