

白内障针拨套出术与冷冻摘出术 临床疗效初步观察

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内容提要 本文报告了白内障针拨套出术与冷冻摘出术各 40 眼的初步疗效对比。针拨套出术近期、远期矫正视力均比摘出术效果好, $P < 0.05$, 绝大部分瞳孔保持圆形, 值得推广和应用。

白内障针拨套出术是中西医结合治疗白内障的一种手术方法, 具有切口小, 视力矫正好的优点。我们于 1975~1979 年作白内障针拨套出术 37 例 40 眼, 同时将冷冻摘出白内障 38 例 40 眼作为对照, 对可追踪观察的患者进行了一年以上的随访工作。

一般资料

观察对象全部为老年性白内障, 无其它影响视力的眼疾。套出术组: 男性 25 例, 女性 12 例, 年龄 47~80 岁。摘出术组: 男性 21 例, 女性 19 例, 年龄 48~78 岁。

结 果

术后不同时间矫正视力: 见附表。

视力: 7~14 天套出术组 0.5 以上共 14 眼占 36.8%, 摘出术组 0.5 以上 3 眼占 10.0%。经统计学处理 $P < 0.05$ 有显著差异。1~3 月套出术组 0.5 以上 20 眼占 71.4%, 摘出术组 0.5 以

上 3 眼占 21.4%, $P < 0.01$ 有显著差异。1~2 年套出术组 0.5 以上 23 眼占 88.4%, 摘出术组 0.5 以上 21 眼占 80.7%, $P > 0.05$ 无显著差异。套出术组 0.9 以上 22 眼占 84.6%, 摘出术组 0.9 以上 9 眼占 34.6%, $P < 0.001$ 有极显著差异。

本文套出术组 1~3 月视力 1.0 以上 15 眼占 53.5%, 与邢台眼科医院报告⁽¹⁾摘除术组 3~12 月 1.0 以上 11 眼占 24.4% 比较, 统计学处理 $P < 0.05$, 也有显著性差异。

针拨套出术的切口在睫状体平坦部, 因切口小, 术中不损伤角膜和虹膜, 术后不影响角膜屈光面, 术后绝大部分保持圆形瞳孔, 因而视力远比冷冻摘除效果好。

术中主要合并症

一、玻璃体外溢: 记录玻璃体外溢的程度为无明显玻璃体外溢, 少量玻璃体外溢, 多量玻璃体外溢三种。套出术组玻璃体外溢(第一种不统计在内)12 眼占 30.0%, 脱出率较高, 我们还没有见到因玻璃体脱出而产生合并症。在摘出术组中玻璃体外溢 10 眼占 25.0%, 却产生切口愈合不良, 瞳孔上移等并发症影响手术效果, 其中 5 眼瞳孔上移, 手术中有玻璃体脱出。

二、玻璃体出血: 套出术组 4 眼占 10.0%, 系术中切口部位巩膜表层血管和球结膜血管止血不彻底由切口带入。这种少量出

附表 术后不同时间矫正视力

观察时间	组别	矫正视力眼数											未测	合计
		0.1以下	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0		
7~14天	摘出组	4	4	14	3	2	3	—	—	—	—	—	10	40
	套出组	2	3	8	7	4	4	4	2	3	1	—	2	40
1~3月	摘出组	1	2	2	1	5	1	—	1	1	—	—	26	40
	套出组	—	2	2	3	1	1	2	—	2	—	15	12	40
1~2年	摘出组	—	1	1	1	2	4	4	2	2	2	7	14	40
	套出组	—	—	2	—	1	—	1	—	—	—	22	14	40

血可以吸收,影响不大,术后1~2年矫正视力均为1.0,摘出术组无一例玻璃体出血。

三、晶状体破裂:套出术组3眼占7.5%,均为拨障针进针时翘的角度不够顶破囊膜,术中将硬核套出皮质碎片用粗针吸出,术后没有影响视力,摘出术组15眼占37.5%。

术后主要并发症

一、玻璃体出血:套出术组4眼占10.0%,系术后2~3天内患者揉擦手术眼,较重咳嗽,跌倒时头部震动所致。摘出术组1眼占2.5%。

二、玻璃体混浊:套出术组15眼占37.5%,是套出术后最常发生的并发症。4眼为术中手术器械进入球内时带入切口部位球结膜或巩膜表面的出血丝,4眼为术后出血,其余为虹膜色素,个别为破碎的晶体皮质碎片,混浊为条索状、尘状、块状,随时间的延长而逐渐吸收。我们在远期追踪观察26眼中玻璃体混浊仅为4眼,从附表也可以看出术后1~2年矫正视力1.0以上者随玻璃体混浊减轻而上升至84.6%。摘出术组4眼占10.0%。

三、切口裂开:套出术组1眼占2.5%,无色膜组织脱出,经修补切口后瞳孔仍保持圆

形。摘出术组3眼占7.5%,裂开的同时有虹膜脱出,经修补切口后瞳孔上移。

四、高眼压:套出术组1眼占2.5%,是由于术后玻璃体疝嵌顿阻碍前后房水正常流通,经手术将玻璃体膜划破后缓解。白内障针拨套出术的过程中,往往已将瞳孔区玻璃体前界膜划破,不易形成完整的玻璃体疝,因而这类青光眼很少见到⁽²⁾。摘出术组2眼占5.0%,1眼为玻璃体疝,1眼为虹膜后粘连。

五、瞳孔变形:套出术组3眼占7.5%,为轻度梨形尖端朝向切口部位。摘出术组13眼占32.5%,瞳孔上移影响矫正视力。

白内障针拨套出术近期、远期矫正视力均比摘出术效果好, $P < 0.05$; 绝大部分瞳孔保持圆形,值得推广和应用。术中和术后有少数患者发生玻璃体出血尚需进一步提高和改进。

参 考 文 献

1. 河北省邢台眼科医院: 168眼白内障针拨套出术的疗效观察(附45眼白内障摘出术疗效对比)。临床资料汇编,第14页,邢台,邢台眼科医院,1976
2. 中医研究院广安门医院眼科:《中西医结合手术治疗白内障》第139页,北京,人民卫生出版社,1977

缺血性中风48例综合治疗分析

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我院1980年6月~1981年5月共收治缺血性中风(脑血栓形成)48例,采用中、西药及针灸综合治疗,总结分析如下。

临床资料 男30例,女18例。年龄34~81岁,50~70岁占75%。其中大脑中动脉血栓形成47例(左侧28例,右侧19例),椎基底动脉血栓形成1例。其中轻瘫11例,中度瘫痪14例,重度瘫痪14例,急进性缺血性卒中1例,四肢全瘫1例(后2例皆死亡)。住院天数平均28.5天。

治疗方法 中药用补阳还五汤加减:黄芪30~120g 桂枝、桃仁、红花、川芎各10g 地龙、当归、赤芍各12g 丹参30~50g,水煎服,每日一剂。语言不利加石菖蒲、郁金各10g,病程较长、肌力恢复较差者加伸筋草、牛膝等。还可配合服复方丹参片、通脉

灵、天麻丸等中成药。

针刺穴位: 风池、曲池、肩髃、外关、环跳、阳陵泉等,每日一次,留针20分钟,10次为一疗程。

西药: 低分子右旋糖酐500ml, 5%碳酸氢钠200ml静脉滴注,每日一次,7~10天为一疗程。口服菸酸、地巴唑、菸酸肌醇酯等。危重病人加用能量合剂,细胞色素C静滴;有颅内压增高者应用速尿或20%甘露醇;合并感染者用抗菌素。

疗效与讨论 经治后基本痊愈8例(症状与体征基本消失,生活自理);好转34例,无效4例,死亡2例。总有效率87.5%。本文采用电针疗法较单纯针刺为优,它对于神经功能的恢复有良好的效果。通常认为综合治疗比单项治疗效果好,但通过本文结果,综合治疗未能显著提高有效率,繁多的联合治疗似无必要。

adults, and 25-30g for children. The herb was dissolved in water and boiled orally qd. The appetite of the patients was improved in 2-3 days after heavy dose treatment. The normal icteric index and transaminase were restored in 12.7 days and 16.4 days respectively. On average, the patients spent 19.7 days in the hospital. Generally, the patients could receive the treatment without dehydration and disturbance of electrolyte, except nausea and vomiting occurred in a few cases.

Pharmacological effects and the mechanism of *Rheum* in the treatment of acute icteric hepatitis were also studied. It is emphatically indicated that *Rheum* has manifested two entirely opposite effects, depending upon different parts of the smooth muscles of intestine. For instance, it has inhibitory effect on the small intestine, whereas it has stimulating effect on the colon. This helps explain why *Rheum* removes pathogenic factors without damaging normal functioning of the human body.

Since *Rheum* is a good purgative drugs, and has the function of preventing further loss of fluid as well as removing blood stasis to promote regeneration, it can be one of the medicines to deal with severe cases of hepatitis. (Original article on page 88)

TCM-WM Treatment of 356 Cases of Scrofula on the Neck and in the Axilla

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This paper presents the experience gained from TCM-WM treatment of 356 cases of scrofula (the abscess type and the ruptured-ulcer type) on the neck and in the axilla. It was by combining the general treatment with the local focus management that the patients with the symptoms of scrofula were treated. Or, to be more exact, we asked the patients to take Chinese medicine herbs; at the same time we coped with the local focus by way of debridement and dermal suture. Satisfactory results have been achieved. The short-term cure rate is 100%. On the average, it took 15.3 days to get every focus cured. The long-term recurrence rate of follow-up is 8.6%. (Original article on page 90)

Preliminary Observation on Clinical Curative Effects of Couch-Netting and Cryoextraction of Cataract

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The couch-netting of cataract is an operative treatment by means of combined TCM-WM. It has the following advantages: the incision is small, visual acuity can be better corrected, and the pupil can be maintained as round as possible. The thesis herein describes a comparative observation on clinical curative effects of couch-netting and cryoextraction (40 eyes each). The patients have been followed up regularly for more than one year.

Results: 7-14 days after the operation, there were 14 eyes (36.8%) in the group under couch-netting operation reaching 0.5 on the Snellen's test chart (corrected vision), while in the group under cryoextraction operation, only 3 eyes (10.0%) reached that standard. 1-2 years after the operation, 22 eyes (84.6%) in the group under couch-netting operation reached 0.9 on the Snellen's test chart, but only 9 eyes (34.6%) in the cryoextraction operation group reached that standard. There were remarkable differences between the two groups ($P < 0.05$).

During the couch-netting operation, the percentage of vitreous body loss (small amount) was relatively high (12 eyes, 30.0%), but the author never saw any other harmful effects brought in by the operation. It is frequently observed that the operated eyes suffered vitreous opacity after operation (15 eyes, 37.5%) because of blood streaks in the vitreous body, pigment iris, and broken cortices of lens. But these things will be absorbed as time goes on.

(Original article on page 93)

Clinical Observation on Synephrine and N-Methyltyramine in the Treatment of 53 Shock Cases

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This article reports the results of the effect of a synthetic compound (a mixture of synephrine and N-methyltyramine) in 53 shock cases. There are 36 cases (68%) with prominent effect; 10 cases (18.7%) with temporary effect and 7 cases (13.7%) in failure. Thus the total effective percentage of the treatment is 86.7%.

This kind of medicine is marked by the fact that the blood pressure increased conspicuously, the pulse pressure was great, and the quantity of the urine increased. As compared with the natural preparation (*Citrus Aurantium L.*), the compound has many features, such as pure in quality; small in dose and without side effects. But animal experiments showed that the synthetic compound was less effective than the natural preparation, especially with respect to the increase of coronary blood flow volume and the decrease of vessel resistance index. Thus, it is suggested that the artificial compound cannot entirely replace the natural preparation. The other beneficial action of the natural preparation to the shock cases is worth further investigating. (Original article on page 95)