

# 外阴营养不良的中西医结合分型及疗效观察

## ——101例临床分析

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**内容提要** 本文对 101 例外阴营养不良患者, 采用中西医结合分型及治疗, 经临床观察痊愈 53 例, 好转 47 例, 无效 1 例, 总有效率为 99.01%。经随访复发甚少, 无癌变者。作者认为以中西医结合分型不仅可充分反映本病实质, 而且便于制定施治方案, 对防止本病癌变有一定临床意义。

外阴营养不良是指妇女外阴部皮肤粘膜出现局限性或弥漫性白色增厚、角化斑块, 且出现表面皮肤粘膜粗糙、皲裂或者皮肤变薄、弹性减低的白斑, 甚至阴蒂和阴唇萎缩、消失。病人自觉阴部搔痒或奇痒难忍、灼热而疼痛。本病发生于外阴、阴道粘膜、子宫颈部, 也可播散至肛门周围。1976 年以来收治本病 101 例, 经中西医结合分型和治疗, 疗效显著, 现报告如下。

### 临 床 资 料

一、一般资料: 101 例均系门诊病例。年龄为 11~71 岁; 其中 11~20 岁 1 例, 21~30 岁 42 例, 31~40 岁 20 例, 41~50 岁 24 例, 51~60 岁 9 例, 61~70 岁 4 例, 71 岁以上 1 例。本组病程不足 1 年者 25 例, 1~4 年者 47 例, 5~9 年者 16 例, 10~14 年者 8 例, 15~19 年者 1 例, 20 年以上者 4 例。

### 二、中西医结合分型和治疗

1. 中医分型与治疗: (1) 肝郁型: 胸胁苦满, 口苦眩暈, 舌质紫或瘀斑, 苔白或黄腻, 脉沉细或弦滑, 外阴干燥搔痒, 表面粗糙, 皮纹增粗或有皲裂、脱屑溃疡, 多发于大小阴唇间或播及阴蒂、会阴。方药(内服): 当归 15g 益母草 25g 赤芍 15g 柴胡 15g 茯苓 15g 白术 10g 薄荷 5g 首乌 25g, 水煎服。外洗基本方: 茵陈 25g 公英 25g 地丁 25g 地肤子 25g 首乌 25g 冰片 2.5g(后下), 水煎外洗。

(2) 心脾两虚型: 心悸气短、肌瘦无力, 舌质淡红、苔薄白, 脉沉细。外阴大小阴唇或阴蒂出现萎缩且表面皮肤粘膜粗糙。方药(内服): 当归 15g 党参 15g 白术 15g 黄芪 15g 甘草 10g 茯苓 15g 远志 15g 炒枣仁 15g 木香 5g 元肉 15g 鸡血藤 15g, 水煎服。外洗基本方: 当归 15g 赤芍 15g 首乌 15g, 水煎外洗。

(3) 脾肾阳虚型: 四肢不温, 腰背酸痛, 小便频数和遗尿, 脉沉细或沉迟, 舌质紫、苔薄白, 外阴痒, 昼安夜重, 热则痒减。方药(内服): 淫羊藿 20g 补骨脂 20g 当归 15g 赤芍 15g 生地 15g 川芎 10g 首乌 15g 益母草 25g, 水煎服。外洗基本方: 当归 15g 赤芍 15g 菖蒲 15g 首乌 15g 淫羊藿 15g, 水煎外洗。

2. 外阴表现和病理改变及治疗: (1) 肥厚型: 表皮有不同程度角化, 棘层肥厚, 上皮脚不规则延伸, 基底细胞不规则色素脱失或减退, 真皮有轻度~中度炎性细胞浸润。局部涂用外阴营养不良 2 号(肤轻松 10g 加乙烯雌酚 20mg 混匀), 每日 2 次。

(2) 萎缩型: 外阴呈散在或弥漫性白色斑块, 皮损区皮肤变薄、发亮, 弹力减弱甚至消失, 轻者表面呈白色苔藓样, 重则为牛皮纸样, 皮损区呈萎缩, 重则大小阴唇、阴蒂消失, 阴蒂包皮紧缩, 阴道口缩小仅为一线隙, 尿道口被累及。病理改变呈表皮不同程度角化、变薄, 上皮脚消失, 真皮有轻~中度炎性细胞浸

润, 基底细胞色素不规则脱失或减退。局部涂用外阴营养不良 1 号 (25% 黄体酮、鱼肝油合剂), 每日两次。

(3) 混合型: 外阴皮肤粘膜萎缩变薄或肥厚粗糙病变相间出现, 或一处为萎缩变薄, 另一处为肥厚性病变。病理改变为肥厚性、萎缩性的病理改变相间出现或一处肥厚、一处萎缩。局部交替涂用外阴营养不良 1 号及 2 号。

(4) 间变型: 外阴干硬疼痛, 外阴皮损区为白色斑, 皮肤粘膜略增厚, 表皮粗糙、溃疡、皲裂, 病变周围发赤, 多发生于大小阴唇内外侧及阴蒂。病理改变呈上皮增厚, 形成乳头, 上皮脚向下作不规则生长, 常有骤然角化珠基底层整齐, 但层次增多, 上皮表面常有角化前及角化细胞, 上皮细胞呈区域性或灶性轻度或中度间变, 在基底层细胞层以上可见分裂象。间变分三度: 轻度限于表皮下  $1/3$ ; 中度为表皮下  $2/3$ ; 重度为表皮下  $2/3 \sim$  全层。局部涂用外阴营养不良 1 号, 每日 2 次。

3. 中医辨证分型与病理改变的关系如下表。

附表 中医辨证分型与病理改变的关系

|       | 肥厚性 | 萎缩性 | 混合性 | 间变性 | 合 计 |
|-------|-----|-----|-----|-----|-----|
| 肝 郁 型 | 51  | 10  | 6   | 3   | 70  |
| 心脾两虚型 | 3   | 3   | 1   | 0   | 7   |
| 脾肾阳虚型 | 10  | 11  | 2   | 1   | 24  |
| 总 计   | 64  | 24  | 9   | 4   | 101 |

4. 疗程: 疗程  $< 1$  月者 45 例,  $1^+ \sim 2$  月 22 例,  $2^+ \sim 3$  月 14 例,  $3^+ \sim 4$  月及  $4^+ \sim 5$  月皆为 5 例,  $5^+ \sim 6$  月及  $> 6$  月者分别为 3 及 7 例。

## 结 果

1. 疗效标准: 痊愈: 病灶区皮肤平滑、弹力正常, 颜色转为正常, 临床症状消失, 萎缩部份全部长出如发病前。病理, 上皮角化层恢复正常, 鳞状上皮细胞增生或萎缩改变消失, 真皮层为正常所见。好转: 病变区范围缩小, 色素大部份沉着为黑红色, 不疼不痒, 临床症状消失, 萎缩部份大部份已恢复。无效: 皮肤颜色及病变状态、范围无明显改善, 症状仅减

轻而未消失。

2. 疗效: 本组治愈 53 例, 好转 47 例, 总有效率为 99.01%。其中 1 例为肥厚肝郁型, 经 6 个月间断治疗无效。各型疗效比较差别不大。对痊愈病人中 3 个月  $\sim$  1 年半的病例进行了随访, 仅 1 例 (45 岁, 绝经) 治疗后 4 个月复发, 复发后仍采取本疗法治疗 1 个月, 其疗效仍感满意。

## 讨 论

自 1885 年 Breisky 及 1901 年 Berkely 提出“外阴白斑”这一病名后, 1966 年 Teffcoate 建议将所有外阴良性白色病变统称为外阴营养不良, 取消外阴白斑病名。结合 1976 年国际外阴疾病学会以组织病理学对该病的分类法, 通过我们临床实践, 认为应取消“外阴白斑”的诊断用语, 以免造成诊断上的混乱及重迭而致处理上的不当。可采用外阴营养不良这一病名。以便和国际上统一起来。

我们认为, 对本病应根据外阴活体组织上的特点, 结合临床表现及中医辨证分型加以分类。该分类法更符合疾病的病理改变、临床体征和治疗的一致性。本组病例分类的初步结论: 病理增生改变者、间变型者多为肝郁型, 这对外阴营养不良与外阴癌的关系的研究提出新的思路。本分类将间变型列为一类, 对今后研究该病的实质有其一定意义。

本组 101 例均采用中西医结合治疗, 凡经本法治疗的病例未发生一例癌变。病理切片有非典型增生者 4 例 (轻度 3 例, 中度 1 例), 经治疗后细胞改变恢复正常。我们体会, 外阴营养不良除有重度不典型增生或癌变应立即采取手术治疗外, 都可以采用本法进行治疗, 其绝大多数坚持治疗者, 均可治愈, 而且复发者甚少, 亦无副作用。对病理切片有间变者, 需在治疗中严密观察, 积极治疗。

中西医结合治疗不但可以改变局部组织细胞的营养状态, 促使组织的祛旧生新, 而且配合西药治疗可以使萎缩的组织得以恢复, 细胞生长得以调整, 色素代谢恢复正常。

### Analysis of 100 Cases of Functional Uterine Bleeding

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100 cases of functional uterine bleeding treated in contrasting groups are reported. Of the 100 cases, 18 patients are in puberty, 57 in maturity, 25 in climacteric; 71 are married and 29 unmarried. The course of disease varies from three months to fourteen years, and 32 cases have a history of more than two years.

For observation the cases are divided into two groups -- group A consisting of 60 cases treated with Chinese medicine; group B consisting of 40 cases treated with traditional Chinese and western medicine combined. During bleeding, the most important thing is to stop the bleeding. For cases of excess heat type Zhi Xue Dan (止血丹) is used; for cases of deficiency-cold in spleen and kidney type, Zhi Xue Wan (止血丸) is used. When hemorrhage is stopped, menstrual cycle should be adjusted and ovulation promoted. For cases with deficiency of kidney Yang, Nü Bao Dan (女宝丹) is used; for cases with deficiency of kidney Yin, Nü Bao Wan (女宝丸) is used. Clomiphene or chorionic gonadotropic hormone is given at the same time to patients in group B. The curative effect is assessed through observation of menstrual cycles.

The result proves that the effect of stopping bleeding and regulating menstrual cycle is marked,  $P < 0.01$ . The ratio of effectiveness between group A and group B is  $P < 0.01$ , that is, treatment of group B is superior to that of group A. The function of correcting anemia, improving hormone level, promoting ovulation and regulating the menstrual cycle can be seen clearly through further contrasting observation of routine blood test, hormone level, basal temperature and mucus of cervix uteri in group B. (Original article on page 205)

### Vulval Dystrophy Classified and Treated with TCM-WM

—Clinical Analysis of 101 Cases

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A series of 101 cases with vulval dystrophy were classified and treated with a special combined regime of western medicine and Chinese traditional medicine. The patients were classified into 3 categories according to clinical observation, biopsy of the vulva and the Chinese traditional medical diagnostic system: (1) stagnancy of liver energy (hypertrophy, atrophy, mixed, anaplasia); (2) deficiency in both the heart and the spleen (hypertrophy, atrophy, mixed); (3) Insufficiency of Yang of the spleen and the kidney (hypertrophy, atrophy, mixed, anaplasia). The regime was able to improve the cellular nutrition of the involved tissues, activate cellular growth, promote cellular metabolism and normalize pigmentation. After treatment, no case in this series became malignant and patients with moderate and mild anaplasia had a total recovery of the cellular changes. Fiftythree out of 101 patients were cured (52.8%); 47 improved (46.53%); one patient failed to respond. Total effect rate was 99.01%. One of the cured patients relapsed 4 years after the treatment. (Original article on page 207)

### A Study of the Pathobiochemical Basis of Yang-and Yin-Deficiency in Patients with Chronic Nephritis by Urinalysis

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Based on the current theories of nutrition and metabolism, the contents of urinary creatinine (Cr), urea (Ur), potassium (K), inorganic phosphorus (P) and magnesium (Mg) of Yang-deficiency and Yin-deficiency patients with chronic nephritis were compared. Results showed that contents of urinary Cr, Ur, K, P and Mg of the Yang-deficiency patients were significantly lower than those of the Yin-deficiency patients and normal. The contents of urinary K, P and Mg of the Yin-deficiency patients were normal, the urinary Ur was subnormal, but the urinary Cr was higher than normal. In addition, the content of urinary Cr showed an evident positive correlation with the creatinine clearance (Ccr) and urinary Ur. With the same value of Ccr or urinary Ur, the content of urinary Cr in the Yang-deficiency patients was markedly lower than that in the Yin-deficiency patients. These findings suggested that the pathobiochemical basis of Yang-deficiency and Yin-deficiency may be explained as a morbid condition caused by disorders of nutrition and metabolism of the body. Yang-deficiency is a syndrome in patients with malnutrition and low metabolism, while Yin-deficiency is a syndrome in patients with normal or subnormal nutrition and high metabolism. (Original article on page 209)