

革兰氏阴性杆菌败血症的中西医结合治疗

——附 61 例分析

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内容提要 本文报告中西医结合治疗革兰氏阴性杆菌败血症 61 例，除用抗菌素外，同时根据中医辨证，主要运用泻热清解的治则，使其病死率有所下降，尤其是合并感染性休克者病死率下降明显。

革兰氏阴性杆菌败血症是当前临床上常见的严重感染性疾病之一，其发病率近年来有逐年增加趋势。往往病情凶险，死亡率高，美国 Kregeret⁽¹⁾总结了 1965~1974 年 612 例革兰氏阴性杆菌败血症，按其病因不同死亡率为 15~40%，1977 年国内报道死亡率为 56.2%⁽³⁾，缪鹤章等⁽²⁾报道 1965~1979 年 210 例死亡率为 45.3%，其中合并休克者死亡率 81.1%。我院内科 1962~1973 年底单纯西药治疗革兰氏阴性杆菌败血症 30 例，其中血培养阳性者 21 例(A 组)，1974 年以后采用中西医结合方法治疗 61 例，其中血培养阳性者 40 例(B 组)，病死率有所下降，尤其是合并感染性休克者病死率下降明显，现就血培养阳性者总结分析如下。

临床资料

一、性别与年龄：A 组 21 例，男 6 例，女 15 例；B 组 40 例，男 20 例，女 20 例。

<20 岁 A 组和 B 组各为 1 例；21~50 岁 A 组和 B 组分别为 10 例和 23 例；51~60 岁两组分别为 3 例和 10 例；61~70 岁两组分别为 3 例和 5 例；>70 岁两组分别为 4 例和 1 例。

二、原发病灶：原发感染灶起自胆道系统者 A 组 16 例、B 组 22 例；起自泌尿生殖道者两组分别为 4 例和 11 例；起自其它部位者两组分别为 4 例和 7 例。

三、致病菌：以血培养阳性统计(见表 1)。

表 1 两组致病菌血培养结果

	大肠杆菌	副大肠杆菌	变形杆菌	绿脓杆菌	其他*
A 组(21 例)	14	2	2	1	2
B 组(40 例)	23	1	2	—	14

* 包括伤寒杆菌、产气阴性杆菌、嗜血杆菌、粪产碱杆菌、硝酸银杆菌等。

四、体温：体温正常者(<37°C) A 组 1 例；37~38°C B 组 2 例；38.1~39°C A 组和 B 组分别为 1 例和 2 例；39.1~39.9°C 两组分别为 8 例和 18 例；>40°C 两组分别为 11 例和 18 例。

五、并发症：1. 合并感染性休克者 A 组 6 例、B 组 15 例。2. 合并代谢性酸中毒者 A 组 7 例、B 组 26 例。

六、诊断标准：1. 细菌学检查：血培养阳性。2. 有全身感染中毒症状如畏寒、发烧、休克等。3. 有明确的原发感染灶。

治疗方法及结果

一、A 组：1. 输血、纠酸、维持水电解质平衡，必要时输新鲜血或血浆。2. 抗休克治疗：经输液、纠酸治疗血压仍不升，收缩压<80mmHg 时可选用血管活性药物如多巴胺、酚苄明。3. 抗菌素的应用：一般有针对性的选用 2 种以上抗菌素，如大剂量青霉素、氨苄青霉素、氯霉素、多粘菌素等。

二、B 组：1. 抗菌素：一般选用大剂量青霉素、氨苄青霉素或红霉素加氯霉素。2. 休克及其它并发症的治疗同 A 组。3. 中医中药：主

要依据中医辨证施治的原则,应用中医中药于以下几个环节的治疗:(1)泻热:凡证见阳明腑实或高热,神昏、腹痛腹胀、便干;舌质红绛苔黄者,均予以通腑泻热治疗;用泻热汤(大黄、芒硝、元参、甘草)或单味生大黄。(2)清解:根据中医辨证本病多属毒热炽盛,因此重用清热解毒方药如黄芩、黄连、柴胡、双花、连翘等,必要时加用牛黄清热散或安宫牛黄丸、局方至宝丹等。

三、治疗效果,见表2。

表2 两组治疗结果分析

	例数	自动出院	体温平均下降天数	血阴培养转阴天数	总死亡		合并休克		
					例数	%	例数	死亡数	%*
A组	21	1	19.7	15.6	6	30	6	4	66.6
B组	40		9.8	9.8	5	12.5	15	3	20

* A、B两组比较 $P < 0.05$

讨 论

一、败血症是一种重症全身感染性疾病,起病急、进展快。随着抗菌素的发展,葡萄球菌败血症患者的病死率有所下降,国内1981年报道^[4]金葡败血症有原发病灶者病死率6%,无原发病灶者病死率17.9%。然而革兰氏阴性杆菌败血症近年来不仅发病率有逐渐增加的趋势,而且病死率也较高,因此对于革兰氏阴性杆菌败血症,如何降低病死率,提高疗效,成了临床重要课题。

我们自开展中西医结合治疗革兰氏阴性杆菌败血症以来,疗效有所提高,降低了病死率,尤其对合并感染性休克者。本文A组总病死率30%,合并感染性休克者病死率66.6%;B组总病死率12.5%,合并感染性休克者病死率

20%。

二、从本组病例引起革兰氏阴性杆菌败血症之原发病灶分析,以胆道系统感染引起者居多(62.3%),合并感染性休克中胆道感染者占57.1%,因此积极采取中西医结合综合治疗措施,有效地控制胆道系统感染,对减少革兰氏阴性杆菌败血症发生率和降低其病死率均有重要意义。同时为外科手术清除病灶创造条件。

三、关于革兰氏阴性杆菌败血症的治疗,不仅要尽早针对致病菌,选用强有力的抗菌素如氨苄青霉素、氯霉素等,剂量要大、应用时间要充分,同时要重视针对其毒素及机体对侵入病菌和毒素的全身性中毒反应。文中B组根据不同的临证综合运用以中医泻下为主的方药进行治疗,降低了休克的病死率。通过动物实验^[5],提示泻热汤有多方面的治疗作用,其可解热降温,提高机体防御功能、拮抗内毒素以及清除肠内积滞和有毒物质,有利于控制感染的发展及防治革兰氏阴性杆菌败血症的三大症候(高热、昏迷、休克)。此外,加强支持疗法、纠正水、电解质及酸碱平衡失调、防治并发症等综合措施均很重要。

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欢 迎 订 阅 欢 迎 投 稿

Observation on Therapeutic Effect of Zhuling (猪苓) Injection in the Treatment of Psoriasis with 265 Cases Reported

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This article reports how to treat psoriasis with "Zhu Ling Jian" (猪苓煎). From 1979 to the beginning of 1982, 265 cases of psoriasis were treated with "Zhu Ling Jian" and Zhuling injection, a preparation of umbellate Pore-fungus, as a modified recipe of the former. 83 cases (31.3%) were cured on the whole, 67 cases (25.3%) showed marked improvement, 79 cases (29.8%) got better, the total effective rate being 86.4%. 36 cases (13.6%) showed no effect. No obvious side effects have been observed since it was used. Zhuling injection has long-standing effect. It is found that this recipe can increase the immunocompetence of the body cells and give certain influence on the metabolism of the organism and on the immunity of body fluid.

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Treatment of Gram-Negative Bacillus Septicemia with Chinese Herbal Medicine and Western Medicine Combined

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Gram-negative bacillus septicemia is a common infection with an increasing incidence and high mortality. With Chinese herbal medicine and western medicine combined, we have treated 40 cases (group B) in the past few years with a much lower mortality than the 21 cases (group A) treated with western medicine alone before 1973. The clinical data of both groups are comparable. Group A was treated with antibiotics solely while group B with combined method. In group A the mortality was 30% for the whole group and 66.6% for those complicated with shock. In group B, it was 12.5%, and 20% respectively. For group B, in addition to antibiotics, herbal medicine was used according to the principle of TCM, with stress on the application of purgation method.

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A Study of Tongue Picture Observation on 200 Cases of Epidemic Hemorrhagic Fever

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This paper reports the results of tongue picture observation on 200 cases of epidemic hemorrhagic fever (EHF) with determination of blood urea nitrogen (BUN) etc., 212 normal subjects serving as control. The results were as follows: (1) During feverish period red tongue was found in 55.6% of the cases; during hypotensive period purplish tongue was seen in 44.73% of the cases; during oliguric period red tongue and crimson tongue were observed in 59.55% and 14.61% of the cases respectively; and during polyuric period pink tongue was noted in 73.3% of the cases. (2) The mortality of EHF patients with crimson tongue was 22.2%, and that of those with purplish tongue was 14.3%, but none of patients with other color of the tongue had died. (3) In the EHF patients with crimson tongue and uncoated smooth tongue, the mean levels of BUN were much higher than those observed in cases with pink tongue and thin and whitish fur ($P < 0.01$). Accordingly, it is assumed that microcirculatory disturbances might be an important factor in the formation of the purplish tongue, and hypernitremia an important factor in the formation of the crimson tongue and uncoated smooth tongue. The value of tongue picture observation in differential diagnosis, in tailoring treatment and predicting prognosis of patients with EHF was also discussed.

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