

## · 临床论著 ·

## 中西医结合治疗葡萄胎化疗反应

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**内容提要** 对30例滋养细胞肿瘤化疗患者61疗程进行了中西医结合治疗,其化疗同时服中药的41疗程,停化疗后服中药的20疗程,并取同期同条件不服中药的41疗程作为对照。临床分析比较了化疗的毒性反应和骨髓抑制作用。从化疗中白血球、血小板未变化率及消化道反应、口腔溃疡、发烧重反应的发生率来看,化疗中用药组之疗效比其它二组为佳( $P<0.05$ )。

恶性滋养细胞肿瘤(恶性葡萄胎、绒癌)采用化学药物治疗有较好的疗效,但也有明显的副作用,如恶心、呕吐、血象下降等,对患者的机体及精神上打击都较大,有时影响化疗的正常进行。为了减小、减轻副反应,对30例滋养细胞肿瘤化疗患者61个疗程,用了中西医结合治疗,并取同期不服中药的化疗患者41疗程作为对照,分析如下。

## 资料与方法

一、一般资料:对30例滋养细胞化疗病人102个疗程,随机分为化疗过程中同时服中药(41疗程),停化疗后服中药(20疗程)及不服中药(41疗程)三组,进行临床观察,其中绒癌4例,恶性葡萄胎21例、葡萄胎预防性化疗者5例。年龄:21~25岁10例,26~30岁10例,31~35岁4例,36~40岁3例,40岁以上者3例。化疗情况:单纯化疗的18例,手术加化疗的12例(其中2例由外院手术后转入本院化疗的)。

## 二、化疗剂量与疗程

双枪化疗:5-氟脲嘧啶25~26mg/kg/日,更生霉素5~6 $\mu$ g/kg/日,8天为一疗程,共42疗程。

单枪化疗:1. 5-氟脲嘧啶25~30mg/kg/日,10天为一疗程,共50疗程。2. 更生霉素7~9 $\mu$ g/kg/日,10天一疗程,共10疗程。

## 三、中医分型治疗

1. 胃肠热、胃气上逆型(27疗程):恶心,呕吐,纳差,口干,口渴,尿黄,喜冷饮,舌质或舌尖红、无苔,脉细或弦数。治以清热止呕:陈皮10g 竹茹10g 半夏6g 枳实12g 石斛12g 苏梗6g 黄芩12g 焦三仙30g,热重加黄连6g。

2. 胃肠湿热、胃气上逆型(9疗程):恶心,呕吐,腹痛、腹泻、肛门烧灼感,舌质红、无苔,脉数。治以清胃肠湿热、降逆止呕:黄芩10~20g 黄连6~10g 白芍10g 陈皮10g 竹茹10g 半夏6g 滑石12g 甘草3g 马齿苋15g,里急后重者加熟大黄2g。

3. 阴虚内热型(10疗程):口干、口渴、喜冷饮或有发烧,大便干或正常,尿黄,舌质红、无苔或苔薄黄,脉细数。治以养阴清热:沙参12g 麦冬10g 生地12g 白芍12g 地骨皮10g 丹皮10g 黄芩10g,发烧者加双花15g 连翘15g。

4. 气血虚型(15疗程):软弱、无力、无热象或热象不显,舌质淡、苔薄白,脉细无力。治以益气养血:生黄芪18~20g 黄精10~20g 当归10g 鸡血藤30g 阿胶12g 菟丝子12g 枸杞子10g 陈皮10g。

服药方法:每剂中药水煎两次,每煎药液100ml左右,两煎药液在一起混匀,分早晚两次口服。

四、按化疗常规观察比较血象变化、消化道反应、体温及全身变化

血象(白血球、血小板)变化及副反应症状轻、重诊断的标准。

1. 血象。不变: 白血球不低于 4,000, 血小板不低于 10 万。下降: 白血球在 4,000 以下, 血小板低于 10 万。

2. 消化道反应。轻度: 食欲较化疗前减少, 但每日不低于 3 两, 恶心、呕吐、腹痛、腹泻每日少于 5 次者, 其中有一项发生即可诊断。

重度: 食欲较化疗前减少 2/3 或每日不足 3 两者, 恶心、呕吐、腹痛、腹泻每日在 5 次以上者, 其中有一项发生即诊断。

3. 口腔溃疡。轻度: 溃疡轻, 不影响饮食。重度: 由于溃疡重而影响饮食者。

4. 发烧。轻度: 体温在  $38^{\circ}\text{C}$  以下。重度: 体温在  $38^{\circ}\text{C}$  以上。

## 结 果

### 一、血象(白血球、血小板)变化的比较

1. 双枪化疗: 三组白血球及血小板未变率均以化疗中用药组所占比例高,  $P < 0.01$  及  $P < 0.05$ , 有显著的差别, 见表 1。

表 1 双枪化疗血象变化

	疗程数	白 血 球					血 小 板				
		未 变		下 降(停化疗后)			未 变		下 降(停化疗后)		
		疗程数	%	最低日	最低数	最低值(M $\pm$ SD)	疗程数	%	最低日	最低数	最低值(M $\pm$ SD)
化疗中用药组	25	19	76.0	10.5	400	2,125 $\pm$ 426.6	23	92.0	9	12,000	37,000 $\pm$ 0
停化疗后用药组	7	2	28.6	11.3	900	1,810 $\pm$ 274.0	3	42.9	9	50,000	65,500 $\pm$ 6,866.6
未 用 药 组	10	1	10.0	10.8	350	1,923.3 $\pm$ 390.6	7	70.0	7.3	30,000	50,666 $\pm$ 9,527.7

2. 5-氟脲嘧啶化疗: 化疗中用药组白血球未变率为 71.4%, 血小板未变率为 100%, 三组比较均以本组所占的百分比高, 但和其它两组相比  $P > 0.05$ , 差别不显著, 见表 2。

表 2 5-氟脲嘧啶化疗血象变化

	疗程数	白 血 球					血 小 板				
		未 变		下 降(停化疗后)			未 变		下 降(停化疗后)		
		疗程数	%	最低日	最低数	最低值(M $\pm$ SD)	疗程数	%	最低日	最低数	最低值(M $\pm$ SD)
化疗中用药组	14	10	71.4	11.2	1,500	2,400 $\pm$ 388.9	14	100.0	—	—	—
停化疗后用药组	11	4	36.4	10.8	750	2,292.9 $\pm$ 299.1	9	81.8	9	50,000	57,000 $\pm$ 0
未 用 药 组	25	11	44.0	9.9	200	1,675 $\pm$ 251.9	19	76.0	8.5	10,000	30,833.3 $\pm$ 6,910.9

3. 更生霉素化疗组因疗程数太少, 有待于进一步观察。

4. 各组血象未变化率的比较: 比较三组血象未变化率, 化疗中用药组、停化疗后用药组、未用药组的白血球各为 75.6%、40%、41.5%, 血小板未变化率各为 95.1%、70%、78.1%, 化疗中用药组与其它两组比  $P < 0.05$ , 差别显著, 说明化疗中用药组血象未变化率显著为高。

二、三组重反应发生率的比较: 化疗中用

药组为低, 其化疗中用药组 41 疗程, 仅 2 个疗程发生消化道重反应, 无一疗程发生重度口腔溃疡及高烧, 和其它两组比  $P < 0.01$  及  $P < 0.05$ , 有显著差别。停化疗后用药组 20 疗程, 其中重度消化道反应、口腔溃疡、发烧分别为 7、3 及 2 疗程; 未用药组 41 疗程则分别为 16、12 及 8 疗程。

### 三、病历介绍

例 1, 黄××, 37 岁。病历号 181655, 恶性葡萄胎, 第一疗程用 5-氟脲嘧啶 25mg/kg/日化疗, 停化

疗第一天白血球、血小板就开始下降,白血球最低降到200,血小板降到10,000,经输新鲜血才转危为安。第2、3、4疗程化疗药物及剂量都相同于第一疗程,于化疗之第4、5天出现恶心,牙痛,口腔粘膜充血等副反应。此时用方药1,服中药3~4剂,以上症状很快好转,停化疗后血象也没有改变。

例2,李××,30岁。病历号182605,恶性葡萄胎,第一、二疗程用双枪化疗,副反应重,停化疗后白血球多次均降到2,000±,由于副反应重,第三疗程改用单枪——更生霉素7μg/kg/日化疗,副反应症状明显,停化疗后白血球仍降到2,000±,第四疗程化疗药物及剂量都同于第三疗程,于化疗第三天即出现恶心、呕吐、咽痛、口腔粘膜充血,此时服用中药方1三剂症状好转,停化疗后血象也没有变化。

## 讨 论

一、为减少减轻化疗副反应,应适当掌握化疗间隔时间。从我院化疗患者的102次疗程中分析,消化道症状,恶心、呕吐在化疗期间最为明显。腹痛、腹泻一般在停化疗后3~4天消失,口腔溃疡一般在停化疗后一周左右痊愈。血象:白血球一般在停化疗后10天左右下降最明显,二周后逐渐恢复正常,血小板一般在停药9天左右下降最为明显,11天以后逐

渐恢复正常,个别病人也有血象恢复迟缓,于停药三周以后恢复正常的。我们认为化疗间隔三周或三周以上较为合适。

二、化疗剂量要因人而异,具体情况具体对待,对年龄大,体质较差的或手术加化疗的患者,用药剂量适当小些,因这些人往往副反应较重,停药后血象恢复也迟缓。

三、通过102次化疗疗程的观察,化疗中服药组,停化疗后服药组及未服药组之对比,说明化疗期间服用中药可以减少、减轻化疗的副反应。我们体会在化疗症状出现的早期,即恶心、呕吐、口腔粘膜充血的初期,按中医的脏腑辨证配合中药治疗,效果较为满意,一般服中药2~3剂后症状就明显好转,血象也不会发生改变或变化不明显,一旦血象下降,而患者又表现有热象,不要急于用补药,因为补药一般偏热性,采用养阴清热法较好,否则会加重热象甚至会引起发烧。血象降低,无热象者可益气养血,但最好不用太燥的药,如党参等,因化疗患者易出现热象,采用平补较好。

对重症化疗反应应强调中西医结合治疗,在辅助中药治疗的同时应加强支持疗法,必要时予以输血,补液,抗生素治疗。

## • 读者来信 •

### 验证外阴营养不良的处方有效

贵刊1984年第4期刊载的“外阴营养不良的中西医结合分型及疗效观察”一文,经笔者重复验证3例(其中肝郁型1例,脾肾阳虚型2例),全部治愈。

例如徐××,48岁,自诉患外阴白斑症已10年,经多方治疗,但鲜有效。外阴瘙痒,干裂,夜间尤甚而就诊。检查:外阴变白,表皮粗糙,干裂,皮损区及阴道口萎缩。腰痛,足冷,尿频,遗尿。舌质淡,苔白,脉沉细尺部尤甚。处方:淫羊藿30g 补骨脂20g 当归20g 赤芍20g 熟地40g 川芎10g 首乌20g 坤草25g 党参20g,共10剂;外洗方:当归20g 赤芍20g 莪术20g 首乌15g 淫羊藿20g 苦参20g 白矾20g,共10剂,每天各用1剂。10天后复诊诸证见轻,继服、洗各20剂,10年痼疾,竟获痊愈。

附注:1.洗方通过笔者比较对照,原方加白矾、苦参为妙。2.内服方药以熟地易生地,同时应加重用量至40~60g,淫羊藿亦为主药,用量可达30~40g为佳。

辽宁盖县城关繁荣卫生所 邢付雍

### 双磺百部酊治疗疥疮的确有效

你刊1984年第4卷第5期登载,广东省乐昌县罗家渡卫生院曾冲同志自制“双磺百部酊”治疗疥疮20例一文后,我医务室按照其方药制备、用法,已治愈军内外5名疥疮病人,实践证明,“双磺百部酊”治疗疥疮的确有效。

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## Abstracts of Original Articles

### Experience in TCM-WM Treatment of the Side Effects of Trophoblastic Tumor Chemotherapy

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A total of 30 cases and 61 courses treated with TCM-WM were compared with 41 courses without TCM therapy. The patients were divided at random into three groups. Group 1 were treated with TCM during the course of chemotherapy. Group 2 were treated with TCM after the course. Group 3 were treated with WM only. The chemotherapy was carried out with 5Fu 25-26mg/kg and combined with Actinomycin 5-6 $\mu$ g/kg for 8 days or 5Fu 25-30mg/kg for 10 days or Actinomycin 7-9 $\mu$ g/kg for 10 days respectively. According to the diagnosis and treatment with TCM, the side effects were divided into 3 types, namely, upwardly perverse Qi of the stomach, endogenous heat due to deficiency of Yin, and deficiency of both Qi and Yin. The effectiveness of each type treated with a definite recipe was observed.

The unchanged rates of leukocyte in the 3 groups were 75.6%, 40%, 41.6% and those of the blood platelet were 95.1%, 70%, 78.1% respectively. It showed that the results of group 1 was significantly higher than the others ( $P < 0.05$ ). There were only two cases (4.8%) with serious side effects in the digestive tract, but no serious ulcerative stomatitis and high fever in group 1. The differences were significant between group 1 and the other two groups ( $p < 0.01$ ). (Original article on page 202)

### The Late Effect of Gossypol Treatment in Gynecological Diseases — A Clinical Study of 72 Cases

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The late results of 72 cases of gynecological diseases after discontinuation of gossypol treatment are reported. The longest follow-up period was 4 years. There were 31 cases of myoma, 14 of adenomyosis, 14 of endometriosis and 13 of myoma or adenomyosis with endometriosis.

The late effect was satisfactory. The action was sustained and reversible. Amenorrhea continued for half a year in 63.6%, and for one year in 10.0%. After discontinuation of medication, menstruation returned within half a year in 80.4% of the cases. The symptom and sign usually improved: the effective rate of uterine bleeding was 47.1%, dysmenorrhea 58.1%, reduction of myoma size 63.0% and reduction of endometriotic nodules 58.3%.

The recurrence of dysmenorrhea was related with the length of the course of treatment, clinical stage and the estrogen level of vaginal smear recovered. The recurrence of myoma and bleeding was related with age and their pretreatment estrogen level.

There was no side-effect in the follow-up study. The action of gossypol is similar with danazol. Sharp vigilance must be maintained on the possibility of hypokalemia. (Original article on page 205)

### A Clinical Study of Huang Wu San (黄蜈散) on the Treatment of Cervical Erosion

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In order to study the clinical effect of Huang Wu San (HWS) on the treatment of cervical erosion and its influence on the repair process, the clinical records were treated with statistical analysis. The results showed a very significant difference between the HWS group (62 cases, effective rate 85.5%) and the cleaning control group (27 cases, effective rate 18.5%) as well as between the HWS group and the control group (74 cases, effective rate 10.8%). As there is no difference between the last two groups, it is confirmed that HWS is an effective drug for external treatment of cervical erosion. During treatment, 89 cases with cervical erosion, which had been classified into papillary and follicular erosion types and the extent of which fell into 3 and 2 degrees, were observed with vaginoscope successively. The results revealed that the regeneration and repair processes of squamous epithelium at the cervix after using HWS or cleaning were the same as the natural regeneration and repair processes of cervical erosion. Only the processes of the former were faster than the latter.

It has been proved by histopathological examination that HWS has no necrotic and destructive effect on the cervical tissue and does not cause abnormal fibrosis of the cervical interstitial substance, but abates inflammation and swelling and helps regenerate the normal squamous epithelium. However, there is coagulation necrosis in the area of the operation at the cervix after electric cauterization. There is a considerable amount of collagenous fiber proliferation in the cervical interstitial substance from the third month to the sixth month after operation.

(Original article on page 208)