

中西医结合治疗重症颌面部炎症的临床体会

北京口腔医院颌面外科 林培炎

内容提要 以中西医结合治疗重症颌面部炎症的疗效优于单用西药，即全身投予抗生素和肾上腺皮质类激素，配合局部外敷中药人中白糊剂为一有效的保守治疗措施，且可以提高本病的非手术治愈率。

古中医书中将炎症分为痈、疽、疮、疡四类，早在黄帝内经痈疽篇中已有关于颌面部炎症的论述。鉴于中医学对本病的治疗已积累了许多宝贵经验，值得我们挖掘、借鉴和继承。为此，我们自1974年起开始采用中西医结合治疗本病，特别是强调将中药人中白糊剂局部外敷，确可明显提高疗效。现将初步体会报告如下。

资料与方法

一、一般资料

1974年5月至1980年12月，来我科就诊的颌面部炎症患者中重症者共计72人，均收住院，随机划分为3组，每组24例，分别治疗。其中农民最多，为35人，干部、工人、学生、儿童分别为9、7、3及18人。男42人，女30人。年龄<10岁21人，11~20岁11人，21~30岁18人，31~40岁6人，41~50岁11人，51~60岁3人，>60岁2人。

72例患者急性颌面部蜂窝织炎以颌下间隙受累最多，余为颊下、颊、嚼肌、舌下、咽旁、颞、眶下、翼颌、颞下以及唇、舌和腮腺等诸间隙感染，且每人均为多间隙受累，属化脓性感染，无特异性感染及腐败坏死性感染者。其中又以牙源性感染最多，与国内统计结果相同^{〔1,2〕}。即牙源性者47人，占65.3%；腺源性者21人，占29.2%；余为外伤性、颜面疔肿、血源性及其它原因所致各1人，分别占1.4%。

二、治疗方法

第一组：全身治疗系投予抗生素类药物加

肾上腺皮质类激素。即成人按每日静脉输液中给庆大霉素12万单位，氢化可的松100mg，连续5日为一疗程。儿童药量酌减。局部治疗为患处外敷人中白糊剂。即将人中白研为极细末，加冷水调作糊状，置适量于纱布上，持续外敷颌面部肿胀部位，并反复用冷水浸润糊剂，以利发挥药效。

第二组：投予抗生素类药物加肾上腺皮质类激素，剂量及疗程同前组。

第三组：仅单纯以抗生素类药物治疗。剂量与疗程亦同第一组。

三、疗效标准

局部肿胀、张口受限等自觉症状和临床症状全部消失或大部消失为临床痊愈或显效。上述自觉症状和临床症状明显减轻为有效。症状仅轻度缓解为微效。症状无好转为无效。

四、结果

经治5日后各组疗效如下：第一组临床痊愈或显效者24人(100.0%)；第二组临床痊愈或显效者16人(66.7%)，有效者8人(33.3%)；第三组临床痊愈或显效者13人(54.2%)，有效者7人(29.2%)，微效者4人(16.7%)。经统计学处理 $X^2=13.88$ ， $P<0.005$ ，第一组疗效非常显著。又第一组非手术切开者24人(100.0%)；第二组15人(62.5%)；第三组11人(45.8%)。经统计学处理 $X^2=17.41$ ， $P<0.005$ ，亦表明第一组疗效非常显著。经追踪观察一年半，凡采用人中白糊剂外敷治疗者，均未出现任何不良反应。

五、典型病例

例1. 刘××, 男, 40岁。因颌面部肿胀在农村治疗一月余, 近二日症状加重, 于1980年11月7日来院就诊。经查残根¹⁶叩疼明显, 左颌面部眶下及嚼肌区均见肿胀, 激惹疼甚重, 停用一切其它药物, 仅取人中白糊剂局部外敷, 3日显效。随访1年半, 未再复发。

例2. 王××, 男, 32岁, 住院号38435。因阻生智齿冠周炎致颌面肿胀, 张口受限, 在农村经用多种抗生素治疗达8个月之久仍无效, 始于1980年8月27日来院就诊。经检查确诊为嚼肌间隙及颌下间隙感染。住院最初2日, 每日静脉点滴庆大霉素12万u, 氢化可的松100mg, 但原肿胀部位仍皮肤潮红、发热、光亮, 体温38.5℃。自第3日起用人中白糊剂外敷肿胀部位, 即获显效, 且未行手术切开, 脓肿亦未发生破溃, 临床治愈出院, 随访一年半未再复发。

例3. 邱××, 女, 11岁。一月来颌下区肿胀, 在农村虽经注射青霉素、链霉素及切开引流术治疗, 仍反复发作且渐加重, 于1979年3月14日来院就诊。经查: 患儿重病容, 颌下、颏下及舌下区肿胀质硬, 激惹痛明显, 但上、下牙列并未见异常, 体温39.2℃, WBC16,100, 中性多核86%, 淋巴14%。诊断为腺源性颌面部多间隙感染。住院治疗3日后自觉症状缓解, 但再次形成脓肿, 加用人中白糊剂外敷治疗后, 2日内大面积炎症浸润全部消退痊愈, 出院后追踪观察一年半未再复发。

讨 论

近年来有关炎症的理论研究指出: 炎症的经过在很大程度上与肾上腺皮质的功能状态有关, 炎症反应消耗了肾上腺皮质的功能储备⁽³⁾。且肾上腺皮质类激素能以抑制感染性和非感染性(机械性、化学性等)炎症⁽⁴⁾。我科治疗重症颌面部炎症患者时, 看到及时投予肾上腺皮质类激素者, 疗效优于不加激素, 且提高了非手术治愈率。这表明激素的应用对于本病确属有益。

据《本草纲目》载: “人中白降相火、消瘀血, 盖咸能润下走血故也。今人病口舌诸疮用之有效。降火之验也。”并称人中白主治“鼻衄、热劳、肺痿、心膈热、羸瘦渴疾”; 治“咽喉口

齿生疮疳蟹”; 治“走马疳, 尤有神效”⁽⁵⁾。以此作为借鉴, 我们在使用抗生素与激素药物治疗本病的基础上加用了人中白糊剂外敷肿痛局部, 获得了更满意的疗效, 并进一步提高了非手术治愈率。俟后, 我们对全身症状较轻的颌面部炎症患者30人仅单纯使用人中白糊剂局部外敷治疗, 肿痛症状也消退甚速。人中白的药源广泛, 制作糊剂方法简单, 造价低廉, 使用安全可靠。当颌面部炎症患者症状严重, 已发生开口困难而不便于口服用药或对抗生素过敏以及耐药时, 更显示出应用其糊剂外敷治疗的优越性。建议药厂直接生产人中白糊剂以便临床使用。

关于提高本病非手术治愈率问题: 我们认为颌面部的解剖结构及生理特殊性决定了治疗本病以尽量避免手术切开为宜。从上述第一组即抗生素、激素加人中白治疗组的治疗结果看, 其非手术治愈率非常显著, 而且此法之实施不受年龄、性别、病变范围、病因不同的限制, 对于不同感染阶段的患者也均属适用。也就是说, 其既可以促进炎症早期浸润块的消散, 又可加快后期化脓灶的吸收, 即使可能在原脓肿部位遗留下索条状硬结, 但只要经过适当热敷或理疗, 以后多能被软化吸收。所以, 该法确能提高本病的非手术治愈率。同样, 通过对另外30例全身症状较轻的颌面部炎症患者仅单纯使用人中白糊剂局部外敷治疗, 也全部避免了手术切开, 使此点再次得到了证实。

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After the Yin Xu patients were treated with the medicine for Yin tonic, the value of T₃ obviously increased in comparison with that before the administration of the medicine, and the difference was significant. However, the changes of T₄ before and after the administration of the medicine were small.

Through the study of the changes of T₃ and T₄ before and after the administration of the medicine, it can be seen that the difference between the values of T₃ in the serum of the patients with Yang Xu and Yin Xu before taking the medicine is very obvious, whereas after treatment, with the patients recovering from the symptoms, the difference between the values of T₃ becomes small. These facts demonstrate that the Chinese medicines of Yang tonic and Yin tonic can adjust T₃ of patients. The values of T₄ of the two symptoms after treatment still differ markedly from each other, and this indicates that T₄ of Yang Xu symptom increases very slowly.

The results of the clinical experiment show clearly that Yang Xu clinical symptom can be treated by using medicine of Yang tonic. Thus T₃ and T₄ of patients can recover to some degrees. It is worth emphasizing that the traditional Chinese medicine can adjust the systemic functions of the human body and improve the function of thyroid itself.

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A Clinical Experience of Treating Maxillae-Facial Acute Inflammation by TCM-WM

Lin Peiyan (林培炎)

Department of Maxilla-facial Surgery, Beijing Dental Hospital, Beijing

Chinese medicine practitioners have accumulated a great deal of experience in treating severe cases of maxillae-facial inflammation. The treatment of severe maxillae-facial inflammation by TCM-WM gives better results than that of western medicine alone.

A combination of local application of Ren Zhong Bai paste (人中白糊, preparation from human urine) and systematic use of antibiotics with cortisone is an effective conservative therapeutic measure, especially the Ren Zhong Bai paste plays an active role in raising the non-operational recovery rate. The clinical application of this remedy is suggested and further study on its pharmacological action is needed.

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Prevention and Treatment of Hemorrhage after Extraction of Teeth by Using the Pulvis of Cibotium Barometz-Alum Burnt

Zhou Rujun (周汝俊)

Second Affiliated Hospital of Jiang Xi Medical College, Nanchang

The clinical effect by using the pulvis of Cibotium barometz-Alum burnt to prevent and treat hemorrhage after extraction of teeth is reported in this paper. The pulvis is formulated as follows: Cibotium barometz 30 g, Alum burnt 50 g, Metronidazole 5 g, Natrii chloridi 15 g. Two hundred and thirteen cases (265 teeth) were divided by double blind method into two groups, the experimental group (127 cases, 158 teeth) and the control group (86 cases, 107 teeth), after removal of the tooth, the blood oozed into the alveolus. So pulvis is used on the wound in the experimental group, whereas the routine method of pressure hemostasis is used in the control. As a result, the coagulation time in the experimental group averaged 50 seconds, much shortened than that in the control, and complications such as postoperative hemorrhage, pain and dry socket were less serious too. The difference between the two groups is markedly significant ($X = 16.23$, $P < 0.01$). It is considered that the favorable mechanism of pulvis is due to its effect of rapid hemostasis and anti-inflammation. The pulvis can induce a firm mass in the extracted tooth sockets.

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Treatment of Oral Leukoplakia with Propolis

—Report of 45 Cases

Pang Jinfa (庞劲凡), Chen Shusen (陈树森)*, et al

Department of Stomatology; Department of Traditional Chinese Medicine,
Chinese PLA General Hospital, Beijing*

Oral leukoplakia is a common disease of oral mucosa on which malignant change may occur in a few cases. Exploration of various effective therapy may be of prime importance for the prevention of malignant change caused by this disorder. At present, only a few drugs effective for this disease can be found and their side effects are