

加用莨菪类药综合治疗重型 肝炎 647 例疗效观察

宁波市传染病医院 缪正秋

中国中西医结合研究会微循环专业委员会重型肝炎协作组*

内容提要 在综合治疗基础上加用莨菪类药治疗 647 例重型肝炎(治疗组)存活率 52.6%。而不加用莨菪类药治疗的 360 例重型肝炎(对照组)存活率 28.3%($P < 0.01$)。治疗组患者尿量较多,发生肝肾综合征的较对照组明显减少,64.4%患者甲皱微循环有改善。

中国中西医结合研究会微循环专业委员会重型肝炎协作组于 1976~1986 年对莨菪类药治疗重型肝炎的疗效进行了临床观察,取得较好效果。现报告如下。

临床资料

一、观察对象:1007 例重型肝炎为 7 个省 12 个医疗单位在 10 年间收治的患者。1983 年前收治的病例按 1978 年全国病毒性肝炎会议制订的临床诊断标准^[1],1984 年后收治的病例按 1983 年全国第二届传染病与寄生虫病专题学术会议制订的病毒性肝炎临床诊断标准^[2]。将上述同期收治的患者在同一医疗单位内,随机分成治疗组和对照组。治疗组 647 例中有 31 例经肝活检确诊。

二、一般资料:1007 例重型肝炎中急性重型 288 例(治疗组 174 例,对照组 114 例),亚急性重型 530 例(治疗组 376 例,对照组 154 例),慢性重型 189 例(治疗组 97 例,对照组 92 例)。以上三型治疗组共 647 例,男 495 例,女 152 例,年龄 ≤ 40 岁 479 例(74%), ≥ 41 岁 168 例,有肝昏迷 371 例(57.3%),出现腹水 431 例(66.6%),肝脏缩小 428 例(66.2%),平均胆红素 $236.2 \mu\text{mol/L}$,

平均凝血酶原时间 43.4s;对照组共 360 例,男 271 例,女 89 例,年龄 ≤ 40 岁 256 例(71.1%), ≥ 41 岁 104 例,有昏迷 235 例(65.3%),出现腹水 239 例(66.4%),肝脏缩小 223 例(61.9%),平均胆红素 $238.9 \mu\text{mol/L}$,平均凝血酶原时间 34.3s。以上各项治疗组与对照组 P 值均 > 0.05 ,无显著差异。

治疗方法

一、莨菪类药:山莨菪碱(654-2)每日 30~200mg(个别病例 240mg)加入 10% 葡萄糖液中静脉滴注,或分次静脉注射,7~14 天后逐渐减少剂量。昏迷早期烦躁者用东莨菪碱 0.6~0.9mg 一次静脉注射,10 分钟后如仍不安静或安静后又躁动,则可重复使用上述剂量,最大剂量一天为 3.3mg。

二、综合治疗措施:中药以退黄、清热解毒、利湿为治则,用茵陈、山栀、黄连、生大黄、大青叶、平地木、泽泻、丹参,可随症加减;每日补充维生素 C 2g,维生素 K₁ 20mg,加入葡萄糖液中静脉滴注;部分病例加用辅酶 A 和维生素 B₆,剂量为 200u 和 100mg;间歇应用血清白蛋白(每次 5g 静脉注射)和输入新鲜同型血液或新鲜血浆(每次 200~300ml);肝素每日 25~33mg 加入 5% 葡萄糖液中静脉滴注;昏迷时使用谷氨酸钠或钾和乙酰谷氨酰胺,用 20% 甘露醇脱水,每次 100~250ml,每日 1~2 次;纠正电解质紊乱,预防继发感染;甲氧咪

* 济南市传染病医院、温州市传染病医院、石家庄市传染病医院、郑州市传染病医院、聊城地区医院、曹县人民医院、叙永县人民医院、淄博矿务局中心医院、143 医院、新乡市传染病医院、苏州市第五人民医院、宁波市肝病医院

肌每日3次,每次200 mg,口服或静脉注射,预防消化道出血;1980年后应用胸腺肽,每日10mg肌肉注射和支链氨基酸制剂,每日250ml静脉滴注。

治疗组在综合治疗措施基础上加用莨菪类药物,对照组仅使用综合治疗措施。

结 果

一、疗效:1007例重型肝炎分组治疗效果,见表1。

表1 1007例重型肝炎分组治疗效果

		例数	存活	死亡	存活率 (%)	显著性测验
急性重型	治疗组	174	91	83	52.3	$\chi^2=10.19$
	对照组	114	37	77	32.5	$P<0.01$
亚急性重型	治疗组	376	213	163	56.6	$\chi^2=18.32$
	对照组	154	55	99	35.7	$P<0.01$
慢性重型	治疗组	97	36	61	37.1	$\chi^2=16.26$
	对照组	92	10	82	10.9	$P<0.01$
合计	治疗组	647	340	307	52.6	$\chi^2=54.1$
	对照组	360	102	258	28.3	$P<0.01$

表1可见急性重型、亚急性重型、慢性重型肝炎的存活率,治疗组高于对照组, P 值均 <0.01 ,有非常显著性差异。

二、肝肾综合症的预防:临床观察证明,使用莨菪类药物后,患者尿量增多,可明显预防肝肾综合症的发生。协作组9个医疗单位统计,治疗组423例,发生肝肾综合症26例(6.1%),对照组221例,发生肝肾综合症56例(25.3%),($\chi^2=4.64$, $P<0.05$)有显著差异。

三、甲皱微循环变化:54例重型肝炎分组治疗后甲皱微循环的变化,见表2。

表2 54例重型肝炎治疗后甲皱微循环观察

		例数	清晰度好	管袢数增加	发夹袢增加	血液流态正常
治疗组	存活	26	23	25	25	25
	死亡	19	3	3	3	4
对照组		9	1	1	3	2

表2显示,治疗后甲皱微循环改善病例数,

治疗组多,对照组少,存活者多,死亡者少。

四、随访:对治疗组存活的19例和对照组存活的12例患者出院后7~46个月随访结果,治疗组有14例(73.68%)、对照组7例(58.33%)患者已恢复原工作。

讨 论

重型肝炎发病机理复杂,国内外学者研究证明,重型肝炎患者体内存在的免疫复合物、坏死肝组织、内毒素血症以及各种缩血管的活性物质等均可导致微循环障碍并诱发DIC。微循环障碍促使脑水肿、肺水肿、肾功能衰竭、胃粘膜出血性病变的形成,加速病情恶化。而肝微循环障碍可能是肝功能衰竭的重要原因^(3~5)。我们认为重型肝炎所表现的严重而复杂的临床过程是机体免疫失调与微循环障碍共同作用的结果。近年来实验证明莨菪类药物可以拮抗微血管痉挛,抑制血小板促血栓素合成⁽⁶⁾,能改善微循环,防治DIC。

本文报告1007例重型肝炎,其中647例在综合治疗基础上加用莨菪类药物,存活率明显提高(52.6%),并使重型肝炎常见的并发症肝肾综合症发生率降低(6.1%)。治疗组多数患者治疗后甲皱微循环改善,而死亡病例多数不能改善,证明莨菪类药物能改善外周微循环,并提示治疗后甲皱微循环是否改善,可以作为预后观察的一个指标。

莨菪类药物应用必须做到早期、适量、持续,病情改善后逐步减量,不可骤停。东莨菪碱在肝昏迷早期狂躁时应用能起到镇静作用。一般可安静5小时左右,剂量不足反可导致躁狂不安,给药途径不妥,如肌注或静脉滴注也会发生,尤其在男性青年患者易出现,应予注意。为避免肝昏迷和用药后的镇静现象难以分辨,故对原神志清的患者一般不用东莨菪碱。

莨菪类药物改善微循环的作用使重要脏器组织血流量增加,代谢机能改善,有可能阻止由于缺氧引起的肝细胞进一步坏死,有利于脑水肿、肺水肿、肾功能衰竭的防治,为肝细胞再生创造了条件。东莨菪碱的镇静作用使患者消

耗减低,有利于医疗护理操作的进行。本药使用方便,药源充足,价格低,副作用小,值得进一步研究使用。

参 考 资 料

1. 中华医学会 1978 年杭州病毒性肝炎学术会议。病毒性肝炎诊断标准(草案)。见楼方岭。传染病手册。第 1 版。北京:人民卫生出版社,1984:52—53。
2. 病毒性肝炎防治方案(试行)。中华传染病杂志 1984; 2

(4):288。

3. 常德成,等。重症肝炎 45 例的临床与病理。中华传染病杂志 1983; 1(1):13。
4. 文建春,等。暴发型肝炎的病理变化与预后关系。中华传染病杂志 1983; 1(1):54。
5. 王鸿利,等。重型病毒性肝炎止血异常的进展。中华传染病杂志 1987; 5(3):166。
6. 修瑞娟,等。山莨菪碱抑制血栓素合成,抑制粒细胞聚集,抑制血小板聚集。中华医学杂志 1982; 62(6):375。

阑尾脓肿的B型超声显像诊断及综合治疗观察

山东肥城矿务局中心医院 梁俊耀 陈国岭

1985年2月~1987年4月作者用B型超声显像确诊疑难的10例阑尾脓肿患者,在综合治疗的基础上,加用定位穿刺抽脓,效果满意,报道如下。

临床资料 本组10例患者,男3例,女7例,年龄16~75岁,平均37.5岁。病程7~30天。10例中3例因院外误诊均有中毒症状,体温39℃以上,白细胞1.5~2万,右下腹压痛、反跳痛,可触及肿块7~15cm²,1例脓肿破入直肠。余7例因炎症过程缓慢,症状表现轻微,形成局部包块,其中1例误诊为盲肠肿瘤,2例误诊为卵巢囊肿。10例均采用Aloka SSD—256型超声显像仪检查。

治疗方法 (1)中医治疗:行气活血,清热解毒。以阑尾消化汤加减:败酱草30g 蒲公英30g 银花30g 丹皮15g 川楝子9g 苡仁30g 大黄6g(或番泻叶10~15g)。每日1剂,水煎分二次服。重症可每日服2剂。早期患者重用清热解毒,辅以凉血活血药物;中期者加用活血药;后期遗留小的肿块或硬结,可酌情加用三棱、莪术等破血药。疗程15~30天。(2)西药治疗:庆大霉素每日120~240mg加5%葡萄糖500~1000ml,静脉滴注,或80mg,每日2~3次,肌肉注射,10日为1疗程;或氨苄青霉素1~2g加生理盐水100ml,1小时滴完,每日2~4次;或口服灭滴灵200~400mg,8小时1次。本组有3例

在超声定位指示下,穿刺抽脓,隔1~2天1次,抽脓1~3次。脓腔内可注入庆大霉素80~160mg(用生理盐水稀释);或青霉素类药物。

结 果 本组10例经上述综合治疗后,均治愈。体温在2~5天降至正常。肿块在7~15天基本消失。1个月后经超声显像复查,异常声像全部消失。

讨 论 (1)阑尾脓肿的B型超声所见:早期为圆形、椭圆形、不规则形块质回声,边缘不清,呼吸或加压时形态相对固定。其中心回声不均匀,常为不规则的低回声区,内有斑点状或条索状强回声反射。当出现脓肿(脓液不多)时可见形状不规则的厚壁囊状液性暗区,暗区内有点条状强回声。当发现有较大的薄壁囊性肿块,囊内之液性暗区中有混悬光点散在,并可随体位流动时,提示脓肿较大。(2)阑尾脓肿在中医辨证属热血相结而成。治以清热、活血化瘀为主。在辨证用药上,早期重用清热解毒药,以抑制细菌,减轻中毒症状,控制炎症;中期加用活血药,促进炎症消散;后期加大活血化瘀药,使包块缩小直至消失。B型超声检查结合临床,使阑尾脓肿的诊断准确及时,在综合治疗措施下B超引导定位穿刺抽脓和腔内注药,提高了疗效,避免了手术的痛苦,值得临床应用。

简 讯 全国中西医结合蛇伤急救学术交流会于1987年11月18~21日在广西梧州市召开。来自全国从事蛇伤防治的有关专家、教授、学者共161人参加了大会。梧州市委、市政府领导同志到会并讲了话。大会收到国内外贺电14封,浙江分会顾问钟一棠向大会献了锦旗。大会共收到论文230篇,其中大会交流25篇,反映了中西医结合在蛇伤急救方面的新进展。会议讨论修

订了蛇伤诊断分型标准,正式成立了中国中西医结合研究会急救医学委员会蛇伤急救学组,通过了学组委员会成员名单。会议决定在1989年适当时机在江苏省常州市举行第二次全国蛇伤急救学术交流大会,并拟创办中西医结合蛇伤急救医学方面的杂志。

(黄祥续)

of 5.6 years. The 42 patients were divided into 3 groups: Group A, 20 patients receiving Glycyrrhizin (Stronger Neo-Minophagen C), 30 days as a course; Group B, 10 patients receiving a course (28 days) of Adenine Arabinose (Ara-A); Group C, 12 patients receiving a course of Glycyrrhizin, followed by a course of Ara-A, but 3 of group C receiving two courses each. The therapeutical effect was measured by the disappearance of detectable HBsAg, HBeAg, DNA polymerase (DNAP) and HBV-DNA levels in serum. Randomized controlled study showed that the 3 groups of patients' negative conversion rate of HBeAg, HBV-DNA and DNAP in serum during treatment were 3/20 (15%), 2/10 (20%) and 5/12 (42%) respectively. Two of the group C remained continuous negative of HBeAg, HBV-DNA, DNAP 6 months after treatment. Suppression of HBV replication was associated with pathological evidence of improvement in liver biopsy; there was also reduction in inflammatory activity. The results showed that those receiving combined therapy of Ara-A with Glycyrrhizin revealed better therapeutic effect than using Ara-A or Glycyrrhizin alone on the clearance of HBeAg, DNAP, HBV-DNA. The difference was statistically significant.

This study confirmed that combination of Ara-A with Glycyrrhizin was effective in yielding long-term suppression of HBV replication in some CAH patients. On a large-scale randomized controlled studies, many factors might influence the outcome of treatment, an optimal regime of therapy for difference is necessary. (Original article on page 150)

Adding Scopolamines in Treating 647 Cases of Severe Hepatitis

Miao Zhengqiu(缪正秋)

Ningbo Infectious Diseases Hospital, Ningbo

This paper reports 1007 cases of severe hepatitis. Scopolamines (including anisodamine) was added to other comprehensive measures that were applied in 647 cases (treated group), and those treated with comprehensive therapy but without scopolamines (control group) were applied in 360 cases. The results showed that the survival rates of the treated and the control group were 52.6% and 28.3% respectively. It was also discovered that the patients in the treated group had larger amount of urine and that the incidence of hepatorenal syndrome was lower than that of the control. Disturbances of nail microcirculation were evidently alleviated with anisodamine or scopolamine. This kind of drug could evidently increase the survival rate. In addition to this, scopolamines produces few side-effect, is convenient in use and cheap in price. (Original article on page 152)

Treating Prostatomegaly with Zhibai Kuncao Decoction(知柏坤草汤)

Zhang Shouqian(张守谦), et al

Qiqihaer TCM Hospital, Qiqihaer

80 patients with prostatomegaly were studied with selfmade Zhibai Kuncao decoction during 1975~1986. All cases were given the decoction over two weeks and 48 (60%) patients with urinary retention, indwelling catheters were placed in them. As a result, the markedly effective rate was 53.8%, effective 27.5%, slightly effective 5%, non-effective 13.7%, and the total effective rate was 86.3%. The group taken the decoction over 4 weeks was found to have more satisfactory effect than those under 4 weeks ($P < 0.05$). Six blood rheology indexes were tested before the treatment in 34 cases, in comparing with those of 50 healthy subjects as control. It was suggested that blood rheology indexes may act as an evidence for diagnosing the blood stasis syndrome of prostatomegaly and carrying out therapy to promote the blood circulation and remove the blood stasis. The uroflowmetry in 12 markedly effective patients was very close to normal value. In addition, indications of the therapy were also discussed. (Original article on page 155)

Study on Repairing Effects of Biphenyl Dimethyl Dicarboxylate on Experimental Liver

Injury in Rats with Histochemical and Electron-Microscopic Observation

Wang Gengxin(王更新), Ben Chang-en(贲长恩), Ye Baikuan(叶百宽), et al

Dept. of Histology and Embryology, Beijing College of TCM, Beijing

Biphenyl dimethyl dicarboxylate (BDD) is a new drug having a beneficial effect in treatment of viral hepatitis. In this paper, the effect of BDD on morphological study of experimental liver injury in rats was made. 48 adult male rats were selected for the experiment. The animals were divided into 3 groups (control, liver injury and treated group). The liver injury was induced by means of subcutaneous injection of CCl_4 . Eight days after first injection, the animals were decapitated, their livers were studied by means of histochemistry and electron-microscopic cytochemistry. The result showed that in BDD treated group the liver cell adiposis was milder, the activity of CCO, N-Ease,