

阿司匹林联合跌打化瘀散预防大隐静脉曲张术后深静脉血栓形成的临床观察

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摘要 目的:观察阿司匹林联合跌打化瘀散预防大隐静脉曲张术后深静脉血栓的疗效和安全性。方法:280例拟行大隐静脉曲张术患者随机均分为对照组和观察组。对照组患者于术后第二天给予阿司匹林肠溶片100 mg,早餐后服用,每日1次;观察组患者在对照组治疗的基础上于术后第二天加用跌打化瘀散2 g,于足部及患肢非手术部位热敷。两组患者均以7 d为1个疗程。观察两组患者手术前后凝血酶原时间(PT)、活化部分凝血活酶时间(APTT)、纤维蛋白原(Fg)、血小板计数,深静脉血栓发生率及不良反应发生情况。结果:观察组患者深静脉血栓发生率显著低于对照组,差异有统计学意义($P < 0.05$)。术后,两组患者PT、APTT、Fg均显著高于同组术前,且观察组高于对照组;血小板计数均显著低于同组术前,且观察组低于对照组,差异均有统计学意义($P < 0.05$)。两组患者不良反应发生率比较,差异无统计学意义($P > 0.05$)。结论:阿司匹林联合跌打化瘀散较单用阿司匹林可有效预防大隐静脉曲张术后深静脉血栓的形成,抑制凝血,且安全性相当。

关键词 阿司匹林;跌打化瘀散;大隐静脉曲张术;深静脉血栓

Clinical Observation of Aspirin Combined with Dieda Huayu Powder on Formation in the Prevention of Deep Vain Thrombus after Great Saphenous Varicose Vein Surgery

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ABSTRACT OBJECTIVE: To observe the efficacy and safety of aspirin combined with Dieda huayu powder in the prevention of deep vein thrombus (DVT) after great saphenous varicose vein surgery. METHODS: 280 patients with great saphenous vein surgery were randomly divided into control group and observation group. control group was given Aspirin enteric-coated tablet 100 mg breakfast in the next day of surgery, once a day; observation group was additionally given Diedahuayu powder 2 g to fumigate feet and non-operation place on ill leg in the next day of surgery. 7 d was a treatment course. The incidence of prothrombin time (PT), activated partial thromboplastin time (APTT), fibrinogen (Fg), platelet count and the incidence of DVT and adverse reactions after surgery before and after surgery in 2 groups were observed. RESULTS: The incidence of DVT in observation group was significantly lower than control group, the difference was statistically significant ($P < 0.05$). After surgery, the PT, APTT and Fg in 2 groups were significantly higher than before, and observation group was higher than control group, platelet count was significantly lower than before, and observation group was lower than control group, the differences were statistically significant ($P < 0.05$); there was no significant difference in the incidence of adverse reactions between 2 groups ($P > 0.05$). CONCLUSIONS: Aspirin combined with Dieda huayu powder can more effectively prevent the DVT after great saphenous varicose vein surgery than only aspirin, inhibit coagulation, with similar safety.

KEYWORDS Aspirin; Dieda huayu powder; Great saphenous varicose vein surgery; Deep vein thrombus

大隐静脉曲张是成年人常见的一种外科疾病,临床可见单侧或双侧肢体肿胀、疼痛、软组织张力增高,是由静脉逆流引起的以下肢静脉系统持续性高压为主的周围血管疾病,常用治疗方法有保守治疗和手术治疗。保守治疗虽然可以延缓病情但不能根治疾病,手术治疗常采用高位结扎加剥脱手术^[1],深静脉血栓的形成是其术后主要并发症,若治疗不及时可危及患者生命,常采用抗凝治疗以达到有效预防术后深静脉血栓形成的目的^[2]。阿司匹林是常用抗凝药物,具有确切的抗凝防栓效果,广泛应用于各种需要抗凝或解除血液高凝状态的情况。跌打化瘀散是治疗跌打损伤的外用散剂,该药包括了

多种活血化淤、行气止痛的中药,外敷、熏洗均可促进血液循环。为此,本研究中笔者观察了阿司匹林联合跌打化瘀散预防大隐静脉曲张手术后深静脉血栓形成的疗效和安全性,以为临床治疗提供参考。

1 资料与方法

1.1 资料来源

选择2014年6月—2015年2月我院收治的280例拟行大隐静脉曲张患者,均经深静脉通畅试验、大隐静脉瓣膜功能试验以及下肢静脉多普勒检查确诊为大隐静脉曲张。排除标准:(1)对跌打化瘀散过敏者;(2)伴有严重心、肺、肾、肝功能异常者;(3)出血高风险者;(4)依从性差,不愿意配合检查者;(5)下肢深静脉有血栓,且不畅通者;(6)深静脉瓣膜功能不全者;(7)下肢静脉回流受阻所致的大隐静脉曲张。将所有患者

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按随机数字表法均分为对照组和观察组。对照组男性78例,女性62例;年龄(53.76±5.22)岁;左侧55例,右侧52例,双侧肢体33例;临床-病因-解剖-病理生理(CEAP)分级Ⅲ级107例,Ⅳ级23例,Ⅴ级8例,Ⅵ级2例。观察组男性74例,女性66例;年龄(52.15±4.86)岁;左侧53例,右侧55例,双侧肢体32例;CEAP分级Ⅲ级112例,Ⅳ级19例,Ⅴ级7例,Ⅵ级2例。两组患者性别、年龄等基本资料比较,差异均无统计学意义($P>0.05$),具有可比性。本研究方案经我院医学伦理委员会批准,所有患者均签署了知情同意书。

1.2 治疗方法

对照组患者于术后第二天给予阿司匹林肠溶片(拜耳医药保健有限公司,规格:100 mg/片)100 mg,早餐后服用,每日1次;观察组患者在对照组治疗的基础上于术后第二天加用跌打化瘀散(重庆大自然制药有限公司,规格:2 g/袋)2 g,于足部及患肢非手术部位热敷。两组患者均以7 d为1个疗程。同时对患者进行心理护理、饮食护理、抗感染护理,并且注意观察患者皮肤温度和颜色等的变化。

1.3 观察指标

观察两组患者手术前后凝血酶原时间(PT)、活化部分凝血活酶时间(APTT)、纤维蛋白原(Fg)、血小板计数,深静脉血栓发生率及不良反应发生情况。

1.4 统计学方法

采用SPSS 18.0统计软件对数据进行分析。计量资料以 $\bar{x}\pm s$ 表示,采用 t 检验;计数资料以率表示,采用 χ^2 检验。 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者深静脉血栓发生率比较

对照组患者有3例出现有症状性深静脉血栓,20例彩超探及无症状性深静脉微血栓,深静脉血栓发生率为16.43%;观察组患者有1例出现有症状性深静脉血栓,6例彩超探及无症状性深静脉微血栓,深静脉血栓发生率为5.00%;观察组显著低于对照组,差异有统计学意义($P<0.05$)。

2.2 两组患者手术前后PT、APTT、Fg、血小板计数比较

术前,两组患者PT、APTT、Fg、血小板计数比较,差异均无统计学意义($P>0.05$);术后,两组患者PT、APTT、Fg均显著高于同组术前,且观察组高于对照组,血小板计数均显著低于同组术前,且观察组低于对照组,差异均有统计学意义($P<0.05$),详见表1。

表1 两组患者手术前后PT、APTT、Fg、血小板计数比较($\bar{x}\pm s$)
Tab 1 Comparison of PT, APTT, Fg and platelet count between 2 groups before and after surgery ($\bar{x}\pm s$)

组别	n	时间	PT,s	APTT,s	Fg,g	血小板计数, $\times 10^9 L^{-1}$
对照组	137	术前	10.84±2.58	29.79±8.35	2.89±0.39	173.56±30.14
		术后	12.48±3.99*	32.00±7.72*	3.34±0.58*	167.26±29.56*
观察组	139	术前	10.23±3.70	28.47±4.64	2.91±0.56	174.91±34.75
		术后	14.89±2.02**	35.55±6.55**	3.81±0.33**	158.31±43.44**

注:与治疗前比较,* $P<0.05$;与对照组比较,** $P<0.05$

Note: vs. before treatment,* $P<0.05$; vs. control group,** $P<0.05$

2.3 不良反应

对照组患者有4例出现胃肠道不适,不良反应发生率为2.86%;观察组患者有5例出现胃肠道不适,不良反应发生率为3.57%;两组患者不良反应发生率比较,差异无统计学意义($P>0.05$)。

3 讨论

下肢静脉曲张术后常见出血、神经损伤、血管损伤以及下肢深静脉血栓的形成等并发症。下肢深静脉血栓的形成可导致患者下肢肿胀、疼痛,血栓脱落,从而引起肺动脉栓塞^[3]。有研究表明,大隐静脉曲张术后深静脉血栓的发生率虽然不高,但却有较高的致死率^[4]。因此,如何预防大隐静脉曲张术后深静脉血栓的形成已成为术后恢复治疗的重点。高凝状态、血流缓慢、内膜损伤可引起血栓形成,手术是诱发大隐静脉曲张的重要危险因素之一^[5]。

阿司匹林可抑制血小板聚集,降低多种缺血性心脑血管病的发生(如急性心肌梗死、中风的二级预防、短暂性脑缺血发作、继发脑卒中等)。此外,阿司匹林还可用于预防动脉外科手术或介入手术后深静脉血栓和肺栓塞的发生。有报道称,阿司匹林可有效改善大隐静脉曲张术后血液高凝状态^[4],该药联合低分子肝素钠治疗大隐静脉曲张术后深静脉血栓疗效显著^[6]。一项多中心临床试验证明,阿司匹林至少可使术后深静脉血栓和肺栓塞的发生率降低1/3^[7]。

深静脉血栓中医属“脉闭”范畴,主要机制为气血运行不畅,淤血痹阻经络,导致淤症不通^[8],治疗以活血化瘀、消肿通络为主^[9]。跌打化瘀散由三七、血竭、桃仁、三棱、莪术等20多味中药组成,其中三七活血止痛,为伤科圣药;血竭、桃仁活血化瘀;三棱、莪术破血逐瘀,全方活血化瘀、行气止痛、软坚散结、通经活络,为常用跌打损伤止痛疗伤的外用药。有报道表明,中药可通过靶向Toll样受体(TLR2)、TLR4减少炎症细胞产生,保护血管内皮细胞,对深静脉血栓具有一定的治疗作用^[10]。

本研究结果显示,观察组患者深静脉血栓发生率显著低于对照组,差异有统计学意义。术后,两组患者PT、APTT、Fg均显著高于同组术前,且观察组高于对照组,血小板计数均显著低于同组术前,且观察组低于对照组,差异均有统计学意义。两组患者不良反应发生率比较,差异无统计学意义。

综上所述,阿司匹林联合跌打化瘀散能有效预防大隐静脉曲张术后深静脉血栓的形成,抑制凝血,且安全性较好。

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甲钴胺联合叶酸治疗糖尿病周围神经病变合并高同型半胱氨酸血症的临床观察

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摘要 目的:观察甲钴胺联合叶酸治疗糖尿病周围神经病变(DPN)合并高同型半胱氨酸(Hcy)血症的疗效和安全性。方法:回顾性分析40例DPN合并高Hcy血症患者资料,并作为高Hcy组,同期选择30例DPN但Hcy正常者为正常Hcy组。正常Hcy组患者给予控制饮食、降糖药或胰岛素控制血糖等常规治疗,使空腹血糖 <7.0 mmol/L,餐后2 h血糖 <11.0 mmol/L;在此基础上,高Hcy组患者给予甲钴胺注射液500 μ g,肌肉注射,每日1次+叶酸片5 mg,口服,每日1次。两组患者均以14 d为1个疗程,连续治疗2个疗程。观察高Hcy组患者的临床疗效,治疗前后Hcy水平、胫神经、腓神经的运动神经传导速度(MNCV)和自主神经传导速度(SNCV)、症状总评分(TSS),并与正常Hcy组进行比较,记录高Hcy组患者不良反应发生情况。结果:治疗后,高Hcy组患者总有效率为75.0%;高Hcy组患者Hcy、TSS评分均显著低于同组治疗前,但高于正常Hcy组,胫神经、腓神经的MNCV和SNCV均显著高于同组治疗前,但低于正常Hcy组,差异均有统计学意义($P<0.05$);高Hcy组患者不良反应发生率为5.0%。结论:在常规治疗的基础上,甲钴胺联合叶酸治疗DPN合并高Hcy血症的疗效较好,可明显降低Hcy水平,改善神经传导速度,且安全性较好。
关键词 甲钴胺;叶酸;糖尿病周围神经病变;同型半胱氨酸;疗效;安全性

Clinical Observation of Mecobalamin Combined with Folic Acid in the Treatment of Diabetic Peripheral Neuropathy with Hyperhomocysteinemia

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ABSTRACT OBJECTIVE: To observe the efficacy and safety of mecobalamin combined with folic acid in the treatment of diabetic peripheral neuropathy (DPN) with hyperhomocysteinemia. METHODS: Data of 40 DPN patients with high hyperhomocysteinemia were enrolled into high Hcy group and 30 DPN patients with normal Hcy were enrolled into normal Hcy group. Normal Hcy group was given diet control, hypoglycemic drugs or insulin for controlling glucose and other conventional treatment to make the fasting plasma glucose was lower than 7.0 mmol/L and 2 h postprandial glucose lower than 11.0 mmol/L; based on it, high Hcy group was given Mecobalamin injection 500 μ g by intramuscular injection, once a day+Folic acid tablet 5 mg, once a day. 14 d was a treatment course and it lasted 2 courses. Clinical efficacy, Hcy level, the motor nerve conduction velocity (MNCV) and sensory nerve conduction velocity (SNCV) of tibial and peroneal nerve and total symptom scale (TSS) score before and after treatment in high Hcy group were observed and compared with normal Hcy group, and the incidence of adverse reactions in high Hcy group was recorded. RESULTS: After treatment, the total effective rate in high Hcy group was 75.0%; Hcy and TSS score in high Hcy group were significantly lower than before and higher than normal Hcy group, MNCV and SNCV of tibial and peroneal nerve were significantly higher than before and lower than normal Hcy group, the differences were statistically significant ($P<0.05$). The incidence of adverse reactions of high Hcy group was 5.0%. CONCLUSIONS: Based on the conventional treatment, Mecobalamin combined with folic acid has good efficacy in the treatment of DPN with hyperhomocysteinemia, it can significantly reduce plasma Hcy levels and improve nerve conduction velocity in patients with DPN, with good safety.

KEYWORDS Mecobalamin; Folic acid; Diabetic peripheral neuropathy; Homocysteine; Efficacy; Safety

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