

孕康颗粒联合地屈孕酮治疗早期先兆流产的临床观察[△]

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摘要 目的: 探讨孕康颗粒联合地屈孕酮治疗早期先兆流产的临床疗效及安全性。方法: 将128例早期先兆流产患者按随机数字表法分为单药组和联合组, 各64例。单药组患者口服地屈孕酮片, 首次剂量为40 mg, 然后以10 mg、q12 h至阴道出血止; 联合组患者在单药组基础上加服孕康颗粒, 每次8 g, tid, 用药至症状消失止。比较两组患者人绒毛膜促性腺激素(HCG)、临床症状缓解和消失时间、妊娠期/分娩期并发症、妊娠结局和新生儿不良结局以及药品不良反应发生情况。结果: 两组患者治疗后HCG较治疗前明显升高, 且联合组高于单药组, 差异均有统计学意义($P < 0.05$); 联合组患者临床症状缓解时间和消失时间均明显短于单药组, 差异有统计学意义($P < 0.05$)。两组患者妊娠期/分娩期并发症发生率、各妊娠结局和新生儿不良结局比较, 差异均无统计学意义($P > 0.05$)。联合组患者药品不良反应发生率为10.9%, 明显低于单药组的40.6%, 差异有统计学意义($P < 0.05$)。结论: 单用地屈孕酮与孕康颗粒联合地屈孕酮治疗早期先兆流产均能获得较好疗效, 但联合用药更能缩短患者临床症状缓解时间和消失时间、减少药品不良反应发生率。

关键词 早期先兆流产; 地屈孕酮; 孕康颗粒; 临床疗效

Clinical Observation of Yunkang Granule Combined with Dydrogesterone in the Treatment of Early Threatened Abortion

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ABSTRACT OBJECTIVE: To explore the clinical efficacy and safety of Yunkang granule combined with dydrogesterone in the treatment of early threatened abortion. METHODS: 128 patients with early threatened abortion were randomly divided into single drug group and combined medication group, 64 cases in each group. Single drug group received Dydrogesterone tablet with first dose of 40 mg, then 10 mg, q 12 h until vaginal bleeding; combined medication group additionally received 8 g Yunkang granule, tid, until symptoms disappeared. Human chorionic gonadotropin (HCG), clinical symptoms remission time and disappearance time, pregnancy/childbirth complications, pregnancy outcome and neonatal adverse outcome, and the incidence of adverse reactions in 2 groups were compared. RESULTS: After treatment, HCG in 2 groups significantly increased, and combined medication group was higher than single drug group, the differences were statistically significant ($P < 0.05$); clinical symptoms remission time and disappearance time in combined medication group were shorter than single drug group, the difference was statistically significant ($P < 0.05$). There were no significant differences in incidence of pregnancy/childbirth complications, pregnancy outcome and neonatal adverse outcomes in 2 groups ($P > 0.05$). The incidence of adverse reactions in combined medication group was 10.9%, which was significantly lower than single drug group (40.6%), the difference was statistically significant ($P < 0.05$). CONCLUSIONS: Both dydrogesterone alone and Yunkang granule combined with dydrogesterone show good efficacy in the treatment of early threatened abortion, but the remission time and disappearance time of clinical symptoms and adverse reactions in combined medication group are less than that in single drug group.

KEYWORDS Early threatened abortion; Dydrogesterone; Yunkang granule; Clinical efficacy

早期先兆流产是指妊娠12周以前出现少量阴道流血及轻度下腹部疼痛, 妇科检查宫颈口闭, 妊娠物未排出, 有希望继续妊娠的情况, 但是如不采取合理的治疗则有可能发展为流产^[1]。地屈孕酮是一种从薯蓣植物中提取的天然孕激素, 具有改善子宫内膜容受性、调节机体免疫功能, 保持胚胎正常生长发育的功能^[2]。本研究采用中药制剂孕康颗粒联合地屈孕酮治疗早期先兆流产, 以单用地屈孕酮作对照, 观察联合用药的临床疗效及安全性。

1 资料与方法

1.1 纳入与排除标准

纳入标准: ①符合先兆流产的诊断标准^[3]者; ②妊娠时间 < 12周。排除标准: ①有自然流产病史者; ②合并急/慢性传染病者; ③严重的内外科疾病(如恶性肿瘤)者。

1.2 研究对象

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选取我院2013年9月—2015年9月收治的早期先兆流产患者128例, 按随机数字表法分为单药组和联合组, 各64例。其中, 单药组患者年龄19~31岁, 平均年龄(25.0 ± 4.2)岁; 孕周6~11周, 平均孕周(8.2 ± 1.7)周。联合组患者年龄21~32岁, 平均年龄(25.3 ± 4.6)岁; 孕周6~11周, 平均孕周(8.4 ± 1.8)周。两组患者的年龄和孕周等一般资料比较, 差异均无统计学意义($P > 0.05$), 具有可比性。本研究方案经医院医学伦理委员会批准, 患者均知情同意并签署知情同意书。

1.3 治疗方法

两组患者均禁性生活、卧床休息、口服维生素E和叶酸, 黄体功能不全者每日肌内注射黄体酮20 mg直至阴道出血停止。单药组患者口服地屈孕酮片(荷兰Abbott Biologicals B. V., 注册证号: H20130110, 规格: 10 mg), 首次剂量为40 mg, 然后以10 mg、q12 h至阴道出血止。联合组患者在单药组基础上加服孕康颗粒(吉林敖东集团大连药业股份有限公司, 批准文号: 国药准字Z19991100, 规格: 8 g/袋), 每次8 g, tid, 开水冲服, 用药至症状消失止。

1.4 观察指标

①观察两组患者人绒毛膜促性腺激素(HCG)水平、临床症状缓解时间及消失时间;②观察两组患者妊娠期/分娩期并发症(妊娠期高血压、前置胎盘、胎膜早破和产后出血)情况,并计算发生率;③观察两组患者妊娠结局(保胎成功、流产)及新生儿不良结局(新生儿窒息、畸形)发生情况;④观察两组患者头痛、恶心呕吐、皮疹/皮肤瘙痒和肝功能损害等不良反应发生情况。

1.5 统计学方法

采用SPSS 20.0软件对数据进行统计学分析。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HCG水平和临床症状改善时间比较

两组患者治疗前血清HCG水平比较,差异无统计学意义($P > 0.05$);治疗后,两组患者血清HCG水平均明显升高,且联合组显著高于单药组,差异均有统计学意义($P < 0.05$)。联合组患者临床症状缓解时间和症状消失时间均明显短于单药组,差异有统计学意义($P < 0.05$)。两组患者HCG水平和临床症状改善时间比较见表1。

表1 两组患者HCG水平和临床症状改善时间比较($\bar{x} \pm s$)

Tab 1 Comparison of HCG and improvement time of clinical symptoms between 2 groups before and after treatment($\bar{x} \pm s$)

组别	n	HCG,mIU/ml		临床症状缓解时间,h	临床症状消失时间,h
		治疗前	治疗后		
联合组	64	12 283.32 ± 122.87	21 572.01 ± 132.45*	32.10 ± 4.74	77.91 ± 8.39
单药组	64	12 305.31 ± 121.75	20 597.53 ± 145.51*	36.04 ± 5.65	86.32 ± 10.40
t		1.480	39.632	4.273	5.035
P		0.142	<0.001	<0.001	<0.001

注:与治疗前比较,* $P < 0.05$

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

2.2 两组患者妊娠期/分娩期并发症发生率比较

两组患者并发症发生率比较,差异无统计学意义($P > 0.05$)。两组患者妊娠期/分娩期并发症发生率比较见表2。

表2 两组患者妊娠期/分娩期并发症发生率比较[例(%)]

Tab 2 Comparison of incidence of pregnancy/childbirth complications between 2 groups[case(%)]

组别	n	妊娠期高血压	前置胎盘	胎膜早破	产后出血	总发生情况
联合组	64	1(1.6)	1(1.6)	5(7.8)	1(1.6)	8(12.5)
单药组	64	2(3.2)	2(3.2)	7(10.9)	2(3.2)	13(20.3)
χ^2		0.341	0.341	0.368	0.341	1.424
P		0.559	0.559	0.544	0.559	0.233

2.3 两组患者妊娠结局和新生儿不良结局比较

两组患者各妊娠结局和新生儿不良结局发生率比较,差异均无统计学意义($P > 0.05$)。两组患者妊娠结局和新生儿不良结局比较见表3。

2.4 不良反应

联合组患者不良反应发生率显著低于单药组,差异有统计学意义($P < 0.05$)。两组患者不良反应发生率比较见表4。

3 讨论

目前,有关早期先兆流产的发病原因和机制尚未完全清楚,但是认为黄体功能不全和HCG分泌不足是最为常见的原因。黄体功能不全者体内孕激素水平低下,不利于孕卵植入及早期胚胎发育;HCG具有维持和促进黄体功能的作用,能够

促进胚胎正常的生长发育^[4]。

表3 两组患者妊娠结局和新生儿不良结局比较[例(%)]

Tab 3 Comparison of pregnancy outcomes and neonatal adverse outcomes between 2 groups[case(%)]

组别	n	妊娠结局		新生儿不良结局	
		保胎成功	流产	新生儿窒息	新生儿畸形
联合组	64	60(93.8)	4(6.2)	1(1.7)	0(0)
单药组	64	58(90.6)	6(9.4)	2(3.4)	1(1.7)
χ^2		0.434	0.082	0.341	1.008
P		0.510	0.061	0.559	0.315

表4 两组患者不良反应发生率比较[例(%)]

Tab 4 Comparison of incidence of adverse reactions between 2 groups[case(%)]

组别	n	头痛	恶心呕吐	皮疹/皮肤瘙痒	肝功能损害	总发生情况
联合组	64	1(1.6)	5(7.8)	1(1.6)	0(0.0)	7(10.9)
单药组	64	6(9.4)	15(23.4)	3(4.7)	2(3.2)	26(40.6)
χ^2		2.418	5.926	0.258	0.508	14.739
P		0.120	0.015	0.611	0.476	<0.001

作为衡量黄体功能和胎盘正常与否的可靠指标,血清孕酮水平如果较低就无法维持机体正常妊娠^[5-6]。地屈孕酮是迄今为止分子结构和功能与天然孕酮最为接近的口服孕激素类药物,具有高度的选择性孕激素作用,只与孕酮受体结合。地屈孕酮主要从两个方面发挥作用:(1)通过改善子宫内膜容受性,调节体液和细胞免疫,抑制母胎界面自然杀伤(NK)细胞活性,在机体产生一个具有保护作用的免疫调节机制,以保护胚胎的正常生长发育;(2)阻止抗体的合成,抑制宫体收缩,对保持继续妊娠、降低流产率具有重要作用^[7-8]。但地屈孕酮的药品不良反应发生率较高^[9-10]。

孕康颗粒是由黄芪、当归、杜仲、党参、茯苓、阿胶、地黄、山茱萸、白芍、黄芩等23味中草药精制而成的纯中药制剂。方中黄芪、阿胶、党参、桑寄生、杜仲具有补肾益精、益气健脾、和胃安胎、养血滋阴等功效;黄芩和杜仲具有抑制子宫收缩的作用^[11-12]。本研究结果显示,联合组治疗后患者血清HCG明显高于单药组,临床症状改善时间明显短于单药组,药品不良反应发生率也明显低于单药组,差异均有统计学意义($P < 0.05$)。提示孕康颗粒联合地屈孕酮能够更好地提升患者血清HCG浓度,缩短临床症状缓解时间,且药品不良反应较轻,患者能获得更好的临床疗效。

综上所述,单用地屈孕酮与孕康颗粒联合地屈孕酮治疗早期先兆流产均能获得较好疗效,但联合用药更能缩短患者临床症状消失时间、减少药品不良反应。本研究不足之处在于样本量较小,且孕康颗粒作用机制有待进一步探讨。

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地佐辛对食管癌根治术单肺通气患者血流动力学及炎症因子的影响

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摘要 目的:探讨地佐辛对食管癌根治术单肺通气患者血流动力学及炎症因子的影响和安全性。方法:将食管癌患者80例按照随机数字表法分为观察组和对照组,各40例。两组患者均给予长托宁0.5 mg+咪达唑仑0.1 mg/kg+芬太尼4 μg/kg+丙泊酚2 mg/kg+顺式阿曲库铵0.15 mg/kg行麻醉诱导,行双腔支气管置管后,泵入丙泊酚4~10 mg/(kg·h)+瑞芬太尼0.1 μg/(kg·min)。观察组患者手术切皮时静脉注射地佐辛注射液1 ml,对照组患者静脉注射等量生理盐水。比较两组患者麻醉诱导前(T_1)、切皮时(T_2)、静注地佐辛/生理盐水后5 min(T_3)、单肺通气30 min(T_4)、恢复双肺通气10 min(T_5)及手术结束时(T_6)的血流动力学指标[心率(HR)、平均动脉压(MAP)]及炎症因子水平,并观察两组患者不良反应发生情况。结果:两组患者 T_1 、 T_5 、 T_6 时HR、MAP比较,差异均无统计学意义($P>0.05$);观察组患者 T_2 、 T_3 、 T_4 时HR、MAP显著低于对照组,差异有统计学意义($P<0.05$)。两组患者 T_1 、 T_2 、 T_3 时肿瘤坏死因子(TNF) α 、白细胞介素(IL)8及 T_1 、 T_2 、 T_3 、 T_4 时IL-6比较,差异均无统计学意义($P>0.05$);观察组患者 T_4 、 T_5 、 T_6 时TNF- α 、IL-8水平及 T_5 、 T_6 时IL-6水平显著低于对照组,差异均有统计学意义($P<0.05$)。两组患者均未见明显不良反应发生。结论:地佐辛应用于食管癌根治术单肺通气患者,可使其血流动力学更为稳定,炎症因子表达水平更低,且安全性较好。

关键词 地佐辛;食管癌;单肺通气;血流动力学;炎症因子

Effect of Dezocine on Hemodynamics and Inflammatory Cytokines in Esophageal Cancer Patients with One-lung Ventilation

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ABSTRACT OBJECTIVE: To discuss the effect and safety of dezocine on hemodynamics and inflammatory cytokines in esophageal cancer patients with one-lung ventilation (OLV). METHODS: 80 esophageal cancer patients were randomly divided into observation group and control group, 40 cases in each group. All patients received 0.5 mg penehyclidine hydrochloride+0.1 mg/kg midazolam+4 μg/kg fentanyl+2 mg/kg propofol+0.15 mg/kg cisatracurium for anesthesia induction, propofol 4-10 mg/(kg·h) + remifentanyl 0.1 μg/(kg·min) were pumped after double-lumen endobronchial catheter. Observation group received 1 mg dezocine by intravenous injection in surgical skin incision, control group received the same amount of normal saline. Hemodynamic parameters [heart rate (HR), mean arterial pressure (MAP)] and inflammatory cytokine levels in 2 groups before anesthesia induction (T_1), when skin incision (T_2), 5 min after dezocine/normal saline (T_3), OLV 30 min (T_4), recovery two-lung ventilation 10 min (T_5) and end of the operation (T_6) were compared, and the incidence of adverse reactions was observed. RESULTS: There was no significant difference in HR and MAP in 2 groups at T_1 , T_5 and T_6 ($P>0.05$); HR and MAP in observation group at T_2 , T_3 and T_4 were significantly lower than control group, the difference was statistically significant ($P<0.05$). There were no significant differences in TNF- α and IL-8 at T_1 , T_2 and T_3 and IL-6 at T_1 , T_2 , T_3 and T_4 between 2 groups ($P>0.05$); TNF- α and IL-8 at T_4 , T_5 and T_6 and IL-6 at T_5 and T_6 in observation group were significantly lower than control group, the differences were statistically significant ($P<0.05$). And there was no obvious adverse reactions during treatment. CONCLUSIONS: Dezocine shows more stable hemodynamics and lower expression level of inflammatory cytokines in esophageal cancer patients with OLV, with good safety.

KEYWORDS Dezocine; Esophageal cancer; One-lung ventilation; Hemodynamics; Inflammatory cytokines

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