

胺碘酮联合阿托伐他汀预防冠状动脉搭桥围术期房颤的临床观察

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中图分类号 R654.2 文献标志码 A 文章编号 1001-0408(2015)15-2057-03

DOI 10.6039/j.issn.1001-0408.2015.15.15

摘要 目的:观察胺碘酮联合阿托伐他汀预防冠状动脉搭桥围术期房颤的临床疗效和安全性。方法:将120例冠状动脉狭窄患者随机均分为对照组和研究组。两组患者行冠状动脉搭桥术后均给予氯吡格雷、阿司匹林、酒石酸美托洛尔等常规治疗。在此基础上,对照组患者给予盐酸胺碘酮片0.2 g,口服,每日3次,1周后根据患者的病情改善情况调整剂量。研究组患者在对照组治疗的基础上给予阿托伐他汀钙片20 mg,口服,每晚1次。两组患者均术前用药1周,疗程均为1个月。观察两组患者的临床疗效,房颤发生率,治疗前后左心房内径、P波离散度及不良反应发生情况。结果:研究组患者总有效率显著高于对照组,房颤发生率显著低于对照组,差异均有统计学意义($P < 0.05$)。治疗后,研究组患者左心房内径恢复至同组治疗前,差异无统计学意义($P > 0.05$),对照组患者左心房内径显著高于同组治疗前;两组患者P波离散度均显著高于同组治疗前,但研究组低于对照组,差异均有统计学意义($P < 0.05$)。两组患者治疗期间均未见明显不良反应发生。结论:胺碘酮联合阿托伐他汀可有效控制左心房内径、维持窦性心律、控制房颤,且安全性较好。

关键词 冠状动脉搭桥术;房颤;预防;胺碘酮;阿托伐他汀

Clinical Observation of Amiodarone Combined with Atorvastatin on Perioperative Prevention of Atrial Fibrillation in Coronary Artery Bypass Grafting

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ABSTRACT OBJECTIVE: To observe the clinical efficacy and safety of amiodarone combined with atorvastatin on perioperative prevention of atrial fibrillation in coronary artery bypass grafting (CABG). METHODS: 120 patients with coronary artery stenosis were randomly divided into control group and research group. All patients were given routine treatment after CABG, including plavix, aspirin and metoprolol tartaric acid, etc. Based on it, the patients in control group were orally given amiodarone 0.2 g, 3 times a day; after 1 week, the dose was adjusted according to the patient's condition. Patients in research group were orally given atorvastatin 20 mg based on the treatment in control group, qn. The patients were administrated for 1 week before operation and the course was 1 month. The clinic data was observed, including clinical efficacy, the incidence of atrial fibrillation, left atrial diameter, P wave dispersion before and after treatment and ADR. RESULTS: The total effective rate in research group was significantly higher than control group, and the incidence of atrial fibrillation was significantly lower than control group, with significant differences ($P < 0.05$). After treatment, the left atrial diameter in research group was recovered, with no significant difference ($P > 0.05$); the left atrial diameter in control group was higher than before and research group. P wave dispersion was significantly higher than before, research group was significantly lower than control group, with significant differences ($P < 0.05$). There were no obvious adverse reactions during treatment. CONCLUSIONS: Amiodarone combined with atorvastatin can effectively control the left atrial diameter and atrial fibrillation and maintain sinus rhythm with good safety.

KEYWORDS Coronary artery bypass grafting; Atrial fibrillation; Prevention; Amiodarone; Atorvastatin

冠状动脉搭桥术是目前临床上治疗冠心病的有效方法之一,主要针对冠状动脉较为严重的病变^[1]。其治疗机制为将病变或狭窄的冠状动脉与主动脉相连,使动脉血液到达缺血的心肌,进而改善因冠状动脉狭窄所造成的供血不足。由于冠状动脉搭桥术可使心脏的应激反应增高,加上患者体质、心功能等因素使得并发症增加,其中较为严重的并发症为房颤^[2-3]。患者一旦发生房颤,其心脏的结构和功能及机体血流动力学将出现不同程度的障碍^[4],严重者可危及生命,因此采取科学的有效措施预防冠状动脉搭桥术后房颤的发生显

得尤为重要。在本研究中,笔者观察了胺碘酮联合阿托伐他汀预防冠状动脉搭桥围术期房颤的临床疗效和安全性,以为临床治疗提供参考。

1 资料与方法

1.1 资料来源

选择2012年2月—2014年7月我院拟行冠状动脉搭桥术的120例冠状动脉狭窄患者。纳入标准:(1)经冠状动脉造影确诊,符合冠心病的诊断标准^[5];(2)肝、肺、肾功能正常。排除标准:(1)合并心律失常者;(2)未完成治疗计划者;(3)临床资料不全者。按随机数字表法将所有患者均分为对照组和研究组。对照组男性36例,女性24例,年龄(54.7 ± 3.8)岁,病程(3.5 ± 1.0)年;研究组男性40例,女性20例,年龄(56.5 ± 4.2)

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岁,病程(3.5±1.0)年。两组患者性别、年龄、病程等基本资料比较,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,所有患者家属均签署了知情同意书。

1.2 治疗方法

两组患者行冠状动脉搭桥术后均给予氯吡格雷、阿司匹林、酒石酸美托洛尔等常规治疗。在此基础上,对照组患者给予盐酸胺碘酮片[赛诺菲(杭州)制药有限公司,规格:0.2 g/片]0.2 g,口服,每日3次,1周后根据患者的病情改善情况调整剂量。研究组患者在对照组治疗的基础上给予阿托伐他汀钙片(辉瑞制药有限公司,规格:20 mg/片)20 mg,口服,每晚1次。两组患者均术前用药1周,疗程均为1个月。

1.3 观察指标

观察两组患者临床疗效,房颤发生率,治疗前后左心房内径、P波离散度及不良反应发生情况。

1.4 疗效判定标准

显效:未有房颤发生,或偶尔发生但持续时间较短;有效:出现房颤,频率≤每日1次,持续时间≤24 h;无效:持续性房颤。总有效率=(显效例数+有效例数)/总例数×100%。

1.5 统计学方法

采用SPSS 18.0统计软件对所得数据进行分析。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 两组患者临床疗效比较

研究组患者总有效率显著高于对照组,差异有统计学意义($P<0.05$),详见表1。

表1 两组患者临床疗效比较[例(%)]

Tab 1 Comparison of clinical efficacy between 2 groups [case(%)]

组别	n	显效	有效	无效	总有效率, %
研究组	60	31(51.7)	25(41.7)	4(6.7)	93.3
对照组	60	19(31.7)	20(33.3)	21(35.0)	65.0

2.2 两组患者房颤发生率比较

研究组患者房颤发生率显著低于对照组,差异有统计学意义($P<0.05$),详见表2。

表2 两组患者房颤发生率比较(例)

Tab 2 Comparison of atrial fibrillation incidence between 2 groups(case)

组别	n	房颤发生	总发生率, %
研究组	60	29	48.3
对照组	60	45	75.0

2.3 两组患者治疗前后左心房内径比较

治疗前,两组患者左心房内径比较,差异无统计学意义($P>0.05$)。治疗后,研究组患者左心房内径恢复至同组治疗前,差异无统计学意义($P>0.05$);对照组患者左心房内径高于同组治疗前,差异有统计学意义($P<0.05$),详见表3。

2.4 两组患者治疗前后P波离散度比较

治疗前,两组患者P波离散度比较,差异无统计学意义($P>0.05$);治疗后,两组患者P波离散度均显著高于同组治疗前,但研究组低于对照组,差异均有统计学意义($P<0.05$),详见表4。

表3 两组患者治疗前后左心房内径比较($\bar{x}\pm s, mm$)

Tab 3 Comparison of left atrial diameter between 2 groups before and after treatment($\bar{x}\pm s, mm$)

组别	n	治疗前	治疗后
研究组	60	35.7±5.8	35.9±5.8
对照组	60	35.4±5.6	38.4±6.0*

注:与治疗前比较, * $P<0.05$

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

表4 两组患者治疗前后P波离散度比较($\bar{x}\pm s, ms$)

Tab 4 Comparison of P wave dispersion between 2 groups before and after treatment($\bar{x}\pm s, ms$)

组别	n	P波最大值		P波宽度	
		治疗前	治疗后	治疗前	治疗后
研究组	60	97.8±11.2	100.1±10.7**	27.4±5.4	37.5±4.6**
对照组	60	97.7±11.2	116.4±11.5*	28.5±5.6	42.9±5.7*

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, # $P<0.05$

2.5 不良反应

两组患者治疗期间均未见明显不良反应发生。

3 讨论

近年来冠状动脉搭桥术在临床上得到了广泛的应用,极大降低了患者的痛苦,但是冠状动脉搭桥术却存在着极大的风险。有研究表明,冠状动脉搭桥术后房颤的发生率较高^[9]。

胺碘酮为目前临床上应用较为广泛的抗心律失常药物,其作用机制主要为通过降低心肌细胞的自律性和延长心脏各部有效不应期和动作电位来消除折返,从而延长心肌复极时间^[7-8]。此外,胺碘酮还具有阻滞钠离子快速内流、降低心肌兴奋传导的作用,可通过控制心率来达到抗房颤的目的。

阿托伐他汀可通过调节血脂来发挥抗房颤的作用,其作用机制为:通过降低胆固醇和低密度脂蛋白来影响心肌细胞膜脂质和蛋白质的含量与分布,进而改善心肌细胞膜的理化性质^[9],降低心肌兴奋相关的钠、钙离子通道的通透性。另外,阿托伐他汀还可通过控制肾素等系统的功能来阻止心肌细胞的重构^[10]。

本研究结果显示,研究组患者总有效率显著高于对照组,房颤发生率显著低于对照组,差异均有统计学意义。治疗后,研究组患者左心房内径恢复至同组治疗前,差异无统计学意义,对照组患者左心房内径高于同组治疗前;两组患者P波离散度均显著高于同组治疗前,但研究组低于对照组,差异均有统计学意义。两组患者治疗期间均未见明显不良反应发生。这表明,胺碘酮联合阿托伐他汀可有效控制左心房内径增大,延缓心肌重构,控制心肌内非均质性电活动的产生,提高临床疗效,与相关研究^[10]结果一致。

综上所述,胺碘酮联合阿托伐他汀可有效控制左心房内径、维持窦性心律、控制房颤,且安全性较好。由于本研究纳入样本量较小,此结论有待大样本、多中心研究进一步证实。

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小剂量克拉霉素与鼻内镜术治疗慢性鼻窦炎的疗效与安全性比较

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中图分类号 R765.4 文献标志码 A 文章编号 1001-0408(2015)15-2059-03
DOI 10.6039/j.issn.1001-0408.2015.15.16

摘要 目的:比较小剂量克拉霉素与鼻内镜术治疗慢性鼻窦炎的临床疗效和安全性。方法:将符合标准的98例慢性鼻窦炎患者随机分为药物组和手术组。药物组患者给予克拉霉素分散片250 mg,口服,bid,1周后改为qd。手术组患者采用鼻内镜手术治疗。两组患者均辅助鼻腔冲洗和局部外用类固醇激素,疗程均为3个月。观察两组患者的临床疗效,治疗前后视觉模拟量表(VAS)评分、鼻内镜检查(Lund-Mackay)评分,平均治疗费用,并发症及不良反应发生情况。结果:两组患者总有效率比较差异无统计学意义($P>0.05$)。治疗后,两组患者VAS评分、Lund-Mackay评分均显著低于同组治疗前,差异均有统计学意义($P<0.05$),但两组间比较差异无统计学意义($P>0.05$)。药物组患者平均治疗费用、并发症发生率、不良反应发生率均显著低于手术组,差异均有统计学意义($P<0.05$)。结论:小剂量克拉霉素与鼻内镜术治疗慢性鼻窦炎的疗效相当,但克拉霉素方案在治疗费用、安全性方面优于鼻内镜术。

关键词 克拉霉素;鼻内镜手术;慢性鼻窦炎;疗效;安全性

Comparison on the Efficacy and Safety of Clarithromycin with Small Dose and Nasal Endoscopic Surgery in the Treatment of Chronic Nasosinusitis

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ABSTRACT OBJECTIVE: To compare the clinical efficacy and safety of clarithromycin with small dose and nasal endoscopic surgery in the treatment of chronic nasosinusitis (CN). METHODS: Totally 98 patients with CN were randomly divided into drug group and surgery group. Patients in drug group were orally given Clarithromycin tablets 250 mg, twice a day, and then once a day after 1 week. Patients in surgery group were given nasal endoscopic surgery with sinus. The patients in 2 groups were assisted nasal lavage and local steroidhormones for external use for 3 months. The clinic data was observed, including clinical efficacy, scores of VAS and Lund-Mackay, treatment cost and complications before and after treatment and ADR. RESULTS: There was no significant difference in the total effective rate between 2 groups($P>0.05$). After treatment, the scores of VAS and Lund-Mackay in 2 groups were significantly lower than before, with significant difference ($P<0.05$), however, there was no significant difference between 2 groups($P>0.05$). The average treatment cost in drug group was significantly less than surgery group and the incidence of adverse reactions and complications were significantly lower than surgery group, with significant differences($P<0.05$). CONCLUSIONS: Clarithromycin with small dose has similar efficacy with nasal endoscopic surgery in the treatment of CN; however, clarithromycin is better than nasal endoscopic surgery in aspect of treatment cost and safety.

KEYWORDS Clarithromycin; Nasal endoscopic surgery; Chronic nasosinusitis; Efficacy; Safety

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(收稿日期:2015-01-30 修回日期:2015-03-13)
(编辑:陈宏)