

临床报道

夏枯草注射液配合闭塞引流方法治疗
肺癌胸水 26 例临床观察

周荣耀* 吴丽英* 徐中伟* 倪爱娣*

摘要 将 52 例支气管肺癌伴中等或大量胸水的住院病人随机分为治疗组和对照组,采用导管导丝操作法,细管闭塞引流和胸腔内注射夏枯草注射液或化疗药物方法进行治疗。治疗组有效率为 85%,平均缓解期为 7 个月,毒副反应率为 0~12%。对照组分别为 46%,1.5 个月和 4%~35%。两组之间差异有显著性($P \leq 0.05$ 或 0.01)。研究证明,夏枯草注射液在治疗支气管肺癌胸水方面有较好的疗效且毒副反应较小。

主题词 肺肿瘤/中医药疗法 胸腔积液/中医药疗法 夏枯草/治疗应用

本科在 1995 年 4 月~1998 年 4 月期间,采用夏枯草注射液和细管闭塞引流的方法治疗支气管肺癌胸水,现报道如下。

1 临床资料

入选对象均为支气管肺癌伴中等或大量胸水而住院的病人,共观察 52 例,其中鳞癌 4 例(每组 2 例),腺癌 48 例。男 32 例,女 20 例。年龄 51~88 岁,平均 57 岁。均附有病理学或细胞学诊断,KPS 评分为 30~70 分,平均 55 分。随机分为治疗组和对照组,每组 26 例。治疗前后均需作 KPS 评分、X 线和 B 超、肝肾功能、心电图及临床症状、体征及副反应记录,以作对照。

2 治疗方法

治疗组:用夏枯草注射液(由曙光医院药厂生产,批号为沪卫药剂 91-279,每安瓶 10ml,每 ml 含夏枯草生药 3mg)。病人取半卧位,一般以腋中线与第七或第八肋交界处为穿刺点。常规消毒铺巾,以普通注射器和 1%利多卡因作局部逐层麻醉直至胸膜,退出针头后根据麻

醉时测胸壁之厚度决定穿刺针外套管的长度,以避免气胸发生。以外带保护性套管的 18 号(1.02mm)穿刺针进行胸穿,针尖指向后下方,当回抽到胸水或针尖抵抗感消失时立即停止进针,从穿刺孔侧孔进入直径为 0.035cm 的“J”形头导丝,导丝入胸腔长度为 25~30cm。随即退出穿刺针,置入 5F(直径为 1.68mm)导管,利用导丝将导管调节至肋膈角或近肋膈角附近处后退出导丝(可在透视下证实),外接一次性胃肠负压吸引器后(保持负压为 5kPa)持续引流,每天引流时间为 6~8 小时,引流量第 1 天为 1000ml,第 2 天起每天 1000~2000ml,共引流 5~10 天。每天引流结束时依次往胸腔内推注夏枯草注射液 30~50ml,1:5000 含肝素生理盐水 5~10ml,最后用肝素帽封闭导管。胸水完全引流尽后,拔管前在胸腔内推注夏枯草注射液 60~80ml。引流期间可随时在床边 X 线摄片或透视下观察胸水减少程度和导管位置,如发现导管位置飘移,立即利用导丝将导管调整至适当位置。

对照组:以同样的方法进行穿刺和引流,引流期间不作腔内注射,待胸水完全引流尽后,拔管前向胸腔内推注顺铂 80~100mg、鬼臼乙叉甙 200mg 和 5-氟脲嘧啶 1000mg。

3 疗效观察

3.1 胸水诊断标准:经 X 线摄片后按 Mil-lar^[1]方案加以改进。大量:胸水在第二前肋下

表 1 治疗组和对照组疗效比较

分组	例数	CR	PR	SD	PD	(CR+PR)	有效率%
治疗组	26	9	13	2	2	22	85
对照组	26	5	7	8	4	12	46

* 上海中医药大学附属曙光医院肿瘤科,上海普安

路 185 号(200021)

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表 2 治疗组和对照组毒副反应比较

分组	分级	白细胞下降	胃肠道反应	胸痛	脱发	肝功能异常	肾功能异常
治疗组	0	26	26	23	26	26	26
	I	0	0	1	0	0	0
	II	0	0	2	0	0	0
	IV	0	0	0	0	0	0
对照组	0	21	17	17	22	23	25
	I	4	6	7	3	3	1
	II	1	3	2	1	0	0
	IV	0	0	0	0	0	0

缘水平以上;中量:胸水在第二前肋下缘水平至第五前肋下缘水平以上;少量:胸水在第五前肋下缘水平以下。

3.2 疗效评定标准:完全缓解(CR):胸水完全消失,持续 1 月以上;部分缓解(PR):胸水降低 1 个或 1 个以上数量级,即不论治疗前是大或中等量,治疗后均为少量,且持续 1 个月以上;稳定(SD):胸水减少量或时间未达上述标准;无效(PD):胸水未减少或反增加。

胸水缓解期:从治疗结束至胸水复发到中等量的间隔时间,未复发者计算至死亡日。

毒副反应:按世界卫生组织《抗癌药物毒性反应标准》^[2]评判,分为 0~IV 级。

4 结果

4.1 胸水疗效:两组病人经治疗后对照,治疗组疗效明显优于对照组,见表 1,缓解期也明显长于对照组($P \leq 0.01$)。根据治疗前后的 X 线摄片,变动体位透视和 B 超检查等方法证实,治疗组所有 CR 和 PR 的病人胸膜均有不同程度的粘连,故胸水复发率低,缓解期长达 3~19 个月,平均 7 个月。与病人治疗后的生存期相近。故大部分病人在生存期间不需要再次对胸水进行治疗。而对照组病人胸膜粘连发生率低,故胸水复发率高,缓解期短,仅 1~5 个月,平均 2 个月。50% 的 CR 和 PR 病人(6/12)在 1~3 个月内因胸水复发需再次治疗。

4.2 毒副反应:两组病人治疗后毒副反应也有较明显的差异,见表 2,治疗组除 3 例病人发生胸痛外,无其它毒副反应。该 3 例胸痛发生在胸

腔内注射药物时,我们随即将药物稀释 1.5~2.0 倍后继续注射,病人胸痛即刻消失,亦勿须作其它处理。

5 讨论

临床上常见支气管肺癌伴中等或大量胸水的病人,其病情急,症状重,若不及时处理,病人可于短期内死于呼吸衰竭。目前临床上常采用传统的胸腔穿刺或闭塞引流术,并在此基础上注射各种药物。对胸水的疗效并非取决于药物的抗肿瘤特性,而主要取决于其产生间皮纤维化和胸膜粘连的能力。故常用的抗癌化疗药物虽有一定作用,但在造成胸膜粘连从而产生长期抑制胸水效果方面并不很理想。夏枯草是临床上常用的一味抗肿瘤中药,其注射液中含有三萜皂甙、芸香甙等物质,曾有该药治疗渗出性胸膜炎并取得较好疗效的报道。我们亦曾在动物实验中发现该药胸腔注射后能使兔胸膜脏壁层产生无菌性炎症,将其原单层立方上皮细胞转变为多层柱状上皮细胞,继而产生胸膜粘连。我们在排尽胸水的基础上采用导管导丝操作和闭塞引流,胸腔内注射夏枯草注射液的方法,有可能同时发挥抗肿瘤、促进间皮纤维化和胸膜粘连的作用,值得进一步研究。

6 参考资料

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation of Hydrothorax in Lung Cancer Patients Treated by Closed Drainage Concerted with Injection of Herba Prunellae: Report of 26 Cases

Zhou Rongyao, Wu Liying, Xu Zhongwei et al

Fifty two hospitalized cases of bronchial lung carcinoma with moderate or massive hydrothorax were randomly divided into 2 groups, the treatment group and control group. The former was treated by slender catheter for closed drainage and intrathoracic injection of Herba Prunellae or chemicals. The effective rate was 85%, average time for remission was 7 months, and the rate of toxic and side effect was 0—12%. In the control group, the rates were 46%, 1.5 month and 4—35% respectively, the difference between the two groups being significant ($P < 0.05$ or 0.01). The study is demonstrated that this therapy is rather satisfactory for bronchial lung carcinoma.

Authors address: Shuguang Hospital Affiliated to Shanghai University of TCM, Shanghai 200021

Key words: Tumor of lung/TCM therapy hydrothorax/TCM therapy Herba Prunellae/therapeutic application

(Original article on page 662)

Massive Liver Cancer Treated by Integrated Traditional Chinese and Western Medicine in Two Steps

Zheng Zuoshen, Chen Xuezhong, Huang Yan et al.

In order to probe the new approach of two—step excision of massive liver carcinoma. For the 1st step, the chemotherapy was modified as whole liver moving strip—field radiation, miniature technique and segmental chemotherapy, with a total radio amount of 50—60 G was applied, added with TCM therapy for strengthening the spleen. 3—4 weeks after the 1st step, the 2nd step began for operation. In 10 cases of liver cancer receiving pre—operative chemotherapy plus Chinese medicine the maximal diameter of the mass shrank from 11—15 cm to 6—8 cm, with a 2—cm focus at the portal lymph nodes under CT exam, and some satellite focus at the portal lymph nodes under CT exam, and some satellite foci 1—3 cm, each 1 case. After chemotherapy the lesion disappeared. Another negative AFP case was found to have survival

cancer—cells. There were no fatal case due to operation and severe postoperative complications.

Authors' address: Central Hospital of Jiangmen City, Guangdong 529070

Key words: Liver tumor/integrated medical therapy

(Original article on page 668)

Study on Indices for Laboratory Diagnosis in Syndrome of Hyperactivity of liver—yang

Hu Suiyu, Jin Yiqiang, Zhang Xiang et al.

By adopting the method of different disease of a same syndrome, different syndromes of a same disease, and correlative syndromes as control, indices of contents of serum noradrenalin (NE), adrenaline (E), average blood circulatory velocity (Vm) of middle cerebral artery (MCA), and velocity of blood flow at systolic peak (Vs) were selected for studying the syndrome of hyperactivity of liver—yang. Results revealed that the values of all 4 indices were higher than those of normal person and groups of asthenic syndrome of liver and kidney yin, and deficient—Qi—static—blood syndrome. MCA—Vm, Vs values were markedly higher than those in flaring—up of liver fire syndrome, syndrome of evil wind transformed from liver yang. Comparison of 4 indices between hyperactivity of liver yang due to hypertension, and different syndromes of the same disease (including flaring—up of liver fire, yin—deficiency of liver—kidney) showed that, in the hyperactivity of liver yang syndrome, the serum NE, E were all markedly higher than syndrome of deficiency yin of liver—kidney; while MCA—Vm, Vs were markedly higher than that of the syndrome of flaring—up of liver fire and yin—deficiency of liver—kidney. In hyperactivity of liver—yang syndrome, there was a positive correlation NE and E, MCA—Vm and Vs, NE and Vs, demonstrating that the 4 indices can be served as a comprehensive index for diagnosis of hyperactivity of liver yang syndrome.

Authors' address: Institute of Integrated Chinese and Western medicine, Hunan Medical University, Changsha 410008

Key words: hyperactivity of liver—yang/diagnosis

(Original article on page 680)