

四 诊 研 究

中医舌诊与肠镜对照在结肠疾病诊断中的意义

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摘要 对 1121 例肠镜检查患者的舌象与肠镜诊断资料的观察发现,结肠疾病舌苔、舌质的变化与肠镜诊断各组的构成比之间有显著差异($P<0.05$ 或 $P<0.01$)。其舌苔以厚腻苔居多,其中又以黄厚腻苔为多,炎症组为 80.1%;舌质以暗红、青紫比例较高。息肉组、恶性肿瘤组以暗红舌、青紫舌为多见,与正常组比较有显著差异($P<0.05$ 或 $P<0.01$)。提示中医舌诊对结肠疾病在肠镜诊断中有一定意义。

主题词 结肠疾病/诊断 舌诊 结肠镜检查

胃镜应用于舌诊的研究在上消化道疾病的诊断上已取得肯定的结论。但肠镜检查与舌象关系的研究却刚起步^[1]。现将我们在这方面的观察研究报告如下。

1 临床资料

本组 1121 例肠镜检查患者均有腹部一侧或双侧不同程度的疼痛,或伴见腹泻或便秘,或有粘液、脓、血粪便,部分可见大便变形,下腹部肿块等症状。也有少数结肠息肉、结肠恶性肿瘤术后的随访病人。1121 例中,男性 651 例,女性 470 例,男女之比为 1.39:1。年龄 6~85 岁,平均 48 岁。病程 10 天~30 余年。吸烟者 155 例(13.8%),饮酒者 101 例(9%)。

2 观察方法

2.1 舌象观察:由专人按中医传统望舌方法,在自然光线下观察舌象。舌苔分薄白、薄黄、白厚腻、黄厚腻、剥苔 5 类。舌质分淡红、淡白、红绛、暗红、青紫 5 类。

2.2 肠镜观察和诊断标准:肠镜观察先后使用日产 OLYMPUS CF-LTL、CF-ZOI 纤维结肠镜和 PENTAX EC-3801F 电子结肠镜。由本院内窥镜室专人负责肠镜检查,观察患者肛门、直肠、乙状结肠、降结肠、横结肠、升结肠、盲肠、回盲瓣、阑尾开口、末端回肠等部位粘膜的形态、色泽、分泌物、糜烂、出血、溃疡、肿块等表现。

肠镜诊断标准:(1)正常:肠镜下见肠腔各段纹理清晰,粘膜呈橘红色,光滑润泽,充气后肠腔扩张自如,无狭窄,可见正常结肠袋和半月皱襞。一般不做活检。

(2)炎症:见结肠粘膜充血、水肿、血管纹理增粗、紊乱,网状结构消失。活检证实为结肠慢性炎症。(3)溃疡:粘膜多发性浅溃疡,伴充血、水肿,病变大多从直肠开始呈弥漫性分布。粘膜粗糙呈颗粒状,血管模糊,易出血或有脓血性分泌物,可见假性息肉。活检证实为结肠溃疡。(4)息肉:肠镜下见粘膜表面隆起赘生物,一般直径 $>0.3\text{cm}$,可有蒂、无蒂或正常,可单发,也可多发。活检证实为结肠息肉。(5)恶性肿瘤:肠镜下结肠肿瘤体积一般 $>2\text{cm}$,无蒂、表面发红,凹凸不平伴糜烂或溃疡、出血。全部病例均经病理活检证实。(6)憩室:肠壁可见边缘清楚的圆形洞口,周围粘膜正常。(7)大肠黑变病:本组 2 例见结肠粘膜呈黑色的色素沉着,色素呈颗粒状,弥漫分布呈虎皮样。

2.3 统计方法:恶性肿瘤或息肉伴有炎症者均以恶性肿瘤或息肉计例;恶性肿瘤、息肉并见者,则以恶性肿瘤计例,例数不重复。另结肠溃疡仅 17 例,一并归入炎症组。憩室 6 例、大肠黑变病 2 例,均未列入统计。

3 观察结果

3.1 纤维结肠镜检查结果:正常 551 例(49.2%);息肉 113 例(10.1%);炎症 358 例(31.9%);恶性肿瘤 91 例(8.1%);憩室 6 例(0.5%);大肠黑变病 2 例(0.2%)。

3.2 舌苔与肠镜诊断的关系:表 1 示,舌苔与肠镜诊断各组的构成比之间差异有显著性($P<0.05$)。同时又将黄苔与白苔,厚苔与薄苔,剥苔与非剥苔和肠镜诊断的各组分进行两两比较,经统计学处理,剥苔与非剥苔在肠镜诊断的各组分间差异无显著性($P>0.05$),厚苔与薄苔组间差异有显著性($P<0.05$)。薄白苔与薄黄苔之间差异有显著性($P<0.05$)。白厚苔与黄厚苔之间差异无显著性($P>0.05$)。

3.3 舌质与肠镜诊断的关系:表 2 示,舌质与肠镜诊

表 1 舌苔与肠镜诊断的关系[例(%)]

肠镜诊断	例数	薄白苔	薄黄苔	白厚腻苔	黄厚腻苔	剥苔
正 常	551	204(37.0)	71(12.9)	77(14.0)	187(33.9)	12(2.2)
结肠息肉	113	30(26.5)	21(18.6)	21(18.6)	39(34.5)	2(1.8)
结肠炎症	358	18(5.0)	39(11.0)	68(19.0)	219(61.1)	14(3.9)
恶性肿瘤	91	13(14.3)	7(7.7)	14(15.4)	53(58.2)	4(4.4)

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断各组的构成比之间有非常显著差异($P < 0.01$)。暗红舌、青紫舌在肠镜诊断的各组所占比例均较高,且疾病组间无显著差异($P > 0.05$)。然各组与正常组两两相比却均有显著差异($P < 0.05$)。尤其青紫舌,结肠息肉、恶性肿瘤与正常组相比均有高度显著差异($P < 0.01$)。

表2 舌质与肠镜诊断的关系[例(%)]

肠镜诊断	例数	淡红舌	淡白舌	红绛舌	暗红舌	青紫舌
正 常	551	219(39.7)	116(21.1)	62(11.2)	50(9.1)	104(18.9)
结肠息肉	113	5(4.4)	16(14.2)	5(4.4)	32(28.3)	55(48.7)
结肠炎症	358	126(35.2)	29(8.1)	29(8.1)	50(14.0)	124(34.6)
恶性肿瘤	91	4(4.4)	3(3.3)	4(4.4)	25(27.5)	55(60.4)

3.4 烟、酒嗜好与肠镜诊断的关系:将嗜好吸烟、饮酒的病例分别按肠镜诊断的良性组与恶性肿瘤组进行两两比较,结果发现嗜好吸烟者在肠镜诊断的良性组与恶性组中分布无显著差异($P > 0.05$);嗜好饮酒者在肠镜诊断的良性组与恶性肿瘤组中的分布有显著差异($P < 0.05$)。见表3。

表3 烟、酒嗜好与肠镜诊断的关系[例(%)]

肠镜诊断	例数	吸烟者	不吸烟者	嗜酒者	不嗜酒者
正 常	551	78(14.2)	473(85.8)	22(4.0)	529(96.0)
结肠息肉	113	10(8.8)	103(91.2)	7(6.2)	106(93.8)
结肠炎症	358	52(14.5)	306(85.5)	47(13.1)	311(86.9)
恶性肿瘤	91	15(16.5)	76(83.5)	25(27.5)	66(72.5)

4 讨论

我院自1996年3月至1998年12月共完成结肠镜检查1121例,除少数病例为肠息肉和恶性肿瘤患者手术后复诊外,其余病人都有不同程度的结肠疾病症状。但经纤维结肠镜或电子结肠镜检查并部分经病理检查证实,其中551例没有发现结肠的粘膜异常病变,占全部检查者的49.2%。由于这551例肠粘膜没有明显异常的病变,因而将这些病例作为本次观察的对照组。

中医舌诊理论认为,白苔主寒证,黄苔主热证,白厚腻苔为湿浊内困,黄厚腻苔为湿热积滞。本组观察的病例以厚腻苔居多,678/1113例(60.9%),其中又以黄厚腻苔为多,黄厚腻苔与白厚腻苔之比为498:180例(2.77:1)。这与结肠疾病的病因病机相吻合,素嗜烟酒,饮食失节,脾失健运,湿浊内生,郁而化热。尽管结肠疾病多病程冗长,反复发作,然中医辨证仍以虚实夹杂、寒热错杂为多见,脾虚湿浊郁热未清,厚腻苔则是其佐证之一。结肠炎症组中,黄厚腻苔占61.1%,白厚腻苔占19.0%,两者相加共80.1%,而这些病人临

床多见纳呆、口苦、大便或秘或粘滞不爽或带粘液等症状,与胃镜和舌苔的对照观察,胃炎多见黄厚腻苔的结果相一致^[2]。可见消化系统的炎症,不管是上消化道疾病或下消化道疾病,其舌苔的表现规律是一致的。剥苔在胃镜与舌苔的对照观察中,视为胃癌的多见苔^[2],有人报道胃癌患者中有1/3的病例见剥苔^[3]。而本组观察统计,剥苔在正常组、息肉组、炎症组和恶性肿瘤组间无显著差异($P > 0.05$),正与戴维正等^[1]的观察一致,是否可以认为下消化道疾病包括结肠恶性肿瘤的病理机制与脾虚、湿浊、郁热、瘀滞关系更为密切。

青紫舌是中医诊断瘀血症的主要依据,目前已作为协助诊断肿瘤的一项客观指标。在本组观察的1113例中,青紫舌占338例,其中息肉组55/113例,占48.7%,与正常组相比,差异有显著性($P < 0.05$)。恶性肿瘤组55/91例,占60.4%,与正常组相比差异有高度显著性($P < 0.01$)。

暗红舌是指舌色红而暗晦不泽的一种舌象,贾钰华等^[4]对300例患者的舌象分析表明,暗红舌多出现于消化系疾病,脾气虚者和40岁以上的患者。其实验观察表明,暗红舌者的血液微循环优于青紫舌者而劣于淡红舌者;暗红舌者的各项血液流变学指标也异于正常,但较青紫舌者变化为轻,是瘀血轻症的一种表现。本组观察中,暗红舌在息肉组和恶性肿瘤组的比例也相当高,息肉组32/113例,占28.3%,恶性肿瘤组25/91例,占27.5%,两组的比例均仅次于青紫舌组,其观察结果与贾钰华等的实验研究结果不谋而合。本组青紫舌、暗红舌在疾病组中的比例增高,说明结肠疾病长期反复发作,可使脾虚失运,湿浊郁热成瘀。尤其息肉组、恶性肿瘤组以暗红舌、青紫舌为多见,为临床医生对结肠疾病的诊断提供了参考依据。

临床实践证明,舌象的变化能较客观地反映人体气血的盛衰。察舌质,重在辨内脏的虚实;望舌苔,则重在辨病邪的深浅与胃气的存在。在本组观察中,舌苔的变化以厚腻苔,尤以黄厚腻苔为多见。说明厚腻苔,尤其是黄厚腻苔在结肠疾病中带有普遍性,而舌质暗红、青紫则是结肠肿瘤的特征之一,提示舌象的变化对结肠疾病在肠镜诊断中有一定意义。

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ABSTRACTS FROM ORIGINAL ARTICLES

Effect of Acupoint—Injection of PSN in hot summer days on Immunologic Function in Patients of Bronchial Asthma

Shen Lihua

Acupoint—Injection of bacille Calmette—guerin polysaccharide nucleic acid (BCG—PSN) injection at Zusanli (ST 36), Dingchuan (EX—B 1) and Feishu (BL 13) points were used for treatment of 32 cases of bronchial asthma in hot summer days and T—lymphocyte subgroups and serum IgA, IgG, IgM and C₃ contents were detected before and after treatment. Results indicated that the total effective rate was 84.37%: acupoint—Injection of PSN at Zusanli (ST 36), Dingchuan (EX—B 1) and Feishu (BL 13) points could increase the lowered CD₄⁺ ($P < 0.01$): decrease the increased CD₄⁺/CD₈⁺ ratio ($P < 0.01$): obviously lower IgG content ($P < 0.01$) and increase C₃ content ($P < 0.05$). It is suggested that this method can regulate immunologic function of the organism. The method of acupoint—Injection provides a simple and effective therapy for patients of bronchial asthma.

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Key words: Asthma/acupoint injection Asthma/immunology Hydro—acupuncture therapy

(Original article on page 343)

Effect of Hua Yu Tong Mai Injectio on Hemorheologic Indexes and Thrombase in the Patient of Cerebral Infarction

Han Ai

360 cases of cerebral infarction were assigned to Hua Yu Tong Mai Liquid group (Treatment group, 270 cases) and Fu Fang Dan Shen Liquid group (Control group, 90 cases), and changes of blood rheologic indexes and thrombase activity were investigated before and after treatment. The result indicated that blood rheological indexes and thrombase activity in both groups had obvious improvement after treatment. The improvement extent of high spear of whole blood viscosity, plasma viscosity, fibrinogen, time value of activating partial thrombogen was superior to that of the control group, and the clinical symptoms, signs in the two groups were all improved to a certain degree, however, the treatment group was superior to that of the control group.

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Key words: Cerebral infarction and thrombosis/TCM therapy @Hua Yu Tong Mai Injectio

(Original article on page 353)

Significance of Control Observation of Inspection of the Tongue in TCM and Colonoscopy in Diagnosis of Colonopathies

Yang Hanhui, Su Ruose, Lin Ruifu, et al

From the data of inspection of the tongue and colonoscopy in 1121 cases it was found that in changes of tongue coating and tongue proper, and colonoscopy were significant differences ($P < 0.05$ $P < 0.01$). Among them, most tongue coating was thick and greasy with yellow, thick and greasy tongue coating as majority; in the inflammation group it was as high as 81.1%. In the polyp group and malignant tumor group, most patients' tongue proper were dark—red and green—purple color, with significant difference ($P < 0.05$ or $P < 0.01$) as compared with the normal group. It is suggested that inspection of the tongue in TCM has a certain significance in colonoscope diagnosis of colonopathies.

Author's address: Second Affiliated Hospital of Fujian Medical University

Key words: Colonopathy/diagnosis Inspection of the tongue Colonoscopy

(Original article on page 365)

Experimental Study on Treatment of Endometriosis with Zheng Jia Oral Liquid

Yang Yaofang, Wang Qinmao, Fang Xueming, et al

Implanted tunica intima method was used to develop animal model of endometriosis, and therapeutic effect of Zheng Jia Oral liquid was observed and compared with that of danazol. Radioimmunoassay was adopted for determination of plasma prostaglandin F_{2a} (PGF_{2a}) level and enzyme linked immunosorbent assay (ELISA) was used for detection of serum endometrium antibody (EMAb), double antibody radioimmunoassay for determination of estradiol (E₂) and pregnendione (P) levels in rats. Results indicated that Zheng Jia Oral Liquid could decrease plasma PGF_{2a}, serum E₂ and P levels; positive rate of EMAb was 0%. There were significant differences ($P < 0.05$ or $P < 0.01$) as the drug treatment groups compared with the model group. It is suggested that Zheng Jia Oral Liquid is effective for treatment of endometriosis (EMT), and changes of plasma and serum PGF_{2a}, EMAb, E₂ and P levels can be served as monitoring indexes of EMT diagnosis and treatment.

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Key words: Endometriosis/TCM therapy @Zheng Jia Oral Liquid

(Original article on page 371)