

肝胆湿热型乙型戊型肝炎重叠感染患者病情演变与生化指标变化的相关性研究

王育群¹ 邢练军¹ 张 玮¹ 程 红²

摘要 临床观察发现,辨证为肝胆湿热型的乙型戊型肝炎重叠感染患者,与单纯肝胆湿热型戊型肝炎相比,其发病大多来势凶猛,黄疸进行性加深,肝功能损伤严重,经过治疗以后,其病情恢复较慢,病程明显延长。同时观察发现,急性期两组生化指标(透明质酸、总胆汁酸)均有明显升高,恢复期重叠感染患者生化指标复常时间较单纯戊型肝炎患者明显延长,两组差异有显著性,提示乙型戊型肝炎重叠感染患者的肝脏损伤程度远较单纯戊型肝炎严重,预后欠佳($P<0.05$ 或 $P<0.01$)。

主题词 肝炎,戊型/诊断 肝炎,乙型/诊断 肝胆湿热/诊断

临床观察发现,辨证为肝胆湿热型的乙型戊型肝炎重叠感染患者,其发病病情及肝功能损伤较单纯性戊型肝炎更严重,黄疸明显加深,甚则发展成重症肝炎,而且病情恢复也缓慢,预后欠佳,因此急性期时应高度重视。现将来源于龙华医院肝科 1997~2000 年的 30 例乙型戊型肝炎重叠感染患者小结如下。

1 临床资料

所有 60 例患者均来源于龙华医院肝科的住院病例,30 例为乙型戊型肝炎重叠感染患者(重叠组),取 30 例单纯戊型肝炎感染患者(单纯组)为对照组,诊断根据 1995 年修订的《病毒性肝炎防治方案(试行)》为标准,辨证均符合肝胆湿热型表现。重叠组中,男 19 例,女 11 例;年龄 23~64 岁,平均 40.13 ± 10.85 岁。单纯组男 20 例,女 10 例;年龄 18~57 岁,平均 42.03 ± 13.67 岁。两组性别、年龄经统计学处理具有可比性($P>0.05$)。

2 治疗及观察方法

2.1 两组均采用中西医结合治疗方法,西药以保肝、降酶、退黄为主,甘利欣、门冬氨酸钾镁、思美肽、能量等,有高胆红素或胆酶分离重症倾向者,予加用白蛋白或新鲜血浆加强支持。病之初湿热盛者,中药以清热化湿利胆退黄为治(茵陈蒿汤加减)、病程发展后期湿热渐清而又兼瘀血者,则参以活血化瘀之剂,肝肾亏虚者,附以补益肝肾等。所有患者均以 30 天为 1 个疗程,

观察两个疗程。

2.2 临床症状和体征:纳呆、恶心、呕吐、乏力、尿黄、巩膜黄染、肝肿大等症状及体征。

2.3 生化指标:丙氨酸氨基转氨酶(ALT)(速率法参考值 $<55\text{U/L}$)、总胆红素(TBIL)(重氮偶联法参考值 $<17.1\mu\text{mol/L}$)、总胆汁酸(TBA)(酶比色法参考值 $<10\mu\text{mol/L}$)、透明质酸(HA)(放免法参考值 $29.4 \sim 84.2\mu\text{g/L}$)。

3 治疗结果

3.1 两组临床症状体征治疗前后变化比较:治疗前两组症状、体征基本相似,治疗第 1 个疗程结束时,重叠组纳呆、恶心、呕吐、乏力、尿黄、巩膜黄染、肝肿大等症状、体征复常例数分别为 24/30(80%)、25/30(83.33%)、28/30(93.33%)、16/30(53.33%)、15/30(50%)、11/30(36.67%)、18/30(60%);而单纯组上述症状、体征复常率为 30/30(100%)、30/30(100%)、30/30(100%)、28/30(93.33%)、21/30(70%)、16/30(53.33%)、25/30(83.33%),第 2 疗程结束时,上述症状、体征重叠组复常例数分别为 28/30(93.33%)、30/30(100%)、30/30(100%)、23/30(76.7%)、23/30(76.67%)、22/30(73.33%)、24/30(80%),单纯组为 30/30(100%)、30/30(100%)、30/30(100%)、30/30(100%)、29/30(96.67%)、29/30(96.67%)、30/30(100%),治疗后经统计学处理,两组纳呆、乏力、巩膜黄染、肝肿大等症状、体征的恢复有显著差异(P 均 <0.05)。

3.2 两组生化指标治疗前后变化比较:表 1 示,两组治疗后比较,差异有显著性($P<0.05$ 或 $P<0.01$),单纯组明显优于重叠组。

3.3 各疗程结束后两组生化指标恢复例数比较:表 2 示,第 1 疗程 4 项生化指标复常例数单纯组均明显高于重叠组,差异有显著性($P<0.05$);第 2 疗程生化指标除 ALT 外,复常例数单纯组明显高于重叠组,差异亦有显著性($P<0.05$)。

4 讨论

急性戊型病毒性肝炎发病类似于甲型肝炎,病情来势凶猛,但恢复也快,虽有报道出现两次或多次高峰

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表1 两组治疗前后生化指标变化比较($\bar{x} \pm s$)

项 目	重叠组(30例)		单纯组(30例)	
	治疗前	治疗后	治疗前	治疗后
ALT(U/L)	1031.0 $\pm$ 104.48	104.61 $\pm$ 264.24 Δ	968.64 $\pm$ 102.74	36.36 $\pm$ 13.74
TBIL(μ mol/L)	91.75 $\pm$ 77.04	62.37 $\pm$ 102.25 Δ	88.94 $\pm$ 62.43	26.73 $\pm$ 16.24
TBA(μ mol/L)	102.86 $\pm$ 99.99	40.38 $\pm$ 42.26 $\Delta\Delta$	80.66 $\pm$ 72.04	12.40 $\pm$ 6.99
HA(μ g/L)	420.86 $\pm$ 291.71	117.3 $\pm$ 56.3 Δ	372.6 $\pm$ 198.73	53.27 $\pm$ 16.99

与单纯组治疗后比较, $\Delta P < 0.05$, $\Delta\Delta P < 0.01$

表2 各疗程结束后两组生化指标复常例数(例)

疗程	生化指标	重叠组	单纯组	P 值
第一疗程	ALT	16	22	< 0.05
	HA	14	21	< 0.01
	TBIL	11	15	< 0.05
	TBA	13	17	< 0.05
第二疗程	ALT	27	30	> 0.05
	HA	20	29	< 0.01
	TBIL	18	25	< 0.05
	TBA	18	25	< 0.05

状况,一般预后较佳。而乙型肝炎基础上重叠戊型肝炎,则病情复杂,肝功能损伤更严重,病情恢复也缓慢。中医认为,此类患者素体亏虚,复感湿热疫邪,湿热壅盛,邪盛正虚,日久则正虚邪恋,病程缠绵。证属肝肾不足、湿热内蕴。与现代医学的免疫功能紊乱,细胞免疫机能低下及病毒的持续感染,又感染另一种肝炎病毒,使肝细胞大量坏死的发病机理吻合^[1]。通过对辨证为肝胆湿热型的30例乙型肝炎重叠感染患者观察发现,乙型肝炎重叠组患者其纳呆、乏力、尿黄、巩膜黄染及肝肿大的恢复明显慢于单纯组,黄疸消退时间也明显延长。治疗后经统计学处理差异有显著性。说明乙型肝炎重叠感染的患者病情明显重于单纯戊型肝炎患者,病情恢复也缓慢。

HA是结缔组织基质的主要成分,是反映内皮细胞功能和肝硬化有实用价值的指标,与肝脏损伤程度相关^[2],TBA是胆汁中的主要成分,TBA的代谢紊乱是肝实质性损伤及消化系统疾病的灵敏指标,急性期TBA可明显升高,监测肝炎恢复期患者血清TBA水平,可准确得知肝损伤程度^[3]。通过对两组60例患者的血清HA、TBA追踪观察发现,急性期两组患者的血清HA、TBA均明显升高,经过2个疗程治疗后,单纯戊型肝炎的血清HA、TBA基本恢复正常,而乙型肝炎重叠感染的患者,其血清HA、TBA值仍处于较高水平,经统计学处理差异有显著性($P < 0.05$ 或 $P < 0.01$)。从而,从另一个角度说明乙型肝炎重叠感染的患者肝脏损伤明显重于单纯戊型肝炎患者,临床上应高度重视乙型肝炎重叠感染患者的病情演变,及时观察血清透明质酸、总胆汁酸的变化。

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张仲景国际学术思想研讨会征文

国家中医药管理局与河南省人民政府将于2002年4月在医圣故里——南阳共同主办“张仲景医药节”。届时将召开“张仲景国际学术思想研讨会”。会议由中华中医药学会、南阳市人民政府主办。会议期间将进行中华中医药学会仲景学说专业委员会换届改选,同时举行医药节开幕式等活动。现征文如下。

1. 征文内容:张仲景生平事迹研究;《伤寒论》《金匮要略》文献、版本、佚文考据学、学术流派及学术思想的研究。《伤寒论》《金匮要略》方治疗常见病及疑难病的临床及实验研究、临床总结、药物学、方剂学研究、诊法、辨证规律、辨证体系及辨证思维的研究。名老中医运用经方的临床经验介绍。《伤寒论》《金匮要略》教学法、病证实质研究。2. 征文要求及有关事项:全文不超过2500字,并附150字摘要。论文题下注明作者姓名、职称、工作单位、通讯地址及邮编。论文一经会议录用,进行交流,即收入论文集,并向作者发出会议通知。与会代表由中华中医药学会颁发论文证书,计授学分。请自留底稿。来稿请于2002年2月28日前寄至河南省南阳市中州路285号南阳市卫生局 孟珂、马付合收,邮编:473060,电话:0377-3181656,传真:0377-3192521。请在信封上注明“张仲景会”字样。

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical observation on 53 cases of pyloric helicobacterium relative gastritis treated with supplementing Qi, removing heat and activating blood circulation methods

Wang Yue

It is raised that Qi — deficiency of spleen and stomach is pathological basis for this disease and retention of damp—heat in collaterals is a main pathological key, and supplementing Qi and strengthening spleen, removing heat and dampness, and activating blood circulation and dredging collaterals are basic therapeutic principle. Based on this, Qing You Yang Wei Capsule was developed for treatment of this disease. Clinical study indicated that Qing You Yang Wei Capsules had a better therapeutic effect on pyloric helicobacterium relative gastritis . Of the 53 cases in the treatment group, 6 cases were clinically cured, 18 cases were markedly effective, 24 cases were effective and 5 cases were ineffective, the total effective rate being 90. 56%. And of the 50 cases in the control group, 5 were clinically cured, 13 were markedly effective, 20 were effective and 12 were ineffective, with a total effective rate of 76%. The total effective rate in the treatment group was slightly higher than that in the control group. The eradicating rate of the Chinese drug for pyloric helicobacterium was 66. 03%, approaching to that of the control group. The recurrence rate in the treatment group was 13. 33%, significantly lower than 41. 66% in the control group. Qing You Yang Wei Capsules not only directly kills bacteria, but also improves stomach, accumulation in the abdomen, belching, poor appetite, weakness, gastric discomfort with acid regurgitation, and other symptoms, and also improves congestion, edema, inflammatory cell infiltration, gland atrophy, proliferation of gastric mucosa and other pathological state.

Authors' address: Nanjing University of TCM, Nanjing 210029

Key words: Gastritis/microbiology infection of helicobacterium/TCM therapy gastritis/TCM therapy

(Original article on page 114)

Study on correlativity of development of illness state with changes of biochemical indexes in the cases of hepatitis B and E with overlapping infections of the liver and gallbladder dampness—heat type

Wang Yuqun, Xing Lianjun, Zhang Wei, et al.

As the patient of hepatitis B and E overlapping infection of liver and gallbladder damp — heat type compared with the patient of simple hepatitis E of liver and gallbladder damp — heat type, attack was very rapid, jaundice exacerbated progressively and hepatic function damaged severely. After

treatment the state of illness restored more slowly and the duration of illness was obviously prolonged. At the same time, it was found that the biochemical indexes (hyaluronic acid, total bile acid) increased significantly at acute stage, and the indexes in the patient of overlapping infection in the time for recovering normality at restoration stage was longer than that in the patient of simple hepatitis E, with a significantly difference between the two groups. It is indicated that lesion of the liver in the patient of overlapping infection of hepatitis B and E was more severe than the simple hepatitis E, with no good prognosis.

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Key words: Hepatitis, type E/diagnosis hepatitis, type B/diagnosis liver and gallbladder dampness and heat/diagnosis

(Original article on page 117)

Clinical study on treatment of 32 cases of ulcerative colitis with Chang An Capsules

Liu Wanli, Shen Hong, Shan Zhaowei, et al.

In order to explore the therapeutic action and mechanisms of Chang An Capsules for treatment of ulcerative colitis, 62 cases were randomly divided into two groups and treated with oral administration of Chang An Capsules and Bu Pi Yi Chang Pill respectively, for 3 therapeutic courses. Clinical observation, pathological therapeutic effects, and changes of enteroscopic sign, serum immunoglobulin, complement C₃, serum superoxide dismutase (SOD) and lipid peroxide (LPO) before and after treatment were observed. Results indicated that in the treatment group, the total effective rate was 93. 80%, the therapeutic effects for enteroscopy and pathology were 81. 30% and 84. 40% respectively, and serum immunoglobulin, complement C₃, serum superoxide dismutase (SOD) activity and lipid peroxide (LPO) were improved or inhibited, with significant difference compared with the control group ($P < 0. 05$ or $P < 0. 01$). It is suggested that Chang An Capsules has an obvious therapeutic action, and its mechanism is possibly related with inhibition of lesion of intestinal mucosa, promotion of ulcerative repair, strengthening of removing free radicals and anti — oxidation ability, and regulation of immunological function.

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Key words: Colitis, ulcerative/TCM therapy @ Chang An Capsules

(Original article on page 119)