

中西医结合治疗重症胰腺炎的体会

吴 伟¹ 王增章² 李乃卿¹

摘要 重症胰腺炎术后应用高位直肠滴入中药和电解质平衡液,是口服和静脉滴注途径受障后的弥补,为重症胰腺炎的中西医结合抢救工作增加了新的方法。文中还针对不同手术方法进行了探讨。

主题词 胰腺炎/中西医结合疗法

重症胰腺炎临床治疗上,对于外科手术方式和时机的选择、中药的用药途径和时间,各家医院存在着较大的分歧,本文根据近两年来8例重症胰腺炎的治疗体会,对本病的中西医结合治疗中的一些问题予以探讨。

1 一般资料

本组共8例,其中男4例,女4例,年龄28~69岁,发病至手术时间均在48小时以内。病理分类:散在局灶型3例,广泛融合型5例。病情转归:死亡4例,皆为广泛融合型,2例死于ARDS,1例死于弥漫性血管内凝血(DIC),1例死于多脏衰,死亡时间平均为术后7天。存活4例,随访无后遗症,坚持正常工作。

2 治疗方法

2.1 手术治疗:8例重症胰腺炎患者入院后均行急诊手术。

三腔造瘘术:施行总胆管T型管引流、胃造瘘、空肠造瘘、坏死组织切除及胰床双腔管引流术。本术式共计5例,包括散在局灶型3例,广泛融合型2例。

胰腺坏死灶切除及多管引流术:本术式共计3例。均为广泛融合型。

2.2 高位直肠内中药滴入。通腑汤组成:大黄13g(后下),枳壳15g,芒硝6g(冲),败酱草30g,地榆30g,当归10g,白芍10g,川楝子15g,炒莱菔子20g,木香10g,乌药10g,桃仁

10g,半夏10g。

插管操作:粗导尿管,涂石蜡油后,手指顺导尿管插入直肠内20cm以上,证实未有弯曲,胶布固定,接输液器备用。

滴药方法:通腑汤1剂,浓煎200ml,置于输液瓶中,控制速度,1小时内药液滴毕,每日2剂。术后6~8小时即可给药,2剂中药间隔8~12小时,排气排便后再用1~2剂。

3 治疗结果

本组中于手术后高位直肠滴入通腑汤治疗者6例,包括广泛融合型和散在局灶型各3例,结果广泛融合型患者治愈1例,散在局灶型患者治愈3例,死亡2例,均为广泛融合型患者。治愈的4例中,肠鸣恢复时间为平均给药后17.5小时,排气时间为平均给药后33小时,排便时间为平均给药后42小时。

本组中2例广泛融合型患者因病情较重,便于手术治疗,但分别于手术后6天、9天死亡。

4 讨论

“痛则不通,通则不痛”是中医认识和治疗“痛症”的重要理论。重症胰腺炎以腹痛为主证,手术治疗为急则治标之法,术后选择通里攻下、活血化瘀为主的中药高位直肠滴入可获得较为满意的临床治疗效果。通腑汤的攻下作用,可以增加消化道蠕动,解除肠麻痹,及早恢复消化系统的自身调节作用。根据临床治疗效果,推测通腑汤还可以排除活化的胰酶及其降解的毒性物质,并可以改善毛细血管的通透性,消除组织的水肿和渗出。

重症胰腺炎患者,由于胰腺环绕的十二指肠壅塞不通,术后患者呕吐频繁,口服中药十分困难,本文提出高位直肠缓滴中药,是中西医结合治疗本病的一个新的尝试。通过临床观察,通腑汤疗效显著,可以达到胃气得降、中州得运、行气活血、五脏安和的目的。方中大黄为君,通

1 北京中医药大学东直门医院,北京市东直门内海运仓5号(100700)

2 山东省惠民地区中心医院外科

收稿日期:1993-05-22

里攻下,润燥通便,配芒硝以增峻下涤荡之功;枳壳、川楝子、白芍为佐,意在理气行滞,缓痉止痛;地榆、败酱草清热解毒。诸药配合,可以降逆泻热,理气化滞,通腑排毒。

重症胰腺炎一经诊断,宜及早手术,笔者认为宁可对某些水肿型胰腺炎施行手术引流也比延误了重症胰腺炎的手术时机为好。只要诊断为胰腺炎,腹腔穿刺有血性液体均宜及时手术探查。不能单纯考虑胰腺坏死的分界问题,而应首先顾及胰腺及周围脏器的严重受损,延误手

术将发生难以挽救的致命并发症。手术方式的选择,笔者主张以三腔造瘘、坏死组织清除及双腔管引流术为佳。该术式既解决胆总管下段受压梗阻、十二指肠受压水肿胃液反流,又可加强术后营养支持疗法。

值得重视的是术后如何清除胰腺组织继续坏死的问题,笔者主张术中松动胰腺后,于其前后方各放置一条粗大的双腔引流管,早期可进行负压引流,后期可经此通路施行胆道镜分次钳取胰腺坏死组织。

通脉饮合用赤芍 801 注射液 治疗 33 例脑血栓形成的临床观察

马丽钟* 王君臣* 赵雅娟* 董力* 张文颖* 张晓非*

脑血栓形成是严重威胁中老年身心健康的一种疾病。它由多种原因通过血管、血液、血流 3 个方面的相互影响,使侧支循环的代偿失常,导致局部供血不足而造成的脑损害。我们于 1987~1989 年收治 33 例,用中药通脉饮合赤芍 801 注射液治疗疗效显著,并进行了血液流变学用药前后的对比观察,现将结果报告如下:

1 临床资料

33 例病人均系住院患者,其中男性 23 例,女性 10 例。其中 40~49 岁 5 例,50~59 岁 13 例,60~69 岁 13 例,70 岁以上者 2 例。发病时间,1 周内 22 例,2 周内 11 例。

症见渐进性偏瘫,失语及其他神经系统局灶性症状。意识清楚(少数有意识障碍)。CT 扫描可显示有血管梗塞部位的低密度区。

2 治疗方法

服用自拟方通脉饮(丹参 30g、益母草 30g、红花 15g、赤芍 15g、牛膝 15g、地龙 15g),每日一剂,水煎,煎至 300ml,早晚分服。同时用吉林红光制药厂生产的赤芍 801(即通脉酯注射液),每次 180mg 加入 0.9% 生理盐水 300ml 静脉滴入,每日 1 次。2~3 周为一疗程。本组病人用药均未超过一个疗程。

3 治疗结果

临床治愈:肌力治疗前 0~Ⅱ级,治疗后肌力达Ⅳ

~Ⅴ级,生活可自理,无明显后遗症,共 29 例,占 88%。明显好转:肌力恢复至Ⅲ~Ⅳ级,半身不遂明显好转,能扶拐步行,共 3 例,占 9%。进步:肌力及临床症状均有不同程度的好转,共 1 例,占 3%。

33 例患者血液流变学指标(均值)用药前后对比:(1)红细胞压积:用药前,男 49.83%,女 47.70%;用药后,男 48.30%,女 41.30% ($P < 0.01$)。 (2)全血粘度低切变(比):用药前,男 5.87,女 4.88;用药后,男 4.94,女 4.40 ($P < 0.05$)。 (3)血浆粘度(比):用药前 1.63;用药后 1.50 ($P < 0.001$)。 (4)纤维蛋白原:用药前 290mg%;用药后 260mg% ($P < 0.05$)。 (5)血沉:用药前,男 14.26mm/h,女 29.80mm/h;用药后,男 13.90mm/h,女 20.90mm/h ($P > 0.05$)。

4 讨论

中药通脉饮合用赤芍 801 治疗急性脑血栓形成,治愈率占 88%,疗效显著。通脉饮以活血化瘀药为主要组成部分。丹参破瘀生新,益母草行血去瘀,红花破瘀散血,赤芍行血散瘀,并配伍牛膝益肝肾强筋骨、行血散结,地龙寒降通、走窜经络,组成活血化瘀,通经活络的良剂。

赤芍 801 注射液为赤芍中提取的有效成分没食子酸丙酯的改构物。本品可抑制花生四烯酸转化成环内氧化物,因而对抗了血小板的聚集作用。结果表明,能改善血液流变学指标,尤其有降低血粘和红细胞压积的作用,能较快地促使受障碍的微循环得以恢复,因而起到治疗作用。

* 辽宁省沈阳市第七人民医院,沈阳市东纬路 13 号
(110003)

收稿日期:1994-02-18

ABSTRACTS OF ORIGINAL ARTICLES

Report on 212 Cases of Radio—thyroidosis Treated by TCM.

Lin Lan

For radio—thyroidosis, traditional Chinese medicine not only yields rather satisfactory effect, improves symptoms and signs, and lab parameters, but also strengthens body immunity. It also alleviates or eliminates adverse reactions when using western medications alone.

Author's Address: Guanganmen Hospital, China Academy of TCM, Beijing 100053

Key Words: Radiological injuries/complications Thyroidosis/etiology Thyroidosis/TCM therapy

(Original article on page 411)

Effect of Jiangtang (glucose—lowering) Tablet on RBC—SOD, MDA, Ins, AchE in Diabetes of Deficiencies of Both Qi and Yin.

Liang Xiaochun, Guo Saishan, Yang Jingxia, Wang Xiangding, Sun Yizhen, Zhang Yanhua, Shi Ze

This Tablet yields satisfactory result in lowering glucose and improving hemorheology. We have observed that, in addition to lowering of glucose level, it also elevates the content of RBC—SOD, inhibits the formation of MDA, and decreases the level of AchE. When comparison was made with that of Yuquan Tablet control group, the difference was significant ($P < 0.05 \sim 0.01$). Moreover, it exerts no influence on Ins. level, suggesting that Jiangtang Tablet not only improves glucose metabolism, but also affects metabolism of free radicals and acetylcholine esterase.

Authors' Address:

Department of TCM, Beijing Xiehe Hospital, Beijing 100730

Key Words:

Diabetes mellitus/TCM therapy Deficiencies of Qi and Yin/TCM therapy @ Jiangtang Tablet

(Original article on page 414)

Treatment of Liver Fibrosis in B—hepatitis by Differentiation of Syndromes and Its Relation with Changes in Biochemical Parameters.

Wu Jiageng, Zhang Lihuang, Deng Yinquan, Cai Weimin, Yu Qinpu, Liu Ronghua

In fibrosis of liver due to its inflammatory lesions, the HA, ADA, GST, are much higher than that of the normalcy. This abnormality occurs with increasing

severity in the order of type of liver stagnation and spleen deficiency, type of Qi—stagnation and blood stasis, type of accumulated heat and blood—stasis and the differences are very significant among these types. By treatment based on TCM differentiation of syndromes, liver function was improved, with the first 2 indexes dropped down, demonstrating that TCM is effective for liver fibrosis.

Authors' Address: Affiliated Hospital of Zhejiang Medical University, Hangzhou, Zhejiang 310003

Key Words: Hepatitis/TCM therapy liver/pathology treatment based on differentiation of syndrome

(Original article on page 416)

Severe Pancreatitis Treated by Integrated Chinese and Western Medicine.

Wu Wei, Wang Zengzhang, Li Naiqing

In severe pancreatitis, when oral and intravenous routes of administration are impossible, high retal dripping with Chinese materia medica and electrolyte equilibrium solution is a new corrective measure. The authors also explore various surgical approaches for treating this disorder.

Authors' Address: Dongzhimen Hospital, Beijing University of TCM, Beijing, 100700

Key Words: Pancreatitis/therapy of integrated Chinese and Western medicine

(Original article on page 420)

Cysticercosis Treated with Alum—niter Tablet: Observation on 2750 Cases.

Chen Zhishui, Nie Zhiwei, Sun Qili, Wang Yunxiang, Chi Yong, Sun Jiujie, Lu Yao

The therapy includes 3 therapeutic courses, each lasting for 3 months. Results show that 762 out of 1250 cases of subcutaneous muscular type were cured, accounting for 61.7%, the total effective rate being 92.3%. While 649 (43.3%) out of 1500 cases of brain type were cured, the total effective rate being 90.7%. The rate of turning negative of blood antibody test was 69.5%, that of cerebro—spinal fluid 55.1%. For this tablet, the optimal therapeutic course was 3 courses.

Authors' Address: No. 211 Hospital of PLA, Harbin, Heilongjiang 150080

Key Words: Cysticercosis/TCM therapy @ Alum—niter Tablet

(Original article on page 422)