doi: 10.13241/j.cnki.pmb.2014.11.042

·生物医学教学·

实习医生规范化诊疗流行性出血热常见错误及对策探讨*

覃慧敏 周晓琳 叶 丰 冯 芳 刘 强

（三峡大学第一临床医学院 宜昌市中心人民医院 湖北 宜昌 443003）

摘要 目的:探讨实习医生规范化诊疗流行性出血热常见错误,并总结相关对策,为提高实习医生对流行性出血热诊断正确率提供可靠依据,保障患者疗效及生活质量。**方法:**对77例流行性出血热患者临床资料进行回顾性分析,内容包括误诊情况、临床表现、实验室检查项目及结果、治疗措施、治疗结果等。**结果:**77例流行性出血热患者经治疗后73例患者成功治愈出院,所占比例为94.81%;4例患者死亡,死亡率为5.19%。4例死亡患者均为临床误诊后未及时采用流行性出血热疾病对症治疗措施,贻误治疗时机导致死亡,死亡原因为1例严重休克、1例并发严重败血症、2例急性心力衰竭。**结论:**实习医生应根据患者临床表现,排除相似疾病类型,结合临床各种实验室检查结果,对患者病情进行综合判断,从而提高流行性出血热诊断正确率,降低误诊、漏诊几率,提高患者治疗效果,保障其生命安全。

关键词:流行性出血热;误诊;对策

中图分类号:R512.8,G642 **文献标识码:**A **文章编号:**1673-6273(2014)11-2166-04

Common Errors and Countermeasures of Interns for the Standardized Treatment on Epidemic Hemorrhagic Fever*

QIN Hui-min, ZHOU Xiao-lin, YE Feng, FENG Fang, LIU Qiang

(First Clinical Medical College of China Three Gorges University, Yichang Central People's Hospital, Yichang, Hubei, 443003, China)

ABSTRACT Objective: This article aims to investigate the standardization of medical interns EHF common errors and summarize the related countermeasures so as to provide a reliable basis of interns diagnose the epidemic hemorrhagic fever and protect the quality of treatment and patients' life. **Methods:** A retrospective analysis was conducted on the clinical date of 77 patients with epidemic hemorrhagic. The content including misdiagnosis, clinical manifestations, laboratory tests, results of treatment, treatment outcome and so on were observed and analyzed. **Results:** 77 cases of epidemic hemorrhagic fever patients after treatment, 73 patients successfully treated and discharged, the proportion was 94.81%; 4 patients died, the mortality rate was 5.19%. 4 deaths were clinically misdiagnosed patients, not the timely adoption of epidemic hemorrhagic fever disease symptomatic treatment measures, delaying the timing of treatment can result in death, cause of death was one case of severe shock, one case with severe sepsis, two cases of acute heart failure. **Conclusions:** It is suggested that the interns should pay attention to make a comprehensive judgment on the patients' condition on the basis of their manifestations as well as excluding the similar types of disease with a variety of clinical laboratory test results in order to improve the diagnostic accuracy and clinical effects of patients with the epidemic hemorrhagic fever and reduce the misdiagnosis.

Key words: Epidemic hemorrhagic fever; Misdiagnosed; Countermeasures

Chinese Library Classification(CLC): R512.8,G642 Document code: A

Article ID: 1673-6273(2014)11-2166-04

前言

流行性出血热属于临床少见疾病，由于传染源为鼠类,因此多见于农村患者,实习医生临床疾病诊断经验尚浅,且大多诊断思路狭窄,仅根据某些临床表现结合少数临床检查结果进行疾病判断,因此易出现误诊、漏诊情况,贻误患者治疗时机,造成严重后果[1,2]。本文将对我院自2005年1月1日至2012年12月31日前来就诊的77例流行性出血热患者给予临床分析，从而探讨实习医生规范化诊疗流行性出血热常见错误,并总结相关对策,为提高实习医生对流行性出血热诊断正确率提供可靠依据,保障患者疗效及生活质量,现报告如下。

1 资料与方法

1.1 一般资料

共选取流行性出血热患者77例进行临床研究，其中男性57例、女性20例,年龄在19至71岁之间,平均年龄(42.36±1.23)岁,患者来院主诉临床表现为腹痛、抽搐、少尿、无尿、尿急、尿频、肢体偏瘫、黑便、呕血、发热、水肿等。

* 基金项目:国家自然科学基金项目(30901919)

作者简介:覃慧敏(1970-),女,主任医师,主要研究方向:感染性疾病的基础和临床,电话:13997699600

(收稿日期:2013-11-28 接受日期:2013-12-24)

1.2 方法

1.2.1 **研究方法** 对 77 例流行性出血热患者临床资料进行回顾性分析，内容包括误诊情况、临床表现、实验室检查项目及结果、治疗措施、治疗结果等。

1.2.2 **实验室检查** 疑似流行性出血患者应给予各项临床实验室检查，从而为临床医师提供可靠的诊断依据，主要检查内容包括血小板计数、血白细胞值、蛋白尿、血尿、管型尿、肝功能、肾功能、血糖含量等。

1.2.3 **治疗方法** 流行性出血热患者一经确诊，应立即采取针对性措施进行有效治疗，如抗病毒、抗感染、加强营养以及对症治疗等。根据患者所处疾病分期不同，选择是否实施利尿处理；若患者出现肾功能衰竭应给予血液透析治疗，从而改善其肾功能情况，帮助其进入多尿期；若患者处于发热期，应根据患者实际情况（如身体机能、经济因素等）选择使用人血免疫丙种球蛋白治疗，从而有效减轻患者临床症状，缩短疾病病程，促进患者尽快恢复健康[3,4]。

1.3 统计学方法

所有数据均使用 SPSS13.0 软件包进行统计学分析，对于计量资料用 $\bar{x} \pm s$ 表示，采用 t 检验，计数资料采用 X^2 检验，以 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 实验室检查结果

77 例流行性出血热患者临床检查结果具体情况见表 1。流行性出血热患者经临床实验室检查均表现出明显的异常情况，如血小板计数偏低、白细胞值偏高、出现蛋白尿、肝肾功能异常、发生血尿以及出现血糖异常等。

2.2 误诊情况分析

77 例流行性出血热患者共误诊 27 例，误诊率为 35.06%。由表 2 可知，27 例流行性出血热患者误诊为上呼吸道感染及肾脏疾病所占比例较高，分别为 55.56%、22.22%。

2.3 治疗结果

77 例流行性出血热患者治疗结果具体分析见表 3。73 例患者成功治愈出院，所占比例为 94.81%；4 例患者死亡，死亡率为 5.19%。4 例死亡患者均为临床误诊后未及时采用流行性出血热疾病对症治疗措施，贻误治疗时机导致死亡，死亡原因为 1 例严重休克、1 例并发严重败血症、2 例急性心力衰竭。

表 1 77 例流行性出血热患者临床检查结果分析

Table 1 The analysis of 77 cases EHF patients' clinical test results

Project		The number of cases	Proportion	P-value
Platelet count	Normal	7	9.09%	<0.05
	Low	70	90.91%	
White blood cells	Normal	46	59.74%	<0.05
	High	31	40.26%	
Proteinuria	Negative	17	22.08%	<0.05
	Masculine	60	77.92%	
Liver function	Normal	26	33.77%	<0.05
	Abnormal	51	66.23%	
Renal	Normal	14	18.18%	<0.05
	Abnormal	63	81.82%	
Urinary tube	Yes	11	14.29%	<0.05
	No	66	85.71%	
Hematuria	Yes	57	74.03%	<0.05
	No	20	25.97%	
Blood sugar	Yes	65	84.42%	<0.05
	High or low	12	15.58%	

表 2 27 例流行性出血热患者具体误诊情况分析

Table 2 The analysis of 27 case EHF patients' misdiagnosis

Misdiagnosed disease		The number of cases	Proportion
Gastritis		3	11.11%
Upper respiratory tract infection		15	55.56%
Hepatitis		1	3.70%
Kidney disease (6 cases, 22.22%)	Acute glomerulonephritis	2	7.41%
	Uremia	2	7.41%
	Nephrotic syndrome	2	7.41%
Rheumatoid arthritis		1	3.70%
Leukemia		1	3.70%
Total		27	100.00%

表 3 77 例流行性出血热患者治疗结果分析

Table 3 The analysis of 77 EHF patients' therapeutic outcome

Treatment effect		The number of cases	Proportion
Cured		73	94.81%
Death (4 cases, 5.19%)	Severe shock	1	1.30%
	With severe sepsis	1	1.30%
	Acute heart failure	2	2.59%
Total		77	100.00%

3 讨论

流行性出血热,即 epidemic hemorrhagic fever,简称 EHF,属于急性自然疫原性疾病,其发病原因为患者体内感染流行性出血热病毒(汉坦病毒属),传染源多为鼠类,临床表现为发热、出血及肾脏损害等,按照患者临床表现不同,可将其分为发热期、低血压休克期、少尿期、多尿期以及恢复期等五个时期[5-8]。

研究表明,流行性出血热患者若出现典型临床表现,则诊断正确率较高,患者能够得到及时有效的确诊及治疗,提高其疗效及生活质量;但若患者无明显肾脏损害,或处于疾病发生早期(发热期,或低血压休克期与少尿期重叠时期),则易出现误诊、漏诊情况[9-11]。

流行性出血热误诊原因分析:①上呼吸道感染。此类患者临床表现可为发热、头痛以及全身不适等与上呼吸道感染疾病类似,经临床白细胞检查可知轻度升高,与大多数流行性疾病具有相同特点,且部分患者未表现出流行性出血热典型症状,如少尿、皮肤黏膜出血以及低血压等,因此实习医生根据患者临床表现易误诊为上呼吸道感染,直至患者疾病进展为多尿期才给予确诊[11-13];②消化道疾病。流行性出血热患者早期表现出发热情况,无少尿及低血压表现,因此可出现纳差、恶心、腹胀、厌油等消化系统疾病临床表现,根据胃镜、肝功能检查提示患者患有胃炎、肝炎等原发疾病,且大多数患者对原发疾病并不知情,给予对症治疗症状缓解,待其发展为多尿期才给予临床确诊为流行性出血热[8, 14-18];③肾脏疾病。流行性出血热疾病主要对人体肾脏进行受累,因此患者临床多表现出肾脏疾病相关特点,如少尿、腰痛、蛋白尿、尿素氮含量升高等,实习医生对其进行诊断时极易与肾脏疾病混淆,出现误诊、漏诊情况[16, 17];④类风湿性关节炎。流行性出血热患者全身发热,且出现疼痛情况,经类风湿因子阳性以及血沉情况较快等临床检查结果可误诊为类风湿性关节炎疾病[16, 17];⑤白血病。流行性出血热患者经血常规检查结果可知体内白细胞含量异常升高[19]。

误诊对策分析:①上呼吸道感染。流行性出血热患者虽表现出发热、全身不适以及疼痛等临床表现,但并未出现流涕、鼻塞、咳嗽等上呼吸道感染典型症状,实习医生应对患者临床表现进行仔细观察与判断,结合各项临床实验室检查结果,从而准确诊断病情;②消化系统疾病。患者虽表现出厌油、纳差、恶心、腹胀等消化系统症状,但经临床实验室检查可知体内蛋白尿、血小板均出现异常,与消化系统疾病实验室检查结果不符,且若患者无肝病感染史、酗酒以及肝毒性药物接触史应排除肝脏疾病可能性;③肾脏疾病。肾脏疾病典型特点较多,若患者无血尿、水肿、血压升高等临床表现,经尿蛋白检测升高幅度较小且不治而愈,多尿期未发生典型的夜尿增多特点。未出现尿比重降低表现,且经血常规检测血小板减少,均违背肾脏疾病特点,应对患者病情进行重新判断;④类风湿性关节炎或白血病。误诊此类疾病往往由于实习医生未对患者病情进行全面判断,仅凭借单一临床表现与检查结果相结合,即匆忙得出结论,造成误诊、漏诊[20]。

综上所述,实习医生应根据患者临床表现,排除相似疾病类型,结合临床各种实验室检查结果,对患者病情进行综合判断,从而提高流行性出血热诊断正确率,降低误诊、漏诊几率,提高患者治疗效果,保障其生命安全。

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