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宫炎康胶囊联合头孢他啶对慢性盆腔炎患者血清炎症因子、血液流变学及生存质量的影响*

林 铃¹ 程 虹¹ 韩 柳¹ 冯彩霞¹ 常 乐²

(1 中南大学湘雅医学院附属海口医院妇产科 海南 海口 570208; 2 海南省人民医院妇产科 海南 海口 570311)

摘要 目的:探讨宫炎康胶囊联合头孢他啶对慢性盆腔炎患者血清炎症因子、血液流变学及生存质量的影响。**方法:**选取 2018 年 3 月~2020 年 7 月期间我院收治的慢性盆腔炎患者 98 例,根据信封抽签法将患者分为对照组和观察组,两组各为 49 例。对照组给予头孢他啶治疗,观察组在对照组的基础上联合宫炎康胶囊治疗,均连续治疗 2 周。对比两组疗效、临床症状消失时间、血清炎症因子、血液流变学、生存质量及不良反应。**结果:**观察组的临床总有效率高于对照组($P<0.05$)。观察组下腹疼痛、腰骶胀痛、带下异常消失时间短于对照组($P<0.05$)。治疗 2 周后,两组血清白细胞介素-6(IL-6)、肿瘤坏死因子- α (TNF- α)、C-反应蛋白(CRP)水平均下降,且观察组低于对照组($P<0.05$)。治疗 2 周后,两组高切全血比粘度、低切全血比粘度、血浆比粘度均下降,且观察组低于对照组($P<0.05$)。治疗 2 周后,两组心理健康、生理健康、周围环境、社会关系评分均升高,且观察组高于对照组($P<0.05$)。两组不良反应发生率对比无差异($P>0.05$)。**结论:**头孢他啶与宫炎康胶囊联合治疗慢性盆腔炎,可缓解炎症反应,改善患者血液流变学及生存质量,安全有效。

关键词:宫炎康胶囊;头孢他啶;慢性盆腔炎;炎症因子;血液流变学;生存质量

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Effect of Gongyankang Capsule Combined with Ceftazidime on Serum Inflammatory Factors, Hemorheology and Quality of Life in Patients with Chronic Pelvic Inflammatory Disease*

LIN Ling¹, CHENG Hong¹, HAN Liu¹, FENG Cai-xia¹, CHANG Le²

(1 Department of Obstetrics and Gynecology, Haikou Hospital Affiliated to Xiangya Medical College of Central South University, Haikou, Hainan, 570208, China; 2 Department of Obstetrics and Gynecology, Hainan Provincial People's Hospital, Haikou, Hainan, 570311, China)

ABSTRACT Objective: To investigate the effect of Gongyankang capsule combined with ceftazidime on serum inflammatory factors, hemorheology and quality of life in patients with chronic pelvic inflammatory disease. **Methods:** 98 patients with chronic pelvic inflammatory disease who were admitted to our hospital from March 2018 to July 2020 were selected, and divided into control group and observation group according to envelope drawing method, with 49 cases in each group. The control group was treated with ceftazidime, and the observation group was treated with Gongyankang capsule on the basis of the control group, all patients were treated for 2 weeks. The curative effect, disappearance time of clinical symptoms, serum inflammatory factors, hemorheology, quality of life and adverse reactions were compared between the two groups. **Results:** The clinical total effective rate of the observation group was higher than that of the control group ($P<0.05$). The disappearance time of clinical symptoms such as lower abdominal pain, lumbosacral distending pain and abnormal band of the observation group were shorter than those of the control group ($P<0.05$). 2 weeks after treatment, the serum levels of interleukin-6(IL-6), tumor necrosis factor- α (TNF- α), C-reactive protein (CRP) of the two groups decreased, and the observation group was lower than the control group ($P<0.05$). 2 weeks after treatment, the high shear whole blood specific viscosity, low shear whole blood specific viscosity and plasma specific viscosity of the two groups decreased, and the observation group was lower than the control group ($P<0.05$). 2 weeks after treatment, the scores of mental health, physical health, surrounding environment and social relations of the two groups were increased, and the observation group was higher than the control group ($P<0.05$). There was no significant difference in the incidence of adverse reactions between the two groups ($P>0.05$). **Conclusion:** Gongyankang capsule combined with ceftazidime in the treatment of chronic pelvic inflammatory disease can alleviate inflammatory reaction, improve hemorheology and quality of life of patients, which is safe and effective.

Key words: Gongyankang capsule; Ceftazidime; Chronic pelvic inflammatory disease; Inflammatory factors; Hemorheology; Quality of life

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作者简介:林铃(1971-),女,本科,副主任医师,从事妇产医学方向的研究,E-mail:linlin1369@126.com

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前言

慢性盆腔炎是指女性内生殖器及其周围结缔组织的炎症性疾病,包括盆腔腹膜炎、输卵管卵巢囊肿、子宫内膜炎等,通常与急性盆腔炎久治未愈而发生病情反复发作或迁延有关^[1,2]。该病多发于 20~40 岁妇女,临床症状包括下腹部疼痛、腰骶胀痛、带下异常、不孕等^[3,4]。临床上对于该病的治疗通常采用抗菌药物,头孢他啶具有广泛的对抗革兰阳性和革兰阴性菌的作用,既往用于泌尿生殖系统感染疾病治疗中,取得了较好的疗效^[5,6]。但单一使用抗菌药物极易发生耐药,且难以达到预期效果。宫炎康胶囊具有化瘀活血、解毒消肿的功效,在慢性盆腔炎的治疗中较常用^[7]。本研究选取部分慢性盆腔炎患者,给予头孢他啶、宫炎康胶囊的联合治疗,取得了较好的疗效,报道如下。

1 资料与方法

1.1 临床资料

选取 2018 年 3 月~2020 年 7 月我院收治的慢性盆腔炎患者 98 例,纳入标准:(1)参照《妇产科学》第 8 版^[8]:①分泌物检查可检出病原菌,②下腹部坠胀或腰骶部酸痛,③超声可见输卵管增粗,输卵管卵巢囊肿块或子宫直肠窝积液,④精神不振、月经不调,⑤妇科检查见子宫呈后位,伴有压痛;(2)患者及其家属知情本研究且签署了同意书;(3)患者治疗前未服用研究药物或含有药物成分的其他药物。排除标准:(1)存在过敏症患者;(2)合并有肾脏器质性疾病的患者;(3)合并有其他严重代谢性疾病如高血压、糖尿病的患者;(4)合并传染性疾病的患者;(5)合并精神疾患,无法配合治疗的患者。根据信封抽签法将其分为观察组、对照组。其中对照组 49 例,病程 8 个月~7 年,平均(3.73±0.95)年;年龄 30~60 岁,平均(42.61±5.17)岁;其中输卵管卵巢囊肿 12 例、输卵管炎 14 例、子宫内膜炎 10 例、盆腔腹膜炎 13 例。观察组 49 例,病程 10 个月~8 年,平均(3.78±0.86)年;年龄 32~65 岁,平均(42.75±6.42)岁;其中子宫内膜炎 9 例、输卵管炎 15 例、输卵管卵巢囊肿 14 例、盆腔腹膜炎 11 例。两组一般资料对比无明显差异($P>0.05$),具有可比性。我院伦理委员会已批准本研究。

1.2 方法

对照组患者给予注射用头孢他啶[上海上药新亚药业有限公司,国药准字 H20033881,规格:1.0 g(按 $C_{22}H_{22}N_6O_7S_2$ 计)],将 2 g 注射用头孢他啶加入 250 mL 0.9% 生理盐水,静脉滴注,2 次/d。观察组则给予宫炎康胶囊(江西杏林白马药业股份有限公司,国药准字 Z20050073,规格:每粒装 0.4 g)联合头孢他啶治疗,头孢他啶治疗方案同对照组,宫炎康胶囊 6 粒/次,2 次/d。两组均治疗 2 周。

1.3 疗效评价

临床有效率=100%-无效率。治疗后临床症状消失,血常规白细胞水平恢复至正常水平,腹部彩超显示盆腔积液和炎性包块消失为痊愈;治疗后腹部彩超显示盆腔炎性包块直径较治疗前减少 1/2 及以上,临床症状明显好转,盆腔积液较治疗前

减少 2/3 及以上为显效;治疗后患者腹部彩超显示盆腔炎性包块直径较治疗前减少不足 1/2,盆腔积液较治疗前减少不足 2/3,各项临床症状较治疗前有所好转为有效;未达到以上标准者为无效^[9]。

1.4 观察指标

(1)观察并记录两组患者临床症状包括下腹疼痛、腰骶胀痛、带下异常消失时间。(2)于治疗前、治疗 2 周后的清晨抽取所有患者 5 mL 空腹静脉血,采用酶联免疫吸附试验(相关试剂盒购自上海晶抗生物工程有限公司)测定白细胞介素-6(IL-6)、肿瘤坏死因子- α (TNF- α)、C-反应蛋白(CRP)水平,均按照试剂盒说明书严格执行操作。采用 BC-30 全自动血流分析仪(南京贝登医疗股份有限公司)检测两组患者血液流变学指标:血浆比粘度、高切全血比粘度、低切全血比粘度。(3)采用世界卫生组织生存质量测量表量表(WHOQOL-BREF)^[10]评价两组患者治疗前、治疗 2 周后生存质量,包括心理健康、生理健康、周围环境和社会关系 4 个方面,总分为 100 分,分值越高,生存质量越好。(4)记录不良反应。

1.5 统计学方法

采用 SPSS22.0 软件分析数据。疗效、不良反应发生率等计数资料用率(%)描述,采用 χ^2 检验或 Fisher 确切概率法。临床症状、血液流变学指标等计量资料经正态性检验符合正态分布,采用均数±标准差($\bar{x}\pm s$)描述,组间比较成组 t 检验,组内比较采用配对 t 检验。检验水准为 $\alpha=0.05$ 。

2 结果

2.1 疗效对比

观察组患者中:无效 4 例,有效 16 例,显效 18 例,痊愈 11 例,总有效率为 91.84%(45/49);对照组患者中:无效 13 例,有效 17 例,显效 13 例,痊愈 6 例,总有效率为 73.47%(36/49);观察组的临床总有效率较对照组高($\chi^2=5.765, P=0.016$)。

2.2 两组临床症状消失时间对比

观察组下腹疼痛、腰骶胀痛、带下异常临床症状消失时间短于对照组($P<0.05$),详见表 1。

2.3 两组炎症因子指标对比

治疗前,两组血清 IL-6、TNF- α 、CRP 水平对比无差异($P>0.05$),治疗 2 周后,两组血清 IL-6、TNF- α 、CRP 水平均下降,且观察组低于对照组($P<0.05$),详见表 2。

2.4 两组血液流变学指标对比

治疗前,两组高切全血比粘度、低切全血比粘度、血浆比粘度对比无统计学差异($P>0.05$),治疗 2 周后,两组高切全血比粘度、低切全血比粘度、血浆比粘度均下降,且观察组低于对照组($P<0.05$),详见表 3。

2.5 生存质量对比

治疗前,两组 WHOQOL-BREF 评分对比无统计学差异($P>0.05$),治疗 2 周后,两组心理健康、生理健康、周围环境、社会关系评分均升高,且观察组高于对照组($P<0.05$),详见表 4。

2.6 两组不良反应发生率对比

治疗过程中观察组不良反应发生率为 18.37%(9/49),包括 生率为 14.29%(7/49),包括胃痛、呕吐各 2 例,3 例嗜睡。不良
呕吐 3 例,2 例胃痛,嗜睡 4 例。治疗过程中对照组不良反应发 反应发生率两组比较无差异($\chi^2=0.299, P=0.585$)。

表 1 两组临床症状消失时间对比($\bar{x} \pm s, d$)

Table 1 Comparison of disappearance time of clinical symptoms between the two groups($\bar{x} \pm s, d$)

Groups	Lower abdominal pain	Lumbosacral distending pain	Abnormal band
Control group(n=49)	12.39±1.23	10.24±1.45	9.38±1.42
Observation group(n=49)	8.61±1.18	7.53±1.33	7.24±1.35
t	15.524	9.641	7.646
P	0.000	0.000	0.000

Note: compared with before treatment, ^a $P<0.05$

表 2 两组炎症因子指标对比($\bar{x} \pm s$)

Table 2 Comparison of inflammatory factors between the two groups($\bar{x} \pm s$)

Groups	IL-6(ng/L)		TNF- α (μ g/L)		CRP(g/L)	
	Before treatment	2 weeks after treatment	Before treatment	2 weeks after treatment	Before treatment	2 weeks after treatment
Control group (n=49)	511.65±29.31	342.26±31.34 ^a	2.98±0.35	1.86±0.43 ^a	21.32±2.29	16.86±2.38 ^a
Observation group (n=49)	510.69±35.28	239.71±38.42 ^a	2.91±0.49	1.25±0.52 ^a	21.39±3.38	12.47±3.27 ^a
t	0.147	14.478	0.814	6.328	0.120	7.598
P	0.884	0.000	0.418	0.000	0.905	0.000

表 3 两组血液流变学指标对比($\bar{x} \pm s, mPa \cdot s$)

Table 3 Comparison of hemorheology indexes between the two groups($\bar{x} \pm s, mPa \cdot s$)

Groups	High shear whole blood specific viscosity		Low shear whole blood specific viscosity		Plasma specific viscosity	
	Before treatment	2 weeks after treatment	Before treatment	2 weeks after treatment	Before treatment	2 weeks after treatment
Control group (n=49)	6.35±0.66	4.06±0.64 ^a	15.48±2.73	10.26±2.13 ^a	2.63±0.42	1.81±0.53 ^a
Observation group (n=49)	6.42±0.71	2.91±0.52 ^a	15.27±2.69	6.95±1.92 ^a	2.69±0.38	1.36±0.47 ^a
t	0.505	9.762	0.384	8.080	0.742	4.447
P	0.614	0.000	0.702	0.000	0.460	0.000

Note: compared with before treatment, ^a $P<0.05$.

表 4 两组 WHOQOL-BREF 评分对比($\bar{x} \pm s$, 分)

Table 4 Comparison of WHOQOL-BREF scores between the two groups($\bar{x} \pm s$, scores)

Groups	Mental health		Physical health		Surrounding environment		Social relations	
	Before treatment	2 weeks after treatment	Before treatment	2 weeks after treatment	Before treatment	2 weeks after treatment	Before treatment	2 weeks after treatment
Control group (n=49)	10.50±2.35	13.69±3.96 ^a	9.45±1.02	13.21±2.26 ^a	10.89±1.42	13.75±2.27 ^a	11.54±2.38	14.69±2.32 ^a
Observation group(n=49)	10.97±2.51	16.48±3.12 ^a	9.74±1.42	16.58±2.44 ^a	10.72±1.31	16.83±2.43 ^a	11.48±2.27	17.13±2.21 ^a
t	0.957	3.874	1.161	7.093	0.616	6.484	0.128	5.331
P	0.341	0.000	0.248	0.000	0.539	0.000	0.899	0.000

Note: compared with before treatment, ^a $P<0.05$.

3 讨论

慢性盆腔炎除了可引起异位妊娠或不孕症,还可导致神经衰弱症状,降低患者生存质量^[11-13]。慢性盆腔炎主要由于女性盆腔组织受到致病菌感染所致,致病菌包括金黄色葡萄球菌、链球菌、厌氧菌、大肠杆菌等,基于盆腔位置的特殊性,细菌培养及药敏试验难以进行^[14,15]。故而对于该病的治疗,临床一直未能有特效方案,多采用广谱抗生素进行治疗。但也有患者因广谱抗生素反复使用,以致于机体盆腔局部出现微循环障碍,免疫功能紊乱^[16,17]。有研究发现^[18],多数慢性盆腔炎患者尚未得到细菌感染的证据,可见单纯的细菌感染性炎症并不能完整的解慢性盆腔炎的全部发病过程。随着研究的深入,不少研究已证实免疫病理损伤是慢性盆腔炎的主要病理变化,其中炎症细胞因子活化以及炎症细胞的激活、渗出,均可引起炎症病理损伤,促进慢性盆腔炎疾病进展^[19,20]。

头孢他啶抗菌谱广,对革兰阴性菌的耐药性也普遍较低,因此被广泛应用于慢性盆腔炎的治疗中^[21]。其主要作用机制表现为以下2个方面:可以与 β -内酰胺结合蛋白相结合,改变细胞膜的通透性而发挥溶菌的效果^[22]。通过干扰转肽酶来抑制细胞壁的合成,进而加速细菌的凋亡^[23]。近年来,中成药逐渐应用于治疗慢性盆腔炎,并获得了较好的效果^[24]。宫炎康胶囊的主要成分有北败酱、炮姜、川芎、当归、柴胡、红花、延胡索等,可发挥解毒消肿、活血化瘀的作用^[25]。本次研究结果显示,相较于单用头孢他啶治疗,宫炎康胶囊联合头孢他啶治疗慢性盆腔炎,可改善患者临床症状,进一步提升整体治疗效果。可能与两药联合使用时,头孢他啶可抑制、杀灭细菌,而宫炎康胶囊可发挥扶正祛邪、标本兼顾之优点有关。金志国等学者^[26]认为慢性盆腔炎的发病与血液循环障碍,尤其是与微循环障碍密切相关。高切全血比粘度、低切全血比粘度、血浆比粘度均是临床常见的血液流变学指标,本研究结果显示,患者经治疗后上述指标均得到有效改善,且联合治疗的患者改善效果更为显著。可能与宫炎康胶囊成分中的当归、红花、延胡索等具有活血化瘀、通络、温经、镇痛之功效有关^[27]。炎症反应作为慢性盆腔炎的发病基础,其中IL-6可加剧炎症反应并诱导急性反应蛋白的产生;TNF- α 也是重要的促炎因子,在炎症反应中,可被大量释放,同时TNF- α 可增强炎症细胞外蛋白的分离参与机体炎症反应;CRP作为急性时相蛋白之一,机体一旦处于炎症状态,体内CRP明显升高,且可在短时间内达到顶峰^[28]。本研究结果显示,观察组IL-6、TNF- α 、CRP水平较对照组低。可见宫炎康胶囊联合头孢他啶治疗可有效控制慢性盆腔炎患者的炎症反应。药理研究显示^[29,30],宫炎康胶囊可有效调整体内微循环,提高免疫力,加快炎症吸收。同时对比两组生存质量可知,宫炎康胶囊联合头孢他啶治疗者的生存质量改善更佳,可能与其疾病得到有效控制,症状改善更为快速,患者身心舒适有关。同时宫炎康胶囊联合头孢他啶治疗不会增加不良反应发生率,安全可靠,便于临床应用。

综上所述,慢性盆腔炎患者采用头孢他啶联合宫炎康胶囊治疗,可促进患者症状改善,缓解炎症反应,改善患者血液流变学及生存质量,疗效明确,且安全性较好。

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