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丁苯酞氯化钠注射液联合神经节苷脂治疗急性脑梗死的临床效果观察*

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摘要 目的:探讨丁苯酞和神经节苷酯治疗急性脑梗死的临床效果,为临床治疗提供可借鉴的方法。**方法:**选取 2011 年 8 月-2013 年 5 月在我院接受治疗的 94 例急性脑梗死患者,随机分为治疗组和对照组,每组 47 例。对照组患者采取抗血小板制剂及活血药物进行常规治疗,治疗组患者在此基础上给予丁苯酞氯化钠注射液联合单唾液酸神经节苷酯进行治疗。采用 NIHSS 评定各组患者神经功能缺损程度,应用改良 Rankin 量表评定残障水平,并对两组患者的治疗效果进行对比分析。**结果:**两组患者治疗前的 NIHSS 与 mRs 评分无明显差异($P>0.05$)。两组患者治疗后的 NIHSS 及 mRs 评分较治疗前均获得改善,治疗组患者改善更为明显,治疗效果明显优于对照组,差异具有统计学意义($P<0.05$)。对照组患者治疗的总有效率为 93.61%;治疗组患者治疗的总有效率为 97.87%。治疗组的治疗总有效率明显高于对照组,差异具有统计学意义($P<0.05$)。**结论:**丁苯酞联合神经节苷酯治疗急性脑梗死具有明显的治疗效果,患者治疗后的 NIHSS 及 mRs 评分得到改善,值得临床推广采用。

关键词:急性脑梗死;丁苯酞;神经节苷酯;治疗效果

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Observation on the Clinical Effects of the Butylphthalide and Sodium Chloride Injection Combined with the Ganglioside on the Treatment of the Acute Cerebral Infarction*

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ABSTRACT Objective: To observe the clinical efficacy of the butylphthalide and sodium chloride injection combined with the glucoside on patients with acute cerebral infarction in order to provide a reference to the clinical treatment. **Methods:** 94 patients with the acute cerebral infarction who were treated in our hospital between August 2011 and May 2013 were selected and randomly divided into the treatment group and the control group, with 47 cases in each one. The patients in the control group were treated by the conventional methods, while the patients in the treatment group were treated by the butylphthalide and sodium chloride injection combined with the glucoside besides that of the conventional one. Then the NIHSS was used to evaluate the degree of the nerve function defection, and the modified Rankin scale was used to evaluate the level of disability. The clinical efficacy of patients in the two groups were analyzed and compared. **Results:** There was no statistically significant difference about the scores of the mRs and the NIHSS between the two groups before treatment ($P>0.05$). After treatment, the NIHSS and mRs scores of the patients in the two groups were improved than before, especially for the patients in the treatment group with statistically significant differences ($P<0.05$). The total clinical efficacy of the treatment group was higher than that of the patients in the control group ($P<0.05$). **Conclusions:** It is suggested that the clinical efficacy of the butylphthalide and sodium chloride injection combined with the glucoside on the treatment of the acute cerebral infarction could be worthy of clinical promotion with obvious clinical efficacy.

Key words: Acute cerebral infarction; Butylphthalide and sodium chloride injection; Glucoside; Clinical efficacy

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前言

脑梗死(Cerebral infarction)是指由于脑部血液供应障碍、缺血、缺氧引起的局限性脑组织缺血性坏死或脑软化,血管内膜损伤使脑动脉管腔狭窄,促使局部血栓形成,使动脉狭窄加重或完全闭塞,导致脑组织缺血、缺氧、坏死,引起神经功能障碍的一种脑血管病。脑梗死的致死、致残率极高,且易复发,严重影响患者的生存质量^[1-4]。近年来,脑梗死的发病率逐渐升高,已成为我国公民的主要死亡原因之一。临床上认为理想的治疗方法是溶栓,可使血流再通,神经功能缺损症状恢复。但是溶栓治疗具有严格的时间控制,临床应用受到极大的限制^[5,6]。因此,采取合理有效的治疗方法是改善急性脑梗塞患者预后的关键。我们应用丁苯酞氯化钠注射液联合神经节苷脂治疗急性脑梗塞取得了较好的临床疗效,现报道如下。

1 资料与方法

1.1 研究对象

2011年8月-2013年5月在我院神经内科住院的94例急性脑梗死患者,均在发病后48小时内入院,全部经头颅CT和磁共振成像确诊。将所选患者随机分为治疗组和对照组,每组47例。治疗组包括男27例,女20例,年龄37-77岁,平均 (59.10 ± 5.28) 岁。对照组包括男29例,女18例,年龄35-78岁,平均 (58.46 ± 4.19) 岁。两组间年龄、性别、梗死面积、神经功能缺损评分、既往病史、病情严重程度等方面差异无显著性($P>0.05$)。

1.2 方法

对照组患者给予常规治疗:抗血小板制剂(阿司匹林100 mg/d口服,奥扎格雷(80 mg 每天两次静脉点滴)及活血药物(红花20 mL 每天一次加液静脉点滴)。治疗组患者在常规治疗的基础上给予丁苯酞氯化钠注射液(石药集团恩必普药业有限公司,100 mL含丁苯酞25 mg)100 mL,每天2次,单唾液酸神经节苷酯40 mg加生理盐水250 mL静脉点滴,每日1次,连续治疗15天。

1.3 疗效评价

分别于治疗前和治疗后采用NIHSS评定各组患者神经功能缺损程度,应用改良Rankin量表(modified Rankin Scale, mRs)评定患者残障水平。近期疗效判断标准:①痊愈:NIHSS减少90%-100%,残障程度0级;②显效:NIHSS减少46%-89%,残障程度1-3级;③有效:NIHSS减少18%-5%;④无效:NIHSS评分减少或增加<18%。总有效率=痊愈+显效+有效。

1.4 统计学方法

所有数据使用SPSS 19.0统计软件进行处理,计量资料采用均数 $\pm$ 标准差表示,数据比较使用t检验或秩和检验,以 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者治疗前后的神经功能变化

治疗前,对照组患者NIHSS评分为 (8.25 ± 0.51) ,mRs评分为 (10.84 ± 0.66) ;治疗组患者NIHSS评分为 (7.52 ± 0.81) ,mRs评分为 (10.27 ± 0.73) ;两组患者治疗前的NIHSS与mRs评分无明显差异($P>0.05$)。治疗后,对照组患者NIHSS评分为 (5.96 ± 0.39) ,mRs评分为 (8.65 ± 0.97) ;治疗组患者NIHSS评分为 (5.17 ± 0.28) ,mRs评分为 (7.49 ± 0.56) ;两组患者治疗后的NIHSS及mRs评分较治疗前均获得改善,治疗组患者改善更为明显,治疗效果明显优于对照组,差异具有统计学意义($P<0.05$)。

2.2 两组患者治疗疗效的比较

对照组47例患者,痊愈16例(34.04%),显效17例(36.17%),有效11例(23.40%),无效3例(6.38%),治疗的总有效率为93.61%;治疗组47例患者,痊愈21例(44.68%),显效15例(31.91%),有效10例(21.28%),无效1例(2.13%),治疗的总有效率为97.87%。治疗组的治疗总有效率明显高于对照组,组间差异具有统计学意义($P<0.05$)。

3 讨论

脑梗死病变血管闭塞后相应缺血缺氧的脑组织边缘存在侧支循环仍可获得一定的血供,使该区域内的神经元仍可存活,而且丧失的功能具有可逆性,若缺血时间过长则会产生大量氧自由基,使酶的活性降低,导致钙超载并激活兴奋性氨基酸的大量释放,造成神经元细胞功能的不可逆性损害^[7-10]。因此,对于急性脑梗塞患者的治疗应及时恢复其脑部血流供应,建立侧支循环,改善细胞代谢,使脑神经细胞继续存活并恢复其自身功能,从而取得较好的临床疗效。

丁苯酞可通过加强血管内皮生长因子及缺氧诱导因子1 α 的表达,促进缺血区新生血管的形成,进而增加毛细血管的数量,帮助缺血区微循环重建,保证微血管结构及形态的相对完整,增加缺血区灌注,恢复血流供应,缩小病灶范围,从而减轻缺血对神经功能造成的损伤^[11-14]。神经节苷酯是一种复合糖脂,是神经细胞膜的天然组成部分,参与神经元的生长,分化和表达以及细胞迁移和神经生长锥的定向延伸,具有神经保护和神经修复双重作用^[15-17]。国内外实验表明,丁苯酞可直接作用于缺血区脑线粒体,提高缺血期呼吸链复合酶IV的含量,从而改善呼吸链功能;也可间接作用于缺血区,通过提高缺血患者脑内的三磷酸腺苷和磷酸肌酸水平,改善缺血期三磷酸腺苷耗竭造成的脑线粒体结构和功能损伤^[18-20]。

本研究中,两组患者治疗后的NIHSS及mRs评分较治疗前均获得改善,治疗组患者改善更为明显,治疗组的治疗总有效率明显高于对照组($P<0.05$)。结果说明,丁苯酞能够改善脑缺血状态下脑能量代谢,降低细胞内钙浓度,解除血管痉挛,抑制血小板聚集;下调脑缺血灶周围水通道蛋白4的高表达和5-羟色胺的过量释放,保护血脑屏障,从而减轻脑卒中后脑水肿的发生。此外,外源性神经节苷酯进入神经细胞膜能促使膜蛋白质的磷酸化,与钙离子结合能防止其内流,从而保护膜稳定性,防止膜损伤,进而减少自由基的生成;神经节苷酯可以直

接嵌入受损神经元细胞膜中填补膜缺损,还可通过其信息传递作用,促使受损神经元增强自身修复的能力,减少自由基的生成。

综上所述,丁苯酞联合神经节苷酯治疗急性脑梗死具有明显的治疗效果,丁苯酞联合神经节苷酯可阻断急性脑梗死所致脑损伤的多个病理环节,减轻脑水肿,改善脑能量代谢和缺血区的微循环,可明显缩小局部脑缺血的梗死面积,从而较好的保留和回复脑功能,值得临床推广采用。

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