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中药熏蒸对挂线引流术后肛瘘患者血清免疫球蛋白水平及预后的影响 *

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摘要 目的:探讨中药熏蒸对经挂线引流术后肛瘘患者血清免疫球蛋白水平及预后的影响。**方法:**收集我院治疗的 94 例肛瘘患者,随机分为实验组和对照组,每组 47 例。所有患者行肛瘘挂线术,对照组患者术后采用左氧氟沙星注射液治疗,实验组患者在对照组基础上给予中药熏洗治疗。观察并比较两组患者治疗前后血清 IgA 及 IgG 水平,疼痛持续时间及恢复时间以及临床疗效。**结果:**与治疗前相比,两组患者治疗后血清 IgA 及 IgG 水平均下降,差异具有统计学意义($P<0.05$);与对照组相比,实验组患者治疗后血清 IgA 及 IgG 水平较低,差异具有统计学意义($P<0.05$);实验组患者疼痛持续时间及恢复时间均少于对照组,差异具有统计学意义($P<0.05$);实验组临床治疗有效率高于对照组,差异具有统计学意义($P<0.05$)。**结论:**中药熏蒸能够降低经挂线引流术后肛瘘患者血清 IgA 及 IgG 水平,缩短术后疼痛时间,促进术后康复,临床疗效较好。

关键词:中药熏蒸;挂线引流术;肛瘘;IgA;IgG

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Effect of Herbal Fumigation on Serum Levels of Immunoglobulin and Prognosis of Patients with Anal Fistula after Hanging Line Drainage Operation*

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ABSTRACT Objective: To investigate the effect of herbal fumigation on serum levels of immunoglobulin and prognosis of patients with anal fistula after the hanging line drainage operation. **Methods:** 94 patients with anal fistula who were treated in our hospital were selected and randomly divided into the experimental group and the control group, with 47 cases in each group. All the patients were treated with the hanging line drainage operation. The patients in the control group were treated with routine infusion of levofloxacin injection after the operation, while the patients in the experimental group were treated with herbal fumigation on the basis of the control group. Then the serum levels of IgG and IgA, and the pain duration and recovery time and clinical efficiency of the two groups were observed and compared before and after treatment. **Results:** Compared with before treatment, the serum levels of IgA and IgG in the two groups decreased after treatment, and the differences were statistically significant ($P<0.05$); Compared with the control group, the serum levels of IgA and IgG in the experimental group were lower after the treatment, and the differences were statistically significant ($P<0.05$); The time of pain and recovery in the experimental group were shorter than those of the control group, and the differences were statistically significant ($P<0.05$); The clinical effective rate in the experimental group was higher than that of the control group, and the difference was statistically significant ($P<0.05$). **Conclusion:** Traditional Chinese medicine fumigation can reduce the serum levels of IgA and IgG in patients with anal fistula after the seton drainage operation, which is worthy of clinical application.

Key words: Herbal Fumigation; Hanging line drainage; Anal fistula; IgA; IgG

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前言

肛瘘(Fistula)是直肠、肛管与肛周皮肤之间形成的病理性管道,以肛缘出现硬性条索状肿物伴流脓、疼痛等为主要临床表现,常由于肛门直肠周围的脓肿破溃切开形成^[1]。据统计,肛瘘的发病率占有所有肛肠疾病的约 1/4,且复发率较高,是

肛肠科疾病中复发率最高的疾病^[2]。肛门直肠周围的感染是临床上较为公认的肛瘘病因,而肛腺上皮的免疫机能下降使其易发生感染^[3]。有研究指出^[4],中医在提高患者免疫力方面具有特殊作用,肛瘘在祖国医学中被称为“肛漏”,疼痛持续时间长、易复发。挂线法对肛瘘产生慢性机械性的边切边愈合,能够使肛瘘周围组织产生粘连,防止回缩,是临床治疗高位肛瘘常

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用的手术方法^[9]。本实验采用挂线引流术后配合中药熏洗的方法,通过观察患者血清免疫球蛋白水平的变化及患者的预后状况,探讨中药熏洗对挂线引流术后肛瘘患者的辅助治疗作用,现报道如下。

1 资料与方法

1.1 临床资料

收集 2015 年 3 月~2016 年 6 月于我院就诊或住院治疗的 94 例肛瘘患者,随机分为两组,每组 47 例。实验组平均年龄(39.32±0.89)岁,男 31 例,女 16 例;对照组平均年龄(38.68±0.78)岁男 29 例,女 18 例。所有患者均符合肛瘘的诊断标准,符合肛瘘挂线引流术的手术指征。所有患者均为初次进行挂线引流术,患者无肛周其他疾病;所有患者重要器官的重大疾病,患者无恶性肿瘤,患者经常规临床检查相关指标正常;所有对象均同意进行实验措施。排除不符合纳入标准的患者,排除妊娠、哺乳期以及备孕妇女;排除对本实验治疗措施过敏的患者;排除患有其他肛周疾病的患者;排除有凝血障碍的患者;排除不愿接受实验措施的患者。

两组患者一般资料相比具有可比性($P>0.05$)。

1.2 方法

所有患者取截石位,常规消毒,采用骶管麻醉,行肛瘘挂线术进行治疗。用探针自外口沿瘘道向肛内找到内口,弯折探针头,探针头部用固定橡皮筋,橡皮筋两端拉紧且置于管壁内,用 7 号丝线将其结扎固定,引流,止血之后包扎。对照组患者常规滴注左氧氟沙星注射液(国药准字 H20060508 生产厂家:福安药业集团宁波天衡制药有限公司)0.5 g,静脉滴注,1 次/d,实验组患者给予中药熏洗,采用自制中药熏洗方(苦参、黄柏、生地榆、蛇床子、地肤子、苍术)以水煎煮两次,得 300 mL 药汁,进行熏蒸,30 min/次,1 次/d,直至患者橡皮筋脱落。

1.3 观察指标

对两组患者术后的疼痛持续时间以及患者恢复时间(橡皮筋脱落时间)进行检测。治疗前后取所有患者外周静脉血 3 mL,采用免疫散射比浊法对患者血清 IgA、IgG 水平进行检测。

1.4 疗效评价

治疗后对两组患者的临床疗效进行评价,患者治疗后临床症状和体征消失为治愈;患者治疗后各项临床症状均有明显改善为显效;患者治疗后临床症状均有改善为有效;患者临床症状或体征无改善甚至加重为无效。

1.5 统计学分析

采用 SPSS 19.0 统计软件,计量数据采用 t 检验,以均数±标准差($\bar{x} \pm s$)表示;计数资料采用卡方检验,%表示。以 $P<0.05$ 认为差异有统计学意义。

2 结果

2.1 两组患者疼痛持续时间及恢复时间比较

与对照组相比,实验组患者的疼痛持续时间以及恢复时间较短($P<0.05$),见表 1。

表 1 两组患者疼痛持续时间以及恢复时间水平比较($\bar{d}, \bar{x} \pm s$)

Table 1 Comparison of the time of pain and recovery between two groups

(d, $\bar{x} \pm s$)		
Groups	Duration of pain	Recovery time
Experimental group	3.84±0.92*	6.38±1.47*
Control group	7.27±1.36	10.84±1.95

Note: Compared with the control group, * $P<0.05$.

2.2 两组患者治疗前后血清 IgA 水平比较

治疗后,与治疗前相比,两组患者的血清 IgA 水平均下降($P<0.05$);实验组患者的血清 IgA 水平与对照组相比较低($P<0.05$),见表 2。

表 2 两组患者治疗前后 IgA 水平比较(g/L, $\bar{x} \pm s$)

Table 2 Comparison of the serum levels of IgA between two groups before

and after treatment(g/L, $\bar{x} \pm s$)		
Groups	Before treatment	After treatment
Experimental group	3.02±0.34	2.34±0.27**
Control group	3.13±0.41	2.56±0.22*

Note: Compared with before treatment, * $P<0.05$; Compared with the control group, ** $P<0.05$.

2.3 两组患者治疗前后血清 IgG 水平比较

治疗后,与治疗前相比,两组患者的血清 IgG 水平均下降($P<0.05$);实验组患者的血清 IgG 水平与对照组相比较低($P<0.05$),见表 2。

表 3 两组患者治疗前后 IgG 水平比较(g/L, $\bar{x} \pm s$)

Table 3 Comparison of the serum levels of IgG between two groups

before and after treatment(g/L, $\bar{x} \pm s$)		
Groups	Before treatment	After treatment
Experimental group	14.82±3.18	8.81±2.16**
Control group	15.02±2.28	11.37±1.99*

Note: Compared with before treatment, * $P<0.05$; Compared with the control group after treatment, ** $P<0.05$.

2.4 临床疗效比较

与对照组相比,实验组治疗总有效率较高($P<0.05$),见表 4。

表 4 患者临床疗效比较(% , $\bar{x} \pm s$)

Table 4 Comparison of the clinical curative effect between the two groups(% , $\bar{x} \pm s$)

Groups	Cure	Excellence	Effective	Invalid	Total effective rate
Experimental group	21(44.68)	12(25.53)	12(25.53)	2(4.26)	45(95.74)*
Control group	13(27.66)	15(31.91)	7(14.89)	12(25.53)	35(74.47)

Note: Compared with the control group, * $P<0.05$.

3 讨论

肛瘘是临床肛肠科的常见良性疾病,近年来我国肛瘘的

发病率明显升高^[9]。据统计^[7],肛瘘在青年和老年人群中多发,男性的发病率显著高于女性^[8]。根据瘘管的位置临床将肛瘘分为低位和高位肛瘘,本实验肛瘘患者为高位肛瘘,其病变位置较高,治疗难度大,为肛肠科的疑难病^[9]。现代临床治疗主要以抗感染、促进肛瘘愈合为主,以口服药物、局部外用药物、手术等为临床常用的治疗手段^[10]。肛瘘在临床治疗上以手术彻底清除感染为主,并于术后保证充分的引流,熏洗法是指将药物水煎后,利用热力熏蒸,待药液温度下降,用药液洗涤患部的一种治疗方法^[11]。中药熏洗是肛肠疾病治疗上的特色疗法,已有研究证实^[12-14],中药熏洗借助药力和热力,对于肛瘘术后患者局部具有较好的疗效。肛瘘在祖国医学中被称为“肛漏”,认为局部的气血郁久化热,热盛肉腐败而成脓,而又新肉难生是本病发生的主要病机,外感六淫、情志不遂、饮食房劳等是肛瘘发生的主要病因。在治疗上以清热、止痛、消肿、促进创面愈合为主。

方中苦参具有较好的清热、燥湿功效^[16],现代药理学研究证实^[17],苦参中的皂苷类和生物碱类能够抑制细菌的生长;苍术祛风燥湿;黄柏味苦,清热燥湿解毒功效显著。现代研究显示^[18]黄柏的抗菌抗病毒作用较强,还具有较好的免疫保护作用;蛇床子、地肤子燥湿功效加好,且能止痒。蛇床子和地肤子中的有效成分经研究也表明具有较强的抗菌消炎作用。诸药合用,清热利湿、解毒止痛,对于肛瘘患者的恢复具有较好的作用。本研究中药熏蒸对经挂线引流术后肛瘘患者进行辅助治疗,熏蒸药物采用苦参、黄柏、生地榆、蛇床子、地肤子、苍术等,直接作用于病变部位,通过蒸气的温度促进局部的血液循环,预防感染,促进创面修复^[15]。我们的实验结果表明:实验组患者治疗经中药熏洗后,创口的愈合速率加快,患者的疼痛时间以及恢复时间较短。提示本实验的中药熏洗措施能够明显促进患者愈合,对患者的预后具有促进作用。

人体抵抗力包含多种类型的球蛋白,免疫球蛋白是其中抗体活性较强的一类,其存在于人体的血清或体液中,研究证实^[19],人体血清中大部分的免疫球蛋白为IgG。在抗原刺激下,IgG大量产生,发挥其能抗菌、抗病毒作用,同时促进K细胞的细胞毒作用,且IgG能够较为容易的扩散到血管外结合补体,增强免疫细胞吞噬病原微生物的作用,是抗感染免疫的主要抗体,其含量与机体免疫力的强弱关系密切^[20]。IgA是重要的体液免疫分子,有黏膜分泌上皮分泌,当机体发生应激反应过度是,IgA水平明显升高,黏膜屏障被破坏,肠道细菌侵入肛周造成感染,从而导致肛瘘的发生。我们的实验结果表明:治疗后,两组患者的血清IgG与IgA水平与治疗前相比均下降,并且实验组患者较低。提示本实验的治疗措施能够改善患者的感染状况。

综上,本实验证实了中药熏蒸能够降低经挂线引流术后肛瘘患者的IgA、IgG水平,临床疗效较好。

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