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瘰癧消散汤联合左甲状腺素钠片治疗结节性甲状腺肿的疗效观察

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摘要 目的:探讨瘰癧消散汤联合左甲状腺素钠片治疗结节性甲状腺肿的临床疗效。**方法:**选择 2013 年 7 月到 2016 年 2 月在我院门诊治疗的 120 例结节性甲状腺肿患者,随机分为对照组和试验组,各 60 例。对照组患者给予左甲状腺素钠片治疗,试验组患者给予瘰癧消散汤联合左甲状腺素钠片治疗,两组患者均治疗 6 个月。评价并比较两组患者临床疗效。测量并比较两组患者治疗前后甲状腺结节最大横截面积和最大直径,检测并比较两组患者治疗前后血清促甲状腺激素(TSH)、促甲状腺素受体抗体(TrAb)、游离三碘甲状腺原氨酸(FT3)及游离甲状腺素(FT4)水平。**结果:**试验组患者的总有效率为 86.67%,明显高于对照组的 66.67%($P<0.05$)。治疗后,两组患者的甲状腺结节最大横截面积、最大直径均明显低于治疗前,并且试验组患者均明显低于对照组($P<0.05$)。治疗后,两组患者血清 TSH、TrAb 及 FT3 水平均明显低于治疗前,并且试验组患者均明显低于对照组,差异均具有统计学意义($P<0.05$);两组患者血清 FT4 水平治疗前后均无明显变化($P>0.05$)。**结论:**瘰癧消散汤联合左甲状腺素钠片治疗结节性甲状腺肿的临床疗效显著,能够明显缓解临床症状和体征,值得在临床上推广应用。

关键词:瘰癧消散汤;左甲状腺素钠片;结节性甲状腺肿;疗效

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Clinical Efficacy of Gallae Xiaosan Decoction Combined with Levothyroxine Sodium Tablet for Patients with Nodular Goiter

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ABSTRACT Objective: To study the clinical efficacy of gallae xiaosan decoction combined with levothyroxine sodium tablet for patients with nodular goiter. **Methods:** A total of 120 patients with nodular goiter treated in our hospital from July 2013 to February 2016 were enrolled in this study. The subjects were divided into control group ($n=60$) and treatment group ($n=60$) randomly. The control group was treated with levothyroxine sodium tablet, the treatment group was treated with gallae xiaosan decoction combined with levothyroxine sodium tablet, the two groups were treated for 6 months. The clinical efficacy of the two groups were compared. The maximum cross-sectional area and the maximum diameter of thyroid nodules of the two groups before and after treatment were compared. The levels of serum thyroid stimulating hormone (TSH), thyroid stimulating hormone receptor antibodies (TrAb), free triiodothyronine (FT3) and free thyroxine (FT4) of the two groups before and after treatment were compared. **Results:** The total effective rate of the treatment group was 86.67%, significantly higher than 66.67% of the control group ($P<0.05$). The maximum cross-sectional area and the maximum diameter of thyroid nodules of the two groups after treatment were significantly lower than before treatment, and those of the treatment group were significantly lower than the control group ($P<0.05$). The levels of serum TSH, TrAb and FT3 of the two groups after treatment were significantly lower than before treatment, and those of the treatment group were significantly lower than the control group ($P<0.05$). There was no significantly difference of the levels of serum FT4 of the two groups before and after treatment ($P>0.05$). **Conclusion:** Gallae xiaosan decoction combined with levothyroxine sodium tablet for patients with nodular goiter have good clinical efficacy, which can significantly relieve the clinical symptoms and signs, it was worthy of clinical application.

Key words: Gallae xiaosan decoction; Levothyroxine sodium tablet; Nodular goiter; Efficacy

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前言

结节性甲状腺肿是一种临床常见的甲状腺类疾病,主要是

指由于甲状腺细胞异常增殖于局部形成肿块,肿块随患者的吞咽动作而上下活动的内分泌疾病^[1]。目前,结节性甲状腺肿的发病机制仍旧不明确,研究表明其发病与甲状腺退行性病变、甲状腺炎症、甲状腺损伤等多种因素有关^[2-4]。随着工作压力的增大和生活节奏的加快,结节性甲状腺肿的发病率有逐年增高的趋势,严重影响着人们的身体健康^[5]。甲状腺肿患者的病患部位

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有结节出现,则标志着其病情已发展到一定的严重程度,甲状腺结节可单发或多发,并且随着疾病的进展,会出现严重疼痛等一系列严重的并发症,发展到后期甚至有癌变的危险^[6]。左甲状腺素钠片是临床上用于治疗甲状腺肿的常用药物,虽具有一定的治疗效果,但常伴有心律失常、心脏增大等多种不良反应,对患者的预后产生不利影响^[7]。因此寻找安全有效的治疗药物用于结节性甲状腺肿的治疗具有重要的临床意义。本研究探讨癭瘤消散汤联合左甲状腺素钠片治疗结节性甲状腺肿的临床疗效,研究结果如下。

1 资料与方法

1.1 一般资料

选择 2013 年 7 月到 2016 年 2 月在我院门诊治疗的 120 例结节性甲状腺肿患者作为研究对象。病例纳入标准:(1)符合《现代甲状腺外科学》中关于结节性甲状腺肿的诊断标准^[8];(2)首次接收甲状腺疾病治疗患者;(3)良性结节患者。病例排除标准:(1)亚急性甲状腺炎患者;(2)合并心、脑、肝、肾等疾病患者;(3)合并有糖尿病、血液系统疾病患者;(4)有精神类疾病患者;(5)不配合治疗患者。将 120 例入选患者按随机数字表法分为对照组和试验组,各 60 例。对照组患者,男 33 例,女 27 例;年龄 25-66 岁,平均年龄(38.70± 7.21)岁;病程 6-19 个月,平均病程(10.15± 2.61)个月;单发性结节患者 38 例,多发性结节患者 22 例。试验组患者,男 32 例,女 28 例;年龄 26-67 岁,平均年龄(39.72± 8.14)岁;病程 7-20 个月,平均病程(11.08± 2.67)个月;单发性结节患者 40 例,多发性结节患者 20 例。两组基线资料无统计学差异($P>0.05$),具有可比性。所有患者均知情同意且自愿加入本研究,并经医院伦理委员会批准。

1.2 治疗方法

对照组患者给予左甲状腺素钠片(购自 Merck KGaA 公司,规格 50 μg /片,批准文号:H20140052)治疗,具体为:初始剂量为 25 $\mu\text{g}/\text{d}$,连续给予 7 d,然后增加剂量至 50 $\mu\text{g}/\text{d}$,连续治疗 6 个月。试验组患者在对照组治疗的基础上给予癭瘤消散汤治疗,癭瘤消散汤包括:牡蛎 30 g、鳖甲 30 g、夏枯草 20 g、茯苓 15 g、枳壳 15 g、连翘 15 g、浙贝母 15 g、桔梗 15 g、青皮 10 g、陈

皮 15 g、黄芪 10 g、莪术 10 g、三七 10 g、郁金 10 g。癭瘤消散汤,煎服(牡蛎、鳖甲先煎),400 mL/剂,1 剂/d,早晚两次温服,3 个月为 1 个疗程,连续治疗 2 个疗程。

1.3 观察指标

1.3.1 临床疗效 临床疗效的划定依照《中药新药临床研究指导原则》^[9]中关于结节性甲状腺肿的疗效标准,分为 3 个等级,分别为:(1)治愈:结节明显缩小,呼吸不畅、异物感、颈部不适等临床症状明显减轻;(2)显效:结节有所缩小,呼吸不畅、异物感、颈部不适等临床症状有所改善;(3)无效:结节大小无变化,临床症状无任何改善甚至更加严重。总有效率=(治愈例数+显效例数)/总例数 $\times 100\%$ 。

1.3.2 检测指标 测量并比较两组患者治疗前后甲状腺结节最大横截面积和最大直径。两组患者均于治疗前后在空腹状态下抽取肘部静脉血 5 mL,以 3000 rpm 离心 10 min 以分离血清,检测血清促甲状腺激素(thyroid stimulating hormone, TSH)、促甲状腺素受体抗体(thyroid stimulating hormone receptor antibodies, TRAb)、游离三碘甲状腺原氨酸(free triiodothyronine, FT3)及游离甲状腺素(free thyroxine, FT4)水平。血清 TSH、TRAb 水平的检测均采用免疫放射分析法,所用仪器为全自动 γ 放射免疫计数器,所用检测试剂盒购自深圳市豪地华拓生物科技有限公司;血清 FT3、FT4 水平的检测采用双抗夹心酶联免疫法,所用检测试剂盒购自北京博迈斯科技发展有限公司,所有操作均严格按照试剂盒说明书进行。

1.4 数据处理

本研究所得数据采用 SPSS20.0 软件分析计算,计数资料采用百分率(%)表示,组间比较应用 χ^2 检验,计量资料采用($\bar{x} \pm s$)表示,组间比较应用 t 检验, $P<0.05$ 为差异有统计学意义标准。

2 结果

2.1 两组临床疗效对比

试验组患者的总有效率为 86.67%,显著高于对照组的 66.67%($P<0.05$)。见表 1。

表 1 两组临床疗效对比[n(%)]

Table 1 Comparison of the clinical efficacy of the two groups [n(%)]

Groups	n	Cured	Markedly effective	Ineffective	Total effective
Treatment group	60	37(61.67)	15(25.00)	8(15.00)	52(86.67)
Control group	60	19(31.67)	21(35.00)	20(33.33)	40(66.67)
χ^2 value					6.400
P value					0.011

2.2 两组治疗前后甲状腺结节最大横截面积、最大直径比较

治疗前,两组患者甲状腺结节最大横截面积、最大直径比较差异均无统计学意义($P>0.05$);治疗后,两组患者的甲状腺结节最大横截面积、最大直径均明显低于治疗前,并且试验组患者均明显低于对照组(均 $P<0.05$)。见表 2。

2.3 两组治疗前后血清 TSH、TRAb、FT3 及 FT4 水平比较

治疗前,两组血清 TSH、TRAb、FT3 及 FT4 水平比较差异

无统计学意义($P>0.05$);治疗后,两组血清 TSH、TRAb 及 FT3 水平均明显低于治疗前,且试验组均明显低于对照组(均 $P<0.05$);两组血清 FT4 水平治疗前后均无明显变化($P>0.05$)。见表 3。

3 讨论

结节性甲状腺肿发病机制较为复杂,目前普遍认为与碘缺乏、致甲状腺肿因子、细胞因子、甲状腺滤泡功能异质性及遗传

表 2 两组治疗前后甲状腺结节最大横截面积、最大直径比较

Table 2 Comparison of the maximum cross-sectional area and the maximum diameter of thyroid nodules of the two groups before and after treatment

Groups	n	Time	Maximum cross-sectional area(mm ²)	Maximum diameter(mm)
Treatment group	60	Before treatment	91.24± 25.30	20.48± 5.17
		After treatment	54.36± 10.78**	8.25± 3.64**
Control group	60	Before treatment	90.47± 27.31	19.82± 6.33
		After treatment	69.20± 12.52*	14.07± 4.12*

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

表 3 两组治疗前后血清 TSH、TRAb、FT₃ 及 FT₄ 水平比较Table 3 Comparison of the levels of serum TSH, TRAb, FT₃ and FT₄ of the two groups before and after treatment

Groups	n	Time	TSH(mIU/L)	TRAb(mIU/L)	FT ₃ (pmol/L)	FT ₄ (pmol/L)
Treatment group	60	Before treatment	7.12± 1.08	1.89± 0.71	2.56± 0.37	4.62± 0.59
		After treatment	3.05± 0.71**	0.56± 0.34**	0.07± 0.02**	4.53± 0.61
Control group	60	Before treatment	7.54± 1.36	1.92± 0.69	2.63± 0.42	4.64± 0.57
		After treatment	5.26± 0.89*	1.10± 0.58*	0.14± 0.20*	4.49± 0.68

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

因素等多种因素有关^[10]。左甲状腺素钠片是现阶段临床上常用的治疗甲状腺肿的药物,随具有一定疗效,但往往引发心律失常、心脏增大、行动过度等多种不良反应,影响患者的预后^[11]。中国传统医学认为,结节性甲状腺肿属“癭病”范畴,是由于肝郁气滞,导致血行不畅,气滞血瘀,木郁克土,肾之水运行失常,引发肝、肾、脾功能异常,最终导致痰浊内生,淤积于颈前,从而发病^[12,13]。因此,传统医学认为治疗结节性甲状腺肿应以理气化痰、解毒散结、活血化瘀为主。癭瘤消散汤是由牡蛎、鳖甲、夏枯草、浙贝母、桔梗、茯苓、枳壳、陈皮、连翘、青皮、三七、郁金、黄芪及莪术等多味中药成分煎制而成的汤剂,其中夏枯草具有清肝明目、清热泻火、散结消肿之功效^[14],连翘具有清热解毒、消肿散结之功效,桔梗、枳壳、郁金具有疏肝理气、解毒散结之功效,牡蛎、鳖甲对化痰软坚的功效明显,莪术、郁金具有活血行气、凉血解郁作用^[15],诸味中药联合使用具有解毒散结、理气化痰、活血化瘀之功效。另外临床前药理学研究表明,夏枯草还具有抗炎、抗病毒、抗过敏等作用,郁金还具有保护肝细胞、促进肝细胞再生、抗氧化、抗菌等多种作用^[16]。本研究探讨癭瘤消散汤联合左甲状腺素钠片治疗结节性甲状腺肿的临床疗效,以期临床选用安全有效的药物治疗结节性甲状腺肿提供一定的临床依据。

本研究结果显示,试验组的总有效率显著高于对照组(P<0.05)。提示癭瘤消散汤联合左甲状腺素钠片临床上治疗结节性甲状腺肿具有显著的疗效。这可能是由于癭瘤消散汤中多种中药成分联合左甲状腺素钠片具有协同作用,发挥活血散结、解毒化痰的作用,具有较好的治疗效果^[17]。本研究结果显示,治疗后,两组患者的甲状腺结节最大横截面积、最大直径均明显低于治疗前,并且试验组患者均明显低于对照组,差异均具有统计学意义(P<0.05)。提示癭瘤消散汤联合左甲状腺素钠片能够明显消除甲状腺结节。这可能是由于癭瘤消散汤中牡蛎、鳖甲、莪术、郁金等多味中药均具有活血化瘀、化痰软坚的效果,诸药合用,能从不同的靶点、多层次的发挥治疗效果。另外本研究结果显示,治疗后,两组患者血清 TSH、TRAb 及 FT₃ 水平均明显低

于治疗前,并且试验组患者均明显低于对照组,差异均具有统计学意义(P<0.05)。提示癭瘤消散汤联合左甲状腺素钠片对结节性甲状腺肿患者的机体免疫状态具有积极的改善作用。缺碘会引起患者 TSH 分泌量增大,从而进一步刺激滤泡上皮细胞的增生,导致甲状腺肿大,因此 TSH 水平能够反映出患者的甲状腺肿严重程度^[18,19]。TRAb 仅能够刺激甲状腺细胞的生长,因此验证了患者为甲状腺肿而不是甲状腺功能亢进^[20]。两药连用对结节性甲状腺肿的疾病具有显著的缓解作用,从而使患者血清 TSH、TRAb 及 FT₃ 水平明显下降。

综上所述,癭瘤消散汤联合左甲状腺素钠片对结节性甲状腺肿患者的临床症状和体征具有积极的改善作用,临床治疗效果显著,值得在临床上推广应用。

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