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公英益胃汤联合四联疗法对慢性胃炎的治疗效果 及对幽门螺旋杆菌感染的影响*

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摘要 目的:分析感染幽门螺旋杆菌(*Hp*)的慢性胃炎患者在接受治疗时应用公英益胃汤+四联疗法后对疗效的影响。**方法:**随机将80例我院诊治的*Hp*阳性的慢性胃炎患者分为对照组与实验组,每组40例,对比两组患者的治疗效果、两组患者治疗后症状评分、两组患者症状缓解时间、*Hp*清除率及复发率、两组患者不良反应发生率。**结果:**实验组患者的治疗总有效率为97.50%,对照组患者的治疗总有效率为77.50%,实验组治疗有效率较对照组高($P<0.05$);治疗前两组患者的上腹疼痛、反酸、嗝气、餐后胀满各项症状积分差异无统计学意义($P>0.05$),治疗后两组患者的上腹疼痛、反酸、嗝气、餐后胀满各项症状积分均降低,并且治疗后实验组患者以上症状评分均低于对照组治疗后($P<0.05$);实验组患者腹部隐痛、食欲不振、反酸缓解时间均较对照组短($P<0.05$);两组不良反应发生率无差异($P>0.05$);实验组患者的*HP*根除率高于对照组,复发率低于对照组($P<0.05$)。**结论:**公英益胃汤+四联疗法对于减轻*Hp*感染的慢性胃炎患者临床症状,促进其病情在短时间内得到缓解有着显著的疗效,同时这一治疗方案也能够有效清除患者体内的幽门螺旋杆菌,避免疾病的反复发作,降低疾病复发率,且不良反应较少,能够保证患者的用药安全。

关键词:慢性胃炎;幽门螺旋杆菌感染;公英益胃汤;四联疗法

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Effect of Gongying Yiwei Decoction combined with Quadruple Therapy on Chronic Gastritis and *Helicobacter Pylori* Infection*

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ABSTRACT Objective: To analyze the effect of Gongying Yiwei Decoction + quadruple therapy on the curative effect of chronic gastritis patients infected with *Helicobacter pylori* (*HP*). **Methods:** 80 patients with *HP* positive chronic gastritis diagnosed and treated in our hospital were randomly divided into a matched group and an experimental group, with 40 patients in each group. The treatment effects, symptom scores before and after treatment, symptom relief time, *HP* clearance rate and recurrence rate, and adverse reaction rate of the two groups were compared. **Results:** The total effective rate of treatment in the experimental group was 97.50%, and that in the matched group was 77.50%. The effective rate of treatment in the experimental group was higher than that in the matched group ($P<0.05$); There was no significant difference in the scores of symptoms of epigastric pain, acid reflux, belching and postprandial fullness between the two groups before treatment ($P>0.05$). After treatment, the scores of symptoms of epigastric pain, acid reflux, belching and postprandial fullness in the two groups decreased, and the scores of the above symptoms in the experimental group were lower than those in the matched group after treatment ($P<0.05$); The relief time of abdominal dull pain, poor appetite and acid reflux in the experimental group was shorter than that in the matched group ($P<0.05$); There was no difference between the two groups ($P>0.05$); The *HP* eradication rate of the patients in the experimental group was higher than that of the matched group, and the recurrence rate was lower than that of the matched group ($P<0.05$). **Conclusion:** Gongying Yiwei Decoction + quadruple therapy has a significant effect on alleviating the clinical symptoms of chronic gastritis patients infected with *HP* and promoting the remission of their conditions in a short time. At the same time, this treatment scheme can also effectively clear *Helicobacter pylori* in patients, avoid repeated attacks of the disease, reduce the recurrence rate of the disease, and have fewer adverse reactions, which can ensure the safety of drug use for patients.

Key words: Chronic gastritis; *Helicobacter pylori* infection; Gongying Yiwei Decoction; Quadruple therapy

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前言

慢性胃炎属于消化内科中的常见疾病,其与饮食、环境、病菌等有着密切的关联。其中 *Hp* 感染是众多慢性胃炎患者的主要致病原因,幽门螺旋杆菌一般属于革兰阴性菌,患者感染后会出现反酸、饱胀、腹部隐痛、食欲不佳等症状^[1-2]。人体胃部被其感染后,还会使胃黏膜的防御功能低下,对炎症反应也会有直接的影响^[3]。临床治疗幽门螺旋杆菌感染所致的慢性胃炎时,多以抗 *Hp* 感染的方案为主。其中,四联疗法是常用的一种治疗方案,能够有效保障治疗效果,但因 *Hp* 具有隐匿性,单单使用四联疗法并不能够清除 *Hp*,降低疾病的复发^[4,5]。而大多研究及笔者临床实践了解到,联合治疗能够有效提升治疗效果,避免疾病复发^[6,7]。因此,本次从中医的角度出发,选择公英益胃汤进行慢性胃炎治疗,并联合应用四联疗法,通过对联合治疗方案做出药理学分析,以了解其应用在 *Hp* 感染的慢性胃炎治疗中的作用,最终取得了良好的治疗效果。

1 资料与方法

1.1 一般资料

病例选取时间及病例数:2018年9月-2021年10月,80例,选择样本:我院收治的幽门螺旋杆菌感染慢性胃炎患者,随机分组处理后,有对照组和实验组各40例患者。对照组男女患者比16:24,年龄中位值(47.5±8.6)岁,平均病程(3.1±1.6)年;实验组男女患者比18:22,年龄中位值(46.8±8.4)岁,平均病程(3.6±1.2)年。样本数据经组间比对后差异无统计学意义($P>0.05$)。

纳入标准^[8,9]:①均接受相关检查后确诊为慢性胃炎,且 *Hp* 检查呈阳性;②近期末接受过抗生素、抗炎药等药物治疗;③均知情研究内容且同意参与。

排除标准:①对本次研究所用药物过敏;②合并心肺、肝肾等功能障碍性疾病;③无法正常沟通交流。

1.2 治疗方法

给予对照组四联疗法进行治疗,即奥美拉唑肠溶胶囊(生命科技(中山)生物药业有限公司,规格:10 mg/粒,国药准字 H20054926)+阿莫西林胶囊(生产企业:澳美制药厂,规格:0.5 g/粒,批准文号:国药准字 HC20050025)+克拉霉素片(生

产企业:上海雅培制药有限公司,规格:0.25 g/片,批准文号:国药准字 H20033044)+枸橼酸铋钾胶囊(生产企业:丽珠集团丽珠制药厂,规格:0.3 g/粒,批准文号:国药准字 H10920098)。奥美拉唑 20 mg/次,1-2次/d;阿莫西林 0.5 g/次,3-4次/d;克林霉素 250 mg/次,2次/d;枸橼酸铋钾 0.3 g/次,4次/d。连续治疗 14 d。

实验组在此基础上联合公英益胃汤进行治疗,方剂组成:蒲公英、乌郁金、炒谷芽、炒麦芽各 15 g,紫苏梗、鸡内金各 30 g,川楝子、香橼皮、炒玄胡、金橘叶各 9 g,炒神曲 21 g,生甘草 6 g。所有药材以水煎服为 1 剂后分早晚两次服用,7 d 为一个疗程,共治疗 4 个疗程。

1.3 观察指标

①两组患者治疗效果比较^[10]:患者临床症状消失或显著改善,经胃镜检查后结果正常,炎症、充血等均消失,即为显效;临床症状有明显好转,经胃镜检查后结果有所改善,炎症、充血等得到减轻,即为有效;未实现上述标准,胃镜检查结果无变化,即无效,有效率=(显效+有效)/总例数×100%。

②两组患者治疗前后症状评分比较^[11]:对两组上腹疼痛、反酸、嗝气、餐后胀满等临床症状进行评价,每项总分 5 分,分值与症状严重程度成正比。

③两组患者症状缓解时间比较:记录两组腹部隐痛、食欲不佳、反酸等症状缓解时间。

④ *HP* 清除率^[12]:通过相关检查后患者 *HP* 呈阴性表示被清除。

⑤ 不良反应发生情况和疾病复发情况:记录并对比两组头痛、恶心、呕吐、胃肠道反应等不良反应发生情况,同时记录两组患者治疗结束 6 个月内疾病复发情况,再次出现相关症状或症状加重即为复发。

1.4 统计学方法

采用 SPSS28.0 统计,计量资料采用($\bar{x}\pm s$)表示,采用 t 检验,计数资料采用(%)表示,采用卡方检验或 Fisher 检验,取 $P<0.05$ 表示差异有统计学意义。

2 结果

2.1 治疗效果比较

实验组治疗有效率较对照组高($P<0.05$),结果详见表 1。

表 1 治疗效果比较[n(%)]

Table 1 Comparison of treatment effects[n(%)]

Groups	Invalid	Valid	Significant effect	Total effective rate(%)
matched group(n=40)	9(22.50)	20(50.00)	11(27.50)	31(77.50)
Experimental group(n=40)	1(2.50)	13(32.50)	26(65.00)	39(97.50)
χ^2				7.314
P				0.006

2.2 治疗前后症状积分比较

治疗前两组患者的上腹疼痛、反酸、嗝气、餐后胀满各项症状积分差异无统计学意义($P>0.05$),治疗后两组患者的上腹疼痛、反酸、嗝气、餐后胀满各项症状积分均降低,并且治疗后

实验组患者以上症状评分均较对照组治疗后低($P<0.05$),结果详见表 2。

2.3 治疗后症状缓解时间比较

实验组患者腹部隐痛、食欲不佳、反酸缓解时间均较对照

组短 ($P < 0.05$), 结果详见表 3。

HP 根除率较对照组高, 复发率较对照组低 ($P < 0.05$), 结果详见表 4。

2.4 两组患者不良反应发生率和复发率比较

两组不良反应发生率无差异 ($P > 0.05$); 实验组患者的

表 2 治疗前后症状积分比较 ($\bar{x} \pm s, part$)

Table 2 Comparison of symptom scores before and after treatment ($\bar{x} \pm s, part$)

Groups	Epigastric pain		Acid regurgitation		Belch		Postprandial fullness	
	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
matched group(n=40)	4.05±0.68	2.33±0.84*	4.13±0.61	2.78±0.46*	3.72±0.83	2.32±0.63*	3.61±0.72	1.98±0.55*
Experimental group(n=40)	4.10±0.52	1.42±0.53*	4.19±0.47	1.26±0.91*	3.89±0.79	1.33±0.46*	3.80±0.60	0.96±0.37*
<i>t</i>	0.369	5.794	0.492	9.427	0.938	8.026	1.282	9.731
<i>P</i>	0.712	<0.001	0.623	<0.001	0.351	<0.001	0.203	<0.001

Note: compared with the before treatment, * $P < 0.05$.

表 3 治疗后症状缓解时间比较 ($\bar{x} \pm s, d$)

Table 3 Comparison of symptom relief time after treatment ($\bar{x} \pm s, d$)

Groups	Abdominal dull pain	Poor appetite	Acid regurgitation ⁰
Matched group(n=40)	8.20±1.82	9.93±2.36	13.43±2.50
Experimental group(n=40)	4.53±1.68	6.58±1.80	9.58±2.71
<i>t</i>	9.371	7.138	6.604
<i>P</i>	<0.001	<0.001	<0.001

表 4 不良反应发生率和复发率比较[n(%)]

Table 4 Incidence rate and recurrence rate of adverse reactions[n(%)]

Groups	Adverse reactions		<i>HP</i> eradication rate	Recurrence rate
	Not occurred	occur		
matched group(n=40)	35(37.50)	5(12.50)	29(72.50)	10(25.00)
Experimental group(n=40)	38(95.00)	2(5.00)	38(95.00)	1(2.50)
χ^2	1.409		7.439	8.537
<i>P</i>	0.235		0.006	0.003

3 讨论

慢性胃炎不止有着较高的发病率, 还具有反复发作、病程长的特点, 会使患者的机体健康和生活质量在疾病进展的情况下受到不良的影响^[13,14]。其中, 幽门螺旋杆菌感染是慢性胃炎的常见致病原因, 临床在治疗幽门螺旋杆菌感染的慢性胃炎时, 以根除幽门螺旋杆菌为主要原则, 以此使患者胃黏膜组织上的慢性炎症得到有效改善, 同时也可以防止病情进一步发展^[15,16]。虽然幽门螺旋杆菌对于多种抗生素有着较高的敏感性, 但是受血药浓度、PH 值等方面的影响, 单一应用抗生素治疗的效果不稳定。因此临床多采取四联疗法来增强疗效。与此同时, 从中医角度上来看慢性胃炎, 其属 "痞满"、"胃脘痛" 等范畴, 与肝气郁结、肝失调达有关, 五味过极、寒气客胃, 引起食停气滞、寒留气凝, 脾失健运、久病不愈, 气滞血瘀、温热蕴结、脾伤胃碍, 引起胃痛, 因此, 治疗应以温中散寒, 健脾和胃为主^[17,18]。本次研究

更加推荐在四联疗法的基础上应用具有和胃、健脾、疏肝效果的中药 -- 公英益胃汤进行联合治疗。

四联疗法就是使用四种药物进行联合治疗, 其中主要包括质子泵抑制剂、两类抗生素以及铋系药物^[19,20]。在本次研究中笔者针对这四类药物所选择的药物分别为奥美拉唑、阿莫西林、克拉霉素以及枸橼酸铋钾。奥美拉唑能够分布于胃黏膜壁细胞, 起到抑制胃酸分泌的作用^[21]。枸橼酸铋钾属于一种胃黏膜保护剂, 可用于治疗慢性胃炎引起的胃痛、反酸及胃灼热感, 且在一定程度上可杀伤 *Hp*, 有效提高幽门螺旋杆菌的治疗效果^[22,23]。而抗生素作为抗菌药物, 在治疗幽门螺旋杆菌相关性胃炎时也有着关键的作用。阿莫西林、克拉霉素作为大环内酯类抗生素, 能够迅速作用于胃肠道并被吸收, 从而可以将有效的药物成分分布到机体的各个组织中, 可以对细菌内蛋白质合成进行抑制, 强化抑菌效果, 以此能够提升 *HP* 清除率^[24,25]。研究结果显示, 两组治疗效果、症状评分、症状缓解时间、*HP* 根除率

及疾病复发情况均存在明显差异。可见,在四联疗法的基础上联合使用公英益胃汤进行治疗,能够获得显著的治疗效果,有利于促进患者病情尽早好转。公英益胃汤为江苏省名老中医顾克明的验方,该方剂中蒲公英为君药,药性甘寒不会伤胃,配合紫苏梗、香橼皮等能够实现和胃降逆、降浊醒脾的作用;乌郁金、川楝子、金橘叶、炒玄胡之类等药物可以达到理气止痛、消肿散结的作用^[26]。因此,公英益胃汤能够显著减轻患者临床症状,加速胃酸的代谢、抑制胃酸分泌、促进胃肠蠕动,发挥胃黏膜保护作用,也能够促使患者病症恢复速度加快,从而提高疗效^[27]。将其与四联疗法联合应用治疗 HP 感染慢性胃炎患者,能够实现协同治疗的目的,可以减轻长期疾病对患者造成的心理、生理损害,降低疾病的复发率^[28,29]。另外,结果还显示不良反应发生情况在两组间的差异不大,说明公英益胃汤联合四联疗法治疗具有较好的安全性,能够保障患者安全用药,以此更好地发挥药物之间的协同效果,促进患者胃肠功能恢复。慢性胃炎患者除了需要进行合理诊疗,缓解临床症状,还需要在日常生活中保证饮食规律,减少进食一些难消化的主食,从而缓解胃炎^[30]。

综上所述,幽门螺旋杆菌感染的慢性胃炎患者接受四联疗法+公英益胃汤进行治疗具有显著的效果,有利于根除幽门螺旋杆菌,促使患者症状改善,属于一种有效、安全的治疗方案,在临床应用中具有理想的应用价值。但是受本次研究样本容量小、研究时间短的局限性影响,尚未对患者的生活质量、远期疗效等展开相关研究,因此仍需后续进一步探究其相关作用。

参考文献(References)

- [1] 徐欢,王娟,叶向荣. 中药抗幽合剂联合西药四联疗法治疗慢性胃炎合并 Hp 感染效果分析 [J]. 中医临床杂志, 2021, 33(12): 2428-2431
- [2] Rubtsov V A, Pomorgailo E G, Mozgovoi S I, et al. Evaluation of miR-21 Expression in the Gastric Mucosa of Patients with Chronic Gastritis as the Predictive Factor of Gastric Cancer[J]. J Anat, 2021, 9(4): 70-77
- [3] Mki M, Sderstrm D, Paloheimo L, et al. Helicobacter pylori (Hp) IgG ELISA of the New-Generation GastroPanel Is Highly Accurate in Diagnosis of Hp-Infection in Gastroscopy Referral Patients [J]. Anticancer Res, 2020, 40(11): 6387-6398
- [4] Dai Y K, Zhang Y Z, Li D Y, et al. The efficacy of Jianpi Yiqi therapy for chronic atrophic gastritis: A systematic review and meta-analysis [J]. Plos One, 2017, 12(7): e0181906
- [5] Song L, Song M, Rabkin C S, et al. Helicobacter pylori Immunoproteomic Profiles in Gastric Cancer[J]. J Prot Res, 2020, 20(1): 409-419
- [6] Raffaella P, Lorena C, Ersilia N, et al. β -Defensins in the Fight against Helicobacter pylori[J]. Molecules, 2017, 22(3): 424-440
- [7] Fallone C A, Moss S F, Malfertheiner P. Reconciliation of Recent Helicobacter pylori Treatment Guidelines in a Time of Increasing Resistance to Antibiotics[J]. Gastroenterol, 2019, 157(3): 44-53
- [8] Fang JY, DU YQ, LIU WZ, et al. Chinese Society of Gastroenterology, Chinese Medical Association. Chinese consensus on chronic gastritis (2017, Shanghai)[J]. J Dig Dis, 2018, 19(4): 182-203
- [9] Valdes-Socin H, Leclercq P, Polus M, et al. La gastrite chronique auto-immune: une prise en charge multidisciplinaire Chronic autoimmune gastritis: a multidisciplinary management [J]. Rev Med Liege, 2019, 74(11): 598-605
- [10] Holleczeck B, Schöttker B, Brenner H. Helicobacter pylori infection, chronic atrophic gastritis and risk of stomach and esophagus cancer: Results from the prospective population-based ESTHER cohort study [J]. Int J Cancer, 2020, 146(10): 2773-2783
- [11] Campana D, Ravizza D, Ferolla P, et al. Clinical management of patients with gastric neuroendocrine neoplasms associated with chronic atrophic gastritis: a retrospective, multicentre study [J]. Endocrine, 2016, 51(1): 131-139
- [12] Rodrigues RP, Ardisson JS, Ribeiro Gonçalves RC, et al. Search for Potential Inducible Nitric Oxide Synthase Inhibitors with Favorable ADMET Profiles for the Therapy of Helicobacter pylori Infections[J]. Curr Top Med Chem, 2019, 19(30): 2795-2804
- [13] Yamada S, Tomatsuri N, Kawakami T, et al. Helicobacter pylori Eradication Therapy Ameliorates Latent Digestive Symptoms in Chronic Atrophic Gastritis[J]. Digestion, 2018, 97(4): 333-339
- [14] Altun E, Yildiz A, Cevik C, et al. The role of high sensitive C-reactive protein and histopathological evaluation in chronic gastritis patients with or without Helicobacter pylori infection. [J]. Acta Cir Bras, 2019, 34(3): e2019003
- [15] Lydia A, Priantono D, Harimurti K, et al. The Relationship between Folic Acid and Vitamin B₁₂ Serum Levels with High Sensitivity C-reactive Protein and Homocysteine in Chronic Hemodialysis Patients: A Cross-sectional Study[J]. Acta Med Indones, 2021, 53(3): 282-290
- [16] Zheng W, Miao J, Luo L, et al. The Effects of Helicobacter pylori Infection on Microbiota Associated With Gastric Mucosa and Immune Factors in Children[J]. Front Immunol, 2021, 12(5): 625, 586
- [17] Zhao M, Jiang Y, Chen Z, et al. Traditional Chinese medicine for Helicobacter pylori infection: A protocol for a systematic review and meta-analysis[J]. Medicine, 2021, 100(3): e24282
- [18] Mai Q, Su G, Qin L, et al. Exploration and Study of Jianpi Qushi Powder Combined with Standard Anti HP Quadruple Therapy in the Treatment of HP Infectious Gastritis of Spleen Deficiency and Dampness Stagnation Type[J]. Natural Sci, 2022, 14(2): 56-61
- [19] Shahawy M E, Shady Z, Gaafar A. Influence of adding vitamin D3 to standard clarithromycin-based triple therapy on the eradication rates of Helicobacter pylori infection[J]. Arab J Gastroenterol, 2021, 22(3): 209-214
- [20] Zhou X, Ding S, Hu R. The Related Study on the Pathogenesis of Gastrointestinal Diseases in Gastrointestinal Flora and the Risk of Gastric Ulcer Carcinogenesis[J]. J Biomater Tissue Eng, 2021, 11(7): 1418-1428
- [21] Huang S C, Lei Y P, Lin C P, et al. The Suppressive Effect of Supplementation of Combined Probiotic on Helicobacter pylori Infection[J]. Curr Dev Nutr, 2020, 4(Supplement 2): 1565-1565
- [22] Smirnova O V, Sinyakov A A. Influence of Helicobacter pylori on cytokine regulation in chronic atrophic gastritis [J]. Russ J Infect Immu, 2020, 10(1): 187-192

- [11] Singh N, Baby D, Rajguru JP, et al. Inflammation and cancer[J]. Ann Afr Med, 2019, 18(3): 121-126
- [12] 李奕卓, 吴成利, 虞喜豪. PNI 和 SII 对 III、IV 期结肠癌患者预后的预测价值[J]. 临床肿瘤学杂志, 2022, 27(9): 813-817
- [13] Morris K, Schnoor B, Papa AL. Platelet cancer cell interplay as a new therapeutic target [J]. Biochim Biophys Acta Rev Cancer, 2022, 1877(5): 188770
- [14] Hedrick CC, Malanchi I. Neutrophils in cancer: heterogeneous and multifaceted[J]. Nat Rev Immunol, 2022, 22(3): 173-187
- [15] Liu T, Zong S, Jiang Y, et al. Neutrophils Promote Larynx Squamous Cell Carcinoma Progression via Activating the IL-17/JAK/STAT3 Pathway[J]. J Immunol Res, 2021, 8(2021): 8078646
- [16] Oceana A, Nieto-Jiménez C, Pandiella A, et al. Neutrophils in cancer: prognostic role and therapeutic strategies [J]. Mol Cancer, 2017, 16(1): 137
- [17] Chou C, Li MO. Re (de)fining Innate Lymphocyte Lineages in the Face of Cancer[J]. Cancer Immunol Res, 2018, 6(4): 372-377
- [18] Lei H, Xu S, Mao X, et al. Systemic Immune-Inflammatory Index as a Predictor of Lymph Node Metastasis in Endometrial Cancer [J]. J Inflamm Res, 2021, 14(12): 7131-7142
- [19] Fu S, Yan J, Tan Y, et al. Prognostic value of systemic immune-inflammatory index in survival outcome in gastric cancer: a meta-analysis[J]. J Gastrointest Oncol, 2021, 12(2): 344-354
- [20] Chen JH, Zhai ET, Yuan YJ, et al. Systemic immune-inflammation index for predicting prognosis of colorectal cancer [J]. World J Gastroenterol, 2017, 23(34): 6261-6272
- [21] Yang C, Hu BW, Tang F, et al. Prognostic Value of Systemic Immune-Inflammation Index (SII) in Patients with Glioblastoma: A Comprehensive Study Based on Meta-Analysis and Retrospective Single-Center Analysis[J]. J Clin Med, 2022, 11(24): 7514
- [22] 吴风华, 杨莉莉, 刘丽丽, 等. 术前糖类抗原 CA724、中性粒细胞与淋巴细胞比值及血小板与淋巴细胞比值对食管癌术前分期和术后复发转移的评估价值[J]. 实用医院临床杂志, 2022, 19(3): 165-168
- [23] Uchinaka EI, Amisaki M, Yagyu T, et al. Prognostic Significance of Pre-surgical Combined Platelet Count and Neutrophil-Lymphocyte Ratio for Patients With Hepatocellular Carcinoma [J]. In Vivo, 2019, 33(6): 2241-2248
- [24] Zhang H, Zhang L, Zhu K, et al. Prognostic Significance of Combination of Preoperative Platelet Count and Neutrophil-Lymphocyte Ratio (COP-NLR) in Patients with Non-Small Cell Lung Cancer: Based on a Large Cohort Study [J]. PLoS One, 2015, 10(5): e0126496
- [25] Tsujino T, Komura K, Ichihashi A, et al. The combination of preoperative platelet count and neutrophil lymphocyte ratio as a prognostic indicator in localized renal cell carcinoma [J]. Oncotarget, 2017, 8(66): 110311-110325
- [26] Lin YH, Chang KP, Lin YS, et al. Pretreatment combination of platelet counts and neutrophil-lymphocyte ratio predicts survival of nasopharyngeal cancer patients receiving intensity-modulated radiotherapy[J]. Onco Targets Ther, 2017, 10(1): 2751-2760

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- [23] Ueda K, Ohishi W, Cullings H, et al. Modifying Effect of Chronic Atrophic Gastritis on Radiation Risk for Noncardia Gastric Cancer According to Histological Type[J]. Radiat Res, 2020, 194(2): 180
- [24] Chang Y W, Shin G Y, Kim J W, et al. Cost-Effectiveness of Empirical Bismuth-Based Quadruple Therapy and Tailored Therapy After Clarithromycin Resistance Tests for *Helicobacter pylori* Eradication[J]. Dig Dis Sci, 2022, 67(4): 1222-1230
- [25] Gisbert J P . Optimization Strategies Aimed to Increase the Efficacy of *Helicobacter pylori* Eradication Therapies with Quinolones [J]. Molecules, 2020, 25(21): 5084
- [26] 何占德, 刘富群. "公英益胃汤" 联合常规西药治疗慢性胃炎合并抑郁 32 例临床研究[J]. 江苏中医药, 2020, 52(10): 36-38
- [27] 赵娟, 顾克明. 顾克明经验方公英益胃汤治疗肝胃不和型痞满证的临床观察[J]. 江西中医药, 2019, 50(1): 32-33
- [28] Iqbal U, Khara H S, Akhtar D, et al. Safety and Efficacy of Nitazoxanide-Based Regimen for the Eradication of *Helicobacter pylori* Infection: A Systematic Review and Meta-Analysis [J]. Gastroenterol Res, 2020, 13(6): 260-268
- [29] Mladenova I. Clinical Relevance of *Helicobacter pylori* Infection[J]. J Clin Med, 2021, 10(16): 3473
- [30] Maluf S, Salgado J V, Cysne D N, et al. Increased Glycated Hemoglobin Levels in Patients With *Helicobacter pylori* Infection Are Associated With the Grading of Chronic Gastritis[J]. Front Immunol, 2020, 11(2): 2121