

催产素肌注用于治疗产后乳汁淤积的相关研究

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摘要 目的: 通过肌注催产素治疗产后乳汁淤积, 研究产后乳汁淤积的原因、临床症状及治疗。方法: 回顾性分析我院 2009 年 2 月-2012 年 2 月收治发生乳汁淤积患者 200 例的临床资料, 随机分为实验组和对照组, 各 100 例, 实验组采取催产素肌注治疗, 对照组采取按摩加热敷常规治疗。结果: 两种患者均治疗 3-5d 后, 实验组治愈 67(67.00%) 例, 有效 30(30.00%) 例, 无效 3(3.00%) 例, 总有效率为 97.00%, 明显优于对照组, 通过治疗 30min 及 24h 观察有效率发现实验组 30min 40(40.00%) 例乳房胀痛及乳腺结节减轻, 24h 后 97(97.00%) 例乳房胀痛及乳腺结节减轻, 用药后两侧乳腺导管直径分别对比, $P < 0.05$, 实验组治疗前后同侧乳腺导管直径对比, $P < 0.05$, 对照组治疗前后差异不明显, 可见, 用药后实验组乳腺导管扩张。结论: 肌注催产素可以有效预防治疗产后乳汁淤积, 出现乳腺肿胀症状, 及时肌注, 可以预防乳汁淤积出现。

关键词 催产素; 肌注; 产后乳汁淤积; 相关研究

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Oxytocin Intramuscular Injection for the Treatment of Postpartum Milk Stiltation of the Related Research

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ABSTRACT Objective: By intramuscular injection of oxytocin treatment of postpartum milk stiltation, study of postpartum milk stiltation causes, symptoms and treatment. **Methods:** Retrospectively in our hospital from 2010February -2012February were milk stiltation occurs in 200 cases, were randomly divided into experimental group and control group, 100 cases each, the experiment group adopted oxytocin intramuscularly therapy, while the control group adopted conventional massage hot compress therapy. **Results:** Two patients were cured after treatment of 3-5d, the experimental group 67 (67.00%) cases, effective in 30 (30%) cases, 3 (3.00%) cases, the total effective rate was 97.00%, significantly better than the control group, the treatment of 30min and 24h observation efficiency found in experimental group 30min 40 (40%) cases of breast distending pain and breast nodules loss, 24h after 97 (97.00%) cases of breast distending pain and breast nodules loss, after administration of both sides of the ductal diameter respectively, $P < 0.05$, the experimental group before and after treatment of ipsilateral breast duct diameter comparison, $P < 0.05$, control group before and after treatment difference is not apparent, visible, after administration of the experimental group of mammary duct ectasia. **Conclusion:** The intramuscular injection of oxytocin can be effective in preventing treatment of postpartum milk stiltation, breast swelling symptoms, prompt intramuscular injection, can prevent the deposition of milk appears.

Key words: Oxytocin; Injection; Postpartum milk stiltation; Related research

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产后乳汁淤积是孕妇生产后常见病变, 容易诱发急性乳腺炎, 影响正常哺乳^[1-2]。我院于 2009 年 2 月-2012 年 2 月间运用不同的方法预防产后乳汁淤积, 其中运用催产素肌注预防治疗产后乳汁淤积, 效果良好, 现报告如下。

1 资料与方法

1.1 一般资料

回顾我院 2009 年 2 月-2012 年 2 月收治发生乳汁淤积患者 200 例, 年龄 20-35(28.57±4.85) 岁, 孕周 36-41+6 周, 孕次

1-5 次, 产次 1-3 次, 其中初产妇 164 例, 经产妇 36 例, 阴道分娩 33 例, 剖宫产 167 例。均无妊娠合并症, 内分泌疾病及乳腺发育缺陷。其中双侧乳腺肿胀 120 例, 单侧 80 例, 随机分为实验组和对照组, 各 100 例, 实验组采取催产素肌注治疗, 对照组采取按摩加热敷常规治疗。乳胀情况, 疼痛程度比较无统计学差异, 具有可比性。

1.2 临床症状

所有患者均出现乳腺肿痛, 乳腺表皮红、热, 乳汁排出不畅, 触诊有明显硬结、肿块。

1.3 方法

1.3.1 对照组 采取局部湿热敷发, 选白色纯棉毛巾, 水温 40-45℃ 下热敷 30min, 热敷后手法按摩 30 分钟后吸奶器吸奶, 2 次/d。

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1.3.2 实验组 在对照组治疗的基础上,采取催产素 10 单位肌注 2 次/d。

1.4 观察指标及疗效评定标准

观察指标^[3]:观察治疗后 30min、24h 治疗效果。连续治疗 3-5 进行疗效评定,评定标准为^[4-5]:(1)乳房胀痛及乳腺结节消失,乳汁排出通畅为治愈。(2)乳房胀痛及乳腺结节减轻,乳汁能分泌,用吸奶器能吸出为有效。(3)病情无变化或加重为无效。治愈+有效=总有效率。

1.5 统计学方法

采用 SPSS 13.0 统计学软件包进行统计学分析,计数资料用 χ^2 检验,计量资料数据用均数±标准差($\bar{x} \pm s$)表示, $P < 0.05$ 为差异具有统计学意义。

2 结果

2.1 疗效评定

两种患者均治疗 3-5d 后,实验组治愈 67(67.00%)例,有效 30(30.00%)例,无效 3(3.00%)例,总有效率为 97.00%,两组对比,差异明显, $P < 0.05$,详见表 1。

表 1 两种疗效评定结果对比

Table 1 The comparison of both two kind Efficacy evaluation results

Group	n	Cure	Effective	Ineffective	Total effective rate
Experiment	100	67(67.00)	30(30.00)	3(3.00)	97.00
Control	100	37(37.00)	20(20.00)	43(43.00)	57.00
X^2 value		18.03	2.67	45.17	13.42
P value		$P < 0.05$	$P > 0.05$	$P < 0.05$	$P < 0.05$

2.2 30min 与 24h 有效率对比

两组通过 30min 至 24h 治疗,经过观察,实验组 30min 12(40.00%)例乳房胀痛及乳腺结节减轻,24h 后 29(97.00%)例乳

房胀痛及乳腺结节减轻,明显高于对照组,两组对比差异明显, $P < 0.05$,详见表 2。

表 2 两组通过治疗 30min 与 24h 有效率对比

Table 2 The comparison of effective rate in treatment 30min and 24 hour between two groups

Group	n	Clinical Effect	
		30min effective	24h effective
Experiment	100	40(40.00)	97(97.00)
Control	100	7(7.00)	57(57.00)
X^2 value		9.32	13.42
P value		$P < 0.05$	$P < 0.05$

2.3 用药前后乳腺管直径变化对比

两组用药前左侧和右侧分别对比, $P > 0.05$,用药后两侧分别对比, $P < 0.05$,实验组治疗前后同侧对比, $P < 0.05$,对照组治疗

前后同侧对比, $P > 0.05$,可见,用药后实验组乳腺导管扩张,详见表 3。

表 3 用药前后乳腺管直径变化对比($\bar{x} \pm s$)

Table 3 The contrast of breast ducts diameter variation in pre and post administration($\bar{x} \pm s$)

Group	Pre-administration diameter(mm)		Post-administration diameter(mm)	
	Right	Left	Right	Left
Experiment	3.31± 0.52	3.29± 0.53	4.85± 0.78	4.89± 0.59
Control	3.32± 0.56	3.33± 0.52	3.34± 0.61	3.36± 0.65
T value	0.07	0.30	8.35	9.55
P value	$P > 0.05$	$P > 0.05$	$P < 0.05$	$P < 0.05$

Note: the comparison with both sides in pre and post administration, $P < 0.05$.

3 讨论

乳汁淤积为产后妇女常见病变,有乳头内陷或是初产妇更容易出现,其原因为产后乳汁富含矿物质、蛋白和维生素等,乳汁粘稠^[6-7],有乳头内陷或是初产妇,乳腺导管狭窄、乳头凹陷、肿瘤压迫等,影响乳汁排空,导致乳汁部分淤积于导管内,现成囊肿^[9-9]。治疗不及时,继续发展容易继发感染形成乳腺炎,继发全身感染,影响正常哺乳和产妇健康^[10]。

以往治疗,主要是通过按摩、乳房、吸入器、中医药等方法治疗或配合乳汁排空差,少部分乳汁排出缓解症状^[11],但随时间发展会逐渐加重,无法从根本上治疗乳汁淤积,其结果为手术治疗^[12-14]。

乳汁分泌主要依赖于催产素和催乳素的调节作用,催乳素是脑垂体前叶分泌的激素,可以促进乳汁分泌,催产素是由脑垂体后叶分泌,可以促进乳汁排出,维持乳汁排出量^[15]。产后婴儿吮吸乳头,可以刺激乳头神经传到信息到达下丘脑,兴奋催产素神经元分泌乳汁,如分泌乳汁充足无法正常排出就会形成乳汁淤积^[17],如果不及时治疗,会通过负反馈使乳汁分泌减少。通过肌肉注射催产素,可以促进乳汁分泌,以免导致回乳,还可以扩张乳腺导管,促进乳汁排空。加上按摩、热敷可以共同起到扩张乳腺导管作用,配合吸入器等促进排空乳汁,可以更好的预防乳腺炎发生^[18]。

本组研究发现通过用药前和用药后乳腺导管变化发现,单纯的按摩、热敷等方法,乳腺导管扩张不明显, $P>0.05$, 3-5d 治疗后,肌肉注射催产素实验组,乳腺导管扩张明显, $P<0.05$,可以说明通过注射催产素,可以有效扩张乳腺导管,且具有统计学意义。通过临床效果观察,实验组用药后总有效率为 97.00%,明显高于对照组 57.00%。且用药 24h 有效率高达 97.00%,说明见效快,作用明显。

乳汁淤积以预防为主,孕前或孕前有乳头内陷要积极治疗,轻度内陷只要积极牵拉刺激治疗,严重者可以手术治疗,有感染或肿瘤压迫、畸形等,应及时治疗,预防压迫乳腺导管产后出现乳汁淤积。生产后要早期按摩乳房、胎儿早期吮吸,促使局部循环通畅,乳腺导管通畅,平时多饮水,稀释乳汁^[19-20]。出现乳腺肿胀,乳汁量少应提前预防,是否肌注催产素,以免出现乳汁淤积。

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