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超声介入聚桂醇硬化剂治疗肝囊肿疗效的分析 *

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摘要 目的:探讨超声介入聚桂醇硬化剂治疗肝囊肿疗效的疗效。**方法:**将在我院 76 例被确诊为肝囊肿患者,随机分成治疗组(n=38)和对照组(n=38),治疗组在超声介入下囊肿内注入聚桂醇注射液,对照组采用乙醇治疗,比较两组住院时间、住院总费用、疗效以及不良反应。**结果:**治疗组患者抽出液(81.57± 5.86)ml,对照组患者抽出液(91.71± 7.80)ml, 两组抽出液的差异有显著性(p<0.05);治疗组和对照组患者住院时间分别为(4.86± 0.90)天、(7.29± 1.38)天,两组住院时间差异有显著性(P<0.05);治疗组住院总费用为(4580.14± 945. 01)元,对照组患者住院总费用分别(4965.86± 796.72)元;两组住院总费用差异无显著性(P>0.05);治疗组总有效率为 94.74%,对照组总有效率为 81.58%,两组临床治疗效果差异有显著性(P<0.05);两组患者不良反应发生例数无统计学差异(P>0.05)。**结论:**聚桂醇作为新型硬化剂,疗效较好,不良反应少,可以成为囊肿超声介入治疗的首选硬化剂。

关键词:超声;聚桂醇;肝囊肿

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Analysis of the Efficacy of Ultrasound -Guided Lauromacrogol in the Treatment of Hepatic Cyst*

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ABSTRACT Objective: to explore the clinical effect of ultrasound-guided lauromacrogol in the treatment of hepatic cyst. **Methods:** 76 patients with hepatic cyst were divided randomly into two groups. The treating group(n=38) were treated with thelauromacrogol injection, while the control group (n=38) was given with ethanol. Comparing the curative effect, total cost, hospital stays and the side effect between two groups. **Results:** the extract in the treating group and control group is (81.57± 5.86)ml, (91.71± 7.80)ml respectively, which was statistical (P<0.05); the hospital stays in the treating group is (4.86± 0.90)d, which was statistical to compare that(7.29± 1.38) in the control group(P<0.05); however, there is no statistical difference comparing the total cost between two groups(P>0.05); the total effective rate in the treating group is 94.74%, which is higher than that (81.58%) in the control group(P<0.05); there was no statistical difference of the cases of side effect between two groups (P>0.05). **Conclusion:** Lauromacrogol is a new hardener characterized with good curative effect, less side effect, which can be the first choice to ultrasound intervention to treat hepatic cyst.

Key words: Ultrasound; Lauromacrogol; Hepatic cyst

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前言

肝囊肿是临床上较常见的肝脏良性肿瘤,早期临床上无明显症状,囊肿增大后可有肝组织压迫症状[1]。肝囊肿的发病机制不十分清楚,一般认为是先天性的,少数是由创伤、感染及新生物引起[2,3]。随着年龄的增长肝囊肿的发病率也增高,>65 岁的发病率为 3.41%,女性发病率高于男性[4]。1985 年 Btan 等首次报道囊肿抽吸后囊腔内注入无水酒精治疗单纯性肝囊肿,自此以后随着超声技术的进步,在超声引导下对肝囊肿进行穿刺治疗得到了推广,疗效也不断提高,影像导引下硬化剂治疗成为肝囊肿治疗的一种趋势。目前临床应用最广泛的硬化剂仍为无水酒精[5-8],但是在使用无水酒精硬化治疗时可出现剧痛,部分患者还有醉酒反应[9,10]。因此研究拟用聚桂醇代替常规肝囊肿硬化治疗中的无水酒精来探索一种新的硬化治疗方式,证明其治疗的可行性,并同时与无水酒精硬化治疗相比较,证明聚桂醇硬化治疗肝囊肿在治疗效果、减少复发及降低并发症上更胜一筹。现报道如下。

1 资料与方法

1.1 一般资料

选择本院 2012 年 10 月～2014 年 2 月收治的 76 例经 B 超确诊为单发性肝囊肿的患者,采取随机原则将所有患者随机分配成治疗组和对照组。纳入标准:有腹部不适或疼痛等症状的且(或)囊肿直径 >5 cm 的肝囊肿患者;凝血功能正常,无严重

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的出血倾向;无囊肿与胆道或腹腔交通的状况;全身状况良好,可耐受治疗。排除标准:有出血倾向,血小板 <(50~100)× 10^9 /L,凝血酶原活动度 <70%;肝包囊虫病;不能合作者以及乙醇、聚桂醇过敏者。治疗组和对照组各 38 例,两组患者的年龄、性别、囊肿部位和直径以及病发病等一般资料相互比较无统计学意义(P>0.05),具有可比性(见表 1)。

表 1 两组患者基本临床资料对比

Table 1 Comparison of the clinical data between two groups

Indexes	Treating group (n=38)	Control group (n=38)	t/x^2 value	P value
Age(y)	55.86± 6.49	56.29± 7.43	0.41	>0.05
Male/Female	24/15	22/17	0.21	>0.05
Illness year(y)	5.43± 0.98	5.29± 0.76	0.55	>0.05
The Location of hepatic cyst Left right eft+ right	14 15 9	16 12 10	0.52	>0.05
Hepatic cyst diameter (cm)	7.21± 1.50	7.61± 1.23	0.89	>0.05
Complication DM HP CHD	5 8 3	6 6 2	0.45	>0.05

Note: the DM, HP, CHD is the abbreviation of the diabetes mellitus, hypertension and coronary heart disease

1.2 治疗方法

治疗组采用新型硬化剂 1%聚桂醇注射液 (国药准字 H20080445)治疗,对照组采用 99.7%乙醇作为硬化剂治疗,两组均在 B 超下行肝囊肿硬化术。术前完善血常规、凝血功能、肝功能、心电图等常规检查,患者仰卧位或左侧卧位,测量囊腔大小和估计液体量,常规消毒铺巾,用外套消毒的聚乙烯薄膜套的探头,再次确定穿刺点和穿刺路线,测量进针深度,局麻后,在超声引导下进针。当穿刺达到腹膜时嘱患者屏气,超声下可见穿刺针进入囊腔内,回抽可见液体,此时保持针尖在囊肿的中下 1/3 部位,嘱患者平静呼吸,将最先抽出的囊液作常规生化、细胞学和细菌学等检查, 然后应充分抽尽囊液,在声像图上显示囊腔塌陷,液性无回声区基本消失为止。局麻后,在患者肝囊肿内注入适量聚桂醇注射液,同时嘱患者转动体位,以使囊壁充分与聚桂醇接触。然后用注射器反复抽吸干净;术后给弹力绷带加压包扎穿刺点, 患者卧床休息 6 h。对照组采用 99.7% 乙醇作为硬化剂治疗,操作方法同上。术后比较二组之间的住院时间、住院总费用、治疗效果以及不良反应。

1.3 疗效评定标准

治愈:超声复查患者囊肿治疗后消失且没有复发;显效:超声复查患者囊肿治疗后明显变小;有效:超声复查治疗后囊肿比治疗小,但程度 <1/2;无效:超声复查囊肿几无变化或增大。总有效率 =(治愈 + 显效 + 有效)/ 总人数× 100%。

1.4 统计学方法

采用 SPSS19.0 统计学软件, 所有数据以均数± 标准差($\bar{x}$± s) 表示, 计量资料采用 t 检验, 计数资料采用 x^2 检验,以 P<0.05 表示差异有统计学意义。

2 结果

2.1 两组患者囊肿抽出液、住院时间以及住院总费用的比较

两组患者一次穿刺成功,治疗组患者抽出液(81.57± 5.86) ml,对照组患者抽出液(91.71± 7.80)ml,两组抽出液的差异有显著性(t=3.19, P<0.05);治疗组和对照组患者住院时间分别为(4.86± 0.90)天、(7.29± 1.38)天,治疗组患者住院时间少于对照组,差异有显著性(t=5.67, P<0.05);治疗组和对照组患者住院总费用分别为(4580.14± 945. 01)元、(4965.86± 796. 72)元;两组患者住院总费用差异无显著性(t=1.47, P>0.05)(见表 2)。

2.2 两组治疗效果的比较

两组患者接受治疗出院后 12 个月对所有患者随访调查,无 1 例失访。治疗组总有效人数 36 例,总有效率为 94.74%,对照组总有效人数 31 例,总有效率为 81.58%,治疗组临床治疗效果优于对照组,差异有显著性(x^2=3.15, p<0.05)(见表 3)。

表 2 两组患者抽出液、住院时间以及住院总费用的比较($\bar{x}$± s)

Table 2 Comparison of the extract, hospitalization and total cost between two groups($\bar{x}$± s)

Group	Extract (ml)	Hospital stay (day)	Total cost (yuan)
Treating group (n=38)	(81.57± 5.86)#	4.86± 0.90#	4580.14± 945. 01
Control group (n=38)	91.71± 7.80	7.29± 1.38	4965.86± 796. 72

Note: #P<0.05 vs. the control group.

表 3 两组患者治疗效果的比较[(n/%)]

Table 3 Comparison of clinical effect between two groups[(n/%)]

Group	Healing	Obvious effect	Effective	Invalid	Total effective
Treating group (n=38)	18(47.37)	10(26.32)	8(21.05)	2(5.26)	36(94.74)#
Control group (n=38)	15(39.48)	9(23.68)	7(18.42)	7(18.42)	31(81.58)

Note: #P<0.05 vs. the control group.

2.3 两组患者不良反应的比较

两组患者均无严重不良反应和血尿。治疗组患者术中耐受性良好,无刺激性疼痛。治疗后 7 天内有 4 例患者腰部酸痛,2 例患者间断低热,未经特殊处理自行消失。对照组术中有短暂刺激性疼痛,11 例出现口干、面红、心跳加快等醉酒症状以及发热。两组患者不良反应发生例数无统计学差异(χ^2=1.89, p>0.05)(见图 1)。

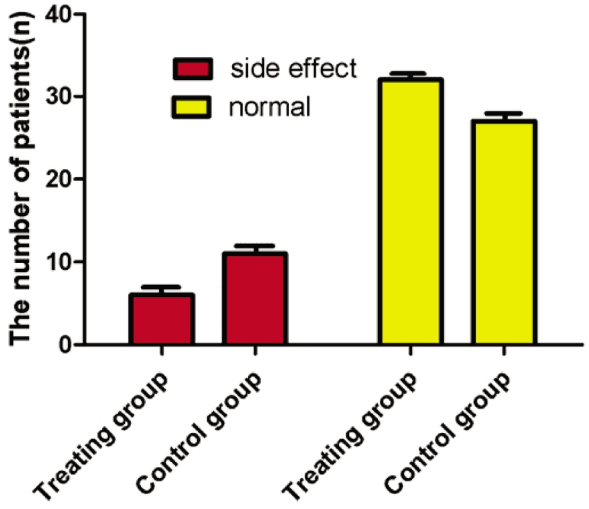

图 1 两组患者不良反应的比较(n)

Fig.1 Comparison of side effects between two groups(n)

3 讨论

目前肝囊肿的治疗方法有经腹腔镜囊肿开窗术、开腹囊肿开窗术、B 超或 CT 引导下穿刺抽吸及硬化剂治疗等几种[11-13]。其中超声介入穿刺抽吸及硬化剂治疗具有穿刺准确、并发症少、经济简单、方便、疗效确切且能反复治疗的特点,除此之外还不会影响外科手术的疗效。因此现已被临床普遍采用。聚桂醇又名为聚多卡醇,是一种新型的血管硬化剂,其硬化作用机制可能是血管旁、血管腔内局部注射聚桂醇后直接损伤血管内皮细胞脂质双分子层,导致细胞裂解,继而产生无菌性炎性病变,进而组织纤维化,纤维化条索代替病理性血管,永久闭塞病理性血管,最终达到硬化目的[14,15]。由于聚桂醇疗效理想,不良反应少,目前已经广泛运用于治疗消化道出血[11,16]、血管性疾病[17]、囊肿性疾病[18,19]以及妇科性疾病[20]。

本次试验研究结果显示两组患者均一次穿刺成功,表明聚桂醇和无水乙醇治疗效果相一致。也再次证明了聚桂醇作为硬化剂治疗囊肿确有较好功效[21]。聚桂醇组住院时间为(4.86± 0.90)天,少于乙醇组住院时间(7.29± 1.38)天 (P<0.05);聚桂醇组临床治疗效果(94.74%)高于对照组的 81.58%(P<0.05);这可能是聚桂醇可以产生炎症性病变和使组织发生粘连、纤维化,纤维化后的条索代替病理性血管, 导致病理性血管永久闭塞,从而达到硬化目的。治疗组和对照组住院总费用依次为(8580.14± 945.01)元、(8965.86± 796.72)元,差异无显著性(P> 0.5),这可能是虽然聚桂醇组住院时间少于乙醇组,但是聚桂醇的费用显著高于乙醇,因此二者费用无明显区别;乙醇组还有短暂刺激性疼痛,11 例出现口干、面红、心跳加快等醉酒症状,而聚桂醇组没有。综上所述聚桂醇作为新型硬化剂,疗效较好,不良反应少,可以成为囊肿超声介入治疗的首选硬化剂。

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