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盐酸氨基葡萄糖片联合玻璃酸钠治疗颞下颌关节骨关节炎的疗效观察*

刘建林¹ 王岩松¹ 王梓仪² 翁 瑶² 张晓东^{2△}

(1 广州中医药大学深圳医院口腔科 广东 深圳 518034; 2 沈阳军区总院口腔科 辽宁 沈阳 110016)

摘要 目的:研究盐酸氨基葡萄糖片联合玻璃酸钠治疗颞下颌关节骨关节炎(TMJOA)的临床疗效,为临床治疗提供依据。**方法:**选取2012年11月到2015年11月我院收治的TMJOA患者60例,按照随机数字表法将患者分为研究组和对照组,每组30例,两组均给予玻璃酸钠关节腔注射,研究组在此基础上给予盐酸氨基葡萄糖片治疗,应用视觉模拟评分法(VAS)评价关节疼痛情况,比较两组临床疗效和不良反应,比较治疗前后两组最大张口度、张口VAS评分和张口偏斜。**结果:**研究组总有效率为83.33%(25/30),显著高于对照组的56.67%(17/30),比较差异具有统计学意义($P<0.05$);治疗后两组张口VAS评分和张口偏斜显著降低,最大张口度显著增高,且研究组显著优于对照组,比较差异具有统计学意义($P<0.05$);两组不良反应发生率比较差异无统计学意义($P>0.05$)。**结论:**盐酸氨基葡萄糖片联合玻璃酸钠治疗TMJOA具有较好的临床疗效,能有效改善患者关节功能。

关键词:盐酸氨基葡萄糖片;玻璃酸钠;颞下颌关节;骨关节炎

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Efficacy of Glucosamine Hydrochloride Tablets combined with Sodium Hyaluronate in the treatment of Temporomandibular Joint Osteoarthritis*

LIU Jian-lin¹, WANG Yan-song¹, WANG Zi-yi², WENG Yao², ZHANG Xiao-dong^{2△}

(1 Department of Stomatology, Shenzhen Hospital of Guangzhou University of Chinese Medicine, Shenzhen, Guangdong, 518034, China;

2 Department of Stomatology, Shenyang Military General Hospital, Shenyang, Liaoning, 110016, China)

ABSTRACT Objective: To study the clinical efficacy of Glucosamine Hydrochloride Tablets combined with sodium hyaluronate in the treatment of Temporomandibular joint osteoarthritis (TMJOA), to provide basis for clinical treatment. **Methods:** 60 cases of TMJOA who were treated in our hospital from November 2012 to November 2015 were selected, the patients were divided into study group and control group according to the random number table method, 30 cases in each group. Two groups were given sodium hyaluronate injection, the study group was given Glucosamine Hydrochloride Tablets treatment. Evaluated the joint pain with visual analogue scale (VAS), the clinical efficacy and adverse reactions of the two groups were compared, the maximum mouth opening, mouth VAS score and mouth deviation of two groups were compared. **Results:** The total effective rate of the study group was 83.33%(25/30), which was significantly higher than that of 56.67%(17/30) in the control group, the difference was statistically significant ($P<0.05$); The VAS score and the mouth opening deviation after treatment of the two groups were significantly decreased, maximum mouth opening increased significantly, and the study group was significantly better than the control group, the differences were statistically significant ($P<0.05$); There was no statistically significant difference in the incidence of adverse reactions between the two groups ($P>0.05$). **Conclusion:** Glucosamine Hydrochloride Tablets combined with sodium hyaluronate in the treatment of TMJOA has good clinical efficacy, which can effectively improve the patient's joint function.

Key words: Glucosamine Hydrochloride Tablets; Sodium hyaluronate; Temporomandibular joint; Osteoarthritis

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前言

骨关节炎(Osteoarthritis, OA)在临床上比较常见,以中老年人群多发,主要累及膝关节、颞下颌关节(Temporomandibular joint, TMJ)等有滑膜关节的一种慢性疾病^[1]。颞下颌关节骨关节炎(Temporomandibular joint osteoarthritis, TMJOA)是口腔颌面部第四大疾病,并且是颞下颌关节紊乱病中最严重的一类,临

床上可导致严重的关节疼痛和关节运动障碍,严重危害患者的生活质量^[2,3]。然而,有关OA的发病机制至今仍未明了,关节受力异常可能是其重要病因之一。玻璃酸钠具有润滑关节,修复软骨的作用,是临床上治疗OA的重要药物^[4]。盐酸氨基葡萄糖片具有抗炎镇痛、促进蛋白多糖合成及促进软骨修复的作用,且盐酸氨基葡萄糖片应用于治疗膝关节OA具有较好的临床疗效,能明显改善软骨代谢,促进软骨修复^[5]。因此,本研究旨在

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作者简介:刘建林(1964-),男,博士,主任医师,从事颞下颌关节病变的临床和基础方面的研究, E-mail: Liujianlin999@sina.com

△ 通讯作者:张晓东(1971-),男,博士,主任医师,从事口腔正畸生物学和生物力学方面的研究

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分析盐酸氨基葡萄糖片联合玻璃酸钠治疗 TMJOA 的临床疗效,为临床治疗提供依据。

1 资料与方法

1.1 临床资料

选取我院 2012 年 11 月到 2015 年 11 月期间收治的 TMJOA 患者 60 例,纳入标准:均经磁共振确诊为 TMJOA,张口受限、TMJ 处明显压痛。排除标准:肌筋膜紊乱综合征,存在严重肝、肾疾病,消化系统疾病者,对药物过敏者。采用随机数字表法将患者分为研究组和对照组各 30 例,其中研究组男 14 例,女 16 例,年龄介于 35-78 岁,平均年龄为(58.13±3.53)岁,对照组男 15 例,女 15 例,年龄介于 34-78 岁,平均年龄为(58.25±1.88)岁,两组临床资料比较无统计学意义($P>0.05$),具有可比性。

1.2 方法

于第 1 周、2 周、3 周和 4 周对两组患者进行玻璃酸钠(山东博士伦福瑞达制药有限公司,国药准字 H20067379,规格:2.5 mL:25mg)关节腔注射治疗,每次直接注射 25 mL。嘱患者呈仰卧位,常规进行消毒后,由统一主治医师进行操作。研究组:同时口服盐酸氨基葡萄糖片(江苏正大清江制药有限公司,国药准字 H20060647,规格:0.75 g)1 片/次,每天 2 次。两组

均治疗 1 个月。

1.3 疗效评价

显效:治疗后患者临床症状消失,张口时轻度不适但张口正常,存在轻微或无弹性音;有效:治疗后患者临床症状减轻,疼痛、张口受限和弹性音明显减轻;无效:治疗后患者临床症状无改善甚至加重^[6]。(总有效率=显效率+有效率)

1.4 观察指标

应用视觉模拟评分法(Visual Analogue Scal,VAS)评价关节疼痛情况,应用长度为 10 分的标尺,0 分表示无痛,10 分表示最痛^[7]。比较两组不良反应,比较治疗前后两组最大张口度、张口 VAS 评分和张口偏斜。

1.5 统计学方法

于 SPSS17.0 软件上分析数据, ($\bar{X} \pm S$) 表示计量资料,应用 t 检验,以 n(%)表示计数资料,应用 χ^2 或确切概率法检验,以 $P<0.05$ 表示有统计学意义。

2 结果

2.1 两组治疗效果比较

研究组总有效率为 83.33%(25/30) 显著高于对照组的 56.67%(17/30),比较差异具有统计学意义($P<0.05$)。见表 1。

表 1 两组治疗效果比较[n,(%)]

Table 1 Comparison of the effects in the two groups [n,(%)]

Groups	n	Effective	Valid	Invalid	Total effective rate
Study group	30	11(36.67)	14(46.67)	5(16.67)	25(83.33) ^a
Control group	30	7(23.33)	10(33.33)	13(43.33)	17(56.67)

注:与对照组比较, $\chi^2=13.473$, $^aP<0.05$ 。

Note: compared with the control group, $\chi^2=13.473$, $^aP<0.05$.

2.2 两组患者治疗前后各指标比较

治疗前两组张口 VAS 评分、最大张口度和张口偏斜比较差异无统计学意义($P>0.05$),治疗后两组张口 VAS 评分和张

口偏斜显著降低,最大张口度明显增高($P<0.05$),且研究组显著优于对照组($P<0.05$)。见表 2。

表 2 两组治疗前和治疗后各指标比较($\bar{X} \pm S$)

Table 2 Comparison of mouth opening situation before and after treatment in two groups($\bar{X} \pm S$)

Groups	Time	Mouth VAS score (points)	Maximum mouth opening (mm)	Mouth opening deviation (mm)
Study group	Before treatment	5.35±0.42	32.34±8.07	2.13±0.15
	After treatment	1.02±0.53 ^{ab}	43.15±5.39 ^{ab}	1.02±0.05 ^{ab}
Control group	Before treatment	5.34±0.36	32.25±4.05	2.12±0.08
	After treatment	3.21±0.08 ^a	37.78±1.21 ^a	1.78±0.13 ^a

注:与治疗前比较, $^aP<0.05$;与对照组比较, $^bP<0.05$ 。

Note: compared with before treatment, $^aP<0.05$; compared with the control group, $^bP<0.05$.

2.3 不良反应比较

研究组 1 例便秘,不良反应发生率为 3.33%,对照组无明显不良反应,比较差异无统计学意义($P>0.05$)。

3 讨论

OA 是以关节软骨退行性损耗为特征且多伴发软骨、软骨

下骨和滑液的改变的一种疾患,患者会随着关节结构的破坏而出现功能障碍,其发病过程呈现慢性迁移和进行性加重的特点^[8,9]。虽然骨关节病不是致命性的疾病,但它的发病会严重降低患者的生活质量^[10]。TMJ 髁突软骨细胞能分成 4 个细胞层,钙化软骨层位于最深层,具有中等弹性模量和协助应力分散传递作用,对于稳定关节软骨具有重要意义^[11-12]。TMJOA 具有张口

受限、张口疼痛、活动时弹性音等特点,对患者进食具有较大影响,如不及时治疗容易导致患者营养不良^[13]。玻璃酸钠是临床上治疗 OA 的常用药物,注射以后可以覆盖和保护关节组织,具有润滑作用,并且可以渗入到变性的软骨中,对软骨变性和变性软骨代谢均具有一定抑制作用,还可以抑制滑膜中的疼痛介质,进而达到缓解疼痛的效果^[14,15]。但是,单纯应用玻璃酸钠治疗预期效果欠佳,多数患者出现反复发作,增加患者的经济压力^[16]。

氨基葡萄糖是机体中的重要物质,多以蛋白多糖的形式来组成软骨骨架。氨基葡萄糖具有促进软骨发育的作用,用来治疗 OA 具有较好作用,能缓解 OA 患者关节疼痛,改善关节运动情况^[17]。现阶段,国内外多数学者对氨基葡萄糖类药物进行大量实验研究,研究证实氨基葡萄糖类药物能有效治疗 OA,能明显改善 OA 患者软骨代谢,缓解关节疼痛,改善关节症状^[18]。因此,本研究两组均给予玻璃酸钠关节腔注射,其中研究组给予盐酸氨基葡萄糖片治疗,对照组给予口服安慰剂,试图观察盐酸氨基葡萄糖片联合玻璃酸钠治疗 TMJOA 的疗效。研究显示,研究组总有效率为 83.33%,显著高于对照组的 56.67%,说明盐酸氨基葡萄糖片联合玻璃酸钠治疗 TMJOA 具有较好的临床疗效,分析其原因为:玻璃酸钠能有效润滑关节软骨,对关节软骨具有保护作用,联合盐酸氨基葡萄糖片能明显改善软骨代谢,降低关节损伤作用,因此具有较好的临床疗效^[19]。且研究显示,治疗后两组张口 VAS 评分和张口偏斜显著降低,最大张口度显著增高,且研究组显著优于对照组,与其他研究结果具有相似性^[20],说明盐酸氨基葡萄糖片联合玻璃酸钠治疗 TMJOA 能明显改善关节功能,分析其原因为:玻璃酸钠能有效保护关节软骨,同时配合盐酸氨基葡萄糖片来改善软骨代谢,软骨代谢改善以后关节疼痛程度降低,因此患者最大张口度和张口 VAS 评分显著改善,同时张口偏斜也会改善。且研究显示,两组不良反应发生率无统计学意义,说明盐酸氨基葡萄糖片联合玻璃酸钠治疗 TMJOA 具有较好安全性,无明显不良反应发生。

综上所述,盐酸氨基葡萄糖片联合玻璃酸钠治疗 TMJOA 具有较好的临床疗效,能明显改善患者关节功能,且无明显不良反应。

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