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不同治疗方式对冠心病合并心脏瓣膜炎患者血清炎症反应的影响

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摘要 目的:比较不同治疗方式对冠心病合并心脏瓣膜炎的临床指标、生活质量及血清炎症反应的影响。方法:选取2014年2月~2016年6月期间于本院进行治疗的64例冠心病合并心脏瓣膜炎患者为研究对象,将其随机分为对照组和观察组每组各32例,对照组进行常规的药物治疗,观察组则进行外科手术治疗,然后将两组患者治疗前后的心脏功能指标、生活质量及血清炎症指标进行比较。结果:治疗前两组患者的心脏功能指标、生活质量及血清炎症指标比较, $P > 0.05$,而治疗后观察组的心脏功能指标、生活质量及血清炎症指标均显著地好于对照组, $P < 0.05$,均有显著性差异。结论:外科手术对冠心病合并心脏瓣膜炎患者血清炎症因子水平及生活质量具有积极的改善作用,适于临床进一步推广应用。

关键词: 药物治疗;外科手术治疗;生活质量;炎症反应

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Influence of Different Treatment Methods for Serum Inflammatory Reactions of Patients with Coronary Heart Disease and Heart Valve

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ABSTRACT Objective: To compare the influence of different treatment methods for the clinical indicators, life quality and serum inflammatory reactions of patients with coronary heart disease and heart valve disease. **Methods:** 64 patients with coronary heart disease with heart valve disease in our hospital from February 2014 to June 2016 were selected and randomly divided into control group and observation group, with 32 cases in each group. The control group was treated with conventional drugs, and the observation group was treated with surgery. The cardiac function indexes, life quality and serum inflammatory indexes of two groups before and after the treatment were compared. **Results:** When the cardiac function indexes, life quality and serum inflammatory indexes of two groups before the treatment were compared ($P > 0.05$). The cardiac function indexes, life quality and serum inflammatory indexes of observation group after the treatment were all significantly better than those of control group, and the differences were all significant ($P < 0.05$). **Conclusion:** The surgery has more active in improving clinical indicators, life quality and serum inflammatory reaction of patients with coronary heart disease with heart valve disease, so it is more suitable to these patients.

Key words: Pharmaceutical treatment; Surgery therapy; Life quality; Inflammatory reactions

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前言

冠心病是机体的血脂代谢异常导致的心肌功能障碍疾病,心脏的冠脉供血减少不能满足代谢的需求,进而引起心肌暂时性或持续性缺血缺氧而导致的症状^[1]。心脏瓣膜病是由炎症、粘液样变性、退行性改变、先天性畸形、缺血性坏死、创伤等原因引起的单个或多个瓣膜结构(包括瓣叶、瓣环、腱索或者乳头肌)功能或结构异常,导致瓣膜狭窄和(或)关闭不全^[2,3]。心室和主、肺动脉根部严重扩张也可产生相应房室瓣和半月瓣的相对性关闭不全。二尖瓣最常受累,其次为主动脉瓣^[4]。有研究表明,长期的冠心病,高心病等可引起瓣膜退行性病变发生^[5]。近年来冠心病合并心脏瓣膜炎的发病率不断升高,严重影响患者的生存质量^[6]。因此,深入研究冠心病合并心脏瓣膜病的发生机制及

治疗方法是目前临床研究的重点。相关研究显示,心脏功能指标及血清炎症反应均是冠心病合并心脏瓣膜炎的重要评估指标^[7]。因此,本研究通过观察不同治疗方法对冠心病合并心脏瓣膜炎患者血清炎症因子水平计心功能的影响,分析不同治疗方法的临床疗效,为冠心病合并心脏瓣膜病的治疗提供参考,现将相关结果报告如下:

1 资料与方法

1.1 临床资料

选取2014年2月~2016年6月期间于本院进行治疗的64例冠心病合并心脏瓣膜炎患者为研究对象,将其随机分为对照组和观察组每组各32例。对照组男性24例,女性8例,年龄为35~70岁,平均年龄为 (49.4 ± 6.0) 岁,病程为0.8~12.2年,平均病程为 (4.9 ± 0.8) 年,其中二尖瓣病变20例,主动脉瓣病变8例,其他病变4例。观察组男性25例,女性7例,年龄为35~71岁,平均年龄为 (49.7 ± 5.7) 岁,病程为0.8~12.6年,平均

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病程为(5.0±0.36)年,其中二尖瓣病变19例,主动脉瓣病变9例,其他病变4例。两组患者的基本资料之间均无显著性差异, $P>0.05$,具有可比性。

1.2 方法

1.2.1 治疗方法 对照组进行常规的药物治,主要为采用正性肌力药物及扩血管治等,另外,注意饮食干及其他对症治。观察组则进行外科手术治疗,主要为采用冠脉旁路移植和瓣膜置换术进行治,做胸骨正中切口,于体外循环状态下进行,进行心肌保护处理后取移植血管进行冠状动脉的吻合,吻合后进行灌注及心肌保护处理,再进行心脏瓣膜术治,进行其他后期治及处理。然后将两组患者治前后的心脏功能指标、生活质量及血清炎性指标进行比较。

1.2.2 检测指标与方法 分别于治前和治后1个月检测两组的炎性反应指标,检测指标为IL-6、IL-10及hs-CRP,分别于上述时间点采集两组的空腹静脉血进行离心,取血清进行上述指标的检测,检测方法为酶联免疫法。然后将两组的检测结

果分别统计与比较。另检测两组的心脏功能指标,包括LVEDD、LVEF及CI,以超声心动图进行检测。

1.3 评价标准

生活质量采用WHOQOL-BREF量表进行评估,量表主要为对生理、心理、社会支持及环境状态进行评估,每个方面均以分值越高表示生活质量越好^[4,5]。

1.4 统计学检验

数据检验软件为SPSS19.0,计量资料采用t检验分析,计数资料采用卡方检验分析, $P<0.05$ 为显著性差异。

2 结果

2.1 两组患者治前后心功能指标比较

治前两组患者的心脏功能指标LVEDD、LVEF及CI比较, $P>0.05$,而治后观察组的LVEDD均低于对照组,LVEF及CI均高于对照组, $P<0.05$,见表1。

表1 两组患者治前后心功能指标比较

Table 1 Comparison of cardiac function indexes between the two groups before and after treatment

Groups		LVEDD(mm)	LVEF(%)	CI[L/(min·m ²)]
Control group (n=32)	Before treatment	60.14±4.41	38.25±3.37	1.21±0.15
	After treatment	56.86±3.78	46.11±4.27	1.48±0.21
Observation group (n=32)	Before treatment	60.12±4.46	38.30±3.29	1.22±0.13
	After treatment	52.25±3.24*	58.42±4.68*	1.78±0.25*

Note: Compared with control group, * $P<0.05$.

2.2 两组患者治前后生活质量评分比较

治前两组患者WHOQOL-BREF量表评分比较, $P>$

0.05,而治后观察组的评分均高于对照组, $P<0.05$,见表2。

表2 两组患者治前后的生活质量评分比较(分)

Table 2 Comparison of life quality scores between two groups before and after treatment(score)

Groups		Physiology	Psychology	Social support	Environmental state
Control group (n=32)	Before treatment	52.65±4.20	49.84±3.73	58.41±4.22	50.28±4.37
	After treatment	54.71±4.42	51.20±3.87	59.38±4.53	53.32±4.61
Observation group (n=32)	Before treatment	52.70±4.16	49.88±3.65	58.45±4.17	50.32±4.33
	After treatment	63.89±5.07*	60.46±4.38*	68.45±5.66*	62.16±5.46*

Note: Compared with control group, * $P<0.05$.

2.3 两组患者治前后血清炎性反应指标比较

治前两组患者的血清炎性反应指标IL-6、IL-10及hs-CRP比较, $P>0.05$,而治后观察组的血清IL-6、IL-10及hs-CRP均低于对照组, $P<0.05$,见表3。

3 讨论

冠心病中较多患者并发心脏瓣膜炎,此类患者的治需求相对更高,对于本类疾病患者各个方面的研究也较为多见,其

表3 两组患者治前后的血清炎性反应指标比较

Table 3 Comparison of serum inflammatory reactions between the two groups before and after treatment

Groups		IL-6(pg/mL)	IL-10(pg/mL)	hs-CR(mg/L)
Control group (n=32)	Before treatment	8.28±0.66	17.37±2.23	5.15±0.46
	After treatment	8.51±0.71	18.15±2.40	5.32±0.53
Observation group (n=32)	Before treatment	8.30±0.63	17.40±2.18	5.20±0.43
	After treatment	6.44±0.52*	14.66±1.81*	3.24±0.32*

Note: Compared with control group, * $P<0.05$.

中治疗方面的研究是重点,且研究多为手术治疗方面的研究^[6-8],且研究多对手术治疗持肯定态度,但是其效果的研究仍需进一步肯定。另外,心脏功能指标作为有效评估疾病治疗效果的重要参考指标,对其进行评估的重要性极高。再者,生存质量作为评估患者生存状态的重要指标,其也是对各类患者进行评估的重要方面,尤其是手术患者术后的评估价值较高^[9,10]。炎症反应指标是有效评估疾病导致的机体不良状态的指标,其对于疾病治疗效果及机体治疗后的恢复效果均有积极的反应价值,因此对其治疗后的变化监测也极为必要,IL-6、IL-10及hs-CRP作为对冠心病和心脏瓣膜炎均有积极反应价值的指标^[11,12],对其进行治疗前后的表达水平变化价值均较高。

本文中我们就药物指标与外科手术治疗对冠心病合并心脏瓣膜炎的临床指标、生活质量及血清炎症反应的影响进行比较,比较结果显示,外科手术治疗在此类患者中的应用价值相对更高,表现为外科手术治疗对患者的心脏功能指标、生活质量及血清炎症指标检测结果均明显好于西药治疗的患者,说明手术外科治疗的患者在疾病治疗中的效果相对更好,对于疾病各个方面状态的改善作用更为突出,因此临床综合应用效果相对更为突出,与之相关的生存质量也随之改善。分析原因,我们认为与外科手术治疗对于病灶的治疗更为直接及彻底有关^[13-15],因此术后的疗效相对更好。

综上所述,我们认为外科手术治疗对冠心病合并心脏瓣膜炎的临床指标、生活质量及血清炎症反应均有更为积极的改善作用,因此更为适用于此类患者的临床应用。

参考文献(References)

- [1] 王向辉,杨雅伦,黄江平,等.全软成形环与缘对缘瓣膜成形术在心脏瓣膜关闭不全成形术中的疗效比较[J].现代生物医学进展,2016,16(19):3703-3706
Wang Xiang-hui, Yang Ya-lun, Huang Jiang-ping, et al. A Comparative Study on the Effect of Fully Flexible Prosthetic Ring and Edge to Edge Valvuloplasty in the Treatment of Cardiac Valve Closure Insufficiency [J]. Progress in Modern Biomedicine, 2016, 16 (19): 3703-3706
- [2] Rusak T, Piszcz J, Misztal T, et al. Platelet-related fibrinolysis resistance in patients suffering from PV. Impact of clot retraction and isovolemic erythrocytapheresis [J]. Thromb Res, 2014, 134 (1): 192-198
- [3] Thapa R, Sharma S, Jeevanantham V, et al. Disparities in lipid control and statin drug use among diabetics with noncoronary atherosclerotic vascular disease vs those with coronary artery disease [J]. J Clin Lipidol, 2015, 9(2): 241-246
- [4] Ang L, Mahmud E. Elevated serum fibrinogen: an independent link between diabetes mellitus, impaired on-clopidogrel platelet inhibition, and major adverse cardiac events after percutaneous coronary intervention[J]. J Am Coll Cardiol, 2015, 65(16): 1713-1714
- [5] Hamrefors V, Hedblad B, Engstrom G, et al. A myocardial infarction genetic risk score is associated with markers of carotid atherosclerosis [J]. J Intern Med, 2012, 271(3): 271-281
- [6] Zhai C, Cong H, Liu Y, et al. Effect of High-Dose Statin Pretreatment on the Incidence of Periprocedural Myocardial Infarction in Patients Undergoing Percutaneous Coronary Intervention: Grading the Evidence Through a Cumulative Meta-analysis [J]. Clinical cardiology, 2015, 38(11): 668-678
- [7] Marenzi G, Cosentino N, Cortinovis S, et al. Myocardial Infarct Size in Patients on Long-Term Statin Therapy Undergoing Primary Percutaneous Coronary Intervention for ST-Elevation Myocardial Infarction [J]. The American journal of cardiology, 2015, 116(12): 1791-1797
- [8] Michael Henein, Peter Hllgren, Anders Holmgren, et al. Aortic root, not valve, calcification correlates with coronary artery calcification in patients with severe aortic stenosis: A two-center study [J]. Atherosclerosis, 2015, 243 (2): 631-637
- [9] James K Kirklin. Current challenges in pediatric heart transplantation for congenital heart disease [J]. Current opinion in organ transplantation, 2015, 20(5): 577-583
- [10] Bandali SJ, Gosch K, Alam M, et al. Coronary artery disease performance measures and statin use in patients with recent percutaneous coronary intervention or recent coronary artery bypass grafting (from the NCDR PINNACLE registry) [J]. The American journal of cardiology, 2015, 115(8): 1013-1018
- [11] Lafitte M, Tastet S, Perez P, et al. High sensitivity C reactive protein, fibrinogen levels and the onset of major depressive disorder in post-acute coronary syndrome [J]. BMC Cardiovasc Disord, 2015, 15 (1): 23
- [12] Dhar S, Ray S, Dutta A, et al. Polymorphism of ACE gene as the genetic predisposition of coronary artery disease in Eastern India[J]. Indian Heart J, 2012, 64(6): 576-581
- [13] Lung B, Vahanian A. Epidemiology of Acquired Valvular Heart Disease[J]. Canadian Journal of Cardiology, 2014, 30(9): 962-970
- [14] Acker M A, Parides M K, Perrault L P, et al. Mitral-valve repair versus replacement for severe ischemic mitral regurgitation [J]. New England Journal of Medicine, 2014, 370(1): 23-32
- [15] Chen Guan-Liang, Li Hai-Tao, Li Hai-Rong, et al. Transcatheter closure of ventricular septal defect in patients with aortic valve prolapse and mild aortic regurgitation: feasibility and preliminary outcome[J]. Asian Pac J Trop Med. 2015, 8(4): 315-318
- [16] Myrthe EM, Judith A, Petra O, et al. The unnatural history of the ventricular septal defect: outcome up to 40 years after surgical closure [J]. J Am Coll Cardiol, 2015, 65(18): 1941-195
- [17] Alexy T, Pais E, Wenby RB, et al. Abnormal blood rheology and chronic low grade inflammation: Possible risk factors for accelerated atherosclerosis and coronary artery disease in Lewis negative subjects [J]. Atherosclerosis, 2015, 239(1): 248-251
- [18] Cornel JH, Ohman EM, Neely B, et al. Impact of smoking status on platelet function and clinical outcomes with prasugrel vs. clopidogrel in patients with acute coronary syndromes managed without revascularization: Insights from the TRILOGY ACS trial [J]. Am Heart J, 2014, 168(1): 76-87
- [19] Sun Jian-xun, Zhou Qiu-xia, Yue Shu-mei. Investigation on the prevalence of chronic diseases in the elderly population and pharmaceutical care requirements in China [J]. Journal of Chinese medicine, 2016, 51(2): 155-158
- [20] Huang J, Tang X, Ye F, et al. Clinical Therapeutic Effects of Aspirin in Combination with Fufang Danshen Diwan, a Traditional Chinese Medicine Formula, on Coronary Heart Disease: A Systematic Review and Meta-Analysis[J]. Cell Physiol Biochem, 2016, 39(5): 1955-1963