

doi: 10.13241/j.cnki.pmb.2017.16.014

胎盘多肽注射液对慢性湿疹患者血清 TNF-2 α , INF- γ 和 ECP 水平的影响 *

魏庆宇 朱晓明 李全生 江盛学 李欣泽

(中国人民解放军第 202 医院 过敏反应科 辽宁 沈阳 110003)

摘要 目的:探讨胎盘多肽注射液治疗慢性湿疹的疗效观察及对血清肿瘤坏死因子(TNF)-2 α 、干扰素(INF)- γ 、嗜酸细胞阳离子蛋白(ECP)水平的影响。**方法:**选择 2014 年 5 月至 2016 年 5 月我院接诊的 86 例慢性湿疹患者,通过随机数表法分为观察组(n=43)和对照组(n=43)。对照组给予常规治疗,观察组在对照组基础上加用胎盘多肽注射液。观察并比较两组患者治疗前后血清 TNF-2 α , INF- γ 及 ECP 水平、临床疗效及复发率。**结果:**治疗后,观察组 TNF-2 α 、INF- γ 、ECP 水平均比对照组低(P<0.05);观察组红斑、丘疹、表皮脱落、苔藓化症状得分均优于对照组(P<0.05);观察组总有效率比对照组高(P<0.05);在随访的 3 个月中,观察组复发率比对照组低(P<0.05)。**结论:**在慢性湿疹患者中应用胎盘多肽注射液效果显著,可有效缓解临床症状,增加机体免疫力,提高预后,值得应用推广。

关键词:慢性湿疹;胎盘多肽;肿瘤坏死因子-2 α ;干扰素- γ ;嗜酸细胞阳离子蛋白

中图分类号:R758.23 **文献标识码:**A **文章编号:**1673-6273(2017)16-3057-03

Effect of Placenta Polypeptide on Serum Levels of TNF-2 α , INF- γ and ECP in Patients with Chronic Eczema*

WEI Qing-yu, ZHU Xiao-ming, LI Quan-sheng, JIANG Sheng-xue, LI Xin-ze

(Department of Allergy, 202 hospital of PLA, Shenyang, Liaoning, 110003, China)

ABSTRACT Objective: To study the effect of placenta polypeptide injection on serum levels of tumor necrosis factor (TNF)-2 α , interferon (INF)- γ and eosinophilic cationic protein (ECP) in patients with chronic eczema. **Methods:** 86 patients of chronic eczema who received therapy from May 2014 to May 2016 in our hospital were selected and randomly divided into the observation group (n=43) and the control group (n=43). The patients in the control group were treated with conventional method, while the patients in the observation group were treated with placenta polypeptide injection. Then the serum levels of ECP, INF- γ and TNF-2 α , clinical efficacy and recurrence rate between the two groups were observed and compared. **Results:** After treatment, the serum levels of ECP, INF- γ and TNF-2 α in the observation group were lower than those of the control group (P<0.05); The erythema, population, excoriation and lichenification in the observation group were better than those of the control group (P<0.05); The total effective rate in the observation group was higher than that of the control group (P<0.05); The recurrence rate of the observation group was lower than that of the control group (P<0.05). **Conclusion:** Placenta polypeptide injection is well for chronic eczema, which can effectively alleviate clinical symptoms, increase the body immunity, improve the prognosis, it's worthy of application and promotion.

Key words: Chronic eczema; Placenta polypeptide injection; Tumor necrosis factor2 α ; Interferon- γ ; Eosinophilic cationic protein

Chinese Library Classification(CLC): R758.23 **Document code:** A

Article ID:1673-6273(2017)16-3057-03

前言

慢性湿疹是临床上常见的慢性炎性皮肤病,皮损现象具有对称性、多形性的特点,且常反复发作,难以治愈,病程多达数年,该病病因复杂,常为内外因相互作用而形成,多数研究提出其主要是由于复杂的内外继发因子所造成的迟发型变态反应^[1]。临床症状多为剧烈瘙痒、皮肤苔藓化、粗糙增厚、浸润等,对患者身体健康和生活质量产生严重影响^[2]。目前临床上多使用抗组胺药、皮质激素药、外用激素乳膏等,但治疗时间长,停药后易复发,且服用期间常有并发症,效果不尽人意^[3]。胎盘多肽

注射液是一种免疫调节剂,主要应用于在抗感染、抗氧化、修复损伤组织等过程中,具有抑制过氧化反应、增加细胞免疫力、提高生物活性等作用^[4]。本研究在慢性湿疹患者中给予胎盘多肽注射液的应用,旨在为慢性湿疹治疗选择更有效的治疗方案,现报道如下。

1 资料与方法

1.1 一般资料

选择 2014 年 5 月至 2016 年 5 月我院接诊的 86 例慢性湿疹患者。纳入标准:① 诊断标准符合《临床皮肤病学》^[5];② 病程

* 基金项目:辽宁省科学事业公益研究基金项目(2012001010)

作者简介:魏庆宇(1964-),男,主任医师,教授,医学博士,硕士生导师,研究方向:过敏性疾病的基础与临床研究,电话:024-28853995

(收稿日期:2016-12-14 接受日期:2016-12-29)

在2个月以上;① 年龄18~70岁;② 近期末使用其余药物治疗;③ 同意参与此次研究。排除标准:① 未按规定接受治疗、不复诊、无法随访的患者;② 妊娠期、哺乳期妇女;③ 伴有肝肾功能、心脑血管、内分泌系统等严重疾病;④ 对研究所使用药物过敏。通过随机数表法分为观察组和对照组,各43例。观察组男22例,女21例,年龄19~67岁,平均 (36.75 ± 6.72) 岁,病程2年~18年,平均 (8.94 ± 1.69) 年;对照组男20例,女23例,年龄18~69岁,平均 (35.89 ± 6.58) 岁,病程1~19年,平均 (9.13 ± 1.54) 年。本次研究已通过我院伦理委员会批准,两组患者一般资料无显著差异($P>0.05$),具有可比性。

1.2 方法

对照组给予常规的尤卓尔软膏(规格10g,批号140412,国药准字H10940095,厂家:天津金耀药业有限公司)以及海普林软膏(规格20g,批号130428,国药准字H37023589,厂家:山东博士伦福瑞达制药有限公司)调匀外擦,2d/次。观察组在对照组基础上给予胎盘多肽注射液(规格4mL,批号140319,国药准字H20046260,厂家:贵州泰邦生物制品有限公司),剂量为8mL加入0.9250mL的氯化钠注射液中静脉滴注,1次/d,隔天1次。两组患者均连续治疗1个月。

1.3 观察指标

治疗前后抽取患者3mL外周静脉血,离心后提取血清。干扰素(INF)- γ 、肿瘤坏死因子(TNF)- 2α 采用ELISA法检测,试剂盒购于北京达科为生物科技有限公司;嗜酸细胞阳离子蛋白

(ECP)的检测使用变态反应检测仪,使用上海生工公司生产的试剂盒。对所有患者随访3个月,记录复发率。

1.4 疗效评定

根据EASI评分法^[6]评价患者红斑、丘疹、表皮脱落、苔藓化的变化,其中0分表示无,1分表示轻度,2分表示重度,3分表示重度。痊愈:治疗后皮损全部消退,瘙痒感等临床症状得到完全,积分值 $\geq 95\%$ 的减少;显效:皮损消退大部分,瘙痒等临床症状明显缓解,积分值减少范围70%~94%;好转:皮损有所消退,瘙痒等临床症状有多缓解,积分值减少范围在50%~69%;无效:皮损消失程度不明显,临床症状、体征无明显缓解或反而严重,积分值减少范围 $<50\%$ 。

1.5 统计学分析

数据用SPSS18.0软件包处理,计量资料用均数 $\pm$ 标准差($\bar{x} \pm s$)表示,并采用t检验,计数资料的比较采用 χ^2 检验, $P<0.05$ 表示差异具有统计学意义。

2 结果

2.1 两组患者治疗前后TNF- 2α 、INF- γ 、ECP水平比较

治疗前,两组患者TNF- 2α 、INF- γ 、ECP水平比较差异不明显($P>0.05$);治疗后,两组患者各指标均出现下降($P<0.05$),观察组TNF- 2α 、INF- γ 、ECP水平均比对照组低($P<0.05$),见表1。

表1 两组患者治疗前后TNF- 2α 、INF- γ 、ECP水平比较($\bar{x} \pm s$)

Table 1 Comparison of the TNF- 2α , INF- γ and ECP between two groups before and after treatment($\bar{x} \pm s$)

Groups		TNF- 2α (ng/L)	INF- γ (pg/L)	ECP(μ g/L)
Observation group(n=43)	Before treatment	51.34 $\pm$ 7.84	35.69 $\pm$ 5.68	43.82 $\pm$ 8.45
	After treatment	34.85 $\pm$ 5.12**	21.12 $\pm$ 4.30**	25.42 $\pm$ 5.03**
Control group(n=43)	Before treatment	51.46 $\pm$ 7.75	35.78 $\pm$ 5.53	43.69 $\pm$ 8.51
	After treatment	42.74 $\pm$ 6.34*	28.45 $\pm$ 5.12*	31.86 $\pm$ 6.42*

Note: compared with before treatment, * $P<0.05$; compared with control group after treatment, ** $P<0.05$.

2.2 两组患者治疗前后临床症状、体征比较

治疗前,两组患者在红斑、丘疹、表皮脱落、苔藓化症状得

分上差异不明显($P>0.05$);治疗后,两组患者均得到改善($P<0.05$),但观察组结果均比对照组低($P<0.05$),见表2。

表2 两组患者治疗前后临床症状、体征比较($\bar{x} \pm s$,分)

Table 2 Comparison of the clinical symptoms and signs between two groups before and after treatment($\bar{x} \pm s$, scores)

Groups		Erythema	Papulation	Excoriation	Lichenification
Observation group(n=43)	Before treatment	1.84 $\pm$ 0.32	2.02 $\pm$ 0.23	1.94 $\pm$ 0.25	1.89 $\pm$ 0.29
	After treatment	0.52 $\pm$ 0.11**	0.79 $\pm$ 0.14**	0.71 $\pm$ 0.15**	0.64 $\pm$ 0.12**
Control group(n=43)	Before treatment	1.86 $\pm$ 0.30	1.98 $\pm$ 0.25	1.91 $\pm$ 0.26	1.93 $\pm$ 0.25
	After treatment	1.13 $\pm$ 0.21*	1.25 $\pm$ 0.17*	1.28 $\pm$ 0.19*	1.19 $\pm$ 0.20*

Note: compared with before treatment, * $P<0.05$; compared with control group after treatment, ** $P<0.05$.

2.3 两组患者治疗后临床疗效比较

观察组总有效率97.67%比对照组81.40%高($P<0.05$),见表3。

在随访的3个月中,观察组22例痊愈患者出现1例复发,对照组14例痊愈患者出现6例复发,观察组复发率明显比对照组低[4.54%(1/22)vs42.86%(6/14)]($\chi^2=5.993$, $P=0.014$)。

2.4 两组患者复发率比较

表 3 两组临床疗效比较(例,%)

Table 3 Comparison of the clinical efficacy between two groups(n,%)

Groups	Recovery	Excellence	Valid	Invalid	Total effective rate
Observation group (n=43)	22(51.16)	10(23.25)	10(23.25)	1(2.32)	42(97.67)*
Control group(n=43)	14(32.56)	5(11.63)	16(37.21)	8(18.60)	35(81.40)

Note: compared with control group, *P<0.05.

3 讨论

慢性湿疹主要是由于炎症因子的长期刺激、多种内外因素的共同作用下,使皮肤正常结构遭到破坏,多表现为过度角化、表皮细胞间水肿、棘层增厚等使细胞间隙增加,破坏皮肤砖墙的结构以及原有的皮肤屏障,加之搔痒挠抓等因素,致使皮肤表皮剥脱,经皮水分过多流失^[7,8]。目前临床上认为,对该病的治疗应以抗炎、修复皮肤屏障为首要目标^[9]。在常规疗法中,抗炎外用激素如皋应用较为广泛,但该方式需要长期治疗,且接受治疗的皮肤面积较广,通常得不到满意的效果^[10]。

胎盘多肽是一种小分子活性功能肽,主要是从新鲜胎盘中8000多种生物成分中提取,其相对分子质量仅有3000,然后再经过高科技生物技术分化、提纯后制作而成,在临床上具有抗衰老、美容、增加免疫力、修复DNA等多重功效^[11]。在胎盘多肽中活性成分较多,尤其存在较多的生长因子、细胞因子,可明显改善细胞介导的免疫应答能力,使机体内自由基得以清除,防止过氧化反应,提高免疫力和免疫监视功能,增加免疫自身稳定性^[12,13]。在以往临床上多将胎盘多肽注射液应用在化疗以及骨折等均存在免疫功能障碍的患者中。袁红丹等^[14]和赵丽莉等^[15]分别在非小细胞肺癌以及胃癌患者化疗过程中应用胎盘多肽注射液,结果均显示出其可提高机体免疫力,缓解化疗毒性,可作为化疗过程中的重要辅助药物。徐海栋等^[16]在骨折患者中应用胎盘多肽注射液后其可增加机体抗感染能力,促进骨折愈合。在本次研究结果显示,应用胎盘多肽注射液的患者在红斑、丘疹、表皮脱落、苔藓化症状得分明显下降,且治疗有总有效率高达97.67%,明显比常规治疗的81.40%更具有优势,显示出胎盘多肽注射液可有效修复组织损伤,改善临床症状体征。

TNF-2 α 具有活化单核细胞、巨噬细胞的作用,可使中性粒细胞的吞噬能力增加,促使白介素(IL)-1、IL-6、IL-8等细胞因子的释放^[17]。并有报道提出,TNF-2 α 可使慢性湿疹皮肤炎性损伤、嗜酸粒细胞浸润情况明显加重^[18]。ECP是一种毒性蛋白,主要由嗜酸细胞被激活后所释放而成,也是嗜酸细胞活化的标志物^[19]。有学者证实,在湿疹患者中,由于趋化因子的增加,当嗜酸细胞趋化到炎症部位时,会大量释放颗粒蛋白,致使病情加重,ECP的水平可将整个嗜酸细胞池的活化状态予以反应,且和皮肤受累面积存在着密切的关系^[20]。T辅助细胞的分化失衡在湿疹的发生发展过程中同样发挥着重要的作用。INF- γ 是Th1细胞主要分泌的细胞因子,在细胞免疫反应中十分主要,主要和Th2所分泌的IL-4发生相互拮抗作用,以维持Th1/Th2的平衡,其中IL-4具有抗炎效应,INF- γ 具有促炎效应^[21]。本研究结果显示,胎盘多肽注射液治疗的患者各指标下降程度优于常规治疗的患者。我们分析认为,由于胎盘多肽注射液所产生

的增加细胞介导的免疫应答、促进T细胞功能作用,促使机体免疫能力的提高,从而改善各指标水平,提高治疗效率。在随访中,应用胎盘多肽注射液的患者复发率为4.54%,而常规治疗的患者复发率高达42.86%,显示出在机体免疫功能在得到改善后,可促进病情完全恢复,降低复发率。

综上所述,在慢性湿疹患者中应用胎盘多肽注射液效果显著,可有效缓解临床症状,增加机体免疫力,提高预后,值得应用推广。

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(上接第 3059 页)