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腹腔镜手术对子宫内膜异位症患者心理状态、免疫功能、生活质量及预后的影响

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摘要 目的:探讨腹腔镜手术对子宫内膜异位症(EM)患者心理状态、免疫功能、生活质量以及预后的影响。**方法:**选择 2015 年 7 月-2016 年 6 月在我院接受治疗的 EM 患者 76 例,采用随机数字表法将患者分为观察组和对照组各 38 例。对照组给予开腹手术治疗,观察组给予腹腔镜手术治疗。比较两组患者术前、术后 3 个月的生存质量测定量表(QOL-BREF)评分、汉密尔顿抑郁自评量表(HAMD)评分以及汉密尔顿焦虑自评量表(HAMA)评分,比较两组患者术前、术后 1d 的 IgG、IgM、IgA 的水平,并比较两组患者术后的不良反应和 1 年内的复发率。**结果:**术后 3 个月,两组的心理状态、生理领域评分以及总评分均高于术前,且观察组的心理状态、生理领域评分以及总评分均高于对照组,差异有统计学意义($P<0.05$);两组患者术后 3 个月的 HAMD、HAMA 评分均较术前显著降低,且观察组低于对照组($P<0.05$)。术后 1d,两组患者的 IgG 水平较术前明显下降,且观察组的 IgG 水平高于对照组($P<0.05$);两组患者术后的潮热、阴道出血、性欲下降发生率比较无统计学差异($P>0.05$);术后随访 1 年,两组患者的复发率比较无统计学差异($P>0.05$)。**结论:**腹腔镜手术能显著改善 EM 患者的心理状态和生活质量,且对免疫功能的影响较小,同时不良反应轻微,复发率较低,患者预后良好,值得临床应用。

关键词:子宫内膜异位症;腔镜手术;心理状态;免疫功能;生活质量;预后

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Effect of Laparoscopic Surgery on Psychological Status, Immune Function, Quality of Life and Prognosis of Endometriosis

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ABSTRACT Objective: To investigate the effect of laparoscopic surgery on the psychological status, immune function, quality of life and prognosis in patients with endometriosis (EM). **Methods:** A total of 76 patients with EM, who were treated in Tiefa Coal Industry Group General Hospital from July 2015 to June 2016, were selected and randomly divided into observation group ($n=38$) and control group ($n=38$). The control group was treated with open surgery, and the observation group, laparoscopic surgery. The quality of life (QOL-BREF) score, Hamilton depression self rating scale (HAMD) score and Hamilton anxiety self rating scale (HAMA) score were compared between the two groups before and 3 months after operation; the levels of IgG, IgM and IgA were compared between the two groups before and 1 day after operation; the postoperative adverse reactions and recurrence rate within 1 year after operation were compared between the two groups. **Results:** Scores of psychological status, physiological field and the total score of two groups were higher than preoperative score, scores of psychological status, physiological field and the total score in the observation group were higher than those in the control group 3 months after surgery, the differences were statistically significant ($P<0.05$). The scores of HAMD and HAMA 3 months after operation in the two groups were significantly lower than those before operation, and the scores of the observation group was lower than that of the control group ($P<0.05$). 1 day after operation, the IgG levels of the two groups were significantly lower than those before operation, and the level of IgG in the observation group was higher than that in the control group ($P<0.05$). The incidence of hot flashes, vaginal bleeding and decreased libido in the two groups had no statistical difference ($P>0.05$). There was no significant difference in the recurrence rate between the two groups after 1 year's follow-up ($P>0.05$). **Conclusion:** Laparoscopic surgery can significantly improve EM patients' psychological status and quality of life, and the influence on the immune function is less, the adverse reactions is mild, the recurrence rate is low, the prognosis of patients is good, which is worthy of clinical application.

Key words: Endometriosis; Endoscopic surgery; Psychological status; Immune function; Quality of life; Prognosis

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前言

子宫内膜异位症(Endometriosis, EM)是一种由于具有生长功能的子宫内膜细胞出现在子宫内膜以外的部位而导致的疾病,好发于 20-45 岁的女性^[1,2]。EM 的主要临床症状为月经异常、痛经、盆腔包块、性交疼痛、不育不孕等,其常见危险因素有子宫内膜种植、遗传因素、内分泌功能失调、免疫防御功能缺陷等^[3,4]。子宫内膜异位灶可以出现在卵巢以及盆腔内器官的腹膜表面,内膜异位灶中含有间质和腺体,可接受到内源性、外源性或局部激素的刺激,进而导致一系列的临床症状发生^[5,6]。近年来,EM 的发病率呈现递增的趋势,且 EM 对于女性健康威胁较大,相关研究结果显示^[7,8],EM 患者中不育不孕发生率显著高于健康人群,给患者自身及其家庭带来巨大的影响,因此探究 EM 的有效治疗方式意义重大。目前临床上治疗 EM 的常用方法为药物治疗和手术治疗,其中药物治疗主要以孕酮类衍生物、芳香化酶抑制剂、孕激素及其受体调节剂、促性腺激素释放激素激动剂等为主,其主要治疗机制为抑制异位内膜细胞周期性增殖,但对于较大的内膜异位灶(直径大于 2cm)药物治疗的效果不佳^[9-11]。手术治疗能直接去除内膜异位灶,分离粘连,恢复盆腔结构,临床疗效较好。腹腔镜手术是一种常用的手术方式,具有创伤小、术中出血少、腹部瘢痕小、术后粘连少等特点,且患者术后恢复较快,在临床运用较广^[12,13]。本研究旨在探讨腹腔镜手术对 EM 患者心理状态、免疫功能、生活质量以及预后的影响,以更进一步的分析腹腔镜手术治疗 EM 的临床价值,现报道如下。

1 资料与方法

1.1 一般资料

选取 2015 年 7 月-2016 年 6 月在我院接受治疗的 EM 患者 76 例,纳入标准:① 所有患者均符合符合中华医学会妇产科学分会子宫内膜异位症协作组制定的《子宫内膜异位症的诊断与治疗规范》中相关诊断标准^[14];② 所有患者均符合腹腔镜手术和开腹手术的适应症;③ 所有患者均为首次确诊为 EM;④ 患者及其家属对本次研究知情同意。排除标准:① 患有恶性肿瘤者;② 合并有严重器质性疾病者;③ 合并有精神疾病和免疫系统疾病者;④ 随访失联者。采用随机数字表法将患者均分为观察组和对照组,两组各 38 例。观察组年龄 23-44 岁,平均年龄(28.4±3.6)岁,产次 0-2 次,平均(0.9±0.3)次;对照组年龄 23-45 岁,平均年龄(28.6±4.0)岁,产次 0-2 次,平均(1.1±0.3)次。两组患者的一般资料差异无统计学意义($P>0.05$),可以进行组间对比。

1.2 手术方法

对照组患者给予开腹手术治疗,患者取仰卧位,全麻后在腹正中切一个长约 8-10 cm 的切口,将皮下组织、腹膜逐层切开,直视观察患者的盆腔腹膜情况,仔细辨认异位的子宫内膜组织。对于直径较小的内膜异位病灶行电凝破坏,直径较大的直接切除,对于较大囊肿,先采用细针进行穿刺,将囊液吸出,再剥除囊壁。手术全过程均严格按照无菌操作的标准执行,术后采用生理盐水对盆腔进行反复冲洗。观察组患者给予腹腔镜手术治疗,患者取仰卧位,全麻后在脐部上切一个长为 1 cm 的

切口,建立人工气腹,取直径 10 mm 的腹腔镜 Trocar 穿刺入腹,首先观察盆腹腔膜情况,确认无肠管粘连、无明显异常,明确内膜异位病灶的位置、大小及其与周围脏器关系,检查完毕后根据内膜异位病灶据情况选择单极或双极电凝烧灼,杀伤病灶,如有囊肿则进行剥离。手术全过程均严格按照无菌操作的标准执行,术后采用生理盐水对盆腔进行反复冲洗。术后两组患者均进行 3-5 d 的抗感染治疗。

1.3 观察指标

在术前和术后 3 个月采用世界卫生组织制定的生存质量测定量表(QOL-BREF)对患者的生活质量和心理状态进行测评,QOL-BREF 包括 26 个条目,分别从心理状态、生理领域、环境领域、社会关系这四个方面进行测评,采用 1-5 级评定方法,得分越高生活质量越好。在术前和术后 3 个月分别采用汉密尔顿抑郁自评量表(HAMD)、汉密尔顿焦虑自评量表(HAMA)评价患者的抑郁情绪和焦虑情绪。HAMD 共有 24 项,得分越高抑郁越严重。HAMA 采用 0-4 分的 5 级评分法,各级的标准为:0 分为无症状;1 分为症状轻;2 分为症状中等;3 分为症状重;4 分为症状极重,得分越高焦虑越严重。在术前和术后 1d 抽取所有患者的清晨空腹外周静脉血 4 mL,置于真空采血管中,2000 r/min 离心 5 min,分离血清,采用全自动生化分析仪(深圳市库贝尔生物科技股份有限公司,iMagic-M7)测定免疫球蛋白 IgG、IgM、IgA 水平。对患者进行 1 年的随访,随访方式为电话随访,记录并对比患者术后不良反应,疑似复发的患者均到院复查,比较两组患者的复发率。

1.4 统计学方法

选用 SPSS20.0 对所有数据进行统计分析,计数资料以率(%)表示,进行卡方检验,计量资料以均值±标准差($\bar{x} \pm s$)表示,进行 t 检验,以 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者生活质量比较

两组患者术前的心理状态、生理领域、环境领域、社会关系评分以及总评分比较均无统计学差异($P>0.05$);术后 3 个月,两组患者心理状态、生理领域评分以及总评分均高于术前,且观察组心理状态、生理领域评分以及总评分均高于对照组,差异有统计学意义($P<0.05$),详见表 1。

2.2 两组患者 HAMD、HAMA 评分比较

两组患者术前 HAMD、HAMA 评分比较无统计学差异($P>0.05$);两组患者术后 3 个月的 HAMD、HAMA 评分均较术前显著降低,且观察组低于对照组($P<0.05$)。详见表 2。

2.3 两组患者免疫功能比较

两组患者术前的 IgG、IgM、IgA 水平比较无统计学差异($P>0.05$);术后 1d,两组患者的 IgM、IgA 水平组间与组内的比较均无统计学差异($P>0.05$),但两组患者的 IgG 水平较术前均明显下降,且观察组的 IgG 水平高于对照组($P<0.05$),详见表 3。

2.4 两组患者术后不良反应比较

两组患者术后的潮热、阴道出血、性欲下降发生率比较无统计学差异($P>0.05$),详见表 4。

2.5 两组患者 1 年内复发率比较

表 1 两组患者生活质量比较($\bar{x}\pm s$, 分)Table 1 Comparison of quality of life between two groups($\bar{x}\pm s$, scores)

Groups	Time	psychological status	Physiological field	Environmental field	Social relations	Total score
Control group (n=38)	before operation	10.63± 2.34	10.26± 2.08	16.27± 1.34	14.38± 2.36	51.94± 4.68
	3 months after operation	12.67± 2.17*	12.51± 2.23*	16.31± 1.52	14.44± 2.27	55.67± 4.32*
Observation group (n=38)	before operation	10.58± 2.27	10.33± 2.21	16.24± 1.29	14.36± 2.41	51.86± 4.71
	3 months after operation	14.89± 2.24**	14.96± 2.37**	16.36± 1.58	14.45± 2.40	61.04± 5.67**

Note: Compared with before operation, *P<0.05; compared with the control group, **P<0.05.

表 2 两组患者 HAMD、HAMA 评分比较($\bar{x}\pm s$, 分)Table 2 Comparison of HAMD and HAMA score between two groups($\bar{x}\pm s$, scores)

Groups	Time	HAMD score	HAMA score
Control group(n=38)	before operation	25.36± 2.47	23.21± 2.56
	3 months after operation	18.62± 2.14*	18.41± 2.73*
Observation group(n=38)	before operation	25.48± 2.62	23.36± 2.64
	3 months after operation	13.46± 2.18**	14.52± 2.88**

Note: Compared with before operation, *P<0.05; compared with the control group, **P<0.05.

表 3 两组患者的免疫功能比较($\bar{x}\pm s$, g/L)Table 3 Comparison of immune function between two groups($\bar{x}\pm s$, g/L)

Groups	Time	IgG	IgM	IgA
Control group(n=38)	before operation	14.23± 3.24	1.38± 0.27	1.97± 0.34
	1 d after operation	9.57± 2.34*	1.36± 0.22	1.94± 0.31
Observation group(n=38)	before operation	14.16± 3.21	1.39± 0.30	1.96± 0.31
	1 d after operation	11.76± 2.45**	1.37± 0.25	1.95± 0.32

Note: Compared with before operation, *P<0.05; compared with the control group, **P<0.05.

表 4 两组术后不良反应的比较

Table 4 Comparison of postoperative adverse reactions between the two groups

Groups	Hot flashes	Vaginal bleeding	Decreased libido
Control group(n=38)	12(31.58)	8(21.05)	10(26.32)
Observation group(n=38)	10(26.32)	7(18.42)	8(21.05)
χ^2	0.256	0.083	0.291
P	0.613	0.773	0.589

经过 1 年的随访, 对照组出现 5 例复发, 复发率为 13.16%, 观察组出现 3 例复发, 复发率为 7.89%, 两组患者的复发率比较无统计学差异($\chi^2=0.559$, $P=0.455$)。

3 讨论

EM 的治疗原则是清除内膜异位病灶, 同时减少复发, 对于仍需要生育的患者, 应保证其正常生理功能, 提高妊娠率^[15]。目前临床上治疗 EM 的主要方式是药物治疗和手术治疗, 但有药物治疗对于中重度患者的疗效不佳, 并且在停药后复发率较高, 而手术治疗更加彻底, 并且在术后适当辅以药物治疗有更好的疗效, 因此在药物治疗乏力时, 手术治疗仍是理想的治疗方式^[16]。传统的手术治疗方式为开腹手术, 虽然开腹手术治疗效果较为理想, 但手术时创口大、术中出血量较多, 且术后患者

疼痛感明显、恢复慢^[17,18]。随着医疗技术的不断发展, 腹腔镜技术在治疗 EM 中得到了很好的应用, 腹腔镜手术采用微创技术, 患者术后伤口疼痛明显减轻, 且术后瘢痕较小、患者恢复快、住院时间短^[19,20]。EM 复发率较高, 可引起不育不孕, 对患者的生活质量和心理状态造成较大的影响^[21]。由于手术治疗会引起患者的应激反应, 因此会对免疫功能造成一定的影响, 免疫球蛋白 IgG、IgM、IgA 均是常用的免疫功能指标, 通过其变化能评价机体免疫功能受到的影响程度^[22-24]。

本次研究结果显示, 术后 3 个月, 两组患者心理状态、生理领域评分以及总评分均高于术前, 且观察组高于对照组, 差异有统计学意义 ($P<0.05$); 两组患者术后 3 个月的 HAMD、HAMA 评分均较术前显著降低, 且观察组低于对照组 ($P<0.05$)。这说明经过治疗后两组患者在心理状态和生活质量上均

有了明显的提升,但使用腹腔镜手术治疗的提升程度更为明显。由于两种手术方式均有较好的临床疗效,能较好的改善患者的临床症状,因此在治疗后患者的生活质量均有了明显的改善。部分 EM 患者受到不孕不育的困扰,心理负担较为严重,在通过手术治疗后妊娠率明显提高,可以显著改善其心理状态,而腹腔镜手术是微创型手术,术后瘢痕较小,减少了女性因瘢痕而造成的心理负担。在生理方面,由于腹腔镜手术术后伤口疼痛比开腹手术更小,且术后恢复快,更利于生理方面的调整,因此采用腹腔镜手术治疗的提升更为明显^[25-27]。本研究结果还显示,术后 1d,两组的 IgM、IgA 水平组间与组内的比较均无统计学差异($P>0.05$),但两组的 IgG 水平较术前均明显下降,且观察组的 IgG 水平高于对照组($P<0.05$),这说明手术治疗会影响患者的免疫功能,但采用腹腔镜手术治疗对患者的免疫功能影响较小。在正常情况下,人血清中的免疫球蛋白水平较为稳定,但在手术后引起机体的应激反应,血清中免疫球蛋白浓度降低,免疫功能受到影响,而其影响程度与手术的创伤程度有直接的关系^[28-30]。本研究结果显示,两组患者术后的潮热、阴道出血、性欲下降等不良反应比较无统计学差异($P>0.05$),两组患者的 1 年复发率比较无统计学差异($P>0.05$),说明两种手术方法安全性和预后较好。

综上所述,腹腔镜手术能显著改善 EM 患者的心理状态和生活质量,且对免疫功能的影响较小,同时不良反应轻微,复发率较低,患者预后良好,值得临床推广应用。

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