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胃复春联合三联疗法治疗慢性萎缩性胃炎患者的临床疗效 及对血清胃泌素、胃动素及降钙素原水平的影响*

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摘要 目的:探讨胃复春联合三联疗法治疗慢性萎缩性胃炎患者的临床疗效及对血清胃泌素、胃动素及降钙素原水平的影响。**方法:**选择我院收治的慢性萎缩性胃炎患者 96 例,将其随机分为对照组与观察组,每组各 48 例。对照组患者给予三联抗 HP 治疗,观察组在对照组基础上给予胃复春片治疗,两组患者均连续治疗 4 周。比较两组患者的临床疗效,治疗前后血清胃泌素、胃动素、降钙素原(PCT)、白介素-6(IL-6)及肿瘤坏死因子- α (TNF- α)水平的变化。**结果:**治疗后,对照组患者临床总有效率(81.25%)明显低于观察组(93.75%)($P<0.05$);两组患者血清胃泌素、胃动素、PCT、IL-6 及 TNF- α 水平与本组治疗前比较均明显降低,且观察组患者治疗后以上指标均明显低于对照组($P<0.05$)。**结论:**胃复春联合三联疗法治疗慢性萎缩性胃炎可显著提高临床疗效,可能与其有效抑制患者胃泌素及胃动素分泌,缓解炎症反应有关。

关键词:胃复春片;三联抗 HP;慢性萎缩性胃炎;胃泌素;胃动素;降钙素原

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Clinical Efficacy of Weifuchun combined with Triple Therapy in the Treatment of Patients with Chronic Atrophic Gastritis and its Effect on the Serum Gastrin, Motilin and Procalcitonin Levels*

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ABSTRACT Objective: To investigate the clinical effect of Weifuchun combined with Triple therapy in the treatment of patients with chronic atrophic gastritis and the effect on the serum gastrin, motilin and procalcitonin levels. **Methods:** 96 cases of patients with chronic atrophic gastritis who admitted in our hospital were randomly divided into the control group and the observation group with 48 cases in each group. Patients in the control group were given Triple therapy of anti-HP infection treatment, and patients in the observation group were given Weifuchun additionally on the basis of control group. The patients in both groups were treated continuously for four weeks. The clinical efficacy were compared between the two groups after treatment. The levels of serum gastrin, motilin, calcitonin (PCT), interleukin-6 (IL-6) and tumor necrosis factor- α (TNF- α) were compared between two groups before and after treatment. **Results:** After treatment, the total effective rate of control group (81.25 %) was lower than that of the observation group (93.75 %) ($P<0.05$), the levels of serum gastrin, motilin, PCT, IL-6 and TNF- α of both groups were significantly lower than those before treatment. Which were significantly lower in the observation group than those in the control group ($P<0.05$). **Conclusion:** Weifuchun combined with Triple therapy can significantly improve the clinical effect in the treatment of patients with chronic atrophic gastritis. It may be related to the effective inhibition of gastrin and motilin secretion and inflammatory reaction.

Key words: Weifuchun; Triple Therapy Treatment; Chronic atrophic gastritis; Gastrin; Motilin; Procalcitonin

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前言

慢性胃炎(Chronic gastritis, CG)可分为慢性浅表性胃炎、慢性萎缩性胃炎及少部分特殊类型^[1]。慢性萎缩性胃炎(Chronic atrophic gastritis, CAG)临床表现为上腹饱胀、暖气、胃纳减退,严重者致癌变,严重影响患者生活质量^[2-5]。CAG发病原因包括动脉硬化、胃血流量不足、吸烟嗜酒等,其可通过损害胃粘膜的屏障机能而引起慢性萎缩性胃炎^[6-8]。研究表明幽门螺杆菌(HP)感染是萎缩性胃炎的重要发病因素^[9]。三联抗HP疗法是临床抗HP的主要疗法,但存在因病菌耐药性增加导致效果降低的可能^[10-12]。胃复春由中药菱角、三七、枳壳等组成^[13]。研究表明胃复春片可通过抑制HP,提高机体免疫功能,改善整体机能状态^[14,15]。因此,本研究主要探讨了胃复春联合三联疗法治疗慢性萎缩性胃炎患者疗效及对患者血清胃泌素、胃动素及降钙素原水平的影响,结果报道如下。

1 资料与方法

1.1 一般资料

选取2015年7月~2017年7月我院收治的慢性萎缩性胃炎患者96例,均符合疾病相关诊断标准^[16]。将入选患者随机分为对照组与观察组。对照组48例,男28例,女20例,年龄24~66岁,平均年龄(43.6±4.5)岁,病程1~12年,平均病程(6.27±0.72)年;观察组48例,男26例,女22例,年龄26~68岁,平均年龄(44.9±4.7)岁,病程1~14年,平均病程(6.45±0.77)年。入选标准:①符合慢性萎缩性胃炎诊断标准,且幽门螺旋杆菌检测呈阳性者;②一般临床资料完整者。排除标准:①伴有严重胃溃疡、胃黏膜病理显示中度异型增生或疑似癌变者;②对本研究所用药物过敏者;③合并严重肝肾功能不全者;④合并自身免疫性疾病者;⑤妊娠期或哺乳期妇女。所有入选患者均已签署知情同意书。两组患者一般资料及数据比较差异均无统计学意义($P>0.05$),具有可比性。

1.2 治疗方法

两组患者入院后即接受三联抗HP治疗^[17]:阿莫西林,1 g/次,2次/d;呋喃唑酮,100 mg/次,2次/d;枸橼酸铋钾,0.22 g/次,2次/d。观察组患者加用胃复春片(杭州胡庆余堂药业有限公司,国药准字Z20040003)治疗:口服,4片/次,3次/d。两组患者均治疗4周。

1.3 临床疗效观察

观察两组患者治疗后临床疗效。显效:入选患者病理检查结果显示疾病相关症状基本消失;有效:病理检查结果显示疾病相关症状有减轻;无效:未达到上述标准。总有效率=(显效例数+有效例数)/总例数×100%。

1.4 血清胃泌素、胃动素水平检测

分别于治疗前后,取两组患者静脉血5 mL,4000 r/min离心5 min,取上层血清,于-20℃保存备用。采用酶联免疫吸附(ELISA)法,通过全自动酶标仪(上海拜格生物科技发展有限公司)检测两组患者血清胃泌素及胃动素水平。

1.5 血清炎症因子水平检测

分别于治疗前后取两组患者静脉血5 mL,4000 r/min离心5 min,取上层血清。采用酶联免疫吸附(ELISA)法,通过全自动酶标仪(上海拜格生物科技发展有限公司)检测测定两组患者血清PCT、IL-6及TNF-α水平。以上检测所用试剂盒均购自北京奥维亚生物技术有限公司。

1.6 统计学处理

使用SPSS17.0统计学软件。本次研究所得计数资料以率(%)表示,组间比较采用 χ^2 检验,计量资料以均数±标准差($\bar{x} \pm s$)表示,组间比较采用t检验,以 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两种临床疗效的比较

治疗后,对照组患者临床总有效率为81.25%,观察组患者临床总有效率为93.75%。较对照组显著升高,组间比较有统计学差异($P<0.05$),见表1。

表1 两组患者临床疗效比较

Table 1 Comparison of clinical efficacy between two groups

Groups	n	Markedly effective	Effective	Invalid	Total effective rate (%)
Control group	48	34	5	9	81.25
Observation group	48	41	4	3	93.75*

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

2.2 两组治疗前后血清胃泌素、胃动素水平的比较

治疗前,两组患者血清胃泌素及胃动素水平比较无统计学差异($P>0.05$)。治疗后,两组患者血清胃泌素及胃动素水平均明显低于本组治疗前;且观察组患者血清胃泌素及胃动素水平明显低于对照组($P<0.05$),见表2。

2.3 两组治疗前后血清炎症因子水平的比较

治疗前,两组患者血清PCT、IL-6及TNF-α水平比较无统计学差异($P>0.05$)。治疗后,两组患者血清PCT、IL-6及TNF-α水平明显低于本组治疗前,且观察组患者血清PCT、IL-6及TNF-α水平均明显低于对照组($P<0.05$),见表3。

3 讨论

慢性胃炎系指不同病因引起的各种慢性胃黏膜炎性病变,其发病率在各种胃病中居首位^[18-21]。当今社会,由于工作压力大、生活节奏快,人们饮食结构及习惯发生改变,慢性萎缩性胃炎的发病率呈逐年上升趋势。在免疫因素、胆汁反流、生物因素、药物因素等的影响下,胃粘膜出现慢性炎症并受到损伤,胃酸分泌减少,消化功能减弱,从而形成慢性萎缩性胃炎。药物治疗主要包括对症治疗及保护胃黏膜治疗。如胃黏膜有炎症,幽门螺旋杆菌呈阳性,可服含铋的制剂。胃肠疾病多与幽门螺旋

表 2 两组患者治疗前后血清胃泌素、胃动素水平的比较($\bar{x} \pm s$)Table 2 Comparison of the serum gastrin and motilin levels between the two groups before and after treatment($\bar{x} \pm s$)

Groups	N	Time	Gastrin(ng/L)	Motilin(ng/L)
Control group	48	Before treatment	131.78 $\pm$ 12.94	189.09 $\pm$ 19.16
		After treatment	106.88 $\pm$ 10.82 ^a	159.47 $\pm$ 16.02 ^a
Observation group	48	Before treatment	132.36 $\pm$ 13.45	188.67 $\pm$ 18.87
		After treatment	92.49 $\pm$ 9.31 ^a *	127.03 $\pm$ 12.62 ^a *

Note: compared with the same group before treatment, ^a $P < 0.05$; compared with the control group, * $P < 0.05$.

表 3 两组患者治疗前后血清炎症因子水平的比较($\bar{x} \pm s$)Table 3 Comparison of the levels of serum inflammatory factors between the two groups before and after treatment($\bar{x} \pm s$)

Groups	N	Time	PCT(μ g/L)	IL-6(ng/L)	TNF- α (ng/L)
Control group	48	Before treatment	2.58 $\pm$ 0.37	126.51 $\pm$ 12.73	66.93 $\pm$ 5.94
		After treatment	1.15 $\pm$ 0.16 ^a	66.07 $\pm$ 7.02 ^a	49.05 $\pm$ 4.67 ^a
Observation group	48	Before treatment	2.91 $\pm$ 0.32	125.79 $\pm$ 12.61	66.32 $\pm$ 6.03
		After treatment	0.76 $\pm$ 0.11 ^a *	42.55 $\pm$ 4.63 ^a *	32.17 $\pm$ 3.08 ^a *

Note: compared with the same group before treatment, ^a $P < 0.05$; compared with the control group, * $P < 0.05$.

杆菌感染有关。三联疗法是杀灭幽门螺旋杆菌最有效的治疗方法,可根除感染,使患者胃黏膜炎症消退^[2]。胃复春片为传统中药处方,方含香茶菜、红参、枳实等。香茶菜行气活血、清热解毒;红参健脾温中、补气养血;枳壳理气宽胸,行气消滞。已有研究表明胃复春可改善患者血液循环,通过促进胃黏膜再生,减轻机体炎症反应^[32]。研究表明胃复春片可抑制机体幽门螺旋杆菌生长繁殖,减轻致癌物质对胃黏膜损害,降低胃癌前期病变发病率^[23]。因此,本研究观察了胃复春联合三联疗法对慢性萎缩性胃炎患者临床疗效的影响,结果表明胃复春联合三联疗法能有效提高慢性萎缩性胃炎患者临床总有效率。

胃泌素是一种重要的胃肠激素,主要由胃肠内分泌细胞中的 G 细胞分泌。G 细胞是典型的开放型细胞,以胃窦部最多,其次是胃底、十二指肠和空肠等处。当胃黏膜出现炎症反应时,胃泌素分泌的生理反馈抑制作用受限,使胃泌素水平升高^[24]。研究显示胃泌素水平升高可进一步促进胃黏膜中胃动素分泌增加,加重患者胃黏膜炎症反应^[25]。胃动素为消化道激素之一,具有促进并影响胃肠运动及胃肠道对水、电解质的运输的作用。胃动素水平升高,会导致肠道蠕动加速,肠内容物通过加快,临床表现为腹痛、腹泻等症状^[26]。因此,胃泌素和胃动素可作为慢性萎缩性胃炎的观测指标。本研究结果显示两组患者治疗后血清中胃泌素及胃动素水平均明显下降,且观察组患者下降趋势更加明显,表明胃复春联合三联疗法能有效抑制慢性萎缩性胃炎患者胃泌素及胃动素水平。已有研究显示胃复春片具有健脾益气、活血解毒功效,可用于治疗胃癌前期病变、胃癌手术后辅助治疗,慢性浅表性胃炎等^[27]。胃复春片可显著抑制幽门螺旋杆菌,调整机体胃肠道激素水平^[28]。因此,联合用药对患者胃泌素及胃动素的调节作用与抑制幽门螺旋杆菌有关。

研究表明幽门螺旋杆菌除了可调节胃肠激素水平外,还可感染胃上皮细胞,诱发局部炎症及免疫应激反应及增加 PCT 及胃酸的分泌量^[29]。血清 PCT 水平反映了全身炎症反应的活跃

程度,其含量升高可加重胃黏膜炎症^[30]。既往研究证明 IL-6 及 TNF- α 均可在一定程度上反映慢性萎缩性胃炎的病情进展程度,二者水平变化与疾病炎症程度呈正相关关系^[31]。IL-6 能够刺激参与免疫反应的细胞增殖、分化并提高其功能,通过调节免疫功能参与机体炎症反应。TNF- α 是一种单核因子,主要由单核细胞和巨噬细胞产生,具有抗病毒感染及调节免疫的作用,其水平与慢性萎缩性胃炎及肠化生相关。因此,本研究进一步观察了胃复春联合三联疗法对慢性萎缩性胃炎患者上述炎症因子指标的影响。结果显示两组患者治疗后血清 PCT、IL-6 及 TNF- α 水平均明显下降,且观察组患者下降趋势更加明显,表明胃复春联合三联疗法能有效缓解慢性萎缩性胃炎患者炎症状态。

综上所述,胃复春联合三联疗法治疗慢性萎缩性胃炎可显著提高临床疗效,可能与其有效抑制患者胃泌素及胃动素分泌,缓解炎症反应有关。

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