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揪提手法与梯级提升牵引器矫治乳头内陷患者的效果对比分析*

郭 群 张颖佳 杨 云 王继华 张景波

(昆明医科大学第二附属医院整形外科 云南 昆明 650101)

摘要 目的:分析和比较揪提手法与梯级提升牵引器矫治乳头内陷的临床效果。**方法:**选择2013年1月-2018年1月于我院进行治疗的44例乳头内陷患者为研究对象,按照随机数字表法将其均分为实验组与对照组,每组各22例患者。对照组患者实施揪提手法治疗,实验组患者使用梯级提升牵引器进行治疗,两组干预时间均为2个月。治疗结束后,对比两组患者治疗有效率,治疗开始时、治疗1个月时及治疗2个月时视觉模拟量表评分(VAS),术后3个月时复发率及治疗期间并发症发生率。**结果:**(1)对照组治疗有效率为59.09%(26/44),实验组治疗有效率为86.36%(38/44),较对照组显著升高($P<0.05$);(2)治疗第一天,实验组患者VAS评分明显高于对照组($P<0.05$),但两组患者治疗1个月及2个月时VAS评分对比差异不具有统计学意义($P>0.05$);(3)术后6个月随访示实验组复发率显著低于对照组($P<0.05$);(4)实验组患者治疗期间不良反应发生率明显低于对照组($P<0.05$)。**结论:**阶梯提升牵引器矫治乳头内陷的效果明显常规优于揪提手法,虽然治疗之初患者较为疼痛,但患者远期预后显著好于常规揪提手法。

关键词:揪提手法;梯级提升牵引器;乳头内陷

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Comparative Analysis of Pulling Manipulation and Step Lifting of Tractor for the Correction of Nipple Inversion*

GUO Qun, ZHANG Ying-jia, YANG Yun, WANG Ji-hua, ZHANG Jing-bo

(Plastic surgery, The Second Affiliated Hospital of Kunming Medical University, Kunming, Yunnan, 650101, China)

ABSTRACT Objective: To analyze and compare the clinical effects of pulling manipulation and step lifting of tractor for the correction of nipple inversion. **Methods:** 44 patients with inverted nipples who were treated in our hospital from January 2013 to January 2018 were divided into the experimental group and the control group according to random number table method. Each group had 22 patients. The control group was treated with pulling manipulation, while the experimental group was treated with stepped lifting tractor. The intervention time in the two groups was 2 months. After treatment, the effective rate, visual analogue scale (VAS) score at the beginning of treatment, at 1 month and 2 months after treatment, the recurrence rate at 3 months after operation and the complication rate during treatment were compared between the two groups. **Results:** (1) The effective rate was 59.09%(26/44) in the control group and 86.36% (38/44) in the experimental group, which was significantly higher in the experimental group than that in the control group($P<0.05$); (2) On the first day of treatment, the VAS score of experimental group was significantly higher than that of the control group ($P<0.05$), but there was no significant difference between the two groups at 1 month and 2 months of treatment ($P>0.05$); (3) After 6 months' follow-up, the recurrence rate of experimental group was significantly lower than that in the control group($P<0.05$); (4) The incidence of adverse reactions in the experimental group was significantly lower than that in the control group ($P<0.05$). **Conclusion:** The effect of step lifting tractor for correction of nipple inversion is obviously better than that of pulling manipulation. Although the initial treatment is more painful, the long-term prognosis of patients is significantly better than that of lifting manipulation.

Key words: Pulling Manipulation; Step lifting tractor; Nipple inversion

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前言

乳头不能凸出而向内凹陷被称为乳头内陷,是女性常见病之一。统计数据显示国外女性乳头内陷的发生率约为17.7/1000人,国内女性乳头内陷的发病率约为1%-2%。乳头内陷病情严重程度因人而异,轻者仅表现为不同程度的乳头低平

或轻度回缩,受外界刺激时可挤出乳头,重者则表现为乳头完全凹陷于乳晕内,无法被牵拉出,部分患者甚至表现为火山口状^[1,2]。乳头内陷严重程度可以分为三度部分乳头内陷、乳头完全凹陷于乳晕之中、乳头完全埋在乳晕下方。乳头内陷不仅会影响乳房美观,使患者产生自卑、焦虑心理,同时还会影响女性哺乳,严重者可引起乳头局部炎症、溃疡,甚至诱发乳腺导管癌

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作者简介:郭群(1971-),女,硕士,副主任医师,研究方向:整形美容外科,电话:18887151166,E-mail:guoqun1971@163.com

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的发生^[3,4]。

现阶段,乳头内陷的治疗方式包括手法牵拉、吸引疗法、手术治疗等,上述方式均有一定的利弊,但总体治疗原则为在保持乳头正常形态的前提下,使瘢痕最小化,恢复女性乳头正常功能,同时降低复发率^[5]。本研究结果表明阶梯提升牵引器矫治乳头内陷具有明显的效果,虽然治疗之初患者较为疼痛,但后期并发症及远期复发率均低于常规揪提手法,现详述如下:

1 资料与方法

1.1 一般资料

选择 2013 年 1 月 -2018 年 1 月于我院进行治疗的 44 例乳头内陷患者,按照随机数字表法将其均分为实验组(阶梯提升牵引器, $n=22$)与对照组(揪提手法, $n=22$)。对照组患者年龄 18-36 岁,平均年龄(26.32 ± 2.15)岁,均为双侧乳头内陷(44 只),其中 I 型乳头内陷 20 只,II 型乳头内陷 16 只,III 型乳头内陷 8 只;实验组患者中年龄 19-37 岁,平均年龄(27.01 ± 1.96)岁,均为双侧乳头内陷 (44 只),I 型乳头内陷 19 只,II 型乳头内陷 17 只,III 型乳头内陷 8 只。两组患者一般资料如年龄、乳头内陷类型对比差异不具有统计学意义($P>0.05$),具有可比性。

纳入标准:(1)双侧乳头内陷;(2)未生育或哺乳;(3)病历资料齐全;(4)调研经医院伦理学会批准实施;(5)患者及其家属知情同意。排除标准:(1)合并精神障碍者;(2)合并乳头炎症或溃疡者;(3)合并乳头手术史者;(4)合并恶性肿瘤患者;(5)合并其他器质性疾病如冠心病、肾衰竭者;(6)依从性较差者。剔除标准:(1)主动要求终止调研者;(2)失去随访者;(3)不能坚持实施治疗者。

1.2 治疗方法

两组患者入院后均实施相同的护理措施,包括建立档案、生命体征监测等,同时对照组患者采用揪提手法进行治疗:术前清洁患者乳房局部,并根据患者乳头乳晕大小选择相应的火罐,嘱患者平躺,施术者首先揉松患者乳房、乳头及乳晕,而后双手或单手以十字法上下、左右松解患者乳头乳晕局部组织,一手拇指及食指合力将患者乳头揪住,做捻松上提动作,每次

持续 10 min,拔罐与手法治疗需穿插进行,2 次手法 2 次拔罐,术后使用黄油涂抹患者乳头,避免外伤,上述治疗方式每周 5 次,2 个月为 1 疗程;实验组患者选择阶梯提升牵引器进行治疗,具体方式如下:院内自制梯级提升牵引器,该器械由乳环与牵引杆组成,乳环高约 15 mm,分 3 挡调节,每档间隔 3 mm,术前使用利多卡因对患者乳头基底进行浸润麻醉,而后将内陷的乳头揪出,将牵引杆穿过患者乳头后,将乳环放置于患者乳头上,并将牵引杆固定于乳环上,每 20 d 向上调节一个档次,2 个月为一个治疗疗程,注意治疗过程中密切观察牵引杆部位是否出现感染,每日嘱患者进行消毒,如有脱落及时就医。

1.3 观察指标及评测标准

1.3.1 治疗有效率 显效是指治疗后患者乳头不内陷或由 III 型变为 I 型,有效是指治疗后患者乳头内陷症状得到缓解,或乳头内陷度由 III 型变为 II 型,或由 II 型变为 I 型,无效是指治疗后患者乳头内陷症状无任何改观,甚至出现加重,治疗有效率 = (显效乳头数 + 有效乳头数) / 总乳头数^[6]。

1.3.2 治疗疼痛度 分别于治疗初(第一天)、治疗 30 d 及治疗 60 d 时使用视觉模拟量表(VAS)对两组患者疼痛度进行评估^[7,8]。

1.3.3 术后复发率 分别对两组患者进行术后随访,随访时间为 6 个月,记录其乳头内陷的复发率并进行对比。

1.3.4 不良反应发生率 由责任护士对两组患者治疗期间不良反应诸如乳头坏死、糜烂、色素脱失等的发生率进行统计,并进行比对。

1.4 统计学方法

使用 SPSS16.0 对采集的数据实施分析,计数资料以率(%)的形式表示,组间比较采用卡方检验,计量资料以($\bar{x} \pm s$)的形式表示,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 两组治疗有效率比较

与对照组治疗有效率[81.82%(36/44)]比较,实验组治疗有效率[93.18%(41/44)]显著升高($P<0.05$)。

表 1 两组患者治疗有效率对比[例(%)]

Table 1 Comparison of the effective rates between two groups of patients [n(%)]

Groups	Number of nipples	Obvious effect	Effective	Invalid	Effective rate
Experience group	44	34(77.27)	7(15.91)	3(6.818)	41(93.18)
Control group	44	30(68.18)	6(13.64)	8(18.18)	36(81.82)
χ^2	-	-	-	-	2.691
P	-	-	-	-	<0.05

2.2 两组治疗疼痛度的变化比较

治疗第一天,实验组患者 VAS 评分明显高于对照组,但两患者 VAS 评分治疗 1 个月及 2 个月时对比差异不具有统计学意义($P>0.05$)。

2.3 两组复发率的比较

经远期随访,对照组患者复发率为 18.18%(8/44),实验组患者复发率为 4.55%(2/44),较对照组显著降低($P<0.05$)。

2.4 两组不良反应发生率的比较

对照组患者不良反应发生率为 13.64%(6/44),实验组患者治疗期间不良反应发生率为 4.55%(2/44),较对照组显著降低($P<0.05$)。

3 讨论

乳头组织分别由皮肤、皮下组织及输乳管构成,也可细分

表 2 两组患者治疗疼痛度的变化对比

Table 2 Comparison of the changes of pain scores between two groups of patients

Groups	Cases	Before treatment	Treatment of 30 d	Treatment of 60 d
Experience group	22	5.36± 1.26	2.12± 0.15	2.36± 0.44
Control group	22	3.15± 1.02	1.96± 0.22	1.99± 0.63
t	-	3.021	0.968	0.889
P	-	<0.05	>0.05	>0.05

表 3 两组患者治疗不良反应发生率对比[例(%)]

Table 3 Comparison of the incidence of adverse reactions between the two groups[n (%)]

Groups	Number of nipples	Nipple ecrosis	Erosion	Pigment loss	Incidence rate
Experience group	44	0(0.00)	1(2.27)	1(2.27)	2(4.55)
Control group	44	0(0.00)	3(6.82)	3(6.82)	6(13.64)
χ^2	-	-	-	-	2.877
P	-	-	-	-	<0.05

为乳头顶、乳头颈、乳头基底等,乳晕下连接环装的平滑肌,当受到外界刺激时,平滑肌收缩使乳头凸出乳晕^[15,16]。乳头内陷属于乳腺科与整形科常见病,按照乳头内陷的发病原因可将其分为先天性乳头内陷和后天性乳头内陷^[9,10]。无论先天性还是后天性疾病,均会对个体的心理产生一定影响。乳房作为女性的第二性征,与其相关的疾病会对女性产生较大的心理冲击,易使其产生较明显的不良情绪^[11,12]。乳头内陷不仅会影响乳房的美观,同时还会影响女性哺乳,对其下一代的成长产生不良影响,乳头内陷女性哺乳期时积存的乳汁无法排出,乳腺炎的发生率增加,严重者甚至会诱发乳腺癌^[13,14]。现阶段,乳头内陷手术疗法的效果明显,但手术往往会对乳腺导管造成较大的破坏,多适用于无哺乳需要的中重度乳头内陷患者,非手术疗法往往被应用于有哺乳需要的轻中度乳头内陷患者^[17,18]。

揪提手法是临床上常用的乳头内陷非手术治疗方式,是利用机械力来反复对内陷的乳头形成刺激,使肌纤维变长并增加其韧性,进而达到治疗目的^[19,20]。学者 Bian X^[21]等通过对 50 例轻中度乳头内陷患者实施揪提手法发现揪提手法能够具有较显著的治疗效果,治愈率达 98%。但也有学者的研究指出传统的揪提手法对患者乳头肌纤维会造成较大的刺激,易引发肌纤维变形、断裂,使其失去回缩及弹性,因而不建议采取揪提手法^[22]。有研究对 22 例乳头内陷患者使用梯级提升牵引器进行矫治治疗,发现 22 例患者 44 只乳头有 42 只达到治疗目的,仅有 2 只乳头因术后张力较大,延迟进行治疗,且 22 例患者术后随访 6 个月发现,乳头高度均能达到患者要求,无复发现象^[23,24]。

本研究就梯级提升牵引器矫治乳头内陷临床效果与传统揪提手法进行了对比分析,结果显示使用梯级提升牵引器进行矫治的实验组患者治疗有效率明显高于传统揪提手法治疗,且患者术后远期随访复发率和不良反应发生率也较低。分析原因可能是:乳头下组织空虚^[25],乳腺管及周围平滑肌或纤维结缔组织缩短,传统揪提手法虽然能够短时间内将肌纤维拉长,但因不能够一直使乳头维持牵拉状态,故而会使肌纤维在治疗结束后回复缩短状态;同时,揪提手法与施术者医疗水平密切相

关,如揪提力度过大,易引发肌纤维断裂、变形,使其失去回缩能力^[26,27]。而梯级提升牵引器虽然在治疗之初患者感觉较为疼痛,但该方式一方面能够使乳头维持牵拉状态,使机体代偿性填补乳头下空虚部位,另一方面也能够刺激肌纤维及乳腺管增长,降低术后的复发率^[28,29]。此外,提升牵引器的使用避免了每日对乳头形成刺激摩擦,也降低了治疗中不良反应的发生率^[30,31]。

总之,阶梯提升牵引器矫治乳头内陷具有明显的效果,虽然治疗之初患者较为疼痛,但患者远期预后显著好于常规揪提手法。

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