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自拟温阳利水汤联合地奥司明治疗乳腺癌术后上肢淋巴水肿的疗效观察*

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摘要 目的:探究自拟温阳利水汤联合地奥司明治疗乳腺癌术后上肢淋巴水肿的疗效。**方法:**选择 2013 年 1 月至 2019 年 6 月在我院经病理确诊为乳腺癌术后上肢淋巴水肿的住院患者 80 例,根据治疗方式不同分为两组,每组各 40 例,其中,对照组采用地奥司明进行治疗,研究组在对照组基础上联合自拟温阳利水汤进行治疗,两组均连续治疗 15 d;对比两组的治疗总有效率,对比两组治疗前后的腕横纹、肘横纹、腕横纹上 10 cm、肘横纹上 10 cm 处臂围;对比两组患者治疗前后的前屈、后伸、外展、内收等活动角度。**结果:**研究组治疗总有效率 95.00 % (38/40) 显著高于对照组 75.00 % (30/40), 对比有显著差异 ($P < 0.05$); 治疗前, 两组的腕横纹、肘横纹、腕横纹上 10 cm、肘横纹上 10 cm 处臂围对比无统计学差异 ($P > 0.05$); 治疗后, 两组的腕横纹、肘横纹、腕横纹上 10 cm、肘横纹上 10 cm 处臂围均比治疗前有所减小, 且研究组更小 ($P < 0.05$); 治疗前, 两组的前屈、后伸、外展、内收等活动角度对比无统计学差异 ($P > 0.05$); 治疗后, 两组患者的前屈、后伸、外展、内收等活动角度均比治疗前有所增大, 且研究组更大 ($P < 0.05$)。 **结论:**自拟温阳利水汤联合地奥司明治疗乳腺癌术后上肢淋巴水肿的疗效显著, 该方法可有效改善患者的肩关节活动度, 临床应用价值较高。

关键词:温阳利水汤; 地奥司明; 乳腺癌术后上肢淋巴水肿; 肩关节活动度

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Observation of Curative Effect of Self-made Wenyang Lishui Decoction Combined with Diosmin on Upper Limb Lymphedema after Breast Cancer Surgery*

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ABSTRACT Objective: To investigate the effect of self-made Wenyang Lishui Decoction combined with diosmin on upper limb lymphedema after breast cancer surgery. **Methods:** From January 2013 to June 2019, 80 inpatients with pathologically diagnosed upper extremity lymphedema after breast cancer in our hospital were selected as the research subjects. They were divided into two groups according to different treatment methods, with 40 patients in each group. Among them, the patients in the control group were treated with diosmin, and the patients in the study group were treated with Wenyang Lishui Decoction based on the control group. The patients in both groups were treated continuously for 15 days. Compare the total effective rate of treatment between the two groups of patients, compare the wrist bands, elbow bands, wrist bands 10 cm, and elbow bands 10 cm above the arm bands. Compare the angles of motion of the two groups of patients before and after treatment, such as forward flexion, extension, abduction, and adduction. **Results:** After the intervention, the total effective rate of treatment in the study group was 95.00 % (38/40), which was significantly higher than the total effective rate of treatment in the control group, 75.00 % (30/40). The difference was statistically significant ($P < 0.05$). Before treatment, there was no statistically significant difference in arm circumference at the wrist stripes, elbow stripes, wrist stripes 10 cm, and elbows stripes 10 cm ($P > 0.05$). After treatment, the wrist circumference, elbow stripes, 10 cm above the wrist stripes, and 10 cm above the elbow stripes were reduced in both groups than before treatment, and the study group was smaller ($P < 0.05$). Before treatment, there was no statistical difference in the angles of movement of the two groups of patients such as forward flexion, extension, abduction and adduction ($P > 0.05$). After treatment, the angles of motion of forward flexion, extension, abduction, and adduction of the two groups of patients were larger than those before treatment, and the study group was larger ($P < 0.05$). **Conclusion:** The self-made Wenyang Lishui Decoction combined with Diosmin is effective in treating upper extremity lymphedema after breast cancer.

Key words: Wenyang Lishui Decoction; Diosmin; Upper limb lymphedema after breast cancer; Shoulder joint mobility

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前言

上肢淋巴水肿是乳腺癌术后常见并发症之一,术后放疗、高血压病史、糖尿病史、切口感染等都是引起术后上肢淋巴水肿的危险因素^[1,2],研究表明,大约20%~30%乳腺癌根治术后的患者会发生上肢淋巴水肿,严重影响着患者术后的生活质量^[3]。目前,乳腺癌术后淋巴水肿的治疗方法目前分为保守治疗和手术治疗两大类^[4],轻度、中度的水肿患者多采用保守治疗,保守治疗又包括康复操、弹力绷带、手法、淋巴引流等物理疗法和地奥司明片、迈之灵等药物治疗^[5-7]。地奥司明片是一种复方制剂,主要成分包括地奥司明和橙皮苷,具有促进静脉回流、增加功能性淋巴血管数量、维持毛细血管通透性的作用,可有效缓解乳腺癌术后上肢淋巴水肿^[8]。中医认为乳腺癌术后上肢淋巴水肿主要是由于术中金刃戕伤血脉神经,脉络瘀滞,气血运行不畅所致,治疗应以温阳通脉、活血祛瘀、利水消肿为原则,本文通过探究自拟温阳利水汤联合地奥司明治疗乳腺癌术后上肢淋巴水肿的疗效,旨在为临床治疗提供基础参考。

1 资料与方法

1.1 一般资料

选择2013年1月至2019年6月在我院经病理确诊为乳腺癌术后上肢淋巴水肿的住院患者80例,根据治疗方式不同分为两组,每组各40例,其中,研究组患者平均年龄 43.63 ± 5.16 岁;平均病程 6.15 ± 0.34 个月;左上肢淋巴水肿24例,右上肢淋巴水肿16例。对照组患者平均年龄 44.08 ± 5.02 岁;平均病程 6.12 ± 0.36 个月;左上肢淋巴水肿25例,右上肢淋巴水肿15例。两组一般资料对比无差异($P > 0.05$)。

1.2 治疗方法

对照组:采用地奥司明(南京正大天晴制药有限公司,国药准字H20058471,0.45 g/片)进行治疗,每次2片,每日1次,连续治疗15 d。

研究组:在对照组基础上联合自拟温阳利水汤进行治疗,药物组成为:熟地黄15 g、山药15 g、龙骨15 g、牡蛎15 g、葫芦壳15 g、泽泻12 g、党参12 g、山茱萸12 g、制附子9 g、干姜9 g、炒白芍9 g、牡丹皮9 g、茯苓9 g、龙葵9 g、姜黄9 g、柴胡6 g、桂枝6 g、炒白术6 g、炙甘草5 g、肉桂3 g,取上述药物用水煎服,分两次服用,连续治疗15 d。

1.3 观察指标

(1)对比两组患者的治疗总有效率,参照淋巴水肿的诊断与治疗^[9]中的疗效评估标准:治疗后,水肿程度改善 ≥ 1 个等级即为显效;治疗后水肿减轻,但未达1个等级即为有效;治疗后,水肿无改善或加重即为无效;(2)对比两组患者治疗前后的腕横纹、肘横纹、腕横纹上10 cm、肘横纹上10 cm处臂围^[10];(3)对比两组患者治疗前后的前屈、后伸、外展、内收等活动角度^[11]。

1.4 统计学方法

应用SPSS 20.0,计量资料以 $(\bar{x} \pm s)$ 示,计数资料以%示,分别行t检验和 χ^2 检验, $P < 0.05$ 有统计学意义。

2 结果

2.1 两组疗效对比

研究组的治疗总有效率95.00%(38/40),显著高于对照组的75.00%(30/40),两组对比有显著差异($P < 0.05$);具体结果见表1。

表1 两组治疗总有效率对比[例(%)]

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

Groups	n	Obvious effect	Effective	Invalid	Total efficiency
Research group	40	21(52.50)	17(42.5)	2(5.00)	38(95.00)*
Control group	40	14(35.00)	16(40.00)	10(25.00)	30(75.00)

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

2.2 两组治疗前后的患肢臂围对比

治疗前,两组的腕横纹、肘横纹、腕横纹上10 cm、肘横纹上10 cm处臂围对比无统计学差异($P > 0.05$);治疗后,两组腕

横纹、肘横纹、腕横纹上10 cm、肘横纹上10 cm处臂围均比治疗前有所减小,且研究组更小($P < 0.05$);具体结果见表2。

表2 两组治疗前后的患肢臂围对比 $(\bar{x} \pm s, \text{cm})$

Table 2 Comparison of arm circumference of affected limbs before and after treatment in two groups of patients $(\bar{x} \pm s, \text{cm})$

Groups	Time	Horizontal wrist	Horizontal elbow	10 cm on the horizontal stripes of the wrist	10 cm on horizontal elbow
Research group(n=40)	Before treatment	17.99 $\pm$ 1.28	29.72 $\pm$ 1.49	24.81 $\pm$ 2.18	33.49 $\pm$ 2.45
	After treatment	16.60 $\pm$ 1.01*	27.11 $\pm$ 1.15*#	22.10 $\pm$ 2.01*	30.12 $\pm$ 2.18*#
Control group(n=40)	Before treatment	17.98 $\pm$ 1.31	29.68 $\pm$ 1.52	24.83 $\pm$ 2.15	33.50 $\pm$ 2.43
	After treatment	17.22 $\pm$ 1.15*	28.25 $\pm$ 1.26*	23.28 $\pm$ 2.04*	31.67 $\pm$ 2.20*

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

2.3 两组治疗前后的肩关节活动度对比

治疗前,两组的前屈、后伸、外展、内收等活动角度对比无统计学差异($P>0.05$);治疗后,两组的前屈、后伸、外展、内收

等活动角度均比治疗前有所增大,且研究组更大($P<0.05$);具体结果见表3。

表3 两组患者治疗前后的肩关节活动度对比($\bar{x}\pm s, ^\circ$)

Table 3 Comparison of shoulder joint mobility between two groups of patients before and after treatment ($\bar{x}\pm s, ^\circ$)

Groups	Time	Forward bend	Back extension	Outreach	Adduction
Research group(n=40)	Before treatment	110.55± 15.74	39.11± 2.35	115.75± 21.23	35.59± 5.47
	After treatment	145.14± 11.34* [#]	45.85± 1.89* [#]	146.12± 12.89* [#]	38.95± 5.10* [#]
Control group(n=40)	Before treatment	110.51± 15.49	39.15± 2.28	115.83± 21.05	35.60± 5.45
	After treatment	127.98± 12.35*	41.97± 1.98*	129.28± 15.14*	37.17± 5.20*

Note: Compared with before treatment, * $P<0.05$; compared with control group, [#] $P<0.05$.

3 讨论

上肢淋巴水肿是乳腺癌术后常见的并发症^[12,13],主要因手术及放疗、外伤等因素引起,造成局部软组织粘连及小血管和淋巴管减少、受压、变窄,使血液、淋巴液回流障碍,导致间质蛋白浓度增高,血浆胶体渗透压差减少,最终出现水肿^[14-16]。患者患肢可表现为上肢肿胀、活动受限、疼痛、容易继发淋巴感染等,淋巴水肿一旦形成,很难消退,往往伴随终生,甚者疼痛不已,寝食难安,使患者饱受心理和生理双重痛苦,严重影响患者的生活质量^[17-19]。

乳腺癌术后出现的患肢淋巴水肿具有自行加重、恶性循环的特点,目前国内外均没有特效的治疗方法,轻度、中度的水肿,可采取保守疗法治疗,尽可能控制患者病情,缓解症状,改善生存期及生活质量^[20,21]。其中亦有很多疗效不错的中医方法,如:中草药、中医按摩、针灸等。中医认为,乳腺癌术后上肢淋巴水肿属“水肿”范畴,主要由气血运行不畅、血瘀阻络等情况使水湿溢于皮肤所致^[22-24],自拟温阳利水汤是一种由熟地黄、山药、龙骨、牡蛎、葫芦壳、泽泻、党参、山茱萸、制附子、干姜等药物组成的中药汤剂,其中,熟地黄具有清热凉血、养阴生津之功效;山药具有健脾补肺、益胃补肾、固肾益精之功效;牡蛎具有潜阳固涩、软坚散结之功效^[25,26];泽泻具有利水渗湿之功效;党参具有补中益气、健脾益肺之功效,全方共奏温阳通脉、活血祛瘀、燥湿化痰、利水消肿等功效^[27-29]。本文研究结果显示,干预后,研究组的治疗总有效率95.00%(38/40)显著高于对照组75.00%(30/40);治疗后,两组的腕横纹、肘横纹、腕横纹上10 cm、肘横纹上10 cm处臂围均比治疗前有所减小,且研究组更小;治疗后,两组患者的前屈、后伸、外展、内收等活动角度均比治疗前有所增大,且研究组更大。国内的学者马国华^[30]的研究与本研究结果相似,通过自拟温阳利水汤联合淋巴按摩治疗乳腺癌术后上肢淋巴水肿,结果显示联合治疗后上肢功能评分表、乳腺癌生命质量量表和中医症状积分(肢体肿胀感、肢体沉重感、肢体疼痛、肢体麻木、纳差、乏力)均降低,说明自拟温阳利水汤联合淋巴按摩可显著改善乳腺癌术后上肢淋巴水肿患者上肢功能、生活质量和中医症状,减小患肢臂围,对促进患者疾病恢复有利。与本研究的不同在于采用了淋巴按摩的方法,同时也观察了患者的中医症状,国外目前还没有应用中医结合

西药治疗乳腺癌术后上肢淋巴水肿,主要是采用药物和手术治疗^[31]。本研究结果表明,自拟温阳利水汤联合地奥司明治疗乳腺癌术后上肢淋巴水肿的疗效显著,该方法可有效改善患者的肩关节活动度。分析其原因为:目前临床上没有能从根本上解除乳腺癌术后上肢淋巴水肿的办法,多数患者主要通过抬高患肢、中医按摩、应用改善微循环的药物等方法来减轻水肿。地奥司明作为一种增强静脉张力性药物和血管保护剂^[32],主要是改善局部的血液循环,促进淋巴回流,减轻局部的水肿。对于乳腺癌术后上肢淋巴水肿,中医认为此病的病理特点为:瘀血湿阻为标、脾肾阳虚为本,温阳利水汤中熟地黄、山茱萸、山药可滋阴补肾、生津养血;牡丹皮、泽泻、茯苓则可利湿降浊;将其与地奥司明共用,具有协同起效的目的。本研究利用中西医结合治疗的优点,创新性的采用自拟温阳利水汤联合地奥司明治疗乳腺癌术后上肢淋巴水肿,取得了显著的确切疗效,同时体现了中医治疗的优点,为以后治疗乳腺癌术后上肢淋巴水肿提供了新的治疗方案。本研究也存在的一定的不足,样本量少,结果可能存在一定的偏倚,同时对于中医结合治疗的作用机制没有深入的阐明,在后续试验中,需要扩大样本量和来源,深入研究。

综上所述,自拟温阳利水汤联合地奥司明治疗乳腺癌术后上肢淋巴水肿的疗效显著,该方法可有效改善患者的肩关节活动度,临床应用价值较高。

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