

奥曲肽联合奥美拉唑治疗肝硬化上消化道出血临床观察

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摘要:目的 探讨奥曲肽联合奥美拉唑治疗肝硬化伴上消化道出血的临床疗效。方法 52例肝硬化合并消化道出血患者为研究对象,随机分为观察组和对照组,各26例。2组患者均常规补充血容量,对照组给予奥美拉唑治疗。观察组在对照组治疗基础上给予奥曲肽治疗。观察2组患者临床疗效,计算平均止血时间、平均住院时间、48h再出血率及不良反应发生情况。结果 观察组临床总有效率为92.3%,明显高于对照组69.2%。观察组平均止血时间、平均住院时间均明显短于对照组,48h再出血率明显低于对照组。结论 奥曲肽联合奥美拉唑治疗肝硬化伴上消化道出血临床效果显著,不良反应发生率较低,对于肝硬化合并上消化道出血的临床治疗具有重要意义。

关键词:肝硬化;上消化道出血;奥美拉唑;奥曲肽

中图分类号: R 657.3 **文献标志码:** A **文章编号:** 1672-2353(2013)05-080-03 **DOI:** 10.7619/jcmp.201305025

Clinical observation on octreotide and omeprazole for treating liver cirrhosis accompanied by upper gastrointestinal hemorrhage

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ABSTRACT: Objective To investigate the clinical effects of octreotide and omeprazole for treating liver cirrhosis accompanied by upper gastrointestinal hemorrhage. **Methods** Fifty-two patients with liver cirrhosis accompanied by upper gastrointestinal hemorrhage considered as objects of study were randomly divided into observation group and control group, 26 cases in each group. Blood volume of patients in both groups was supplemented. Omeprazole was administered in the control group, while octreotide in the observation group based on the treatment of the treatment group. The clinical effects of patients in both groups were observed, and mean hemostatic time, mean length of hospital stay, reoccurred hemorrhagic rate for 48 h and occurrence of adverse reactions were calculated. **Results** The total clinical efficacy rate of the observation group was 92.3%, markedly higher than that of the control group (69.2%). Mean hemostatic time and length of hospital stay of the observation group were significantly shorter than those of the control group, while its reoccurred hemorrhagic rate for 48 h obviously lower than that of the control group. **Conclusion** In the treatment of liver cirrhosis accompanied by upper gastrointestinal hemorrhage, the combination of octreotide and omeprazole has conspicuous clinical effects, with low incidence rate of adverse reactions, which is of great importance in clinical treatment of liver cirrhosis accompanied by upper gastrointestinal hemorrhage.

KEY WORDS: liver cirrhosis; upper gastrointestinal hemorrhage; omeprazole; octreotide

出血是疾病晚期常见并发症,出血量大,患者死亡率较高。因此,紧急止血对提高肝硬化上消化道出血患者生存率具有重要意义^[1-3]。理想的止血药物能降低门静脉高压达到有效止血,同

时也能为患者的进一步治疗争取有利条件^[4]。本研究回顾性分析了本科采用奥曲肽联合奥美拉唑治疗肝硬化上消化道出血的临床疗效,现将结果报告如下。

收稿日期: 2012-11-16

基金项目: 中国高校医学期刊临床专项资金(11320034)

1 资料与方法

1.1 一般资料

选择2008年9月—2011年12月来本院就诊的52例肝硬化合并消化道出血患者为研究对象,其中男38例,女14例,年龄38~78岁,平均(46.1±5.6)岁。所有患者均经胃镜或病理证实为肝硬化消化道出血:血压≤90/60 mmHg,心率≥110次/min,红细胞压积≤0.3;出血量1000~2600 mL,平均1700 mL;血红蛋白30~75 g/L,平均55.1 g/L;临床表现为大量呕血或黑便。52例患者随机分为观察组和对照组,各26例,2组患者一般资料差异无统计学意义($P>0.05$),具有可比性。

1.2 方法

2组患者均常规补充血容量,对照组给予奥美拉唑40 mg,静推,2次/d,3 d后改为每1次/d,连续用1周。观察组在对照组治疗基础上给予奥曲肽,首剂0.1 mg,静脉推注,然后0.6 mg缓慢静滴,维持24 h,连续2~3 d。2组患者同时禁食,输血及支持治疗。观察2组患者临床疗效,计算平均止血时间、平均住院时间、48 h再出血率及不良反应发生情况。

1.3 疗效评价标准

药物起效标准:呕吐、便血停止,血压、心率恢复正常;胃管抽吸液颜色变淡。出血停止标准:血流动力学稳定,胃管抽吸液清亮至少持续6 h及以上。临床疗效评价标准:显效,用药后24 h止血;有效,用药后24~72 h止血;无效,用药后72 h仍有活动性出血。以(显效+有效)例数计算总有效率。

2 结果

2.1 2组患者临床疗效比较

观察组显效15例,有效9例,临床总有效率为92.3%;对照组显效10例,有效8例,临床总有效率为69.2%,2组治疗总有效率比较差异有统计学意义($P<0.05$)。见表1。

表1 2组患者临床疗效比较[n(%)]

组别	例数	显效	有效	无效	总有效率
观察组	26	15(57.7)	9(34.6)	2(7.7)	24(92.3)*
对照组	26	10(38.5)	8(30.8)	8(30.8)	18(69.2)

与对照组比较,* $P<0.05$ 。

2.2 2组平均止血时间、平均住院时间、48 h再出血率比较

观察组平均止血时间、平均住院时间均明显短于对照组,48 h再出血率明显低于对照组,经比较差异均有统计学意义($P<0.05$ 或 $P<0.01$)。见表2。

表2 2组患者临床指标改善情况比较($\bar{x}\pm s$)

组别	例数	平均止血时间/h	平均住院时间/d	48 h再出血率[n(%)]
观察组	26	19.3±1.9**	5.2±0.7**	2(7.7)*
对照组	26	36.6±4.0	7.9±1.1	8(30.8)

与对照组比较,** $P<0.01$,* $P<0.05$ 。

2.3 不良反应

对照组26例患者中,3例因再次大出血而死亡,另5例行急诊手术治疗(均在72 h内止血)。观察组2例再出血患者,进行急诊手术后均及时止血。2组患者偶有轻度恶心,个别患者出现面色潮红。

3 讨论

肝硬化是由一种或多种致病因素长期或反复作用,造成弥漫性肝脏损害而引起肝功能障碍和门脉高压为主要表现的慢性肝脏病。上消化道出血是其最为常见的并发症之一。由于此时食管下段静脉丛怒张,怒张的静脉位于黏膜下层,因缺乏良好保护而破裂引起大出血^[5-6]。上消化道大量出血一般来势凶猛,短时间内可发生急性周围循环衰竭而危及生命。抢救上消化道出血,关键是进行输液、输血、防治休克及止血治疗^[7]。止血治疗包括药物、机械压迫、内镜和手术等方法^[8]。

奥曲肽是人工合成的八肽生长抑素,具有生长抑素的所有特征,且半衰期更长,使用更方便^[9]。其用于治疗消化性溃疡出血的机制有以下几个方面^[10-11]:①能选择性收缩内脏血管,降低门脉压力,减少食道胃底曲张静脉血流量和迅速出现的肝血流动力学效应;②具有抑制五肽胃泌素刺激后所引起的胃酸分泌;③能增加食管下端括约肌张力,从而减轻出血及再出血;④可抑制胃酸和胃蛋白酶原分泌,直接抑制高血糖素等多种血管活性物质,降低内脏血管扩张程度或间接增强内脏血管对血管收缩剂的反应,对止血有协助作用。

研究^[12]表明,静脉注射奥曲肽10 min可使

曲张静脉内压力降低 51%，并见奇静脉血流量明显减少，从而可明显减少内脏血流量。奥曲肽具有抑酸作用，同时尚有促进血小板凝集和血块收缩的功能，改善微循环，促进黏膜修复，有利于永久性的止血。也有研究^[13]表明，单用或在其他止血药物中加用奥曲肽治疗消化道溃疡出血，其止血时间、输血量等均优于单用止血药物，也没有肝功能、肾功能及心血管系统不良反应，使用安全，可提高救治成功率。

本研究将 52 例肝硬化合并消化道出血患者作为研究对象，对照组给予奥美拉唑治疗，观察组在对照组治疗基础上给予奥曲肽治疗。结果表明，观察组临床总有效率为 92.3%，明显高于对照组 69.2%。且观察组平均止血时间、平均住院时间均明显短于对照组，48 h 再出血率明显低于对照组。可见，奥曲肽联合奥美拉唑治疗肝硬化伴上消化道出血临床效果显著，不良反应发生率低，具有重要的临床意义。

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NO 合酶信号途径有关。因此,该药与 EPCs 之间的关系,以及具体调控机制尚待进一步探讨。EPCs 媒介作用的揭示及他汀类药物药理、毒理研究的不断深入,对于干细胞临床应用的拓展有着不可磨灭的推动作用。

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