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(收稿日期: 2017-03-21)

• 科研新闻速递 •

限制性输血策略不会影响重度烧伤患者的预后

重度烧伤的治疗用血需求较大,以往有研究提示限制性输血策略并不会影响患者预后,但这些研究并不包括重度烧伤患者。为此,美国学者进行了一项多中心随机对照试验,旨在比较限制性输血策略与非限制性输血策略对 20% 或以上总体表面积 (TBSA) 烧伤患者预后的影响。研究人员将受试者随机分为限制性输血策略组 (血红蛋白 70 ~ 80 g/L) 和非限制性输血策略组 (血红蛋白 100 ~ 110 g/L)。评价指标包括感染、输血量 and 预后情况。结果显示: 共纳入 18 家烧伤中心的 345 例 20% 或以上 TBSA 烧伤患者,总输血量 7 054 U。限制性输血策略组输血量较少,中位数为 8 (3, 24) U; 而非限制性策略组输血量为 16 (7, 40) U ($P < 0.000 1$)。限制性与非限制性输血策略两组患者血源性感染发生率、器官功能障碍发生率、呼吸机使用天数、创面愈合时间差异均无统计学意义; 两组患者 30 d 病死率差异也无统计学意义 (9.5% 比 8.5%, $P = 0.892$)。研究人员据此得出结论,限制性输血策略可节约血液资源,但并不会影响重度烧伤患者的预后。

罗红敏, 编译自《Ann Surg》, 2017, 266 (4): 595–602

不使用质子泵抑制剂并不会增加危重症患者上消化道出血风险

随着上消化道出血发生率的下降,以及人们对质子泵抑制剂 (PPI) 引起难辨梭状芽孢杆菌感染以及呼吸机相关性肺炎 (VAP) 的担忧, PPI 用于预防重症患者应激性溃疡的必要性备受争议。为此,有学者进行了一项多中心随机对照临床试验 (RCT), 旨在明确重症患者不使用 PPI 对应激性溃疡的有效性和安全性。研究对象为来自加拿大、沙特阿拉伯、澳大利亚的 10 个重症加强治疗病房 (ICU) 中预计机械通气 (MV) 时间 ≥ 48 h 的成年患者 (排除近期有消化道出血、双抗治疗、必须使用 PPI、接受 1 种以上抑酸剂治疗的患者)。研究人员将受试者随机分为泮托拉唑组 (40 mg/d) 和安慰剂对照组。结果显示: 共有 91 例患者纳入该试验, 其中泮托拉唑组 49 例, 安慰剂对照组 42 例。泮托拉唑组和安慰剂对照组上消化道出血发生率分别为 6.1% 和 4.8% ($P = 1.0$), VAP 发生率分别为 20.4% 和 14.3% ($P = 0.58$), 难辨梭状芽孢杆菌感染率分别为 4.1% 和 2.4% ($P = 1.0$)。研究人员还对 5 项相关临床试验 (604 例患者) 进行了荟萃分析 (Meta 分析), 结果显示, 泮托拉唑组与安慰剂对照组在上消化道出血风险、感染及病死率上并无明显差异。研究人员据此得出结论, 不使用 PPI 并不会增加危重症患者上消化道出血风险, PPI 与 VAP 及难辨梭状芽孢杆菌感染的关系仍不明确。

罗红敏, 编译自《Crit Care Med》, 2017, 45 (7): 1121–1129