

支气管扩张症伴咯血的治疗现状与思考

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【摘要】 支气管扩张症(支扩)是一种常见的慢性呼吸道疾病,病程长,病变不可逆转。约有 50% 的患者可出现不同程度咯血,严重影响了患者的生活质量,长期、大量咯血还可导致贫血甚至危及生命。目前临床上支扩伴咯血的治疗方法较多,包括西药治疗、介入治疗或外科手术治疗、中医治疗以及其他辅助治疗。现就近年来支扩伴咯血的常用治疗措施进行概述,并提出若干思考,以期为临床实践提供依据。

【关键词】 支气管扩张症; 咯血; 西医治疗; 中医治疗

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【Abstract】 Bronchiectasis is a common chronic respiratory disease with long disease course and irreversible pathological changes. About 50% of the patients have hemoptysis of different degrees, which seriously affect patients' quality of life, long-term or lots of hemoptysis can lead to anemia or even life-threatening effects. At present, there are many treatment methods for bronchiectasis with hemoptysis, including western medicine treatment, interventional or surgical treatment, traditional Chinese medicine treatment and other auxiliary treatments. This article summarizes the common therapeutic measures for bronchiectasis with hemoptysis in recent years and puts forward some thoughts in order to provide a basis for clinical practice.

【Key words】 Bronchiectasis; Hemoptysis; Western medicine therapy; Traditional Chinese medicine therapy

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支气管扩张症(支扩)是一种常见的慢性呼吸道疾病,病程长,病变不可逆转,反复感染可严重损害患者肺组织及功能,进而影响患者生活质量^[1-2]。目前国内对支扩的流行病学研究有限,仅有一些小样本报道。周玉民等^[3]对我国 7 省城区的调查发现,支扩的患病率达 1.2%,由于只调查了 40 岁及以上人群且范围比较局限,实际情况可能大于此数值。国外有关支扩的流行病学研究显示,其患病率不断增加,且随着年龄增加而升高,给患者和社会造成了沉重的经济负担^[4-7]。

咳嗽是支扩的最常见症状,且多伴有咳痰(痰液可为黏液性、黏液脓性或脓性),半数患者可出现不同程度的咯血,多与感染有关^[1]。咯血可从痰中带血至大量咯血,咯血量与病情严重程度、病变范围并不完全一致。部分患者以反复咯血为唯一症状,临床上称为“干性支气管扩张”。反复咯血往往会引起患者与家属恐惧,长期、大量咯血可导致贫血甚至危及生命。目前临床上支扩伴咯血的治疗方法较多,包括西药治疗、介入或外科手术治疗、中医治疗以及其他辅助治疗。现就近年来支扩伴咯血的常用治疗措施进行概述,并提出若干思考,以期为临床治疗提供依据。

1 西医治疗

欧洲呼吸学会成人支扩治疗指南指出,支扩的主要治疗目标是预防急性加重,减轻临床症状,提高生活质量,阻止病情进展^[2]。支扩出现咯血往往是病情加重的表现,少量咯血时需与患者进行心理沟通缓解其紧张情绪,出现大咯血时要注意保持呼吸道通畅,防止窒息,必要时进行气管切开^[1]。对于咯血不太严重的患者一般进行药物治疗,对于反复咯血不止的患者可考虑外科手术治疗。

1.1 药物治疗: 目前临床上治疗支扩伴咯血最常用的药物为垂体后叶素,其有“内科止血钳”之称^[8],常与其他药物联合应用。此外,酚妥拉明、维生素 K、巴曲亭、凝血酶等也可用于支扩伴咯血的治疗^[9]。谭逸翔等^[10]在吸氧、心电监护、抗感染等西医常规治疗基础上,以垂体后叶素 48 U/d 加入到 5%~10% 葡萄糖溶液 1 000 mL 中持续静脉泵入治疗干性支扩 20 例,约 10 滴/min,连续使用 3 d。结果显示,在西医常规治疗基础上加用垂体后叶素治疗患者出血停止时间、咯血复发率、焦虑自评量表(SAS)评分改善程度明显优于西医常规治疗对照组,且未发生严重不良反应。王德钦等^[11]在常规治疗基础上加用酚妥拉明联合垂体后叶素治

疗老年支扩伴大咯血 40 例,将 10 U 垂体后叶素与 20 mg 酚妥拉明加入 50 mL 5% 葡萄糖溶液中静脉滴注(静滴),每日 1 次。当患者咯血量减少到 100 mL/d 或痰中仅有少量血丝时,停用垂体后叶素,每日仅将 20 mg 酚妥拉明加入 50 mL 5% 葡萄糖溶液中静滴,直至咯血完全停止。结果显示,观察组有效率明显高于对照组。唐炳松等^[12]采用酚妥拉明治疗支扩 42 例,与单纯采用垂体后叶素治疗的对照组比较,不良反应发生率降低,但总有效率比较差异无统计学意义。张庆^[13]采用支气管镜下注射巴曲亭治疗支扩伴咯血,治愈率达 90.4%,未出现明显不良反应。程秉山^[14]采用普鲁卡因联合垂体后叶素泵入治疗支扩伴大咯血,在常规抗感染治疗基础上,对照组给予垂体后叶素 24 U + 生理盐水 40 mL,以 3~6 U/h 速度静脉泵入,每日 1 次;观察组在对照组基础上给予普鲁卡因注射液 100 mg + 生理盐水 35 mL,以 5 mL/h 速度静脉泵入,每日 2 次。结果显示,观察组有效率高于对照组,且不良反应低于对照组。此外,刘鹏珍等^[15]采用硝普钠联合垂体后叶素、黄红卫等^[16]采用硝酸甘油联合垂体后叶素治疗支扩伴咯血均取得较好疗效。

1.2 介入或外科手术治疗:支扩伴咯血属于急症,尤其是大咯血,单纯内科药物治疗起效较慢,可能会延误病情,甚至危及生命。故临床上也采用介入或外科手术治疗,最常用的是支气管动脉栓塞术。郭红斌^[17]采用支气管动脉栓塞术治疗经内科治疗无效的反复大咯血 30 例,其中支扩伴咯血 7 例,结果显示,30 例患者均 1 次栓塞成功。岳天华等^[18]采用聚乙烯醇联合同轴微导管栓塞支气管动脉治疗支扩伴大咯血 65 例,结果显示,咯血均得到控制,且未出现严重并发症。许红艳^[19]采用纤维支气管镜引导下球囊扩张治疗支扩伴大咯血疗效良好。

2 中医治疗

2.1 单纯中医治疗:根据临床表现,支扩属于中医学“肺痈”“肺萎”“肺络张”等范畴^[20]。周衍等^[21]将支扩分为痰热雍肺证、肝火犯肺证、阴虚肺热证、肺胃实热证,分别采用清金化痰汤、泻白散合黛蛤散、百合固金汤和清胃散治疗,均取得良好疗效。吴志华^[22]认为支扩病位主要在肺,与肝、胃关系密切,证型分为肺胃实热证、肝火犯肺证、肺虚内热证,分别采用清胃散、泻青丸合黛蛤散加减、生脉散合百合固金汤治疗,治愈率达 86.37%。易桂生^[23]认为支扩的病位在肺和肝,辨证为痰热雍肺证 12 例,肝火犯肺证 10 例,阴虚火旺证 8 例,分别采用苇茎汤合清金化痰汤、旋覆代赭汤合黛蛤散、百合固金汤加减治疗,结果治愈 18 例,好转 9 例,总有效率为 90.0%。

2.2 中西医结合治疗:临床上多联合应用西药与中药治疗支扩伴咯血以提高临床疗效。杨彦斌等^[24]在西药常规治疗基础上采用咯血方治疗支扩伴咯血肝火犯肺证 22 例,结果显示,观察组总有效率与对照组比较差异无统计学意义,但观察组在改善中医症状积分、1 d 止血率方面优于对照组。寇焰等^[25]采用自拟清热凉血止血方治疗支扩伴咯血 30 例,结果显示,加用中药组有效率高于单纯西药治疗组。李昌彬等^[26]在常规西药基础上采用孔最穴位注射联合中药内服治

疗支扩伴咯血,结果显示,总有效率高于对照组。孙诗佳^[27]在西医常规治疗基础上使用云南白药联合注射用凝血酶治疗老年支扩伴咯血 54 例,结果显示,总有效率高于对照组,且未发生严重不良反应。刘亚辉等^[28]在镇静、止咳、抗感染基础上,采用四物汤加味联合垂体后叶素治疗老年支扩伴大咯血 40 例,结果显示,总有效率高于单纯垂体后叶素治疗对照组,咯血停止时间、不良反应发生率均低于对照组。成松梅等^[29]在单纯西药基础上加用自拟清热凉血止血中药辨证治疗,结果显示,加用中药组总有效率高于单纯西药治疗对照组,症状积分低于对照组。

3 其他辅助治疗

除药物、手术治疗外,护理干预等辅助手段也对支扩伴咯血的疗效起到重要作用。刘鑫^[30]应用中医护理干预支扩伴咯血患者 51 例,结果显示,患者满意度高于常规护理对照组,且咯血时间、咯血总量以及住院时间均少于对照组。翁燕萍^[31]对支扩伴咯血患者实施综合护理干预措施,结果显示,护理满意率高于常规护理干预对照组,治疗依从性、生活质量评分、SAS 和抑郁自评量表(SDS)评分均低于对照组。王永兰等^[32]在西医常规护理基础上联合应用中医辨证治疗干预支扩伴咯血 60 例,结果显示,联合应用中医组止血时间、咯血量均少于西医常规护理。陈鲜棠^[33]在常规护理基础上对 33 例支扩伴咯血患者进行优质护理,结果显示,32 例痊愈出院,仅 1 例因治疗无效而转院,患者满意度为 100%。

4 思考与展望

4.1 重视支扩的危害性:目前国内对支扩的重视程度远不及慢性阻塞性肺疾病(COPD)、支气管哮喘等疾病,且缺乏支扩的流行病学研究。因此,有必要开展相关流行病学研究,以了解支扩的发病率、患病率、病死率、致残率、疾病负担等,为卫生决策与临床研究提供依据。

4.2 加强个体化治疗与原发病治疗:目前临床上西药治疗、介入或外科手术、中医治疗以及其他辅助措施干预支扩伴咯血均具有一定疗效。尤其是手术治疗,在应对支扩急性大咯血方面可以达到迅速止血的目的。但不同疗法在临床可操作性、患者耐受性、经济可行性等方面均不同,疗效也存在差异,因此,应在综合评估患者病情基础上进行个性化治疗。此外,临床上支扩伴咯血多采用对症治疗,随着病情的变化,咯血易反复。因此,治疗上不应局限于咯血的症状,应积极治疗原发病,防止并发症的发生。

4.3 提高研究证据级别:目前对于支扩伴咯血的处理大多基于临床经验,尚缺乏高水平的循证临床证据支撑。因此,应围绕干预措施的疗效与安全性开展高质量的临床试验,积极探索新的有效疗法,如肺康复。

4.4 重视中医治疗:中医更加重视人体的整体调节,且通过多靶点起作用,不易产生耐药性,还能减轻西药的某些不良反应^[34]。可与西医优势互补,已被临床广泛采用,有望在今后的支扩管理中发挥重要作用,如减少急性加重次数^[35]。因此,临床应重视中医治疗,发挥中西医结合优势治疗支扩伴咯血。

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本刊常用不需要标注中文的缩略语

红细胞沉降率 (erythrocyte sedimentation rate, ESR)
 结缔组织生长因子 (connective tissue growth factor, CTGF)
 酶联免疫吸附试验
 (enzyme-linked immunosorbent assay, ELISA)
 拟合优度指数 (comparative fitness index, CFI)
 弥散性血管内凝血
 (disseminated intravascular coagulation, DIC)
 内皮素 -1 (endothelin-1, ET-1)
 醛糖还原酶 (aldose reductase, AR)
 人类免疫缺陷病毒 (human immunodeficiency virus, HIV)
 乳酸脱氢酶 (lactate dehydrogenase, LDH)
 神经元特异性烯醇化酶 (neuron-specific enolase, NSE)
 生长分化因子 (growth differentiation factors, GDF)
 细胞外基质 (extracellular matrix, ECM)
 血管内皮生长因子 (vascular endothelial growth factor, VEGF)
 肿瘤坏死因子 -α (tumor necrosis factor-α, TNF-α)
 转化生长因子 -β (transforming growth factor-β, TGF-β)
 活化部分凝血活酶时间
 (activated partial thromboplastin time, APTT)
 B 型钠尿肽 (type B natriuretic peptide, BNP)
 白细胞介素 -6 (interleukin-6, IL-6)
 超氧化物歧化酶 (superoxide dismutase, SOD)

单核细胞趋化蛋白 -1
 (monocyte chemoattractant protein-1, MCP-1)
 多器官功能障碍综合征
 (multiple organ dysfunction syndrome, MODS)
 核转录因子 -κB (nuclear factor-κB, NF-κB)
 改善全球肾脏病预后组织 (KDIGO)
 美国风湿病学会 (American College of Rheumatology, ACR)
 美国肠外肠内营养学会
 (American Society for Parental and Enteral Nutrition, ASPEN)
 美国纽约心脏病学会 (New York Heart Academy, NYHA)
 美国危重病医学学会
 (Society of Critical Care Medicine, SCCM)
 英国产科监测系统
 (UK Obstetric Surveillance System, UKOSS)
 丝裂素活化蛋白激酶
 (mitogen-activated protein kinase, MAPK)
 细胞外信号调节激酶
 (extracellular signal-regulated kinase, ERK)
 c-Jun 氨基末端激酶 (c-Jun N-terminal kinase, JNK)
 磷酸腺苷蛋白激酶 (AMP-activated protein kinase, AMPK)
 信号转导和转录激活因子
 (signal transducer and activator of transcription, STAT)