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阿莫西林克拉维酸钾联合阿奇霉素治疗社区获得性肺炎的临床疗效研究

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摘要 目的:探讨阿莫西林克拉维酸钾联合阿奇霉素治疗社区获得性肺炎(CAP)的临床疗效。方法:选取于2010年1月-2012年1月收治的CAP患者145例,采用随机数字表法将其分为两组,其中治疗组73例,对照组72例。治疗组给予阿莫西林克拉维酸钾联合阿奇霉素治疗,对照组只单纯给予应用阿莫西林克拉维酸钾。两组疗程均为7~14 d。于治疗后比较两组的临床疗效。结果:(1)治疗组治愈、显效、有效、无效分别为43例(58.9%)、16例(21.9%)、8例(11.0%)、6例(8.2%);对照组分别为20例(27.8%)、26例(36.1%)、14例(19.4%)、12例(16.7%)。两组疗效比较,差异有统计学意义($P < 0.05$)。(2)治疗组胃肠道反应、静脉滴注局部疼痛、皮疹的发生分别为6例(8.2%)、7例(9.6%)、3例(4.1%),总不良反应发生率为16例(21.9%);对照组分别为5例(6.9%)、6例(8.3%)、3例(4.2%)、14例(19.4%)。两组不良反应发生率比较,差异无统计学意义($P > 0.05$)。结论:阿莫西林克拉维酸钾联合阿奇霉素治疗CAP疗效好。

关键词: 社区获得性肺炎;阿莫西林克拉维酸钾;阿奇霉素;临床疗效

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Amoxicillin Clavulanic Potassium Combined with Azithromycin Treatment on Community-Acquired Pneumonia

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ABSTRACT Objective: Our study focused on the clinical efficacy of amoxicillin clavulanic potassium acid combined with azithromycin for the treatment of community-acquired pneumonia (CAP). **Methods:** 145 CAP patients who were admitted during January, 2010 -January 2012 were selected. The patients were divided into two groups using a random number table, including treatment group (73 cases) and control group (72 cases). The treatment group received amoxicillin clavulanic potassium acid and azithromycin treatment, control group was applied only by amoxicillin clavulanic potassium acid. Both groups were treated for 7 ~ 14 days. The clinical efficacy were compared after treatment. **Results:** (1) In the treatment group, the amounts of cured, effective and invalid patients were 43 cases (58.9%), 16 cases (21.9%), 8 cases (11.0%), 6 cases (8.2%) respectively, and they were 20 cases (27.8%), 26 cases (36.1%), 14 cases (19.4%), 12 cases (16.7%) in the control group. The difference between the two groups was statistically significant ($P < 0.05$). (2) In the treatment group, gastrointestinal reactions, local pain induced by intravenous infusion, and rash occurred in 6 cases (8.2%), 7 cases (9.6%) and 3 cases (4.1%), the total adverse reaction rate was 21.9% (16 cases). However, in the control group they were five cases (6.9%), 6 cases (8.3%), 3 cases (4.2%), 14 cases (19.4%). The adverse reaction rates were not statistically significant between two groups ($P > 0.05$). **Conclusion:** Amoxicillin clavulanic potassium combined with azithromycin treatment has better curative efficacy to CAP.

Key words: Community acquired pneumonia; Amoxicillin clavulanic potassium; Azithromycin; Clinical efficacy

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前言

阿莫西林克拉维酸钾是一种广谱的抗生素,它对 β -内酰胺酶流感嗜血杆菌和卡他莫拉菌所致的下呼吸道感染、克雷伯菌属所致的软组织感染等有很好的疗效^[1,2],亦可用于肠球菌所

致的轻、中度感染。而阿奇霉素也属于一种广谱抗生素,对呼吸道、皮肤软组织感染和衣原体等传播性疾病有良好的疗效^[3],有报道显示其细菌清除率高达85%^[4]。社区获得性肺炎(commu-nity acquired pneumonia, CAP)^[5-8]是临床常见疾病之一。本研究使用阿莫西林克拉维酸钾联合阿奇霉素的方法治疗CAP,并与单用阿莫西林克拉维酸钾进行临床疗效的比较,现报道如下。

1 对象与方法

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1.1 研究对象

选取于 2010 年 1 月 -2012 年 1 月收治的 CAP 患者 145 例为本研究对象。纳入标准:(1)CAP 的诊断符合 2006 年中华医学会呼吸病学分会制订的 CAP 诊断和治疗指南(草案)^[3];(2)年龄>18 周岁;(3)入院前 24 h 未使用过抗生素;(4)签署知情同意书。排除标准:(1)除外对青霉素和大环内酯类过敏者;(2)除外严重肝肾功能不全者;(3)除外妊娠哺乳妇女;(4)除外患有其他严重疾病者。145 例 CAP 患者中,男 81 例,女 64 例;年龄 19-79 岁,平均年龄为(65.7±12.4)岁;合并有高血压者 32 例,慢性阻塞性肺疾病者 26 例,糖尿病者 25 例,支气管哮喘者 22 例,支气管扩张者 18 例,恶性肿瘤者 7 例。采用随机数字表法,将 145 例 CAP 患者随机分为两组,其中治疗组 73 例,对照组 72 例,两组患者的一般情况比较,差异均无统计学意义($P>0.05$),具有可比性。

1.2 治疗方法

两组患者均根据病情,选用吸氧、解痉、平喘、化痰等对症治疗。治疗组患者应用阿莫西林克拉维酸钾 1.2 g,静脉滴注,2 次/d;注射用阿奇霉素 0.5 g,静脉滴注,1 次/d;连用 5 d 后改为阿奇霉素胶囊 0.5 g,口服,1 次/d。对照组患者只应用阿莫西林克拉维酸钾 1.2 g,静脉滴注,2 次/d。两组疗程均为 7-14 d。

1.3 疗效评定方法

1.3.1 观察指标 观察两组患者治疗前后的临床症状、体征,进行血常规、肝肾功能、胸部 X 线或 CT 检查,进行痰细菌培养。

1.3.2 疗效评定标准 根据卫生部颁布的《抗菌药物临床研究指导原则》进行疗效的判定。(1)治愈:症状体征消失,血常规正常,病原学检查正常,X 线胸片或胸部 CT 阴影消失。(2)显效:治疗后病情明显好转,但上述四项中至少有一项未恢复正常。(3)有效:治疗后病情好转,但不明显,上述四项中有一项恢复正常。(4)无效:用药 3 d 后症状体征改善不明显或加重^[4]。

1.3.3 不良反应 观察并记录两组患者的不良反应。

1.4 统计学方法

采用 SPSS 13.0 统计软件进行统计学处理分析。首先对资料进行正态分布和方差齐性检验,符合正态分布的计量资料以($\bar{x} \pm s$)表示,两组间的比较采用两独立样本 t 检验;计数资料以百分比表示,采用 χ^2 检验;等级资料采用秩和检验。均进行双侧检验,以 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 患者的临床表现和实验室检查

145 例患者中,发热 109 例(75.2%),咳嗽 121 例(83.4%),咳痰 93 例(64.1%),胸痛 12 例(8.3%),肺部听诊湿性啰音 65 例(44.8%);白细胞 $>10 \times 10^9/L$ 87 例(60.0%), $<4 \times 10^9/L$ 11 例(7.6%);胸部 X 线检查呈片状、斑片状浸润性阴影或间质性改变者 63 例(43.4%)。共有 89 例(61.4%)病原学检查阳性,单一细菌感染 50 例(34.5%),单一非典型病原体感染 24 例(16.6%),混合感染 15 例(10.3%)。CAP 患者的一般资料、临床表现及实验室检查结果具体见表 1。

表 1 145 例 CAP 患者的一般资料、临床表现及实验室检查

Table1 The general information, clinical manifestation and laboratory examination among 145 cases CAP patients

	n	Ratio(%)
Fever	109	75.2
Cough	121	83.4
Expectoration	93	64.1
Chest pain	12	8.3
Moist rales	65	44.8
WBC $>10 \times 10^9/L$	87	60.0
WBC $<4 \times 10^9/L$	11	7.6
X-Ray abnormality	63	43.4
Etiological examination positive	89	61.4
A single bacterial infection	50	34.5
A single atypical pathogens infection	24	16.6
Mixed infection	15	10.3

2.2 两组临床疗效的比较

治疗组与对照组的临床疗效比较,差异有统计学意义($P<0.05$,见表 2)。

2.3 两组不良反应的比较

两组均未发现肝肾功能损害或原有损害加重。治疗组的不良反应发生率为,对照组的不良反应发生率为,两组比较差异无统计学意义($P>0.05$,见表 3)。

3 讨论

阿莫西林克拉维酸钾是阿莫西林与 β -内酰胺酶抑制剂克拉维酸钾的复合制剂,克拉维酸钾是一种新型强效 β -内酰胺酶抑制剂,它与阿莫西林制成复方制剂可以增强阿莫西林对产 β -内酰胺酶菌种的抗菌活性,且对多数产 β -内酰胺酶的细菌也有明显的抗菌活性,临床应用广泛,疗效显著^[9,10]。目前在国

表 2 治疗组与对照组的临床疗效比较

Table2 Comparison of clinical efficacy between treatment group and control group

Group	Cases	Cured	Excellent	Effective	Valid
Treatment	73	43(58.9)	16(21.9)	8(11.0)	6(8.2)
Control	72	20(27.8)	26(36.1)	14(19.4)	12(16.7)
Z value				25.847	
P value				<0.05	

表 3 治疗组与对照组的不良反应比较

Table 3 Comparison of adverse reactions between treatment group and control group

Group	Number of cases	Gastrointestinal reaction	Local pain	Rash	Total adverse reactions
Treatment group	73	6(8.2)	7(9.6)	3(4.1)	16(21.9)
Control group	72	5(6.9)	6(8.3)	3(4.2)	14(19.4)
X ² value		-	-	-	1.241
P value		-	-	-	>0.05

内已成为常用的抗生素。其中阿莫西林作用在微生物的繁殖阶段^[11],通过抑制细胞壁黏多肽的生物合成而起作用。克拉维酸钾^[12,13]具有与青霉素类似的 β -内酰胺结构,能通过阻断 β -内酰胺酶的活性部位使大部分细菌产生的酶失活,尤其对临床重要的通过质粒介导的 β -内酰胺酶作用更好^[11-12,14]。体外试验和临床使用结果均表明,阿莫西林克拉维酸钾对金黄色葡萄球菌^[15]、大肠杆菌^[16]、流感嗜血杆菌克雷白菌属、卡他莫拉克氏菌有效^[12,13]。

阿奇霉素是新一代的大环内酯类抗生素,由于其具有独特的化学结构,所以其药代动力学特征由于其他大环内酯类药物,血浆半衰期长达46h,组织渗透性、耐酸及口服吸收情况均较好,后效应显著,且组织浓度高(炎症部位药物浓度为非炎症部位浓度的7倍)^[17-19]。

CAP^[20]是临床常见病,本研究采用阿莫西林克拉维酸钾与阿奇霉素联合使用治疗CAP。本研究结果显示,联合使用阿莫西林克拉维酸钾与阿奇霉素治疗CAP的治愈、显效、有效、无效人数分别为43例(58.9%)、16例(21.9%)、8例(11.0%)、6例(8.2%);单纯使用阿莫西林克拉维酸钾治疗CAP的治愈、显效、有效、无效人数分别为20例(27.8%)、26例(36.1%)、14例(19.4%)、12例(16.7%)。采用秩和检验对两组疗效进行比较,差异显著,说明联合使用阿莫西林克拉维酸钾与阿奇霉素治疗CAP临床疗效好。

本研究结果还显示,联合使用阿莫西林克拉维酸钾与阿奇霉素治疗CAP患者的胃肠道反应、静脉滴注局部疼痛、皮疹的发生例数分别为6例(8.2%)、7例(9.6%)、3例(4.1%),总不良反应发生率为21.9%;单纯使用阿莫西林克拉维酸钾治疗CAP的以上不良反应的发生例数分别为5例(6.9%)、6例(8.3%)、3例(4.2%),总不良反应发生率为19.4%。两组不良反应发生率比较,无差异。说明联合使用阿莫西林克拉维酸钾与阿奇霉素不良反应少,且均无肝肾功能受损的发生。

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