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生长抑素联合奥美拉唑治疗重症胰腺炎的疗效分析 *

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摘要 目的：探讨重症胰腺炎患者采用生长抑素联合奥美拉唑治疗的临床效果。**方法：**选取 2005 年 10 月至 2012 年 10 月医院收治的老年重症胰腺炎患者 98 例。将所有患者随机分为观察组和对照组，每组各 49 例，对照组患者采取常规方法治疗重症胰腺炎，观察组患者在此基础上加用生长抑素联合奥美拉唑进行治疗。两组患者的疗程均为 7 天，治疗结束后，对两组患者的临床疗效、各项恢复指标和并发症等情况进行对比分析。**结果：**观察组患者治疗的总有效率显著高于对照组(93.9% vs.71.4%，P<0.05)；观察组患者的平均住院、肠道恢复、腹痛腹胀缓解、血淀粉酶、尿淀粉酶等各项指标恢复至正常时间及预后均显著优于对照组，差异具有统计学意义(P<0.05)。**结论：**采用生长抑素联合奥美拉唑治疗重症胰腺炎，可以获得更高的疗效，患者症状改善明显，治疗时间短，并发症少，死亡率低，值得临床推广。

关键词：SAP；生长抑素；有效率；奥美拉唑
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Effects of Somatostatin Combined with Omeprazole on the Treatment of Severe Acute Pancreatitis*

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ABSTRACT Objective: To explore the clinical effects of somatostatin combined with omeprazole on the treatment of severe acute pancreatitis. **Methods:** 98 patients with severe acute pancreatitis who were treated in our hospital from October 2005 to 2012 were selected in our study and randomly divided into the observation group and the control group with 49 cases in each group. The patients in the control group were treated by the conventional method, while the patients in the observation group were treated by somatostatin combined with omeprazole besides the conventional treatment. The course of the treatment was seven days. Then the clinical effect, recovery time and incidence of complications of patients were compared and analyzed between two groups. **Results:** The treatment efficacy of patients in the observation group was 93.9% which was significantly higher than that of the patients in the control group 71.4% (P<0.05). The average hospitalization, intestinal recovery, abdominal pain remission, AMY, UAMY and other indexes restored to normal time and the prognosis of patients were significantly better than those of the patients in the control group, and there were statistically significant differences between two groups(P<0.05). **Conclusion:** It is suggested that Elderly patients with severe pancreatitis treated by somatostatin combined with omeprazole could be well promoted with the advantages of high effective rate, significant improvement of symptoms, shorter time for treatment, less incidence of complications and lower death.

Key words: SAP; Somatostatin; Clinical efficacy; Omeprazole
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前言

急性胰腺炎(acute pancreatitis, AP)是指多种病因引起的胰酶在胰腺内被激活，从而导致胰腺组织出现自身消化、水肿、出血甚至坏死等炎症反应[1]。临床表现多为急性上腹痛、恶心、呕吐、发热及血胰酶增高等[2]。急性胰腺炎是消化科比较常见的一种急腹症，其发病原因和影响因素尚未得到明确[3]。根据病变程度不同，临床上将急性胰腺炎分为轻症急性胰腺炎和重症急性胰腺炎。轻者以胰腺水肿为主，病情常呈自限性，预后良好；重者则胰腺出血坏死，继发感染、腹膜炎和休克等，病死率极高[4,5]。

重症急性胰腺炎(severe acute pancreatitis, SAP)是一种特殊类型的急性胰腺炎急腹症，病情凶险，预后差，发生率高达 10%-20%，而且病死率极高[6,7]。目前，该疾病多在消化科及 ICU 进行诊治，多采用非手术方式纠正和阻止患者病情恶化，常规治疗使患者治愈率提高至 70%，但仍有提升空间[8]，我院对老年重症胰腺炎患者 49 例行奥美拉唑联合生长抑素治疗，取得了满意的疗效，现报告如下：

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1 资料与方法

1.1 临床资料

选取我院消化科 2005 年 10 月 -2012 年 10 月收治的 98 例老年重症胰腺炎患者，所有患者均符合 2004 年《中国急性胰腺炎诊治指南》诊断标准。随机将患者分为观察组和对照组，每组各 49 例。观察组男性 26 例，女性 23 例，年龄分布在 65-79 岁，平均年龄为 67.4± 5.7 岁；对照组男性 29 例，女性 20 例，年龄分布在 66-78 岁，平均年龄为 67.8± 5.4 岁。两组患者的性别、年龄等基线特征均无显著性差异，具有可比性。

1.2 治疗方法

两组患者均行重症胰腺炎的常规治疗，行胃肠减压，补充水、电解质，止痛，抗感染，纠正酸碱失衡，抑制胰液、胃液分泌，维护器官功能等对症治疗。观察组在此基础上，加用生长抑素 (批号：20040102，厂家：武汉大华伟业) 和奥美拉唑 (批号：20040225，厂家：洛阳伊龙)，每日一次，静脉注射生长抑素 3 mg 和奥美拉唑 40 mg，12 小时维持滴注；治疗 7 天后，每 12 小时一次，静脉注射奥美拉唑 40 mg，24 小时维持滴注生长抑素 6 mg，疗程为 7 天。

1.3 疗效评价

评价标准：① 无效：生命体征不稳定，症状不变或加重，观察指标未好转；② 有效：生命体征稳定或改善，症状改善，观察指标处于恢复状态；③ 显效：生命体征稳定，症状消失，观察指标恢复正常；有效率是有效和显效患者数的百分比。

评价指标：平均住院时间；肠道恢复时间；腹痛腹胀缓解时间；血淀粉酶；尿淀粉酶；并发症发生率；死亡率。

1.4 统计学分析

采用 SPSS16.0 软件系统分析所有数据，计量资料采用 ($\bar{x}$± s) 表示，组间比较采用 t 检验或 x^2 检验，以 P<0.05 为差异具有统计学意义。

2 结果

2.1 临床疗效比较

治疗后，观察组显效 32 例，有效 14 例，无效 3 例，治疗总有效率为 93.9%；对照组显效 13 例，有效 22 例，无效 14 例，治疗总有效率为 71.4%。观察组患者治疗的有效率显著高于对照组，差异明显，具有统计学意义 (93.9% vs.71.4%，x^2=8.612, P< 0.05)，见表 1。

表 1 两组患者的临床疗效比较

Table 1 Comparison of clinical efficacy of patients between two groups

Groups	Invalid(N)	Effective(N)	Marked(N)	Efficacy rate(%)
Observation	3	14	32	93.9*
Control	14	22	13	71.4
2	-	-	-	8.612
P	-	-	-	<0.05

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

2.2 症状指标比较

观察组患者的住院时间为(20.4± 1.6)天，肠道恢复时间为(2.4± 1.3)天，腹痛腹胀缓解时间为(2.0± 0.7)天，血淀粉酶指数为(4.2± 1.3)，尿淀粉酶指数为(6.5± 1.7)；对照组患者的住院时间为(25.2± 1.9)天，肠道恢复时间为(3.7± 1.6)天，腹痛腹胀缓解时间为(3.5± 0.8)天，血淀粉酶指数为(6.9± 1.7)，尿淀粉酶指数为(9.9± 1.9)。观察组患者的各项指标均优于对照组患者，差异明显，具有统计学意义 (P<0.05)，见表 2。

表 2 两组患者治疗后的各项指标比较 ($\bar{x}$± s)

Table 2 Comparison of the various indexes of patients between two groups after the treatment

Groups	Cases	Hospitalization	Intestinal recovery	Abdominal pain and distension relief	AMY	UAMY
Observation	49	20.4± 1.6*	2.4± 1.3*	2.0± 0.7*	4.2± 1.3*	6.5± 1.7*
Control	49	25.2± 1.9	3.7± 1.6	3.5± 0.8	6.9± 1.7	9.9± 1.9
t	-	13.527	4.414	9.878	8.831	9.335
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

Note：Compared with control groups, *P<0.05.

2.3 预后比较

观察组患者术后出现并发症的有 4 例，其中肺部感染 2 例，胰腺假性囊肿 1 例，腹腔囊肿 1 例，并发症的发生率为 8.2%，死亡率为 4.1%；对照组患者术后出现并发症的有 18 例，其中肺部感染 7 例，胰腺假性囊肿 6 例，腹腔囊肿 5 例，并发症的发生率为 36.7%，死亡率为 16.3%。观察组患者的并发症发生率和死亡发生率均低于对照组，差异显著，具有统计学意义 (P<0.05)，见表 3。

3 讨论

重症胰腺炎主要是由于胆道疾病、暴饮暴食和酗酒等导致的急腹症[15]。在正常人体内，通常具有多重防御机制保护胰液

表 3 两组患者治疗后的各项指标比较($\bar{x}\pm s$)

Table 3 Comparison of the various indexes of patients between two groups after the treatment

Groups	Cases	Complications(N)			Incidence of complication(%)	Death rate% (N)
		Pulmonary infection	Pancreatic pseudocyst	Abdominal cyst		
Observation	49	2	1	1	8.2*	4.1*(2)
Control	49	7	6	5	36.7	16.3(8)
t	-	-	-	-	11.488	4.009
P	-	-	-	-	<0.05	<0.05

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

胰腺功能正常[16],但当正常的防御功能遭受破坏,胰酶增加、感染、胰管阻塞时,胰液就会对胰腺和周围组织进行自身消化[17],从而发生胰腺炎。通常,急性胰腺炎过程平稳,鲜有并发症发生,但是对于重症胰腺炎,尤其是老年患者,并发症的发生率几乎达到 100%,不仅影响消化系统,且对心脏、呼吸、肾脏、血液和神经系统等都可能造成一定危害[18]。因此,及时正确的治疗重症胰腺炎有助于抢救患者提高预后。目前,非手术治疗方式是该疾病治疗的首选,通常采用胃肠减压,补充水、电解质,配合营养支持,解挛止痛,抗感染,纠正酸碱失衡,抑制胰液、胃液分泌,维护器官功能等对症治疗[9],也有医院使用生长抑素用于常规治疗效果满意。

生长抑素具有抑制胰酶胰液和增加患者免疫力的功能[10],重症胰腺炎患者会产生众多的生长抑素受体,使用生长抑素治疗可以与之结合[11],从而减少合成环磷酸腺苷和胰腺外分泌。此外,生长抑素还具有降低血流量和抑制迷走神经兴奋的作用[12],从而减少胰酶和胰液的分泌,延缓炎症进程。奥美拉唑是质子泵抑制剂,胃黏膜壁是其主要靶细胞[13],奥美拉唑能够影响胃黏膜壁细胞的 H^+-K^+-ATP 酶的活性,降低其活性,从而抑制胃酸和胰液分泌,且作用效果强且持久;此外,奥美拉唑还有效改善胃黏膜血流量,从而改善急性期预后。由此可见,生长抑素和奥美拉唑是两种机制完全不同的药物,但已有研究证明,这两种药物单独作用于重症胰腺炎均具有显著疗效[14]。

本研究入选 80 例重症胰腺炎患者行生长抑素联合奥美拉唑治疗,结果表明,联合用药组治疗有效率显著高于常规治疗对照组(93.9% vs.71.4%,P<0.05),平均住院、肠道恢复、腹痛腹胀缓解、血淀粉酶、尿淀粉酶等各项指标恢复至正常时间也均显著低于对照组(P<0.05),说明联合用药有效缓解患者的临床症状,大大缩短患者的治疗时间;此外,联合用药组的并发症发生率显著低于对照组(8.2% vs.36.7%,P<0.05),囊肿和感染的发生均较少,甚至死亡率都显著降低(4.1% vs.16.3%,P<0.05),预后显著优于对照组。

综上所述,老年重症胰腺炎患者采用生长抑素联合奥美拉唑治疗不仅具有高有效率,症状改善明显,缩短治疗时间,且并发症少,死亡率降低,值得临床推广。

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