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脑益嗪、非那根联合治疗耳石症疗效及复发率影响*

赵斐斐¹ 牛银花^{1Δ} 斯琴塔娜² 张 姝¹ 高 伟¹

(1 内蒙古医科大学附属医院耳鼻喉科 内蒙古 呼和浩特 010050; 2 内蒙古医科大学 内蒙古 呼和浩特 010050)

摘要 目的:探究耳石症应用脑益嗪与非那根联合治疗的有效性,并就联合治疗对复发率影响进行分析。**方法:**选择2018年1月至2019年1月于我院接受治疗的98例耳石症患者,按照随机数字表法将其均分为研究组与对照组(每组各49例),对照组单纯接受非那根治疗,研究组在对照组基础上加用脑益嗪进行治疗,两组治疗时间均为4w,对比两组治疗有效率,对比治疗前、治疗第2w研究组及治疗第4w时两组的眩晕评定量表(Dizziness Handicap Inventory, DHI)评分,对比两组治疗后1w平均眩晕次数及平均眩晕时间,最后对两组实施为期3个月的随访,记录其耳石症复发率并进行对比。**结果:**(1)研究组治疗有效率显著高于对照组(97.96% vs. 81.63%, $P<0.05$);(2)治疗前两组DHI评分对比差异不具有统计学意义($P>0.05$),治疗后第2w及第4w研究组DHI评分均低于对照组($P<0.05$);(3)治疗后1w内研究组平均眩晕次数及平均眩晕时间均低于对照组($P<0.05$);(4)随访显示研究组治疗后3个月内复发率显著低于对照组(4.08% vs. 16.33%, $P<0.05$)。**结论:**脑益嗪联合非那根对耳石症具有较好的治疗效果,能够显著改善患者眩晕症状,同时治疗后复发率更低。

关键词:脑益嗪;非那根;耳石症;联合治疗;复发率

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Efficacy and Recurrence Rate of Cerebral Irazine and Finagan in the Treatment of Otolith*

ZHAO Fei-fei¹, NIU Yin-hua^{1Δ}, Siqintana², ZHANG Shu¹, GAO Wei¹

(1 Department of Otolaryngology, Affiliated Hospital of Inner Mongolia Medical University, Hohhot, Inner Mongolia, 010050, China;

2 Inner Mongolia Medical University, Hohhot, Inner Mongolia, 010050, China)

ABSTRACT Objective: To explore the effectiveness of combined treatment with cerebrolisin and phenagen in otolithiasis, and to analyze the effect of combined therapy on relapse rate. **Methods:** 98 patients with otolithosis who were treated in our hospital from January 2018 to January 2019 were selected as the research subjects, and they were divided into study group and control group according to the random number table method (49 patients in each group). The patients in the control group received finagan alone, and the patients in the study group were treated with cerebrazine on the basis of the control group. The treatment time in two groups was 4 weeks. The treatment efficiency was compared between the two groups. The Dizziness Rating Scale (DHI) scores of the two groups at the 2 w and the 4 w of the treatment were compared with the average number of vertigo and the average time of vertigo within 1 w after treatment. Follow-up, record the rate of otolith recurrence and compare. **Results:** (1) The effective rate of treatment in the study group was statistically significant than in the control group (97.96% vs. 81.63%, $P<0.05$). (2) Comparison of the DHI scores between the two groups of patients pretherapy, the difference was not statistically significant ($P>0.05$). The DHI scores of the study group were lower than those of the control group at 2 and 4 w post-treatment ($P<0.05$). (3) The average number of vertigo and the average vertigo time in the study group were lower than those in the control group within 1 w pretherapy ($P<0.05$). (4) Follow-up showed that the relapse rate in the study group was significantly lower than that in the control group within 3 months post-treatment (4.08% vs. 16.33%, $P<0.05$). **Conclusion:** Ceramazine combined with finagan has a good therapeutic effect on otolith, which can significantly improve the symptoms of vertigo in patients with lower recurrence rate post-treatment.

Key words: Ceramazine; Finagen; Otolith; Combination therapy; Relapse rate

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前言

耳石是一种位于内耳球囊和椭圆囊结构中的一种能够感受个体重心变化的碳酸钙盐结晶,因其形状类似石头故而得名

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作者简介:赵斐斐(1968-),女,本科,主任医师,研究方向:耳鼻喉临床,电话:13848612555, E-mail: zhaofeifei110112@163.com

Δ 通讯作者:牛银花(1974-),女,本科,副主任医师,研究方向:耳鼻喉科,电话:13029514966, E-mail: 337263074@qq.com

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耳石,耳石具有帮助个体感知运动速度和方向的作用,人体之所以能够正常活动,一个重要的原因就是耳石发挥了调节身体平衡的效果^[1,2]。正常情况下耳石会黏附于内耳的球囊和椭圆囊的耳石膜内,头部和身体活动并不会脱落,但当个体受到外伤或局部血管痉挛时,耳石可能会脱落,对神经末梢产生刺激,使个体出现剧烈眩晕^[3,4]。耳石症又名良性阵发性位置性眩晕,是指头部迅速运动至某一特定头位时出现的短暂阵发性发作的眩晕和眼震,耳石症是导致发作性位置性眩晕的最常见原因,在70岁以上眩晕患者中占33%左右,占周围性眩晕的60%左右^[5]。耳石症一般发病前无征兆,持续时间可短可长,短则数秒,长则几分钟,对个体的工作生活会产生严重的影响。非那根又名盐酸异丙嗪,是一种临床上常用的镇咳药物,能够竞争性阻断组胺H1受体,平复因气管受刺激而引起的咳嗽,近些年的研究发现,该药物具有显著的抗胆碱作用,因而也常常被应用于防治晕动症^[6]。脑益嗪是一种具有血管平滑肌扩张作用的药物,能够显著改善脑循环和冠脉循环,在内耳眩晕症治疗中也有一定的临床效果,但目前关于脑益嗪和非那根联合应用治疗耳石症的研究较少^[7,8]。我们通过研究发现,脑益嗪联合非那根对耳石症具有较好的治疗效果,能够显著改善患者眩晕症状,同时治疗后复发率更低。

1 资料与方法

1.1 一般资料

选择2018年1月至2019年1月于我院接受治疗的98例耳石症患者,按照随机数字表法将其均分为两组(各49例),对照组中男性26例,女性23例,年龄30-65岁,平均年龄(50.62±3.62)岁,病程1-18d,平均病程(2.69±0.55)d,研究组中男性25例,女性24例,年龄29-66岁,平均年龄(49.98±3.55)岁,病程1-20d,平均病程(2.88±0.43)d,两组一般资料等对比无差异($P>0.05$),具有可比性。

纳入标准^[9,10]:(1)入组患者均经临床诊断确诊为耳石症并出现相应临床症状;(2)意识清晰能够配合实施调研;(3)病历资料齐全;(4)经我院伦理会批准;(5)患者及家属均签署知情同意书。

排除标准:(1)合并精神疾病患者;(2)合并恶性肿瘤患者;(3)妊娠或哺乳期女性;(4)合并严重肝肾功能障碍者;(5)对调

研应用药物过敏者。

剔除标准:(1)调研期间主动要求退出者;(2)随访期间失访者。

1.2 方法

两组治疗中基础治疗方式一致,包括体位治疗、管石复位法等,同时对照组在基础治疗上加用非那根(开封制药有限公司,规格25mg/片,国药准字H41022986)治疗,应用剂量为12.5mg/次,4次/日,餐后及睡前服用,研究组在对照组基础上加用脑益嗪(丽珠集团利民制药厂,规格25mg/片,国药准字H44020261)治疗,应用剂量为25-50mg/次,3次/日,餐后服用;两组治疗时间均为4w。

1.3 观察指标及评测标准

1.3.1 治疗有效率 治疗4w后评估两组治疗有效率,评估采用Parnes提出的评价标准实施^[8],该标准将治疗效果区分为I-IV级,其中I级为显效,II-III级为有效,IV级为无效,具体标准如下:I级为患者眩晕消失,Dix-Hallpike实验阴性,II级为无体位性眩晕,但有头晕和不平衡感,Dix-Hallpike实验阴性或阳性,III级为体位性眩晕症状明显改善,Dix-Hallpike实验阳性,IV级是指良性阵发性位置性眩晕无效甚至症状加重^[11,12]。

1.3.2 治疗前后DHI评分 DHI评分是临床上常用的评估头晕或平衡障碍的量表,共包括25个项目,可分为躯体、情绪和功能三个指标,得分0-30分为轻微障碍,得分31-60分为中等障碍,得分61-100分为严重障碍^[13,14]。

1.3.3 治疗后症状改善情况 取治疗结束后1w为观测周期,记录两组眩晕次数及眩晕时间,并进行组间对比分析。

1.3.4 复发率记录 记录两组治疗后3个月内耳石症的复发次数,并实施组间对比。

1.4 统计学方法

应用SPSS 19.0,计数资料以率(%)表示,采用卡方检验,计量资料以($\bar{x} \pm s$)表示,采用t检验, $P<0.05$ 有统计学意义。

2 结果

2.1 两组治疗有效率对比

研究组治疗有效率为97.96%(48/49),对照组治疗有效率为81.63%(40/49),两组对比差异具有统计学意义($P<0.05$),如表1。

表1 两组治疗有效率对比(例,%)

Table 1 Comparison of treatment effectiveness between the two groups (n,%)

Groups	Cases	Marked effect	Effective	Invalid	Efficient
Study group	49	40(81.63)	8(16.33)	1(2.04)	48(97.96)*
Control group	49	35(71.43)	5(10.20)	9(18.37)	40(81.63)

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

2.2 两组治疗前后DHI评分变化

治疗前两组DHI评分对比无差异($P>0.05$),治疗后第2w及第4w两组的DHI评分均较治疗前明显下降($P<0.05$),同时研究组DHI评分均低于对照组($P<0.05$),如表2。

2.3 两组治疗后症状改善情况

治疗后1w内研究组平均眩晕次数及平均眩晕时间均低于对照组($P<0.05$),如表3。

2.4 两组治疗后复发率对比

研究组治疗后3个月内复发率为4.08%(2/49),对照组复发率为16.33%(8/49),两组对比差异具有统计学意义($\chi^2=4.009$, $P<0.05$)。

表 2 两组治疗前后 DHI 评分变化($\bar{x} \pm s$)Table 2 Changes in DHI scores in pretherapy and post-treatment between the two groups ($\bar{x} \pm s$)

Groups	Cases	Pretherapy	2 W of treatment	4 W of treatment
Study group	49	56.69 $\pm$ 6.33	32.11 $\pm$ 2.66*	6.59 $\pm$ 1.01*
Control group	49	57.16 $\pm$ 7.16	43.09 $\pm$ 3.04	20.98 $\pm$ 2.65

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

表 3 两组治疗后临床症状改善情况($\bar{x} \pm s$)Table 3 Clinical symptoms improvement post-treatment between the two groups ($\bar{x} \pm s$)

Groups	Cases	Average vertigo time (min)	Average number of vertigo (times)
Study group	49	0.62 $\pm$ 0.11*	1.06 $\pm$ 0.26*
Control group	49	1.41 $\pm$ 0.21	3.01 $\pm$ 0.65

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

3 讨论

耳石器是人体重要的平衡器官,其位置为人体颞骨岩部内耳的椭圆囊和球囊内^[15],主要作用为感受人体的直线加速度变化,在个体体位或头位改变时会引起耳石在半规管内的流动,进而造成个体出现眩晕和眼震症状^[16,17]。耳石症是指耳石脱离耳石膜落入内淋巴液体内,在个体头位改变时,耳石会对半规管毛细胞产生刺激进而使个体出现强烈性眩晕症状,时间一般维持数秒至数分钟,呈现周期性加重或缓解态^[18,19]。目前耳石症的临床病因尚不明确,但过度疲劳或体位的剧烈变化是耳石症的两大诱因^[20],有研究指出,耳石症病因可能是一孤立的特发症状,也可能与耳石病、内耳供血不足、头部外伤或耳部手术、耳部疾病、骨质疏松症等相关^[21,22]。耳石症会对个体正常生活造成严重影响,因而及早的干预及治疗具有重要意义^[23,24]。

当前耳石症主要治疗手段为复位治疗,通过一些列体位的变化可使脱落的耳石回到原来的位置,临床实践指出,一次复位治疗有效率约为 70%,三次复位治疗的有效率可达 90%以上^[25]。但也有研究指出,耳石症复发率较高,单纯的复位治疗复发率可达 30%以上,这在一定程度上降低了患者对治疗的信心,因而迫切需要寻找一种有效率较高且复发率较低的耳石症治疗手段^[26,27]。非那根是临床上常用的治疗眩晕症的药物,学者 Yang T H^[28]等通过对 108 例眩晕症患者使用异丙嗪进行治疗发现,治疗有效率高达 92.59%,治疗后患者的椎基底动脉血流情况得到了明显的改善,双侧椎动脉、基底动脉的血流峰值速度均出现了明显的升高,学者 Anken R^[17]等人的研究则指出,加用非那根注射液能够显著改善眩晕症患者临床症状,同时提高治疗有效率,效果显著。

我们通过设立不同分组的方式,就脑益嗪联合非那根在治疗耳石症中的效果及对复发率的影响进行了分析,结果显示,相比于单独应用非那根治疗的对照组患者,加用脑益嗪治疗的研究组患者治疗有效率更高,同时治疗后第 2 w、第 4 w 研究组的 DHI 评分改善更为明显。分析认为,非那根是临床上常用的治疗眩晕症的药物,其主要作用机制为通过抑制组胺所致毛细血管通透性增大,进而起到一定的缓解患者呕吐、眩晕症状的作用。但上文提到,耳石症患者出现眩晕症状的原因较为多样,包括血管痉挛、组织缺血、缺氧、脑部动脉供血不足、代谢紊乱

等都有可能加重耳石症患者的眩晕症状,单纯应用非那根效果欠佳。文中通过在非那根基础上加用脑益嗪,研究结果显示切实改善了患者的眩晕症状,同时还缩短了治疗后患者眩晕时间、降低了眩晕频次,分析认为其原因与脑益嗪具有较好的改善脑循环作用有关,有学者的研究指出^[29,30],脑益嗪能够显著缓解晕船病,分析其原因与该药物是哌嗪类钙通道阻滞剂,对脑血管具有高选择性,具有明显的改善脑循环效果有关。最后本研究结果还显示,脑益嗪联合非那根治疗耳石症患者复发几率较单独应用非那根治疗更低,分析其原因因为脑益嗪的应用明显改善了患者的脑循环,从根本上为患者病情缓解提供了基础。

总而言之,脑益嗪联合非那根对耳石症具有较好的治疗效果,能够显著改善患者眩晕症状,同时治疗后复发率更低,值得进行临床推广应用。

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