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康复新液联合溶菌酶肠溶片治疗阿弗他溃疡的临床疗效观察 及对血清炎症因子和 SIgA 表达的影响 *

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摘要 目的:探讨康复新液联合溶菌酶肠溶片治疗阿弗他溃疡的临床疗效观察及对血清炎症因子和 SIgA(免疫球蛋白 A)表达的影响。**方法:**选取我院 2015 年 1 月到 2019 年 1 月共收治的 100 例阿弗他溃疡患者,根据治疗方法分为观察组与对照组,每组 50 例患者。给予对照组患者口服葡萄糖酸锌、维生素 C、维生素 B 联合口腔溃疡散常规治疗,给予观察组患者在对照组治疗基础上应用康复新液联合溶菌酶肠溶片治疗,对比两组患者的临床疗效,对比两组患者血清炎症因子指标,对比两组患者 SIgA 和 IgG,并对比两组患者的疾病复发情况。**结果:**对照组患者治疗总有效率为 84.00%,观察组患者治疗总有效率为 95.00%,观察组明显高于对照组($P<0.05$);对比两组患者治疗前后的炎症因子水平发现,两组患者治疗前肿瘤坏死因子- α (tumor necrosis factor α , TNF- α)、白细胞介素-1 β (interleukin-1 β , IL-1 β)、血栓素 B2(thromboxane B2, TXB2)水平对比无明显差异($P>0.05$),两组患者治疗后 TNF- α 、IL-1 β 、TXB2 水平明显降低,且观察组低于对照组($P<0.05$);两组患者治疗前免疫球蛋白 A(secretory immunoglobulin A, SIgA)和免疫球蛋白 G(immunoglobulin G, IgG)指标对比无明显差异($P>0.05$),治疗后,观察组患者的 SIgA 指标明显高于对照组($P<0.05$),观察组患者的 IgG 指标明显低于对照组($P<0.05$);通过对比两组患者的疾病复发情况发现,观察组患者 3 个月、6 个月和 12 个月的疾病复发率明显低于对照组($P<0.05$)。**结论:**对阿弗他溃疡患者应用康复新液联合溶菌酶肠溶片治疗,能够提升患者的治疗效果,减轻患者炎症情况,减少患者疾病复发情况,值得临床应用推广。

关键词:康复新液;溶菌酶肠溶片;阿弗他溃疡;血清炎症因子;SIgA

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Clinical Observation of Kangfuxin Liquid Combined with Lysozyme Enteric Coated Tablets in the Treatment of Aphthous Ulcer and Its Influence on the Expression of Serum Inflammatory Factors and SIgA*

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ABSTRACT Objective: To investigate the clinical efficacy of Kangfuxin Liquid Combined with lysozyme enteric coated tablets in the treatment of aphthous ulcer and the expression of serum inflammatory factors and SIgA (immunoglobulin A). **Methods:** 100 cases of patients with aphthous ulcer were selected as the research objects from January 2015 to January 2019, and the patients were randomly divided into observation group and control group, with 50 patients in each group. The control group was given oral zinc gluconate, vitamin C, vitamin B combined with oral ulcer powder conventional treatment, and the observation group was given Kangfuxin Liquid Combined with lysozyme enteric coated tablets on the basis of the treatment of the control group. The clinical therapeutic effect, the serum inflammatory factor indexes, the recurrence of the two groups were compared separately. **Results:** The total effective rate of the control group was 84.00%, as the observation group was 95.00%, which was significantly higher than that of the control group ($P<0.05$); the levels of TNF- α , IL-1 β and TXB2 in the two groups before and after treatment had no significant difference ($P>0.05$), and the levels of TNF- α , IL-1 β and TXB2 in the two groups were obvious after treatment. After treatment, the SIgA index of the observation group was significantly higher than that of the control group ($P<0.05$), and the IgG index of the observation group was significantly lower than that of the

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control group ($P<0.05$); by comparing the disease recurrence of the two groups, it was found that the observation group was 3 months old. The relapse rates of 6 months and 12 months in the treatment group were significantly lower than those in the control group ($P<0.05$). **Conclusion:** Kangfuxin Liquid Combined with lysozyme enteric coated tablets in the treatment of patients with aphthous ulcer can improve the treatment effect of patients, reduce the inflammation of patients and reduce the recurrence of disease, which is worthy of clinical application and promotion.

Key words: Kangfuxin Liquid; Lysozyme enteric coated tablets; Aphthous ulcer; Serum inflammatory factors; SIgA

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前言

阿弗他溃疡是当前常见的一种口腔粘膜溃疡性疾病,总患病率为 20%左右,而且是口腔粘膜疾病中发病率最高的一种^[1]。临床上依照患者的溃疡数量、面积大小、是否形成瘢痕以及临床特征分为疱疹型、重型和轻型,其中轻型占总阿弗他溃疡患者的 80%。阿弗他溃疡多间软腭、颊粘膜、舌头和唇侧等部位,由于阿弗他溃疡会反复发作,所以又被称为反复性口腔溃疡,多见于女性患者^[2-3]。当患者病情发作时会出现局部灼热感疼痛切疼痛剧烈情况,所以严重的时候会影响说话和饮食等,从而对患者的生活质量产生影响,而且在患者发病过程中会引起淋巴结肿大、乏力、恶心、头痛、慢性咽炎以及口臭等并发症^[4]。临床上多应用以提高免疫、对症治疗为主,虽然能够减轻患者的临床症状,但是会出现反复发作情况,为了给阿弗他溃疡患者

选择更好的治疗方式^[5-8]。本文选取我院 2015 年 1 月到 2019 年 1 月共收治的 100 例阿弗他溃疡患者作为研究对象,探讨康复新液联合溶菌酶肠溶片对阿弗他溃疡的临床疗效观察及对血清炎症因子和 SIgA 表达的影响,具体报告如下。

1 资料与方法

1.1 一般资料

选取我院 2015 年 1 月到 2019 年 1 月共收治的 100 例阿弗他溃疡患者,根据治疗方法分为观察组与对照组,每组 50 例患者。纳入标准:所有患者均出现唇、颊、舌侧和的溃疡;经诊治为阿弗他溃疡;所有患者对本研究知情并签署同意书^[9]。排除标准:合并急性心肌梗死或心绞痛患者;对治疗药物过敏患者;合并糖尿病患者。两组患者一般资料对比无明显差异($P>0.05$),如表 1 所示。

表 1 两组患者一般资料

Table 1 General information of two groups of patients

Groups	n	Gender (M/F)	Average age (years)	BIM(kg/cm ²)	Course of disease (d)
Observation group	50	22/28	28.22± 2.55	23.46± 0.61	5.48± 1.21
Control group	50	24/26	28.53± 2.61	23.55± 0.74	5.54± 1.09

1.2 方法

给予对照组患者口服葡萄糖酸锌(生产企业:杭州老桐君制药有限公司;国药准字:H20065924),每日 1 次,每次 10 mL;维生素 C(生产企业:浙江瑞新药业股份有限公司;国药准字:H33021139),每日 3 次,每次 0.2 g;维生素 B(生产企业:瑞阳制药有限公司;国药准字:H37022585)每日 3 次,每次 5 mL;联合口腔溃疡散(生产企业:贵州瑞和制药有限公司;国药准字:Z52020491)喷洒患处,每日 6 次,每隔两小时 1 次的常规治疗,给予观察组患者在对照组治疗基础上应用康复新液(生产企业:四川好医生攀西药业有限责任公司;国药准字:Z51021834)治疗,每日 3 次,每次 10 mL 应用康复新液进行漱口,在口腔中保持 3~5 min 后,慢慢的咽下,并联合溶菌酶肠溶片(生产企业:上海长城药业有限公司;国药准字:H31021654)口服,每日 3 次,每次 50 mg。两组患者均治疗 2 w 后对比治疗效果^[10-12]。

1.3 观察指标与疗效判定标准

观察指标:两组患者治疗前和治疗 2 w 后取患者的静脉血,应用酶联免疫吸附测定法对患者的 TNF- α 、IL-1 β 、TXB2 水平进行测定;观察并记录两组患者的 SIgA 和 IgG 指标;对所有患者进行在治疗后 3 个月、6 个月和 12 个月进行电话随访,跟踪并了解患者的阿弗他溃疡复发情况^[13-15]。

疗效判定标准:两组患者治疗后,患处疼痛感降低,平均溃疡期间明显减少为显效;患者疼痛情况无明显变化,但平均溃疡期有所缩短为有效;患者疼痛感无明显改变甚至加重,溃疡期间无变化为无效。总有效率 = 显效率 + 有效率。

1.4 统计学方法

应用 SPSS 23.0,计数资料以(n/%)表示,进行 χ^2 检验;计量资料以符合正态分布则用($\bar{x} \pm s$)表示,组间比较采用 t 检验; $P<0.05$ 有统计学意义。

2 结果

2.1 两组疗效对比

对照组治疗总有效率为 84.00%,观察组治疗总有效率为 95.00%,观察组明显高于对照组($P<0.05$),如表 2 所示。

2.2 两组治疗前后炎症因子水平对比分析

对比两组治疗前后的炎症因子水平发现,两组患者治疗后 TNF- α 、IL-1 β 、TXB2 水平对比无明显差异($P>0.05$),两组治疗后 TNF- α 、IL-1 β 、TXB2 水平明显降低,且观察组低于对照组($P<0.05$),如表 3 所示。

2.3 两组 SIgA 和 IgG 指标对比分析

两组治疗前 SIgA 和 IgG 指标对比无明显差异($P>0.05$),

治疗后,观察组的 SIgA 指标明显高于对照组($P<0.05$),观察 组的 IgG 指标明显低于对照组($P<0.05$),如表 4 所示。

表 2 两组疗效对比(例,%)

Table 2 Comparative analysis of treatment effects between the two groups (n, %)

Groups	n	Excellence	Effective	Invalid	Total effective rate
Observation group	50	18(36.00)	24(48.00)	8(16.00)	42(84.00)*
Control group	50	2(4.00)	27(54.00)	21(42.00)	29(58.00)

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

表 3 两组治疗前后炎症因子水平对比分析($\bar{x}\pm s$,ng/mL)

Table 3 Comparative analysis of inflammatory factor levels before and after treatment in two groups($\bar{x}\pm s$, ng/mL)

Groups	n	TNF- α		IL-1 β		TXB2	
		Pretherapy	Post-treatment	Pretherapy	Post-treatment	Pretherapy	Post-treatment
Observation group	50	1.73 $\pm$ 0.74	1.62 $\pm$ 0.62*	0.65 $\pm$ 0.07	0.39 $\pm$ 0.06*	42.51 $\pm$ 5.24	34.28 $\pm$ 3.28**
Control group	50	1.74 $\pm$ 0.89	1.16 $\pm$ 0.34#	0.67 $\pm$ 0.08	0.27 $\pm$ 0.04#	42.43 $\pm$ 5.21	27.33 $\pm$ 1.46#

Note: Compared with control group, * $P<0.05$; compared with pretherapy, # $P<0.05$.

表 4 两组 SIgA 和 IgG 指标对比分析($\bar{x}\pm s$,g/L)

Table 4 Comparative analysis of SIgA and IgG indexes between the two groups($\bar{x}\pm s$, g/L)

Groups	n	SIgA		IgG	
		Pretherapy	Post-treatment	Pretherapy	Post-treatment
Observation group	50	35.52 $\pm$ 8.95	64.75 $\pm$ 9.23**	47.95 $\pm$ 8.02	23.60 $\pm$ 6.86**
Control group	50	35.67 $\pm$ 8.02	51.65 $\pm$ 8.54#	46.25 $\pm$ 9.95	35.30 $\pm$ 8.14#

Note: Compared with control group, * $P<0.05$; compared with pretherapy, # $P<0.05$.

2.4 两组的疾病复发情况对比分析

个月和 12 个月的疾病复发率明显低于对照组($P<0.05$),如表

通过对比两组的疾病复发情况发现,观察组患者 3 个月、6 5 所示。

表 5 两组的疾病复发情况对比分析(例,%)

Table 5 Comparative analysis of disease recurrence between the two groups (n, %)

Groups	n	3 months	6 months	12 months
Observation group	50	0(0)*	5(10.00)*	7(14.00)*
Control group	50	4(8.00)	13(26.00)	18(36.00)

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

3 讨论

溶菌酶肠溶片是生物溶菌酶的一种,广泛分布在生物体内的一种黏多糖水解酶,能够让细菌细胞壁的不溶性黏多糖逐渐分解为可溶性糖肽,从而导致细胞壁破裂,逸出内容物让细菌溶解,而且能够和带有负电荷的病毒蛋白结合,和脱辅基蛋白质、RNA 和 DNA 形成复盐,导致病毒在人体内失去活性,具有抗病毒和抗菌作用。而且生物溶菌酶还能够深入炎症组织,从而提升局部血清的锌离子浓度^[16-18]。生物溶菌酶还属于机体非特异性免疫因此,能够增强与改善巨噬细胞消化和吞噬功能,从而激活白细胞的吞噬功能,增强患者机体免疫力,从而保持机体的生理平衡。康复新液是临床上常用治疗口腔溃疡的中药制剂,其中含有多元醇、表皮生长因子以及黏糖氨酸等活性物质^[19]。并且能够促进肉芽组织生长与血管新生,能够改善水肿

情况,让坏死组织快速脱落,从而治疗口腔溃疡^[20,21]。因此本院应用溶菌酶肠溶片与康复新液联合治疗阿弗他溃疡患者取得了良好效果。

本研究结果显示,对照组患者治疗总有效率为 84.00%,观察组患者治疗总有效率为 95.00%,观察组明显高于对照组,相关研究指出^[22,23],康复新液不仅可缩短该疾病发作期,而且能够降低患者疼痛感,促进患者早日康复,与本研究相符,这是因为康复新液能够滋阴生津,通畅血脉,消散瘀滞。相关研究表明^[24],康复新液能够阻碍细菌蛋白合成,而且联合溶菌酶肠溶片治疗更佳,与本研究相符;对比两组患者治疗前后的炎症因子水平发现,两组患者治疗前 TNF- α 、IL-1 β 、TXB2 水平对比无明显差异,两组患者治疗后 TNF- α 、IL-1 β 、TXB2 水平明显降低,且观察组低于对照组,相关研究表明^[25-27],应用康复新液治疗阿弗他溃疡能够优化患者的白细胞介素-6、白细胞介素-1 和中瘤坏

死因子 α 。相关研究指出^[28], TNF- α 、IL-1 β 、TXB2 水平和阿弗他溃疡患者的疼痛程度具有相关联系,也是反映患者病情的重要依据。本研究对阿弗他溃疡患者应用康复新液联合溶菌酶肠溶片治疗后,患者 TNF- α 、IL-1 β 、TXB2 水平有所改善,表明联合用药,能够降低患者的炎症反应,从而提升患者的治疗效果;两组患者治疗前 SIgA 和 IgG 指标对比无明显差异,治疗后,观察组患者的 SIgA 指标明显高于对照组,观察组患者的 IgG 指标明显低于对照组,相关研究显示^[29],应用臭氧联合康复新液能够优化患者的 SIgA 和 IgG 指标,其中臭氧具有杀菌消毒作用。而本文之中应用康复新液联合溶菌酶肠溶片治疗也对患者的 SIgA 和 IgG 产生优化效果,这说明康复新液联合溶菌酶肠溶片,能够有效治疗阿弗他溃疡,并改善患者的免疫球蛋白,提高患者的免疫力,与相关研究相符;通过对比两组患者的疾病复发情况发现,观察组患者 3 个月、6 个月和 12 个月的疾病复发率明显低于对照组。这是因为康复新液是从美洲大蠊虫体内提炼出的一种多元醇活性物质,加快患者溃疡面愈合,并且能够阻碍细菌蛋白合成,加上溶菌酶肠溶片对病毒的抑制作用,能够减少患者疾病复发情况^[30]。

综上所述,对阿弗他溃疡患者应用康复新液联合溶菌酶肠溶片治疗,能够提升患者的治疗效果,减轻患者炎症情况,减少患者疾病复发情况,值得临床应用推广。

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