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生肌玉红膏联合康复新液治疗乳腺癌根治术后 皮瓣坏死创面不愈的临床效果*

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摘要 目的:研究生肌玉红膏联合康复新液对于乳腺癌根治术后皮瓣坏死创面不愈的临床效果。**方法:**选择2016年1月~2020年12月我院在乳腺癌根治术后发生皮瓣坏死创面不愈的80例患者,将其随机分为两组。对照组单用康复新液,观察组联用生肌玉红膏。比较两组的创面改善时间,检测两组的血清肿瘤坏死因子- α (TNF- α)、白介素-6(IL-6)、血管内皮生长因子(VEGF)和白介素-8(IL-8)水平,且记录两组的创面面积及VAS疼痛评分。**结果:**观察组的腐肉脱落时间、新生上皮出现时间、引流管拔出时间、创面愈合时间、住院时间和上肢康复活动时间均较对照组显著缩短($P<0.05$);治疗后,两组的血清IL-6、TNF- α 和IL-8水平、创面面积以及VAS疼痛评分均较治疗前显著降低,VEGF水平则显著升高($P<0.05$),且观察组的以上指标均较对照组显著改善($P<0.05$)。**结论:**生肌玉红膏联合康复新液对于乳腺癌根治术后皮瓣坏死创面不愈有显著的效果,可通过改善患者血清炎症反应水平,从而进一步减轻患者创面疼痛并促进愈合。

关键词:生肌玉红膏;康复新液;皮瓣坏死创面不愈;乳腺癌根治术

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Clinical Effect of Shengjiyuhong Ointment Combined with Kangfuxin Liquid in Treating Non-healing Wounds of Skin Flap Necrosis after Radical Mastectomy*

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ABSTRACT Objective: To investigate the effect of Shengjiyuhong ointment combined with Kangfuxin liquid in treating non-healing wounds of skin flap necrosis after radical mastectomy. **Methods:** Selected 80 cases of patients with non-healing wounds of skin flap necrosis after radical mastectomy from January 2016 to December 2020, divided into two groups randomly. The control group was treated with Kangfuxin liquid alone, and the observation group was treated with Shengjiyuhong ointment. Compared with the wound surface improvement time of the two groups, the serum tumor necrosis factor- α (TNF- α), interleukin-6 (IL-6), vascular endothelial growth factor (VEGF) and interleukin-8 (IL-8) levels were detected and recorded. The wound area and VAS pain score of the two groups. **Results:** The time of carrion shedding, the appearance of new epithelium, the time of draining the drainage tube, the time of wound healing, the time of hospitalization and the time of upper limb rehabilitation activities in the observation group were significantly shorter than those in the control group ($P<0.05$); After treatment, the levels of serum IL-6, TNF- α and IL-8, wound area and VAS pain score of the two groups were significantly lower than before treatment, while the VEGF level was significantly increased ($P<0.05$). And the above indicators of the observation group were significantly improved compared with the control group ($P<0.05$). **Conclusion:** Shengjiyuhong ointment combined with Kangfuxin liquid has a significant effect on the non-healing of skin flap necrosis wound after radical mastectomy. It can improve the serum inflammatory reaction level of the patient, thereby further reducing the pain of the patient's wound and promoting healing.

Key words: Shengji Yuhong Ointment; Kangfuxin Liquid; Unhealed Skin Flap Necrosis; Radical Mastectomy

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前言

现代社会的发展速度日益加快,女性不但需要承受家庭的压力,还需要面对社会及工作的压力,使乳腺癌的发病率明显升高,发病群体的年龄层也不断降低,研究显示:乳腺癌与遗传有一定的关系,绝经前后的妇女为乳腺癌的高发群体^[1,2]。一旦乳腺癌细胞间的连接紧密度降低,就容易出现脱落,并随着血液以及淋巴液扩散到全身,造成病灶转移^[3-5]。目前治疗乳腺癌病人的方法主要为根治术,采用手术对病灶组织进行切除,以明显提高生存率,延缓病情的发展^[6]。但术后易发生皮瓣坏死、出血、皮下积液和上肢肿胀等并发症,不利于术后的康复效果,尤其是创面皮瓣坏死、久不愈合等会引起腋窝疤痕后遗症,严重影响乳腺癌患者的后期恢复^[7]。乳腺癌根治术后,切口皮瓣坏死、创面不愈一直是临床治疗的难点。康复新液能有效激活血清溶菌酶,增强机体的免疫力,促进创面组织的自我修复,促使坏死细胞的脱落及肉芽组织的生长,加快溃疡面的愈合;生肌玉红膏具有活血化瘀,去腐生肌,解毒止痛之功效^[8,9]。本研究创新性地将生肌玉红膏与康复新液联用,以分析其对于乳腺癌根治术后皮瓣坏死创面不愈的效果。

1 资料与方法

1.1 一般资料

选择2016年1月~2020年12月我院在乳腺癌根治术后发生皮瓣坏死创面不愈的80例患者,纳入标准:(1)病理学检查证实患有乳腺癌;(2)皮瓣坏死创面面积为8~24 mm²;(3)均知情同意;(4)创面不愈时间为14~48 d。排除标准:(1)在乳腺癌根治术前1个月内应用过抗凝抗血小板治疗的患者;(2)患有糖尿病、严重的心肝肾功能不全、免疫缺陷性疾病、血液系统疾病以及凝血功能障碍者;(3)认知功能障碍和精神疾病患者。所有入选患者随机分为两组:观察组40例,年龄25~64岁,平

均(43.17±5.42)岁;体重30~79 kg,平均(57.35±5.16) kg;病理分型:19例患者为浸润性导管癌,14例患者为导管癌,7例患者为浸润性小叶癌。对照组40例,年龄25~64岁,平均(43.29±5.37)岁;体重30~79 kg,平均(57.44±5.32) kg;病理分型:19例患者为浸润性导管癌,15例患者为导管癌,6例患者为浸润性小叶癌。两组的基线资料具有可比性($P>0.05$)。

1.2 治疗方法

对照组采取适量康复新液(内蒙古京新药业有限公司,50 mL,国药准字Z15020805)将凡士林纱布浸透后,敷在乳腺癌患者的创面;观察组在康复新液的基础上,采取生肌玉红膏油(同仁堂制药厂,每盒装12 g,国药准字Z11021000)对创面进行覆盖。均治疗1个月。

1.3 观察指标

比较两组的腐肉脱落时间、新生上皮出现时间、引流管拔出时间、创面愈合时间、住院时间和上肢康复活动时间。

治疗前后,两组患者均空腹采集3 mL上肢静脉血,采用ELISA试剂盒检测血清肿瘤坏死因子- α (TNF- α)、白介素-6 (IL-6)、血管内皮生长因子(VEGF)和白介素-8(IL-8)水平,试剂盒均购自上海恒远生物科技有限公司;且记录两组的创面面积及VAS疼痛评分。

1.4 统计学分析

采用SPSS 21.0,计量资料以($\bar{x}\pm s$)差表示,组间对比用t检验,计数资料用(%)表示,行 χ^2 检验,检验水准 $\alpha=0.05$ 。

2 结果

2.1 两组创面恢复情况对比

观察组的腐肉脱落时间、新生上皮出现时间、引流管拔出时间、创面愈合时间、住院时间和上肢康复活动时间均明显短于对照组($P<0.05$),见表1。

表1 两组创面恢复情况对比($\bar{x}\pm s$, 天)

Table 1 Comparison of wound recovery between the two groups($\bar{x}\pm s$, d)

Groups	n	Carrion Shedding Time	New Epithelial Appearance Time	Drainage Tube Removal Time	Wound Healing Time	Hospital Stay	Upper Limb Rehabilitation Activity Time
Control group	40	3.25±1.39	6.35±1.78	5.39±1.27	25.34±2.63	32.25±4.69	9.34±1.58
Observation group	40	2.17±0.34*	4.92±1.36*	4.26±1.14*	21.67±1.89*	30.17±2.53*	7.26±1.39*

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

2.2 两组血清指标水平对比

治疗后,两组血清IL-6、TNF- α 和IL-8水平明显降低,VEGF水平明显升高($P<0.05$),且与对照组相比,观察组的血清IL-6、TNF- α 和IL-8水平显著降低,VEGF水平显著升高($P<0.05$),见表2。

2.3 两组创面面积及VAS疼痛评分对比

治疗后,两组的创面面积及VAS疼痛评分明显降低($P<0.05$),且观察组乳腺癌根治术后患者的创面面积及VAS疼痛评分明显低于对照组($P<0.05$),见表3。

3 讨论

乳腺癌发生于机体的乳腺腺上皮组织,如果癌细胞出现脱落,则脱落下来的癌细胞会随着淋巴液或者血液而流向全身,进一步引起癌细胞转移,威胁乳腺癌患者的生命安全^[10-13]。乳腺癌患者在早期并没有显著的表现,患者常常是在无意间发现,出现乳腺肿块后,采取超声检查而确诊,临床上出现皮肤改变、乳头溢液、腋窝淋巴结肿大、乳晕和乳头异常等都是乳腺癌常见的症状^[14-16]。手术治疗不但可以有效切除癌细胞,还能清扫腋窝淋巴结和乳腺,能比较好地确保乳腺癌患者的预后恢复情况,但因为乳腺癌手术对组织的切除范围比较大,患者会受到比较严重的创伤^[17-20]。而且,在进行乳腺癌根治术后,患者的胸

表 2 两组血清指标水平对比($\bar{x} \pm s$)Table 2 Comparison of serum index levels between the two groups($\bar{x} \pm s$)

Groups	n	Treatment period	TNF- α (ng/L)	IL-6 (ng/L)	VEGF (ng/L)	IL-8 (μ g/L)
Control group	40	Before treatment	173.24 $\pm$ 29.78	33.45 $\pm$ 7.92	2.36 $\pm$ 0.45	0.90 $\pm$ 0.24
		After treatment	114.25 $\pm$ 13.79 [#]	17.52 $\pm$ 3.41 [#]	3.29 $\pm$ 0.78 [#]	0.52 $\pm$ 0.13 [#]
Observation group	40	Before treatment	172.56 $\pm$ 31.45	32.86 $\pm$ 6.24	2.39 $\pm$ 0.47	0.89 $\pm$ 0.27
		After treatment	98.42 $\pm$ 11.56 ^{**}	12.36 $\pm$ 1.45 ^{**}	4.36 $\pm$ 0.92 ^{**}	0.33 $\pm$ 0.07 ^{**}

Note: Compared with the control group, * $P < 0.05$; compared with before treatment, [#] $P < 0.05$.

表 3 两组治疗前后的创面面积及 VAS 疼痛评分对比($\bar{x} \pm s$)Table 3 Comparison of wound area and VAS pain score before and after treatment between the two groups($\bar{x} \pm s$)

Group	n	Treatment period	Wound Area (Mm ²)	Vas Pain Score (score)
Control group	40	Before treatment	15.39 $\pm$ 2.78	5.73 $\pm$ 1.49
		After treatment	5.63 $\pm$ 1.24 [#]	2.31 $\pm$ 0.64 [#]
Observation group	40	Before treatment	15.73 $\pm$ 2.46	5.62 $\pm$ 1.38
		After treatment	2.39 $\pm$ 0.45 ^{**}	0.92 $\pm$ 0.15 ^{**}

Note: Compared with the control group, * $P < 0.05$; compared with before treatment, [#] $P < 0.05$.

部形态常常会受到破坏,大部分的患者对手术均会出现抵触的情绪,在术后容易出现自卑、烦躁和自弃的负面心理情绪^[21]。

乳腺癌患者术后皮瓣坏死创面久不愈合的具体机制目前尚未明确,其原因可能包括:张力大,选择的切口不合理,电刀电凝过度地烧灼组织,皮瓣修剪过薄,加压爆炸的压力不均匀或加压包扎过紧,引流不通畅引起水肿形成,全身营养不良以及自身免疫功能低下等^[22,23]。康复新液包括多元醇、黏糖氨酸、多种机体所需的氨基酸和黏氨酸,可以有效促进机体血管的再生、重塑以及肉芽组织的生长,因此具有养阴生肌和通利血脉的效果,能修复创面,促进创面的愈合,可以比较有效的减轻疼痛症状^[24]。皮瓣坏死创面不愈属中医“疮疡”的范畴,属“阴证”,乳腺癌患者的创面特点主要表现为四周紫暗,或新肉不生,或腐肉不易脱落,经久难敛。生肌玉红膏是祖国传统医学对于慢性体表溃疡久不收口患者的经典外用治疗药物。实验研究表明,生肌玉红膏可以有效调控机体局部成纤维细胞生长因子的表达水平,具有促进血管新生、创面微循环、肉芽生长、上皮生长以及胶原合成及等多种效果,另外其可在创面的愈合过程中有效改善创面的微循环,使创面的血供和营养明显增加,加快机体创面的愈速度合,其组方由轻粉 12 g(含氯化亚汞),紫草 6 g,当归 60 g,白蜡 60 g,血竭 12 g,甘草 36 g,白芷 15 g 组成,方中可以适当降低轻粉的使用量,以减少清粉的毒性以及对皮肤造成的刺激性。生肌玉红膏中,血竭和当归具有祛瘀消肿、活血通络之功效,配轻粉、白芷可以有效消肿止痛、攻毒散结,使瘀腐自去,血行脉通,再取甘草解毒,紫草清热凉血,缓和药性。诸药合用,共奏祛腐解毒、活血散瘀以及生肌敛疮之功效^[25]。白芷、紫草和甘草对大肠杆菌、金黄色葡萄球菌、变形杆菌以及绿脓杆菌等病原微生物具有较好的抑制效果。本研究发现,联用生肌玉红膏能缩短腐肉脱落时间、新生上皮出现时间、引流管拔出时间、创面愈合时间、住院时间和上肢康复活动时间,并减小创面面积和降低疼痛程度。魏庆^[26]对 257 例下肢慢

性溃患者应用生肌玉红膏,结果显示其可改善炎性渗出,促进创面愈合,与本研究结果相类似。

促炎因子 IL-6、TNF- α 和 IL-8 与疼痛以及组织炎性水肿紧密相关。IL-6 可以有效介导炎症反应,加重感染^[27];TNF- α 可以促进多机体内种炎症因子的释放,使患者创口的感染程度明显加重^[28];在损伤或感染的早期,血清 IL-8 水平会明显升高,其表达水平与疼痛以及组织炎性水肿紧密相关^[29]。VEGF 可以使中性粒细胞激活,有效促进中性粒细胞发生趋化,显著增加机体内炎症反应的范围和程度^[30]。观察组的血清 IL-6、TNF- α 和 IL-8 水平更低,VEGF 水平更高,表明联用生肌玉红膏在促进创面损伤修复以及抗炎方面的效果更佳,可以促进乳腺癌患者创面的恢复。与刘佳莅^[26]等相关研究结果一致。

综上所述,生肌玉红膏联合康复新液对于乳腺癌根治术后皮瓣坏死创面不愈有显著的效果,其可通过改善患者血清炎症反应水平,进一步减轻患者创面疼痛、促进创面愈合,从而有助于患者尽快恢复。可考虑广泛应用于临床。

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