

中枢神经系统感染继发癫痫患者的临床治疗

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【摘要】 目的 研究中枢神经系统感染患者继发癫痫的有效治疗方案。方法 随机选取解放军总医院第二医学中心神经内科 2020-06—2021-01 收治的中枢神经系统感染继发癫痫患者中 56 例为研究对象, 随机分为观察组(氟桂利嗪抗菌药+手术治疗)28 例与对照组(氟桂利嗪抗菌药单药治疗)28 例, 比较 2 组患者治疗的总有效率、不良反应发生率及血清炎症因子。结果 观察组总有效率为 96.43%, 不良反应发生率 7.14%, IL-2(4.39±0.66) μg/L, TNF-α(1.58±0.33) μg/L; 对照组治疗总有效率为 67.85%, 不良反应发生率 28.56%, IL-2(5.64±0.81) μg/L, TNF-α(2.55±0.35) μg/L, 2 组比较差异均有统计学意义($P < 0.05$)。结论 氟桂利嗪抗菌药物联合手术治疗中枢神经系统感染继发癫痫的临床效果显著, 且不良反应发生率低, 有利于控制临床指标。

【关键词】 癫痫; 中枢神经系统感染; 抗菌药物; 手术治疗; 不良反应

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Clinical treatment of secondary epilepsy in patients with central nervous system infection

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【Abstract】 **Objective** To study the effective treatment of epilepsy secondary to central nervous system infection. **Methods** Fifty-six patients with secondary epilepsy were selected from the patients with central nervous system infection treated in the Department of Neurology, the Second Medical Center of PLA General Hospital from June 2020 to January 2021. They were randomly divided into 28 cases in the observation group (Flunarizine antibiotic + surgical treatment) and 28 cases in the control group (Flunarizine antibiotic). The total effective rate, adverse events rate and serum inflammatory factor indexes of the two groups were compared. **Results** In the observation group, the total effective rate was 96.43%, the adverse events rate was 7.14%, IL-2 was (4.39±0.66) μg/L, TNF-α was (1.58±0.33) μg/L. In the control group, the total effective rate was 67.85%, the adverse events rate was 28.56%, IL-2 was (5.64±0.81) μg/L, TNF-α was (2.55±0.35) μg/L. The data comparison between the two groups was statistically significant ($P < 0.05$). **Conclusion** The combined use of flunarizine and surgical therapy is effective in the treatment of epilepsy secondary to central nervous system infection, and the incidence of adverse events is low, which is beneficial to control clinical indicators.

【Key words】 Epilepsy; Central nervous system infection; Antibiotics; Operation treatment; Adverse events

中枢神经系统感染是神经内科常见疾病, 多因肠道病毒、巨细胞病毒、腮腺炎病毒感染诱发。继发癫痫发作时患者多表现为吞咽异常、抽搐昏迷病症。根据相关调查显示, 癫痫疾病的发作与中枢神

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经系统感染存在相关性。中枢神经系统感染继发癫痫发作的风险较正常人高 11 倍,患者 5 a 内均会出现不同程度的癫痫。而继发癫痫后,常会加大临床治疗难度,并加剧患者痛苦、延长疾病治疗周期。在临床治疗上,适用于继发癫痫患者治疗的方案主要有药物治疗、手术治疗及联合治疗等,单一治疗虽然可以实现疾病的好转,但其疗效及安全性仍有待改善。相比之下,联合治疗方案能够进一步提高治疗有效率,抑制疾病进展^[1-4]。

1 资料与方法

1.1 一般资料 共入组解放军总医院第二医学中心 2020-06—2021-01 收治的中枢系统感染继发癫痫患者 56 例,以随机抽签法分为对照组 28 例,男/女=15/13,年龄 29~65(36.97±4.78)岁,病程(13.68±1.79)月。观察组 28 例,男/女=13/15,年龄 27~66(38.89±4.53)岁,病程(14.46±1.75)月。2 组临床资料比较无显著性差异($P > 0.05$),具有可比性。本研究已通过院伦委会研究认可,所有患者均同意并签署知情同意书。

1.2 纳入与排除标准 纳入标准:(1)经头颅 CT 与 MRI 诊断确诊为中枢神经系统感染,且继发癫痫病症;(2)自愿参与并签署知情同意;(3)参与者均依从性良好^[5-9]。排除标准:(1)合并恶性肿瘤或急危重症疾病者;(2)精神病或先天性大脑发育不良者;(3)缺少档案资料者或中途退出活动者;(4)手术禁忌人群或药物过敏者;(5)肝肾心脏功能发育不全者。

1.3 方法

1.3.1 调查方法:对照组接受药物治疗,选用盐酸氟桂利嗪胶囊(国药准字 H37021440),口服用药,2 粒/次(10 mg/粒),2 次/d,记录患者病症消除情况以及临床指标好转程度,验证疗效。观察组在服用盐酸氟桂利嗪胶囊治疗的同时,进行癫痫病灶切除手术或神经调控手术等。

1.3.2 疗效标准:显效:病症基本消除,癫痫发作次数较治疗前减少 75% 以上;有效:癫痫发作病症明显有所好转,且与治疗前比较,癫痫发作次数少于每年 3 次;无效:病症未好转,临床指标未趋于正常,频发癫痫。

1.4 观察指标 (1)观察治疗后患者的不良症状发生率;(2)观察总有效率;(3)观察患者治疗前后血清炎症因子指标变化情况。

1.5 统计学方法 采用 SPSS 21.0 软件处理数据,计量资料以均数标准差($\bar{x} \pm s$)表示, t 检验,计数资料以率(%)表示, χ^2 检验, $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 2 组患者临床疗效比较 对照组患者治疗总有效率 67.85%,明显低于观察组的 96.43%,有显著性差异($P < 0.05$)。见表 1、图 1。

2.2 2 组不良反应发生率比较 对照组不良症状发生率 28.56%,明显高于观察组的 7.14%,有显著性差异($P < 0.05$)。见表 2、图 2。

表 1 2 组患者临床疗效比较 [n(%)]

Table 1 Comparison of clinical efficacy between the two groups [n(%)]

组别	n	显效	有效	无效	总有效
对照组	28	16(57.14)	3(10.71)	9(32.15)	19(67.85)
观察组	28	23(82.14)	4(14.29)	1(3.57)	27(96.43)
χ^2 值					5.246
P 值					< 0.05

表 2 2 组不良反应率比较 [n(%)]

Table 2 Comparison of adverse reaction rates between the two groups [n(%)]

组别	n	体重增加	嗜睡	头晕乏力	头痛	总发生率/%
对照组	28	2(7.14)	1(3.57)	3(10.71)	2(7.14)	28.56
观察组	28	0	0	1(3.57)	1(3.57)	7.14
χ^2 值						5.685
P 值						< 0.05

2.3 2 组治疗前后血清炎症因子指标变化情况比较 对照组与观察组比较,治疗前血清炎症因子指标差异不大,治疗后观察组患者血清炎症因子指标较对照组偏低,有显著性差异($P < 0.05$)。见表 3。

3 讨论

癫痫发作与脑血管病、脑外伤、颅内感染以及中枢神经系统感染有关^[10-14]。中枢神经系统感染继发癫痫患者应有效抑制癫痫的发作。本研究在传统药

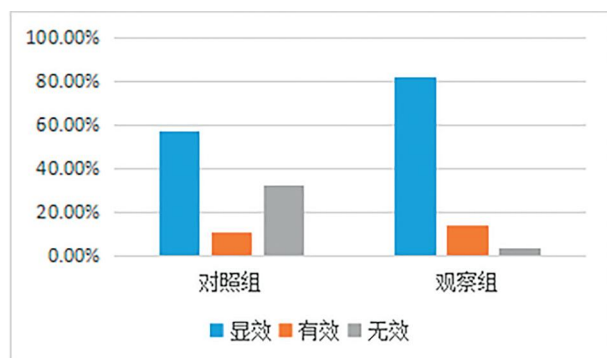


图1 2组临床疗效比较

Figure 1 Comparison of clinical efficacy between the two groups

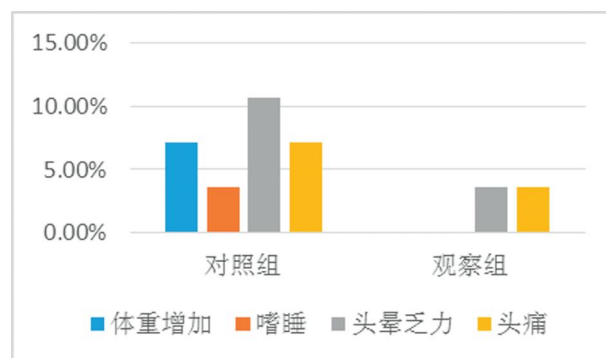


图2 2组不良反应发生率比较

Figure 2 Comparison of the incidence of adverse reaction rates between the two groups

表3 2组治疗前后血清炎症因子指标变化情况比较 ($\bar{x}\pm s$)

Table 3 Comparison of changes in serum inflammatory factor indexes before and after treatment between the two groups ($\bar{x}\pm s$)

组别	n	IL-2($\mu\text{g/l}$)		TNF- α ($\mu\text{g/l}$)	
		治疗前	治疗后	治疗前	治疗后
对照组	28	8.79 \pm 2.26	5.64 \pm 0.81	4.55 \pm 0.66	2.55 \pm 0.35
观察组	28	8.83 \pm 2.27	4.39 \pm 0.66	4.59 \pm 0.73	1.58 \pm 0.33
t值		0.053	7.304	0.058	6.293
P值		> 0.05	< 0.05	> 0.05	< 0.05

物治疗方法基础上联用手术切除病灶组织,以期巩固疗效^[15-16]。考虑到癫痫的发作存在不确定性,且在感染后毒素分泌量增加,若不及时对病灶组织进行清理,将影响药物的治疗作用。氟桂利嗪抗菌药能够促进血管扩张,虽能产生一定的治疗效果,但有效率并不高,且治疗后出现头晕头痛、水肿、嗜睡等不良症状的可能性较高,故单纯药物治疗安全性有待提高。若能积极联合手术疗法切除癫痫病灶,能够从根本上阻断癫痫的发作^[17-24]。尤其是采用神经调控手术,能够借助电刺激法作用在海马区,从而可以起到强有效的治疗作用,既能保护神经元功能,又能手术消除病症,抑制癫痫的频繁发作,为疾病的有效控制带来保障,符合高效治疗要求^[25-31]。本研究显示,观察组采用药物联合手术治疗,总有效率为96.43%,不良症状发生率7.14%,IL-2(4.39 \pm 0.66) $\mu\text{g/l}$,TNF- α (1.58 \pm 0.33) $\mu\text{g/l}$,明显优于氟桂利嗪抗菌药单药治疗组($P < 0.05$)。多项研究^[32-34]显示,中枢神经系统感染继发癫痫采用药物与手术联用治疗,可显著提高患者治疗有效率,降低不良反应发生率及患者血清炎症因子水平。

中枢神经系统感染继发癫痫患者采用氟桂利嗪抗菌药与癫痫病灶切除手术联用方案疗效显著,安全性较高。

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