

益生菌辅助治疗重症急性胰腺炎14例

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■背景资料

重症急性胰腺炎是最易发生肠屏障功能受损的危重症之一, 保护肠屏障功能日益受到关注, 国内外对SAP肠屏障功能的破坏机制及益生菌对肠黏膜作用进行大量动物实验研究, 证实其对肠屏障功能确有保护作用。

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Adjuvant therapy for probiotics in patients with severe acute pancreatitis: an analysis of 14 cases

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Abstract

AIM: To investigate the adjuvant therapeutic effect of probiotics on patients with severe acute pancreatitis (SAP).

METHODS: A total of 25 SAP patients were divided into group A and B. Group A was treated with probiotic agent Jinshuangqi (2.0 g, tid) on the basis of traditional method. Group B served as control group, and received traditional treatment only. Some indexes including the time of abdominal pain alleviation, serum amylase restoration, and the incidence rate of complications as well as mean in-hospital time, were observed, and comparatively analyzed between the two groups.

RESULTS: In comparison with those group B, the time of abdominal pain alleviation (5.4 ± 1.3 d vs 6.9 ± 1.5 d, $P < 0.01$), serum amylase restoration (5.0 ± 1.7 d vs 6.7 ± 1.4 d, $P < 0.05$), the incidence rate of complications (57.8% vs 90.5%, $P < 0.01$), and mean in-hospital time (42 ± 5.0 d vs 49 ± 6.8 d, $P < 0.01$) were significantly decreased in group A.

CONCLUSION: Early treatment of probiotics may shorten the course, decrease the complications, and improve the prognosis of SAP.

Key Words: Severe acute pancreatitis; Probiotics; Jinshuangqi

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摘要

目的: 探讨益生菌对重症急性胰腺炎(SAP)的辅助治疗作用。

方法: 25例SAP患者均采用保守治疗, 随机分为2组, 治疗组在传统治疗基础上给口服益生菌制剂金双歧, 观察2组患者腹痛缓解时间, 血淀粉酶下降时间, 并发症发生率及平均住院时间。

结果: 与对照组相比, 治疗组腹痛缓解时间(5.4 ± 1.3 d vs 6.9 ± 1.5 d, $P < 0.01$), 血淀粉酶恢复时间(5.0 ± 1.7 d vs 6.7 ± 1.4 d, $P < 0.05$)及并发症发生率(57.8% vs 90.5%, $P < 0.01$)显著降低, 平均住院时间(42 ± 5.0 d vs 49 ± 6.8 d, $P < 0.01$)明显缩短。

结论: 早期应用益生菌辅助治疗SAP可改善其病程及预后。

关键词: 重症急性胰腺炎; 益生菌; 金双歧

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<http://www.wjgnet.com/1009-3079/15/302.asp>

0 引言

重症急性胰腺炎(SAP)发病急骤, 病情复杂, 累及脏器多, 并发症发生率高, 易出现肠道动力障碍, 肠道菌群失调, 致肠功能失调, 肠道菌群移位致多脏器功能障碍^[1]. 我们通过给SAP患者胃管中注入益生菌制剂金双歧, 探讨益生菌(金双歧)对SAP的辅助治疗作用。

1 材料和方法

1.1 材料 我院2004-10/2005-12发病2 d入院的SAP患者25例, 男15例, 女10例, 年龄21-75(平均 45 ± 13)岁, APACHE II评分在8-20分之间, 随机分为益生菌治疗组($n = 14$)和对照组($n = 11$), 年龄、性别两组无显著差异($P > 0.05$).

1.2 方法 患者入院后治疗包括禁食, 持续胃肠减压, 抑制胰酶分泌, 解痉止痛, 维持水电解质平衡, 防止感染及各种并发症等常规治疗. 治疗组在上述基础上, 经胃管注入金双歧(2.0 g, 3次/d用温水20 mL溶解), 连用7 d. 对照组则经胃管注入等量温水. 观察两组患者治疗后腹痛缓解时间, 血淀粉酶恢复时间, 并发症发生率及住院天数.

统计学处理 采用SPSS8.0统计软件包, 计量资料以 $\text{mean} \pm \text{SD}$ 表示, 组间比较采用 t 检验, 计量资料行 χ^2 检验.

2 结果

与对照组相比, 治疗组腹痛缓解时间($t = 4.994$, $P < 0.01$), 血清淀粉酶恢复正常时间($t = 5.071$, $P < 0.01$)及平均住院天数($t = 5.496$, $P < 0.01$)均明显缩短, 并发症发生率显著降低($\chi^2 = 11.943$, $P < 0.01$), 具有统计学意义(表1).

3 讨论

肠道是人体最大的细菌及内毒素贮存库, 也是重要的免疫屏障, 肠道相关淋巴组织可分泌SIgA, 可以中和毒素病毒, 直接作用于细菌表面, 降低病原体毒力, 激活补体的C3旁路途径, 并与补体和溶菌酶协同抗菌^[2]. SAP状态下, 肠缺血和低灌注损伤, 肠上皮细胞和淋巴细胞增殖代谢受损, 肠黏膜通透性增加^[3]. IL-2等促B细胞成熟的物质减少, IgA浆细胞减少, 肠腔细菌包被率下降, 细菌内毒素清除率下降, 刺激释放大细胞因子和炎症介质, 引起肠上皮细胞凋亡过度, 进一步损伤肠黏膜屏障, 导致更多内毒素入血, 形成恶性循环^[4]. 促使急性炎症反应综合征和多器官功能衰竭发生^[5]. 而益生菌可提供肠道正常菌, 加强肠道屏障功能, 调节促炎和抗炎因子产生, 促进肠上皮细胞更新, 增加肠黏膜血流量和调节肠蠕动, 加强肠黏膜免疫系统功能^[6]. 促进肠道相关淋巴细胞的归巢及淋巴细胞的增生^[7], 刺激机体免疫反应, 调节细胞因子的产生. 增加肠上皮occludin蛋白的表达, 维持肠上皮紧密连接, 减少细菌易位, 从而对肠免疫屏障有维

表1 金双歧治疗前后结果比较

	治疗组	对照组
腹痛缓解时间(d)	5.4 ± 1.3	6.9 ± 1.5^b
血淀粉酶恢复时间(d)	5.0 ± 1.7	6.7 ± 1.4^b
并发症发生率(%)	57.8	90.5 ^b
住院天数(d)	42 ± 5.0	49 ± 6.8^b

^b $P < 0.01$ vs 治疗组.

护作用^[8]. Perdigon *et al*^[9]报道, 乳酸菌治疗的小鼠IL-2, IL-12, Bcl-2及肠道固有层细胞TNF- α 和INF- γ 的表达明显高于对照组. 而临床研究报道采用乳酸杆菌制剂治疗急性胰腺炎可减轻患者的病理评分^[10], 使感染性坏死和脓肿等并发症的发生率显著降低^[11-13]. 我们的研究也表明, 在应用金双歧治疗的SAP组患者腹痛缓解时间和血淀粉酶恢复时间明显缩短, 并发症发生率下降, 住院时间明显缩短, 提示益生菌对肠道黏膜屏障有保护作用, 对SAP可能具有重要的辅助治疗作用.

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■名词解释

肠道相关淋巴组织: 主要指肠固有层和上皮内淋巴细胞, 幼稚淋巴细胞接受抗原刺激增殖, 成熟, 分化为效应淋巴细胞, 发挥免疫作用.

■同行评价

本文将益生菌用于SAP患者,探讨其对SAP的辅助治疗作用,内容新颖,结论可靠,对重症急性胰腺炎的临床治疗具有重要的指导意义。

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• 消息 •

2007 年国际会议

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16-20 February 2007
Banff - AB
cagoffice@cag-acg.org
www.cag-acg.org/cddw/cddw2007.htm

Meeting Falk Symposium 158: Intestinal
Inflammation and Colorectal Cancer
23-24 March 2007
Sevilla
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Meeting Falk Symposium 159: IBD 2007 - Achieve-
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4-5 May 2007
Istanbul
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Digestive Disease Week
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Meeting ESGAR 2007 18th Annual Meeting and
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Meeting ILTS 13th Annual International Congress
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