

修复术,但可以控制感染,有效改善创面,缩短治疗时间,提高皮瓣成活质量。总之,应用 VSD 治疗四肢皮肤软组织感染性缺损,可有效控制感染,促进创面肉芽组织生长,缩短治疗时间,减轻患者身心痛苦,且操作简单,护理方便,值得临床推广使用。

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博硕论坛·短篇论著

心脏性猝死急救中预防性应用胺碘酮的效果观察

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[摘要] 目的 探讨在心脏性猝死(SCD)急救中预防性应用胺碘酮对降低病死率,减少除颤次数和不良反应发生率的效果。方法 采用前瞻性随机对照原则,将心脏性猝死患者 30 例,分为预防性应用胺碘酮实施组和常规治疗组(对照组),实施组 15 例,对照组 15 例。统计除颤次数,死亡、不良反应例数。结果 实施组和对照组除颤次数分别为(1.3±0.1)次和(4.86±0.5)次($P<0.01$);病死率分别为 40.0% 和 80.0% ($P<0.05$);实施组不良反应 2 例。结论 心脏性猝死急救中,预防性应用胺碘酮可显著降低除颤器的使用率,增加抢救成功率,无严重不良反应。

[关键词] 胺碘酮; 心脏性猝死

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Study on prophylactic application of amiodarone in emergency treatment of the patients with sudden cardiac death HE Xian-guang, LIU Zhao-hong, NI Xiao-qing. Department of Geriatrics, the 107th Hospital of PLA, Yantai Shangdong 264002, China

[Abstract] **Objective** To explore the effect of prophylactic application of amiodarone in emergency treatment of patients with sudden cardiac death and its safety. **Methods** Thirty patients with sudden cardiac death were randomly divided into two groups: amiodarone prophylactic application group and routine treatment group with 15 patients in each group. The times of defibrillation and cases of death and adverse reaction were statistically analyzed. **Results** The times of defibrillation were (1.3±0.1) in amiodarone prophylactic application group and (4.86±0.5) in routine treatment group ($P<0.01$). The death rate were 40% in amiodarone prophylactic application group and 80% in routine treatment group ($P<0.05$). Adverse reactions were observed in 2 patients in amiodarone prophylactic application group. **Conclusion** Prophylactic application of amiodarone in emergency treatment of patients with sudden cardiac death can significantly decrease the utilization rate of defibrillator, increase the rate of successful rescue with no severe adverse reaction.

[Key words] Amiodarone; Sudden cardiac death

心脏猝死(sudden cardiac death,SCD)是常见的危重病,对老年人来说,其发病率和病死率更高,而恶性心律失常又是其主要发病原因及死亡原因。因此尽早控制恶性心律失常是抢救猝死成功与否的关键因素。我们在救治过程中预防性应用胺碘酮,取得了较好的效果,现报道如下。

1 资料与方法

1.1 一般资料 2003-01~2009-11 在我科住院的猝死老年患者 30 例,均为男性患者,分为实施组 15 例,平均(80.0±5.1)岁,常规治疗组(对照组)15 例,平均(79.7±5.0)岁。两组间性别、年龄无明显差异,具有可比性。

1.2 方法 听到呼叫后医护人员 10 s 内赶到床边,医生立即检查意识、心跳、颈动脉搏动,确定无意识、心跳及颈动脉搏动后立即按中国心肺复苏指南开展心肺复苏(CPR)。实施组自心肺复苏开始即应用胺碘酮(法国赛诺菲公司生产的 cordarone)150 mg,用 10 ml 生理盐水稀释于 10 min 静脉注入;对照组仅在出现心律失常时针对性应用。记录复苏过程两组的除颤次数,死亡、不良反应例数。

1.3 统计学方法 应用 SPSS12.0 统计软件进行统计分析,计量资料以 $\bar{x} \pm s$ 表示,组间比较采用 *t* 检验,计数资料采用 χ^2 检验,以 *P* < 0.05 为差异有统计学意义。

2 结果

2.1 两组除颤次数与病死率 实施组平均除颤(1.3±0.1)次,有 9 例复苏成功,6 例死亡,病死率为 40.0%。对照组平均除颤(4.86±0.5)次,有 3 例复苏成功,12 例死亡,病死率为 80.0%。实施组除颤器使用率和病死率明显低于对照组,差异均有统计学意义(*P* < 0.05)。见表 1。

表 1 两组年龄、除颤次数及病死率比较 [$(\bar{x} \pm s)$, %]

组 别	例数	年龄(岁)	除颤次数	病死率
实施组	15	80.0±5.1	1.30±0.1	6(40.0)
对照组	15	79.7±5.0	4.86±0.5	12(80.0)
$\nu\chi^2$	-	0.160	38.28	5.0
<i>P</i>	-	>0.05	<0.01	<0.05

2.2 不良反应发生率 实施组有 2 例复苏成功后出现房室传导阻滞,给予异丙肾上腺素静滴后很快消失。

3 讨论

心脏性猝死主要为致命性快速心律失常所致,最常见病理表现为室速和室颤^[1],也是导致患者最

终死亡的主要原因。很多急性心肌梗死患者出现猝死前首先发生室颤,甚至反复发作,形成心室电风暴。心室电风暴是指 24 h 内自发的室速/室颤 > 2 次,并需要紧急治疗的临床症候群。心室电风暴可发生于器质性心脏病,尤其是冠心病急性心肌梗死、陈旧性心肌梗死、稳定型或不稳定型心绞痛或冠脉痉挛、心肌病等;以及遗传性心律失常,如长 QT 综合征、短 QT 综合征、Brugada 综合征、早期复极综合征等患者;也可见于非器质性心脏疾病,如高钾血症等。心室电风暴的发作大多有促发因素,包括心肌缺血、心力衰竭、电解质紊乱、酸碱失衡、药物影响及自主神经功能失衡等。应用大剂量胺碘酮能有效终止电风暴^[2]。很多实验提示应用胺碘酮能提高急性心肌梗死并恶性快速室性心律失常的救治率^[3,4]。因此在猝死早期对心律失常的预防和治疗是救治的重点之一。胺碘酮是一种具有 Vaughn-Will 分类中全部 4 类作用的抗心律失常药物,短期内给药的作用可以有:(1)竞争性受体阻滞;(2)钙通道阻滞;(3)交感传出纤维阻滞;(4)I a 类药物作用^[5]。胺碘酮对于预防和控制致命性室速,特别是梗死后发生的室速是最有效的药物之一,且具有对心脏的全面保护作用,可降低心肌梗死患者心律失常相关死亡风险。在所有抗心律失常药中,胺碘酮的致心律失常作用最小,它是引起 QT 间期延长药物中导致尖端扭转性室速危险最小的药物^[6]。大规模临床研究^[7-9]表明胺碘酮可降低心律失常、心力衰竭及心肌梗死后病死率,对恶性室性心律失常的疗效明显优于其他抗心律失常药。Kanakriyeh 等^[10,11]还证实,在院外心脏复苏中静脉应用胺碘酮可提高复苏成功率。本研究结果显示,在心脏猝死中预防性应用胺碘酮可显著降低恶性心律失常的发生,减少除颤器使用率,增加抢救成功率,并且无严重不良反应。

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临床研究

老年慢性心力衰竭伴抑郁症的临床特点及相关因素分析

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[摘要] 目的 分析老年慢性心力衰竭(CHF)伴抑郁症患者的临床特点及相关因素。方法 选择50例确诊为老年CHF的患者为观察组, 不伴有CHF的老年患者58为对照组, 对两组患者的临床特点、家庭及社会支持以及Holter监测结果等进行对比分析。结果 观察组患者的严重睡眠障碍、焦虑激越、情绪低落、兴趣减退等症状的发生率与对照组比较差异有统计学意义(P 均 <0.01)。对照组患者的家庭和睦及社会支持率明显高于观察组(P 均 <0.01)。Holter监测显示CHF患者室性心律失常、房性心律失常发生率和心源性猝死明显高于对照组(P 均 <0.05)。结论 老年CHF伴抑郁症患者易产生严重睡眠障碍、焦虑激越、情绪低落等症状; CHF伴抑郁症患者心源性猝死率增高; 良好的家庭及社会支持有利于预防和降低老年CHF抑郁症的发生。

[关键词] 老年病人; 慢性心功能不全; 抑郁症; 临床特点; 相关因素

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Analysis of the clinical features and relates factors of elderly patients with chronic heart failure concomitant with depression LIANG Ji-ying, HU Cai-you, LV Ze-ping, et al. Riverside Hospital, Guangxi Zhuang Autonomous Region, Nanning 530021, China

[Abstract] **Objective** To study the clinical features, related factors and prognosis of the elderly patients with chronic heart failure (CHF) concomitant with depression. **Methods** Fifty patients who were confirmed as the elderly patients with CHF concomitant with depression were chosen as the observation group; another 58 elderly patients with CHF who were not accompanied by depression were chosen as the control group. The clinical characteristics, family and social support as well as the results of Holter monitoring of two groups of patients were analyzed. **Results** There were significant difference between two groups in the incidence of severe sleep disorders, anxiety, agitation, depression, and decreased interest. The rates of family harmony and social support in the control group was significantly higher than those in the observation group. Holter monitoring showed the incidence of ventricular arrhythmias, atrial arrhythmia and sudden cardiac death in the observation group were significantly higher (all $P < 0.05$). **Con-**