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血清巨噬细胞炎症蛋白-2在脓毒症患者病情严重程度评估价值(PDF) 分享到:

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Title: Value of serum macrophage inflammatory protein-2 in evaluation of severity and prognosis of patients with sepsis

作者: [李晓萍](#); [张志坚](#); [屈纪富](#); [胡红](#)

第三军医大学西南医院急救部; 巴南区人民医院ICU; 后勤工程学院院务部门诊部

Author(s): [Li Xiaoping](#); [Zhang Zhijian](#); [Qu Jifu](#); [Hu Hong](#)

Department of Emergency, Southwest Hospital, Third Military Medical University, Chongqing, 400038; Intensive Care Unit, Banan District People's Hospital, Chongqing, 401320; Clinic Logistical Engineering University of PLA, Chongqing, 401311, China

关键词: [脓毒症](#); [巨噬细胞炎症蛋白-2](#); [治疗](#); [危重病评分](#); [降钙素原](#); [生物标志物](#)

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摘要: 目的 探讨脓毒症患者早期血清巨噬细胞炎症蛋白-2 (macrophage inflammatory protein-2, MIP-2) 的浓度、急性生理学与慢性健康状况评分系统 II (APACHE II) 评分、降钙素原 (procalcitonin, PCT) 动态变化及与预后的关系。方法 采用前瞻性研究方法, 选择2011年3月至2012年9月重症监护病房 (ICU) 62例脓毒症患者, 按照目标导向治疗 (EGDT) 方案进行复苏, 将完成6 h EGDT复苏目标者归为 I 组, 未完成6 h EGDT复苏目标者归为 II 组。分别记录患者复苏前 (T0), 复苏后6 h (T6 h) 及复苏后1 d (T1 d)、2 d (T2 d)、3 d (T3 d)、4 d (T4 d)、5 d (T5 d) 的APACHE II 评分, 检测患者血中MIP-2、PCT、尿素氮 (BUN) 及肌酐 (Cr) 等指标动态变化。根据患者28 d转归分为存活组和死亡组。结果 I 组APACHE II 评分、血MIP-2、PCT及BUN、Cr于复苏成功后呈逐渐下降趋势, 于T5 d最低; II组APACHE II 评分、血MIP-2、PCT及BUN、Cr于复苏失败后呈逐渐上升趋势; II组APACHE II 评分于T2 d时, 血MIP-2于T1 d时较 I 组明显升高 (均 $P<0.05$)。I 组死亡率明显低于 II 组 [12.5% (5/40) vs 68.2% (15/22), $P<0.05$]。存活组APACHE II 评分、血MIP-2、PCT及血

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BUN、Cr随病情好转逐渐下降,于T5 d最低,而死亡组则显著上升;死亡组APACHE II评分于T1 d时、血MIP-2于T6 h时即较存活组明显升高(均 $P<0.05$)。 结论 MIP-2是评估脓毒症的良好指标,动态监测其变化可了解脓毒症的发展过程,结合APACHE II评分及PCT变化,对疾病的严重程度及预后有重要的评估意义。

Abstract: **Objective** To investigate the dynamic changes of the serum levels of macrophage inflammatory protein-2 (MIP2) and procalcitonin (PCT), and acute physiology and chronic health evaluation II (APACHE II) score as well as their relationship with the prognosis of patients with sepsis. **Methods** In the prospective study, 62 patients in intensive care unit (ICU) from March 2011 to September 2011 suffered from sepsis were enrolled and treated according to the early goal-directed therapy (EGDT). The patients were divided into 2 groups according to the EGDT outcome (group I : recovery within 6 hours; group II : not recovery within 6 hours). The levels of APACHE II score, MIP-2, PCT, blood urea nitrogen (BUN) and creatinine (Cr) were monitored before resuscitation (T0) and at 6 hours (T6 h), 1 (T1 d), 2 (T2 d), 3 (T3 d), 4 (T4 d) and 5 (T5 d) after resuscitation. According to the 28-day prognosis, all the patients were divided into a survival group and a death group. **Results** The levels of APACHE II score, MIP-2, PCT, BUN and Cr in the group I decreased after fluid resuscitation, and decreased to the lowest at T5 d. The levels of APACHE II score, MIP-2, PCT, BUN and Cr in the group II increased after failure of fluid resuscitation. The levels of APACHE II score at T2 d, MIP-2 at T1 d and PCT at T2 d in the group II were significantly higher than those in the group I (both $P<0.05$). The mortality in the group I was significantly lower than that in the group II [12.5% (5/40) vs 68.18% (15/22), $P<0.05$]. The levels of APACHE II score, MIP-2, BUN and Cr in the survival group were decreased with the clinical condition improved, and decreased to the lowest at T5 d. The levels of APACHE II score at T1 d and MIP-2 at T6 h in the death group were significantly higher than those in the survival group (both $P<0.05$). **Conclusion** The serum level of MIP-2 is helpful to understand the development of sepsis by continuous surveillance, and is very important for the evaluation of severity and prognosis of sepsis combined with APACHE II score.

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