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老年冠心病患者冠状动脉旁路移植术后神经系统并发症 Neurological complications after coronary artery bypass grafting

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中文关键词: 冠状动脉旁路移植术, 非体外循环; 神经系统并发症; 老年人

英文关键词: off-pump coronary artery bypass grafting; neurological complications, elderly

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中文摘要:

目的 探讨非体外循环下冠状动脉旁路移植术(OPCAB)后患者神经系统并发症(NC)的种类、发生率、危险因素和防治方法。方法 收集北京安贞医院2010年6~10月入院行OPCAB的82例老年患者进行前瞻性研究。术前收集NC危险因素,手术前后进行神经系统查体和头颅320排CT脑灌注检查,术后进行神经系统查体确认有无NC的发生。根据术后是否发生NC分为NC组和非NC组,组间进行危险因素单因素分析。结果 NC总发生率为17.01%(14/82),无死亡病例,其中术后认知功能障碍(POCD)发生率为14.63%(12/82),焦虑、抑郁的发生率为6.10%(5/82),缺血缺氧性脑病发生率为3.66%(3/82),缺血性脑血管病发生率为1.22%(1/82);NC组与非NC组间进行既往史单因素分析显示,术后NC组脑卒中病史、CT平扫示病灶、糖尿病病史与非NC组相比,有统计学差异;CT脑灌注检查提示,两组脑灌注达峰时间有统计学差异。结论 对于行OPCAB患者,应重视术前筛查,完善实验室检查、脑灌注检查等,有助于术前筛查出术后发生NC的高危患者,以给予相应的预防治疗;OPCAB对神经系统而言相对安全,但仍需要更多资料进一步研究。

英文摘要:

Objective To prospectively investigate neurological complications (NC) after off-pump coronary artery bypass grafting (OPCAB), including types of NC, incidence rates, risk factors, prevention and treatment measures. Methods A total of 82 elderly patients with OPCAB admitted to Department of Cardiosurgery in Anzhen Hospital between June and October 2010 were evaluated. Firstly, risk factors of NC were collected before operation. Secondly, nervous system physical examination, cerebral perfusion examinations, cognitive tests and anxious and depression scale were performed before and after OPCAB; NC occurrence and types were determined after surgery. Thirdly, all patients were divided into two groups according to whether there was NC occurrence after operation, and univariate analysis was used to compare the two groups. Results The total incidence rate of postoperative NC was 17.01%(14/82), with no case dead. The incidence of postoperative cognitive dysfunction(POCD), anxiety and depression, hypoxic ischemic encephalopathy, and ischemic cerebrovascular disease were 14.63%(12/82), 6.10%(5/82), 3.66%(3/82) and 1.22%(1/82), respectively. Single factor analysis indicated that there were statistically significant differences in stroke history, CT scan lesions and diabetes between NC group and non-NC group. Statistical significance also observed in rTTP. Conclusion Preoperative screening is important for OPCAB patients. Improvement of the laboratory examination, performance cerebral perfusion and so on can help to screen out high-risk patients before surgery and provide them with appropriate prophylaxis. OPCAB is relatively safe for nerve system, but more clinical data is needed for further exploration.

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