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老年急性胆囊炎的超声显像评分与临床严重程度的关系

Ultrasonography score and clinical severity in elderly patients with acute cholecystitis

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中文摘要:

目的 探讨老年急性胆囊炎的超声显像评分与临床严重程度的关系, 为临床提供病变严重程度的量化指标, 为治疗提供参考。方法 72例老年急性胆囊炎按临床表现分为轻、中、重度, 根据术前超声检测的指标(胆囊增大、囊壁增厚、壁“双边”影、囊腔内结石、结石嵌顿、囊液有回声、囊周积液或黏连)进行评分, 评估其对急性胆囊炎病情严重程度的预测及其术前指导价值。结果 72例中轻度36例、中度21例、重度15例; 胆囊肿大、囊壁增厚、双边影、囊液有回声、囊周积液或黏连以中、重度为主, 与轻度相比差异有统计学意义($P < 0.05$); 评分 ≤ 5 者28例, 以轻度为主, 占92.9% (26/28), 评分6~9分患者中以中度为主, 占57.7% (15/26), ≥ 10 分的患者以重度为主, 占72.2% (13/18), 超声显像评分与术中所见高度相符。3组接受胆囊造瘘病例数比较差异有统计学意义($P < 0.05$)。结论 超声显像评分可为老年急性胆囊炎临床严重程度提供量化指标, 对临床治疗具有指导意义, 也可作为选择手术时机的参考依据。

英文摘要:

Objective To investigate the relationship between ultrasonography score and clinical severity in elderly patients with acute cholecystitis, and acquire a quantifiable index of disease severity to provide reference for therapy. Methods According to clinical manifestation, 72 elderly acute cholecystitis cases were classified into mild, moderate and severe cases. These cases were scored based on pre-surgery ultrasonic image index (enlarged gallbladder, thickened gallbladder wall, double-layer image, gallbladder stones, incarcerated gall-stone, echo in gallbladder fluid, peri-gallbladder effusion or adherence), prediction and pre-surgery guidance value of which for severity of acute cholecystitis were evaluated. Results Of 72 cases, there were 36 mild cases, 21 moderate cases and 15 severe cases. The cases showing enlarged gallbladder, thickened gallbladder wall, double-layer image, gallbladder stones, incarcerated gall-stone, echo in gallbladder fluid, peri-gallbladder effusion or adherence were mostly moderate cases and severe cases with statistical significance compared with mild cases ($P < 0.05$). Twenty-eight cases with score ≤ 5 were mainly consisted of mild cases, which accounted for 92.9% (26/28). The cases with score 6-9 were mainly consisted of moderate cases, which accounted for 57.7% (15/26). The cases with score ≥ 10 were mainly consisted of severe cases, which accounted for 72.2% (13/18). It was shown that ultrasonography scores highly coincided with intra-surgery findings. There were significant differences among three groups in the number of cholecystostomy cases ($P < 0.05$). Conclusion Ultrasonography score could provide quantifiable index for clinical severity of acute cholecystitis in the elderly and has guidance value for clinical therapy. Ultrasonography score might be used as a reference for surgery intervention timing.

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