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血液灌流联合血液透析治疗药物性肝损害的临床疗效

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Title: Therapeutic efficiency of hemoperfusion combined with hemodialysis in treatment of drug-induced liver injury

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摘要: 目的 观察血液灌流(hemoperfusion, HP)联合血液透析(hemodialysis, HD)治疗药物性肝损害(drug induced liver injury, DILI)的疗效,拟摸索出治疗药物性肝损害的血液净化方式。方法 选取2010年12月至2011年11月在第三军医大学西南医院全军消化内科研究所住院治疗的10例以重度黄疸为主要临床表现的药物性肝损害患者。其中5例在住院第1周进行1~2次血液灌流联合透析治疗,另外5例为同时期未接受灌流及透析治疗的患者作为对照。观察治疗后7、14、30 d血清总胆红素(total bilirubin, TBIL)的变化情况,以及总胆红素水平下降的幅度,进行疗效判定。结果 总胆红素在治疗前、治疗后第7、14、30天时,治疗组分别为(464.7±127.7)、(181.3±49.8)、(111.5±45.8)、(28.4±10.5),对照组分别为(373.2±65.8)、(363.4±165.6)、(256.4±131.1)、(75.2±43.3),两组在第14天差异有统计学意义($P<0.05$);总胆红素下降幅度在治疗后第7、14、30天时治疗组分别为(283.4±156.5)、(353.2±136.4)、(436.4±134.6),对照组分别为(9.8±132.4)、(116.7±103.2)、(297.9±51.3),两组在第7、14天差异有统计学意义($P<0.05$)。结论 血液灌流联合血液透析治疗能提高药物性肝损害患者血清总胆红素降低速度,促进患者肝功能的恢复,对药物性肝损害患者应尽早应用,以获得最佳

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治疗效果。

Abstract: **Objective** To investigate the effects of hemoperfusion combined with hemodialysis in the treatment of drug-induced liver injury. **Methods** Ten drug-induced liver injury patients with severe jaundice hospitalized in our department from December 2010 to November 2011 were randomly divided into control group (C group), hemoperfusion combined with hemodialysis (HP+HD) group, with each group having 5 cases. The control group underwent conventional therapy, and the HP+HD group was treated with hemoperfusion combined with hemodialysis one or two times in the first week besides conventional therapy. Then the levels of serum total bilirubin (TBIL) were measured before and at 7, 14 and 30 d after treatment, and the decline levels of TBIL were also compared between the above groups at different time points. **Results** TBIL was 464.7 ± 127.7 , 181.3 ± 49.8 , 111.5 ± 45.8 and 28.4 ± 10.5 respectively, in HP+HD group before and at 7, 14 and 30 d after treatment, while that was 373.2 ± 65.8 , 363.4 ± 165.6 , 256.4 ± 131.1 , and 75.2 ± 43.3 respectively in C group at the corresponding time points. TBIL level of HP+HD group was significantly decreased at day 14 after treatment when compared with that of C group ($P < 0.05$). The decline of TBIL level was 283.4 ± 156.5 , 353.2 ± 136.4 , and 436.4 ± 134.6 respectively in HP+HD group at 7, 14 and 30 d after treatment, that of C group was 9.8 ± 132.4 , 116.7 ± 103.2 and 297.9 ± 51.3 respectively, with the former group obviously higher than the later at days 7 and 14 ($P < 0.05$). **Conclusion** HP+HD treatment promotes the cleanup of TBIL in drug-induced liver injury patients and improve the liver function. The patients may benefit a lot from the HP+HD application in the early stage of drug-induced liver injury.

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备注/Memo: -
