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临床医学

多器官功能障碍综合征患者血清热休克蛋白70的变化及其临床意义

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摘要:

目的 动态监测多器官功能障碍综合征(MODS)患者细胞外(血清)热休克蛋白70(eHSP70)的变化, 探讨其与炎症因子间的相关性、与疾病严重程度的关系及其对评估临床预后的价值。方法 收集重症监护病房的MODS患者80例, 健康体检人群80例为对照组, 采用ELISA法检测入院时与入院24h后的eHSP70, 计算24h内eHSP70的变化值, 并测定炎症因子。根据20h后的生存状况, 将MODS患者分成存活组和死亡组, 比较两组间eHSP70的变化, 并进行Logistic回归分析。结果 MODS患者入院时与入院后24h eHSP70水平明显高于对照组($P<0.05$); 死亡组较存活组eHSP70显著上升($P<0.05$); eHSP70水平与炎症因子呈正相关; Logistic回归分析表明, APACHE II评分、功能不全器官数目、尤其eHSP70变化值是判断MODS预后的独立可靠的危险因素。结论 MODS患者入院时、入院后24h eHSP70水平及其变化值与疾病严重程度密切相关, 并与炎症因子呈正相关, 其中变化值是MODS患者预后的独立的预测因素。

关键词: 多器官功能障碍综合征; 血清热休克蛋白70; 变化值; 炎症因子; 预后

Change of serum heat shock protein 70 in the MODS patients and its clinical significance

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Abstract:

Objective To investigate the change of extracellular (serum) heat shock protein 70 (eHSP70) in the patients with MODS dynamically, and to explore the association of eHSP70 expression with inflammatory factors and the relationship with the disease severity, as well as its clinical value of estimating the clinical prognosis. Methods Eighty patients with MODS were collected from ICU admission and another 80 normal persons were chosen as the control group. The levels of eHSP70 on admission and in the 24 hours after hospitalization were determined by ELISA respectively. Compute the change of eHSP70 within 24 hours and also measure the inflammatory factors. According to the survival conditions after 20 days treatment, the cases were classified as the "survival group" and the "death group". The changes of eHSP70 were compared in the two groups and analysed by logistic regression analysis. Results The levels of eHSP70 on admission and in the 24 hours after hospitalization in the MODS patients were significantly higher than those in the control group ($P<0.05$). Compared with the survival group, the death group of MODS patients showed an evident increased level of eHSP70. eHSP70 had a positive correlation with inflammatory factors. Adopting Logistic regression analysis, APACHE II scores, the number of dysfunctional organs and especially the change of eHSP70 were proved to be independent and reliable risk factors for estimating the prognosis in MODS patients. Conclusion The levels of eHSP70 on admission and in the 24 hours of after hospitalization as well as the change of eHSP70 within 24 hours are all closely related with the disease severity and have a positive correlation with inflammatory factors. And the change of eHSP70 is an independent predictor for the prognosis in the MODS patients.

Keywords: Multiple organ dysfunction syndrome; Serum heat shock protein 70; Change; Inflammatory factors; Prognosis

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