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腔内修复与单纯药物治疗稳定Stanford B型主动脉夹层近中期死亡率Meta分析

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摘要:目的 系统评价Stanford B型动脉夹层患者行腔内修复和单纯药物治疗近中期死亡率的关系。方法 检索MEDLINE、EMBASE、Cochrane图书馆、中国知网数据库、万方全文数据库和中国生物医学数据库国内动脉腔内修复和药物治疗Stanford B型主动脉夹层研究文献, 抽提不同治疗方法近中期死亡率数据, 用RevMan 5.3软件进行Meta统计分析。结果 共纳入12篇研究, 1 797例Stanford B型主动脉夹层患者入选(腔内修复组1 187例)。Meta分析结果显示, 30 d死亡率腔内修复组与药物组差异无统计学意义[OR=0.1.68), P=0.315]; 1年死亡率两组差异无统计学意义[OR=1.01, 95% CI(0.47, 2.16), P=0.978]; 无统计学意义[OR=1.16, 95% CI(0.72, 1.88), P=0.540]; 4~5年死亡率两组差异无统计学意义[OR=1.0(0.74, 2.44), P=0.334]。结论 当前的数据表明行胸主动脉腔内修复治疗稳定Stanford B型主动脉夹层患者与单纯药物治疗相比, 近中期死亡率差异无统计学意义。对于Stanford B型主动脉夹层患者选择需更多的大型临床随机对照试验进一步研究。

关键词: 药物疗法; 死亡率; Meta分析; Stanford B型动脉夹层; 腔内修复

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