[1]李锐锋,赵博,陈晴,等.糖皮质激素对重度慢性乙型肝炎患者血清IL-1α水平的影响及其临床意义[J].第三军医大学学报,2014,36(09):941-944.

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Title: Effect of glucocorticoid on serum IL-1α level in severe chronic hepatitis B and its clinical significance

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关键词：糖皮质激素类; 肝炎; 乙型; 慢性; 白细胞介素-1α

Keywords：glucocorticoids; hepatitis B; chronic; interleukin-1alpha

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摘要：目的　探讨糖皮质激素（简称激素）对重度慢性乙型肝炎（chronic hepatitis B, CHB）患者血清IL-1α水平的影响及临床意义。　方法　用ELISA方法检测72例重度CHB患者[根据其所采用治疗方法的不同分为糖皮质激素治疗组（34例）与非糖皮质激素治疗组（38例）]治疗开始时（0 d）、治疗5 d和14 d时的血清IL-1α水平以及20例慢性无症状HBV感染者（AsC）与20例正常人血清IL-1α水平，分析比较激素对重度CHB患者血清IL-1α水平、肝功能及预后的影响。　结果　①重度CHB患者血清IL-1α水平高于AsC 与正常人（$P<0.01$）。　②激素组患者治疗5 d时的血清IL-1α水平低于非激素组（$P<0.01$）。　③激素组患者的肝衰竭发生率低于非激素组（$P=0.03$）。激素组治疗5 d时血清总胆红素（T-Bil）水平低于非激素组（5 d）和激素组治疗开始时（0 d）的水平（$P<0.01$）。　④激素组患者血清IL-1α水平与血清T-Bil水平呈正相关（$r_s=0.308$，$P<0.05$），与凝血酶原活动度[PTA（%）]水平呈负相关（$r_s=-0.409$，$P<0.05$）。结论　激素能有效阻止重度CHB患者的疾病进展，可能与其能显著降低患者血清IL-1α水平有关。

Abstract：Objective　To determine the effect of glucocorticoid on the serum level of IL-1α in patients with severe chronic hepatitis B (CHB) and its clinical significance.　Methods　A total of 92 patients with chronic HBV infection

in- and out-patients (containing 72 cases with severe CHB and 20 cases of chronic asymptomatic HBV virus carriers) in our institute from May 2006 to June 2013 were subjected in this study. Another 20 healthy age- and sex-matched individuals for physical examination from June 2012 to June 2013 served as normal control. The asymptomatic carriers and healthy control groups were given no treatment, while those with severe CHB were divided into 2 subgroups, and given conventional medication in presence of glucocorticoid (n=34) or not (n=38). The serum level of IL-1α was tested by enzyme linked immunosorbent assay (ELISA) in the 72 severe CHB patients at day 0 (onset of treatment), days 5 and 14 during treatment, and in 20 asymptomatic carriers and 20 healthy controls. The effects of glucocorticoid on serum IL-1α level, liver function and prognosis among patients with severe CHB were analyzed and compared.　　Results　　The serum IL-1α level was higher in severe CHB patients than asymptomatic carriers and healthy individuals (P<0.01). The level was lower in the patients with glucocorticoid treatment than those without at days 5 during treatment P<0.01). The incidence of liver failure was lower in those with glucocorticoid treatment than those without (P=0.03). The serum T-Bil level was lower in these glucocorticoid treated patients at day 5 than those without at day 5 during treatment and those with glucocorticoid at day 0. (P<0.01). In the patients with glucocorticoid treatment, the serum level of IL-1α was significantly positively correlated with the serum level of T-Bil (r_s=0.308, P<0.05), and negatively correlated with the prothrombin activity [PTA(%)] (r_s=-0.409, P<0.05).

Conclusion　　Glucocorticoid is effective in preventing progression of severe CHB, and it may be due to its significantly reducing the serum IL-1α level in severe CHB patients.

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