

[1]杨纲,蒋文军,曹李明,等.不同年龄组肠套叠患儿的临床特点分析[J/CD].中华妇幼临床医学杂志(电子版),2014,(02):150-154.

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## 不同年龄组肠套叠患儿的临床特点分析(PDF)

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Title: Clinical Features of Intussusception in Children of Different Age Groups

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关键词: [肠套叠](#); [灌肠](#); [空气灌肠复位](#); [儿童](#)

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摘要: 目的 探讨不同年龄肠套叠患儿的临床表现和诊断治疗特点。方法 采用回顾性分析方法分析四川省人民医院儿童医学中心2011年1月至2013年7月收治的76例14岁以下肠套叠患儿的临床病历资料。将其按照患儿年龄分别纳入0~2岁组 ( n =58) 和≥2岁组 ( n =18)。肠套叠患儿均通过腹部超声检查、空气灌肠或剖腹探查术确诊。采用统计学方法分析两组患儿的临床症状、体格及辅助检查结果、空气灌肠复位、手术治疗、复发情况及病理性起始点有无等(本研究遵循的程序符合四川省人民医院人体试验委员会制定的伦理学标准,得到该委员会批准,分组征得受试对象监护人的知情同意,并与其签署临床研究知情同意书)。结果 两组患儿性别、发病至就诊时间比较,差异无统计学意义 ( P >0.05)。两组患儿的超声检查阳性率、空气灌肠复位成功率、手术治疗率、肠坏死率及复发率比较,差异无统计学意义 ( P >0.05)。0~2岁组患儿临床表现有典型肠套叠症状者(同时具有阵发性腹痛、呕吐和果酱样大便)占62.1%(36/58), ≥2岁组则为5.6%(1/18),两组比较,差异有统计学意义 ( P <0.05)。0~2岁组患儿合并呕吐、血便发生率分别为75.9%(44/58)和0(0/58), ≥2岁组则分别为22.2%(4/18)和5.6%(1/18),差异均有统计学意义 ( P <0.05)。本组仅一例6岁患儿证实为回肠幼年性息肉导致的继发性肠套叠(存在PLP)。结论 本组临床病历资料显示,虽然多数急性原发性肠套叠患儿的发病年龄<2岁,但≥2岁患儿仍然存在该病可能,而且≥2岁患儿的肠套叠多数仍为原发性肠套叠,主要临床表现为腹痛,症状典型者罕见,空气灌肠复位对其仍安全有效。

Abstract: Objective To explore the clinical characteristics and management of

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intussusception in children of different age groups. Methods Retrospective analysis of the clinical information of 76 patients with intussusception who were younger than 14 years old were recruited. They treated in Sichuan Academy of Medical Sciences and Sichuan Provincial People' s Hospital from January 2011 to July 2013. According to different ages, they were divided into: 0-2 years group and  $\geq 2$  years old group. Their diagnoses results were confirmed by abdominal ultrasonography, pneumatic reduction or laparotomy. Clinical presentations, physical examinations, auxiliary examinations, pneumatic reduction, operations, existing of recurrences and pathological lead point(PLP) were analyzed by statistic methods. The study protocol was approved by the Ethical Review Board of Investigation in Human Being of Sichuan Academy of Medical Sciences and Sichuan Provincial People' s Hospital. Informed consent was obtained from the parents of each participating child. Results The sex and duration of manifestation were comparable in both groups, and there had no significant difference ( $P > 0.05$ ). There were no significant difference in positive results of ultrasound, success rate of pneumatic reduction, operations, intestinal gangrene and recurrence between two groups ( $P > 0.05$ ). There were significant difference in classic symptoms, such as red currant jelly stool, vomiting between 0-2 years group (62.1%,36/58) and  $\geq 2$  years old group (5.6%,1/18) ( $P < 0.05$ ). In 0-2 years group, incidence rates of vomiting and bloody stools were reported in 75.9%(44/58) and 0(0/58), and corresponding frequency in  $\geq 2$  years old group were 22.2%(4/18) and 5.6%(1/18), respectively, and had significant difference between this two groups ( $P < 0.05$ ).Only one case of a PLP (ileal juvenile polyp) was found in a 6 years old girl. Conclusions Abdominal pain is the predominant presentation of intussusception in children older than 2 years old. Classic symptoms and intussusception gangrene rarely exist in this group. Pneumatic reduction is safe and effective in both groups. Though the recurrence rate may be higher than in infants, most of the patients older than 2 years were idiopathic.

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