

论文

微创血肿清除术患者纤溶活性动态变化的研究

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摘要:

目的 观察高血压性脑出血患者微创血肿清除术后纤溶活性的动态变化。方法 采用酶联免疫吸附试验双抗体夹心法,测定高血压性脑出血微创术患者46例(手术组)、非手术患者43例(非手术组)发病后1、3、7、14d血清组织型纤溶酶原激活物(t-PA)、纤溶酶原激活物抑制物-1(PAI-1)的含量,将48名同期健康查体者作为正常对照组,对各组的t-PA、PAI-1水平进行比较。结果 高血压性脑出血手术组1、3、7d血清t-PA及3、7d血清PAI-1水平显著高于正常对照组(P<0.05),至14d与正常对照组差异无统计学意义;手术组3、7d血清t-PA水平明显低于非手术组(P<0.05),PAI-1水平明显高于非手术组(P<0.05);手术组1、3、7d血清t-PA及PAI-1的含量均与当天美国国立卫生院(NIHSS)评分相关。结论 高血压性脑出血患者微创术后血液纤溶活性存在一定变化规律,血清t-PA、PAI-1可作为判断微创术临床疗效的生物学指标。

关键词: 颅内出血;高血压性;纤溶酶原激活剂;纤溶酶原灭活剂;微创术

Dynamic fluctuation of fibrinolytic activity in patients with mini-invasive hematoma aspiration

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Abstract:

Objective To investigate the dynamic fluctuation of fibrinolytic activity in hypertensive intra-cerebral hemorrhage patients with minimally invasive surgery(MIS). Methods Blood samples were obtained on days 1, 3, 7 and 14 after onset from 46 patients with MIS and 43 patients with non-minimally invasive surgery, 48 normal subjects were controls. Levels of plasminogen activator inhibitor-1 (PAI-1) antigen and tissue-type plasminogen activator (t-PA) were measured with enzyme linked immunosorbent assay (ELISA). Results Level of t-PA in the MIS group on days 1, 3 and 7 after onset was significantly higher than that in the control group (P<0.05), while there was no significant difference between the MIS group and the control group on day 14. Level of PAI -1 in the MIS group on days 3 and 7 was significantly higher than that in the control group (P<0.05). Level of t-PA in the MIS group on days 3 and 7 was significantly lower than that in the non-minimally invasive surgery group (P<0.05), while level of PAI-1 in the MIS group on days 3 and 7 was significantly higher than that in the non-minimally invasive surgery group (P<0.05). Levels of t-PA and PAI-1 in the MIS group on days 1, 3 and 7 had a correlation with the National Institutes of Health Stroke Scale (NIHSS). Conclusion A fluctuation regularity exists in fibrinolytic activity in hypertensive intracerebral hemorrhage patients with MIS. Levels of t-PA and PAI-1 can be used as biomarkers for clinical outcomes in patients with MIS.

Keywords: Intracranial hemorrhage, hypertensive; Plasminogen activators; Plasminogen inactivators; Minimally invasive surgery

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