

[1]陈莉,秦新月.缺血性卒中出血性转化相关因素分析[J].第三军医大学学报,2012,34(21):2207-2209.

Chen Li,Qin Xinyue.Analysis related factors of hemorrhagic transformation after ischemic stroke[J].J Third Mil Med Univ,2012,34(21):2207-2209.

[点击复制](#)

缺血性卒中出血性转化相关因素分析 (PDF)

《第三军医大学学报》 [ISSN:1000-5404/CN:51-1095/R] 卷: 34 期数: 2012年第21期 页码: 2207-2209 栏目: 论著 出版日期: 2012-11-15

Title: Analysis related factors of hemorrhagic transformation after ischemic stroke

作者: [陈莉](#); [秦新月](#)
重庆医科大学附属第一医院神经内科

Author(s): [Chen Li](#); [Qin Xinyue](#)
Department of Neurology, First Affiliated Hospital, Chongqing Medical University, Chongqing, 400016, China

关键词: [出血性转化](#); [缺血性卒中](#); [危险因素](#)

Keywords: [hemorrhagic transformation](#); [ischemic stroke](#); [risk factors](#)

分类号: R181.23; R743.33; R743.34

DOI: -

文献标识码: A

摘要: 目的 探讨影响急性缺血性卒中出血性转化(hemorrhagic transformation, HT)的相关危险因素,为预防HT的发生,指导临床治疗,判断并改善预后提供依据。方法 收集120例急性缺血性卒中患者,经头颅CT和/或MRI检查(常规MRI和SWI)证实HT者69例,余下51例非HT作对照病例,进行单因素和Logistic回归分析。结果 单因素分析显示:大面积梗死、预防性抗血小板聚集及抗凝治疗、高血压、糖尿病史、冠心病史、蛋白尿、LDL-c水平、血小板计数、入院时NIHSS评分,在HT组与非HT组间有统计学差异($P<0.05$, $P<0.01$); Logistic回归分析结果显示,最终差异有显著意义的因素只有入院时NIHSS评分1项(OR 值=1.702, 95%CI: 1.198-2.417, $P=0.003$),其余因素均无显著差异($P>0.05$)。两组比较入院时NIHSS评分有统计学差异(HT组: 35.06, 非HT组: 23.90, $P<0.05$), HT组神经功能缺损较非HT组严重。两组出院时NIHSS评分亦有统计学差异(HT组: 32.52, 非HT组: 21.42, $P<0.05$), HT组神经功能缺损程度更严重。HT组入院时与出院时NIHSS评分比较无统计学差异($P>0.05$)。而非HT组入院时与出院时NIHSS评分比较有统计学差异($P<0.05$),出院时NIHSS评分下降,预后更佳。结论 大面积脑梗死、未预防性抗血小板和/或抗凝治疗、高血压、糖尿病、冠心病、尿蛋白阳性、低LDL-c水平、低血小板计数、发病时高NIHSS评分是脑梗死出血性转化的危险因素。HT组临床转归差,预后欠佳。

Abstract: Objective To investigate the related factors of hemorrhagic transformation after acute ischemic stroke in order to provide evidence of preventing HT, guiding clinical treatment, and improving the prognosis. Methods A total of 120 acute ischemic stroke subjects hospitalized in our department from March

导航/NAVIGATE

[本期目录/Table of Contents](#)

[下一篇/Next Article](#)

[上一篇/Previous Article](#)

工具/TOOLS

[引用本文的文章/References](#)

[下载 PDF/Download PDF\(390KB\)](#)

[立即打印本文/Print Now](#)

[推荐给朋友/Recommend](#)

[查看/发表评论/Comments](#)

统计/STATISTICS

摘要浏览/Viewed 200

全文下载/Downloads 82

[评论/Comments](#)

[RSS](#) [XML](#)

2011 to January 2012 were included in the study. Sixty-nine patients occurred hemorrhagic transformation identified by cranial CT, routine MRI or SWI scanning. The correlation of HT with related factors was analyzed with univariate analysis and logistic regression analysis. Results In univariate analysis, the HT incidence were significantly higher in the groups of patients with large infarct size, hypertension, diabetes mellitus, coronary heart disease, albuminuria, not taking preventive anti-platelet aggregative and anticoagulant agents before stroke, low LDL-c level, low PLT, and high NIHSS score at admission ($P<0.05$, $P<0.01$). It showed that only NIHSS score at admission were significantly correlated with HT by Logistic regression analysis ($OR=1.702$, $95\%CI$: 1.198 to 2.417, $P=0.003$). There was significant difference in NIHSS score in HT and non-HT groups at admission (35.06 vs 23.90, $P<0.05$), and the former group showed more severe nervous injury. There was no significant difference in NIHSS score in HT group at admission and discharged ($P>0.05$), but difference was found in non-HT group at the 2 time points ($P<0.05$). Non-HT group had decreased score at discharged and better prognosis. Conclusion Risk factors of HT include large infarct size, not taking preventive anti-platelet aggregation or anti-coagulation agents before stroke, hypertension, diabetes mellitus, coronary heart disease, albuminuria, low LDL-c level, low PLT and high NIHSS score at admission. HT has poor clinical outcome and poor prognosis.

参考文献/REFERENCES

陈莉, 秦新月. 缺血性卒中出血性转化相关因素分析[J]. 第三军医大学学报. 2012, 34(21): 2207-2209.

备注/Memo: -

更新日期/Last Update: 2012-11-06