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## 高同型半胱氨酸血症对阿替普酶静脉溶栓治疗急性缺血性脑卒中疗效的影响

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**Title:** Influence of hyperhomocystinemia on efficacy of intravenous thrombolysis with atleplase in acute ischemic stroke: report of 162 cases

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**关键词:** 高同型半胱氨酸; 组织型纤溶酶原激活物; 缺血性脑卒中; 预后

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**摘要:** 目的 探讨高同型半胱氨酸血症对急性缺血性脑卒中患者静脉溶栓疗效的影响。 方法 连续收集符合阿替普酶静脉溶栓治疗条件的162例急性缺血性脑卒中患者作为研究对象。根据90 d时改良Rankin量表评分(mRS评分),将患者分为预后良好组(mRS评分0-1分)和预后不良组(mRS评分2-6分),用单因素分析及多因素回归分析对两组患者危险因素进行比较。 结果 根据mRS评分,90 d时预后良好88例。90 d预后不良74例。预后良好组患者的年龄、溶栓前NIHSS评分、血糖、INR及溶栓后2 h收缩压、24 h收缩压低于预后不良组 ( $P<0.05$ ,  $P<0.01$ ),糖尿病与高同型半胱氨酸血症的比例低于预后不良组 ( $P<0.01$ ),两组在其他方面差异无统计学意义( $P>0.05$ )。Logistic分析显示糖尿病、溶栓前血糖、溶栓前NIHSS评分、溶栓后2 h收缩压、溶栓后24 h收缩压、高同型半胱氨酸血症均是溶栓预后独立的影响因素。 结论 高同型半胱氨酸血症会影响缺血性脑卒中患者的溶栓预后。

**Abstract:** Objective To determine the effect hyperhomocystinemia on the efficacy of intravenous thrombolysis with atleplase in patients with acute ischemic stroke. Methods A total of 162 consecutive eligible patients with acute ischemic stroke hospitalized in our hospital from January

2010 to January 2013 were enrolled in this study. They were all treated with recombinant tissue plasminogen activator, alteplase. In 90 d after treatment, modified Rankin scale (mRS) was used to evaluate the patients, and according to the results, they were divided into favorable outcome group (defined as 0 to 1) and adverse outcome group (as 2 to 6). Univariate analysis and multivariate logistic regression analysis were used to determine the differences of clinical data between the 2 groups. **Results** According to the mRS score, there were 88 cases getting favorable outcome, while 74 cases adverse outcome, with the formers having younger age, lower NIHSS score before thrombolysis, lower blood glucose, lower international normalized ratio (INR), and lower systolic blood pressure (SBP) at the 2nd and 24th hours after thrombolysis ( $P<0.05$ ,  $P<0.01$ ). The favorable outcome group also had less patients suffering from hyperhomocystinemia and diabetes than the adverse outcome group ( $P<0.01$ ). But there was no significant difference in other indexes between the 2 groups ( $P>0.05$ ). Multivariate logistic analysis revealed that diabetes, blood glucose before thrombolysis, NIHSS score before thrombolysis, SBP at the 2nd and 24th hours after thrombolysis and hyperhomocystinemia were independent risk factors for patients receiving alteplase treatment for intravenous thrombolysis. **Conclusion** Hyperhomocystinemia exerts effect on the prognosis of intravenous thrombolysis with alteplase in acute ischemic stroke.

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**参考文献/References:**

姚伯昕, 黄银辉, 陈雅芳, 等. 高同型半胱氨酸血症对阿替普酶静脉溶栓治疗急性缺血性脑卒中疗效的影响[J]. 第三军医大学学报, 2014, 36(19):2044-2047.

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