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右丙亚胺联合参麦注射液降低蒽环类药物心脏毒性的临床研究

庄海峰,张宇,蔡皎皓,沈建平

浙江中医药大学第一附属医院血液内科(杭州市310006)

Clinical Study on Anthracycline Cardiotoxicity Reduction by Dexrazoxane Combined with Shen Mai Injection

Haifeng ZHUANG, Yu ZHANG, Jiaohao CAI, Jianping SHEN

Department of Medical Hematology, The First Affiliated Hospital of Zhejiang University of Traditional Chinese Medicine Hangzhou 310006, China

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摘要 比较右丙亚胺单用、参麦注射液单用，或者联合使用参麦注射液和右丙亚胺对血液系统肿瘤患者蒽环类药物多疗程化疗所致心脏不良反应的临床意义，进一步探讨降低蒽环类药物心脏毒性的途径。方法：本研究入组120例血液系统肿瘤患者，共分为4组，每组30例。A组为参麦组，在化疗基础上单用参麦注射液，50 mL/d连用lw；B组为联合使用参麦注射液和右丙亚胺，在应用蒽环类药物化疗前30 min快速静脉滴入右丙亚胺及阿霉素（剂量10：1），非阿霉素蒽环类药物折合成阿霉素。且在化疗开始之日起，予以参麦注射液50 mL/d，连用1w；C组为右丙亚胺组，应用蒽环类药物化疗前30 min予右丙亚胺及阿霉素快速静脉滴入；A、B、C 3组为实验组，D组为空白对照组，予以常规化疗；4组患者均按要求完成2个化疗周期，观察化疗前后4组患者的心电图改变以及超声心动图（左室射血分数LVEF），B型利钠肽（BNP），肌钙蛋白I（TnI）的数值变化。结果：通过比较化疗前后4组患者的心电图变化和左室射血分数（LVEF）、肌钙蛋白I（TnI）、B型利钠肽（BNP）的数值变化，实验组心电图异常的发生率、LVEF下降百分比、TnI和BNP的数值升高均小于空白对照组（P<0.05）。结论：右丙亚胺、参麦注射液单用以及二者合用，降低血液系统恶性肿瘤患者接受蒽环类药物多疗程化疗所致心脏毒性，均有一定疗效，其中右丙亚胺及参麦注射液联合疗效最佳，而右丙亚胺单用对心肌细胞保护作用好于参麦注射液单用。在蒽环类药物化疗同时配伍使用参麦注射液及右丙亚胺，可减低心脏毒性，值得临床推广应用。

关键词： 蒽环类化疗药 心脏毒性 参麦注射液 右丙亚胺

Abstract: This study aims to compare the effects and determine the clinical significance of a single dose of dexrazoxane or Shen Mai injection and the combined use of Shen Mai injection and dexrazoxane on multiple anthracycline cardiotoxicity in patients with hematological malignancies. This study also aims to explore better alternatives for reducing anthracycline cardiotoxicity. Methods: In this study, 120 patients were randomly divided into 4 groups with 30 cases per group. The Chinese medicine group (namely, the Shen Mai group or group A) received chemotherapy through a single-agent Shen Mai injection of 50 mL at the start of each week of treatment. Group B corresponded to the group treated with dexrazoxane and adriamycin at a dosage of 10: 1 via a fast intravenous drip (non-anthracycline drug adriamycin outperforms adriamycin under the same conditions) 30 min prior to the application of anthracycline chemotherapy drugs. Chemotherapy was done once a week with 50 mL of Shen Mai injection administered prior to the chemotherapy session. Group C corresponded to the Western medicine group, which only received dexrazoxane. The anthracene ring class drug was administered 30 min before each chemotherapy session. Groups A, B, and C were the experimental groups, whereas group D was designated as the blank control group. All groups received two complete cycles of chemotherapy. The ECG changes, echocardiography (left ventricular ejection fraction, LVEF), and B-type brain natriuretic peptide (BNP) and cardiac troponin I (cTnI) values of all groups were observed before and after chemotherapy. Results: Upon comparing the ECG changes, LVEF, and cTnI and BNP values of the four groups before and after chemotherapy, we observed that the experimental group had lesser incidence rates of abnormal ECG and significantly decreased LVEF and cTnI and BNP values compared with the control group (P < 0.05). Conclusion: All of the treatments studied in this paper were effective in preventing chemotherapy-induced cardiotoxicity in cancer patients receiving anthracycline. The combination of Shen Mai injection

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and dexrazoxane produced the best effect, and dexrazoxane had a better protective effect on myocardial cells than the Shen Mai injection. In anthracycline chemotherapy, the combination of Shen Mai injection and dexrazoxane is expected to reduce cardiotoxicity better and, therefore, worthy of clinical application.

Key words: Anthracycline chemotherapeutics Cardiotoxicity Shen Mai injection Dexrazoxane

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通讯作者: 沈建平 **E-mail:** sjping88@163.com

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