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大黄对危重病患者多器官功能障碍综合征的保护作用及机制研究

Therapeutical Effects and Mechanism of Rhubarb on Multiple Organ Dysfunction Syndrome in Critical Illness

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英文关键词: [multiple organ dysfunction syndromes \(MODS\)](#) [gastrointestinal dysfunction](#) [rhubarb](#) [inflammatory response](#)

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中文摘要:

目的 探讨大黄对危重病患者多器官功能障碍综合征(MODS)的保护作用及机制。方法 将68例ICU确诊为MODS的患者随机分为两组: 常规组和大黄组。常规组在入科后均给予针对性常规治疗, 大黄组在常规治疗基础上早期给予生大黄粉5 g, 3次·d⁻¹, 观察两组患者治疗前和治疗后5, 8 d的APACHE II评分、SOFA评分、胃肠功能障碍评分, 抽血检测血清降钙素原(PCT)、肿瘤坏死因子-α(TNF-α)、白介素6和10(IL-6和IL-10)水平, 观察患者28 d病死率。结果 与常规组比较, 大黄组各时间段APACHE II评分、SOFA评分、胃肠功能障碍评分、血清PCT、TNF-α、IL-6和IL-10水平均显著下降(P<0.05)。大黄组病死率是25.7%, 而常规组病死率是39.4%, 差异有统计学意义(P<0.05)。结论 大黄对危重病MODS患者有治疗作用, 其机制可能与改善MODS患者的胃肠道功能, 抑制炎症反应有关。

英文摘要:

OBJECTIVE To study the therapeutic effect and mechanism of rhubarb in critically ill patients with multiple organ dysfunction syndromes (MODS). METHODS All of 68 patients diagnosed as MODS in ICU were randomly divided into two groups: conventional treatment group and rhubarb group. Conventional treatment group were given targeted routine treatment after entering the ICU, while the rhubarb treatment group on the basis of conventional therapy were given early rhubarb powder 5 g and 3 times per day. Two groups of patients were given APACHE II score, SOFA score, gastrointestinal dysfunction score, blood serum procalcitonin (PCT), tumor necrosis factor (TNF-α) and interleukin 6 and 10 (IL-6 and IL-10) before treatment and 5, 8 d after treatment, then observed mortality of the patients after 28 days. RESULTS Compared with the conventional treatment group, the APACHE II score, SOFA score, gastrointestinal dysfunction score, serum PCT, TNF-α, IL-6 and IL-10 level in rhubarb group decreased significantly. The mortality of the rhubarb group and the conventional treatment group was 25.7% and 39.4%, respective, the difference had statistically significance (P<0.05). CONCLUSION Rhubarb has protective effects on the patients with MODS. The mechanism may be related to the improvement of gastrointestinal function of the patients with MODS and inhibition of the inflammatory reaction.

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