

counties/cities of Hainan, Yunnan, Guangxi, and Shaanxi; of which 42 counties/cities were in Yunnan, increased by 11, 16 counties/cities in Hainan, increased by 5, 2 counties in Guangxi and 1 county in Shaanxi.

Imported falciparum malaria cases were reported in 114 counties of 14 P/M/A, 2 provinces less but 6 counties more than that in 2001. Due to the strengthening of surveillance and effective management of dubious epidemic conditions, there was no local transmission of falciparum malaria in the above provinces except 2 locally infected cases in Guangxi and 1 in Shaanxi. In areas where the transmission of falciparum malaria has been interrupted but vectors and transmission conditions exist, it is of great importance to prevent the transmission of falciparum malaria by imported source of infection.

The main reasons for the considerable increase of malaria transmission in 2002 were as follows: the provinces of Yunnan and Hainan still faced a severe situation of malaria epidemic with a spread of *Plasmodium falciparum*, especially in the mountainous area of

Hainan and the 25 frontier counties in the south and west of Yunnan. Following the development of economy and trade, more frequent population movement occurred among the provinces and between Yunnan and bordering countries, malaria situation becomes more challenging. In central part of the country including Hubei, Anhui, Henan and Jiangsu, where *Anopheles sinensis* was the principal vector, the malaria situation was highly unstable and local outbreaks took place from time to time. Meanwhile, the increase of the floating population brought more imported cases into Guangdong, Guangxi, Guizhou, Hunan, Fujian, Jiangxi, Chongqing, Shandong, Zhejiang, and Shanghai, which accounted for 47%--100% of the cases reported in the P/M/A. Furthermore, because of the faultiness in the public health system and the network of the case reporting system, more malaria cases failed to be reported and it is therefore a challenge in implementing the program of malaria control and prevention.

【简报】

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吡喹酮治疗猪带绦虫病 60 例报道

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猪带绦虫病患者如不及时治疗, 极易造成自身感染囊尾蚴, 或通过接触而传及他人。以往采用南瓜子和槟榔驱绦虫, 排虫率不高, 排虫时间长。近年作者对 60 例猪带绦虫病患者采用吡喹酮驱绦虫, 20% 甘露醇导泻, 效果较好, 报告如下。

1 临床资料

治疗对象: 为 1989 年 1 月至 2000 年 4 月收治的 120 例确诊为绦虫病患者, 均有食“米猪肉”史, 并自诉有扁形虫体节片随粪便排出或自肛门逸出。

分组: 吡喹酮治疗组 60 例, 南瓜子和槟榔治疗对照组 60 例, 均为单纯型绦虫病患者。其年龄、性别、病程、治疗前临床症状等方面经统计学分析, 两组间差异无显著性意义。

2 治疗方法与结果

治疗组, 于治疗当天上午空腹顿服吡喹酮 30 mg/kg, 0.5 h 后服 20% 甘露醇 200 ml, 再过 0.5 h 服 5% 葡萄糖生理盐水 500 ml。排出虫体后常规化验检查, 辨别虫体及头节是否完整排出。对照组, 治疗当天上午空腹服南瓜子 80 g, 1 h 后服槟榔煎剂 200 ml, 余同治疗组。结果, 治疗组 60 例, 驱出完整虫体的 58 例 (96.6%), 其中带头节的 50 例, 平均排虫时间 1.5 h。对照组 60 例, 驱出完整虫体的 20 例 (33.3%), 其中带头节的 15 例, 平均排虫时间 6 h。治疗组与对照组的驱虫率比较,

其差异具有显著性意义 ($P < 0.05$), 平均排虫时间差异具有非常显著性意义 ($P < 0.01$)。

3 讨论

采用南瓜子和槟榔驱绦虫早有报道^[1], 本文采用吡喹酮驱绦虫、甘露醇导泻, 其优点是排虫时间缩短 (平均驱虫时间为 1.5 h), 排虫率高, 未见明显不良反应。用硫酸镁导泻, 张文忠等^[2]报道平均驱带绦虫时间为 7.0 h, 甘耀成等^[3]报道驱牛带绦虫平均时间为 3 h, 孔凡布等^[4]报道驱牛带绦虫平均排虫时间为 2.1 h。目前, 甘露醇已被广泛用于结肠镜检查前清洁肠道, 20% 甘露醇 (过饱和溶液) 口服后不被肠道吸收, 患者服甘露醇后又加服 500 ml 葡萄糖生理盐水, 使肠腔内保持大量溶液, 刺激肠蠕动加快, 从而使被吡喹酮麻痹瘫痪后的绦虫随大量肠液排出, 缩短了排虫时间。该方法简单、易行, 是一种有效的驱绦虫方法。

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