

肺癌术后房性心律失常的多因素分析

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Title: Multivariate analysis of atrial arrhythmia in post-operative lung cancer patients

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摘要: 目的: 探讨肺癌术后发生房性心律失常的危险因素及预防措施。方法:回顾分析258例肺癌手术患者的临床资料,统计术后房性心律失常发生的类型、时间及转归,分析其与年龄、手术方式、左心房大小、NT-pro BNP等的关系。结果:本研究中肺癌术后房性心律失常的总发生率为25.58%(66/258),经多因素Logistic回归分析显示年龄、手术方式、术前肺功一秒率(FEV1%) < 70%、左心房大小、NT-pro BNP是术后房性心律失常的危险因素($P < 0.05$)。结论:年龄、FEV1%、左心房大小、手术方式、NT-pro BNP是肺癌术后房性心律失常的危险因素。通过采取积极有效的预防措施,能有效预防该并发症及其后果的影响。

Abstract: Objective: To elucidate risk factors and preventive measures of postoperative atrial arrhythmia in lung cancer patients. Methods: Clinical data of 258 lung cancer patients who underwent surgical resection were retrospectively studied. The types, occurrence time and outcome of postoperative atrial arrhythmia were statistically analyzed, and relationship between atrial arrhythmia and clinical characteristics of patients was also studied. Results: Incidence rate of postoperative atrial arrhythmia in present group was 25.58% (66/258). Multivariate Logistic regression analysis showed that age, surgical method, preoperative FEV1% < 70%, left atrial size, and NT-pro BNP were risk factors for postoperative atrial arrhythmia ($P < 0.05$). Conclusion: Age, FEV1%, left atrial size, surgical modality, and NT-pro BNP are risk factors for atrial arrhythmia after lung cancer surgery. The complications can be prevented by effective measures.

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