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· 临床研究 ·

Nd: YAG 激光联合阿昔洛韦治疗唇疱疹临床效果观察

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【摘要】 目的 探究Nd: YAG激光联合阿昔洛韦乳膏治疗唇疱疹的临床效果。方法 唇疱疹患者72例,按照随机数字表法分为观察组36例,对照组36例。Nd: YAG激光联合3%阿昔洛韦乳膏治疗为观察组,单纯涂抹3%阿昔洛韦乳膏治疗为对照组。比较两组的总有效率,结痂、脱痂、止痛时间及生活质量评分。结果 治疗7 d对照组总有效率为75%(27/36),观察组总有效率为94.4%(34/36),差异具有统计学意义($P < 0.05$);相较于对照组,观察组的结痂、痂皮脱落和止痛时间较短,差异有统计学意义($P < 0.05$);相较于对照组,观察组的患者的生活质量评分较高,差异有统计学意义($P < 0.05$)。结论 采用Nd: YAG激光联合3%阿昔洛韦乳膏治疗唇疱疹,能促进患者的康复。

【关键词】 唇疱疹; 单纯疱疹; Nd: YAG激光; 低能量激光; 阿昔洛韦; 临床疗效; 生活质量

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Clinical effect observation of Nd: YAG laser combined with acyclovir in the treatment of herpes labialis ZHOU Lijing, DAI Dongxiao, SHI Yahong. Department of Stomatology, Shijiazhuang Second Hospital, Shijiazhuang 05000, China

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【Abstract】 Objective To investigate the clinical efficacy of Nd: YAG laser combined with 3% acyclovir cream in the treatment of herpes labialis. **Methods** A total of 72 patients with herpes labialis were enrolled. According to the random number table method, the patients were divided into an observation group and a control group with 36 patients in the observation group and 36 patients in the control group. The Nd: YAG laser combined with 3% acyclovir cream was administered to the observation group, while 3% acyclovir cream was administered to the control group. The total effective rate, scab, scab removal, analgesic time, and quality of life were compared between the two groups. **Results** 7 days after treatment, the total effective rate of clinical treatment in the control group was 27 patients (75%), and that in the observation group was 34 patients (94.4%); the contrast difference was statistically significant ($P < 0.05$). Compared with those in the control group, the crusting, prolapse and analgesic time of the observation group were shorter, and the differences were statistically significant ($P < 0.05$). Compared with the control group, the observation group had higher quality of life scores, and there was a statistical significance ($P < 0.05$). **Conclusion** For patients with herpes labialis, using Nd: YAG laser combined with 3% acyclovir cream treatment can significantly improve the quality of life of patients and accelerate the speed of patient rehabilitation.

【Key words】 herpes labialis; herpes simplex; Nd: YAG laser; low energy laser; acyclovir; clinical efficacy; the quality of life

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【Competing interests】 The authors declare no competing interests.

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唇疱疹主要为单纯疱疹病毒(herpes simplex virus, HSV)-1型病毒感染所致,在原发感染消退后,受到发热、劳累等刺激因素于同一部位复发,多发生于口角、唇红附近。发病时使患者进食、言语等灼痛更明显,对患者美观造成一定的影响。其治疗多采用阿昔洛韦及其衍生物等抗病毒药物,但阿昔洛韦的间歇性给药可导致耐药性^[1]。目前,激光治疗在医学领域得到了广泛的应用,近年研究表明低能量激光可以作为唇疱疹的潜在治疗选择^[2-3]。本研究采用Nd:YAG激光联合阿昔洛韦乳膏治疗唇疱疹患者,取得较好的临床疗效,现报道如下。

1 资料和方法

1.1 一般资料

选取2019年1月至2020年1月在石家庄第二医院口腔科就诊、病程均在3d内且未曾治疗的唇疱疹患者共72例,按照随机数字表法分为观察组36例及对照组36例。观察组患者疱疹采用Nd:YAG激光联合阿昔洛韦治疗;对照组采用单纯涂擦阿昔洛韦治疗。患者均知情同意。

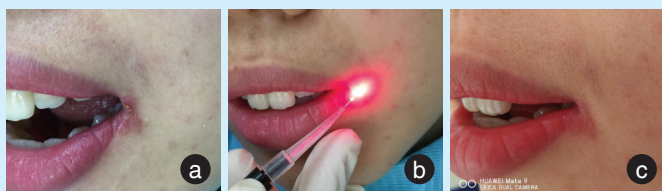
排除标准:唇疱疹合并其他各类口唇疾病;患有精神疾患;伴随严重器质性障碍疾病者;妊娠妇女,甲功亢进或减退患者禁忌。

纳入标准:全部患者均符合《口腔黏膜病学》唇疱疹的临床诊断标准^[4],无激光治疗禁忌证及药物过敏史。其中观察组年龄18~76岁,平均(51.6±1.2)岁,男21例,女15例;对照组年龄19~73岁,平均(50.5±1.4)岁,男20例,女16例。两组一般资料差异无统计学意义。

1.2 方法

1.2.1 对照组 在病损区用阿昔洛韦乳膏进行涂擦。在口唇疱疹的部位用干棉球涂抹适量的3%阿昔洛韦乳膏(国药准字:H20066173,湖南五洲通药业有限责任公司,规格:10g),4~6次/d,期间并未使用其他治疗手段,未服用其他药物进行治疗,直至痊愈。

1.2.2 观察组 Nd:YAG激光联合阿昔洛韦治疗。首日对病损区进行Nd:YAG激光治疗,激光治疗2次/d,间隔4h。激光治疗后涂擦3%阿昔洛韦乳膏。2次激光照射完成后,不再进行激光治疗,每日仅在病损区用3%阿昔洛韦乳膏进行涂擦(参照1.2.1方法)。激光照射过程中保持探头光源垂直于病损区;照射距离2~3mm;对病损区进行均匀照射,避免长时间停留在特定位置,照射时间30~60s,激光照射后病损区生成一层白膜。Nd:YAG激光参数为:频率15Hz;脉冲能量60~80mJ;功率1.0W(图1)。



a: a twenty-three-year-old female patient with early-stage of herpes labialis, no treatment was given; b: the lesion area was first irradiated by laser, and then acyclovir was applied; c: four days after treatment, no more active herpes areas were observed, and the mucosa of the lower lip had nearly recovered

Figure 1 Herpes labialis patient treated with Nd:YAG laser combined with 3% acyclovir cream

图1 Nd:YAG激光联合3%阿昔洛韦乳膏治疗唇疱疹

1.3 观察指标

记录各组患者治疗前、后的各项观察指标,包括结痂时间、脱痂时间、疼痛消失时间、生活质量情况(依据生活质量调查问WHOQOL-BREF表,每项评分为100分,评分越高代表患者生活质量越高^[5])。由于唇疱疹有自限性,一般病程约1~2周自愈,故在治疗后7天评定疗效。

疗效评定参照《常见疾病诊断依据与疗效判断标准》^[6]。痊愈:自觉症状(灼热、瘙痒、刺痛等)消失,皮损消失,皮肤恢复正常,或可留有暂时性浅淡的色素沉着;显效:自觉症状基本消失,皮损有结痂尚未脱落或有皮岛生成;有效:自觉症状减轻,皮损范围有所缩小;无效:自觉症状和皮损均无明显变化或有所加重。

总有效率 = (痊愈+显效+有效)/总例数*100%。

1.4 统计学处理

应用SPSS 17.0软件,卡方检验比较各组总有效率;计量数据的比较采用t检验, $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组唇疱疹患者治疗期间结痂、脱痂、疼痛消失时间比较

观察组的结皮、痂皮脱落和疼痛消失时间

均短于对照组,差异有统计学意义($P < 0.05$) (表1)。

2.2 两组唇疱疹治疗总有效率比较

观察组总有效率94.4%(34/36)高于对照组75%(27/36),差异有统计学意义($P < 0.05$)(表2)。

2.3 两组生活质量比较

观察组各项生活质量评分高于对照组,差异有统计学意义($P < 0.05$)(表3)。

2.4 不良反应

两组患者在治疗过程中均未出现不良反应。

表1 两组唇疱疹患者治疗期间结痂、脱痂、疼痛消失时间比较

Group	n	Scab time/d	Scab removal time/d	Pain relief time/d
Observation group	36	2.1 ± 0.91	4.9 ± 1.57	1.5 ± 1.01
Control group	36	4.8 ± 1.08	6.9 ± 1.82	3.4 ± 1.50
t		6.73	5.46	6.30
P		< 0.05	< 0.05	< 0.05

表2 两组唇疱疹患者治疗7 d临床效果比较

Case	Quantity	Recovery	Excellence	Effective	Invalid	Total effective[n (%)]
Observation group	36	16	11	7	2	34(94.4)
Control group	36	11	9	7	9	27(75.0)
χ^2						5.41
P						< 0.05

表3 两组生活质量比较

Group	n	Mental state	Physiological function	Emotion function	Social function
Observation group	36	74.01 ± 9.81	73.80 ± 9.12	74.45 ± 9.19	77.67 ± 9.41
Control group	36	65.74 ± 7.70	66.86 ± 8.78	68.05 ± 8.01	66.17 ± 7.11
t		3.57	2.87	2.89	5.09
P		< 0.05	< 0.05	< 0.05	< 0.05

3 讨论

唇疱疹由人类单纯疱疹病毒^[7]感染引起,当皮肤黏膜感染后,该病毒即在上皮细胞中复制。常由各种刺激引起,如压力、发热、阳光照射、极端温度、紫外线辐射、免疫抑制,或外伤等因素致使免疫力下降,激活病毒而发病。本疾病临床过程由前驱症状开始,如灼烧或肿胀,接着出现水泡,疱破裂后而糜烂,渗液,逐渐干燥结痂,全程经过约1~2周时间,愈合后可留有暂时性色素沉着。其好发部位一般位于皮肤黏膜交界处,如口角、唇缘、鼻孔附近也有发生。

唇疱疹常规治疗主要采用止痛、抗病毒治

疗。阿昔洛韦药物是现代医学使用化学合成的抗病毒药物,对防治HSV1、HSV2有良好临床效果,其可直接进入病毒感染的细胞,磷酸化后竞争抑制病毒DNA聚合酶,使得被感染细胞的DNA链延伸中断,从而治疗疱疹病毒^[8]。本研究使用阿昔洛韦软膏治疗唇疱疹7 d时皮损结痂的时间为4.8 d,脱痂时间为6.9 d,低于Horwitz等^[9]报道的单纯涂擦阿昔洛韦治疗复发性唇疱疹中皮损结痂时间3.5 d,脱痂时间5.9 d,考虑可能与入种不同有关,另外笔者在研究中发现唇疱疹病损区面积大小也影响治疗效果,目前尚未有相关文献,需要进一步研究。

本研究表明, Nd:YAG 激光联合 3%阿昔洛韦乳膏治疗唇疱疹优于单纯涂擦 3%阿昔洛韦乳膏治疗:总有效率高,结皮、痂皮脱落和疼痛消失时间均较短。研究报道,单用抗病毒药物难以及时改善患者疼痛症状,且皮损结痂及水肿消退较慢^[10]。Nd:YAG 激光波长 1 064 nm,属近红外不可见光,光纤纤细柔软,可弯曲及改变方向,有利于照射到口腔内各个位置,方便治疗,其特性为:可改变或破坏微生物大分子原有结构致其死亡,消炎杀菌作用强,且可加快病损区局部血液循环,增强组织代谢,减轻黏膜受刺激后引发的充血水肿症状,促进病变组织愈合,缩短疗程^[11-12]。Nd:YAG 激光照射可以使细胞膜钠/钾泵的转运受到干扰,影响细胞膜的渗透性,抑制局部神经的传导,缓解患者的痛感^[13];Nd:YAG 激光的选择性光热特性^[14],不仅可分解黑色小体,而且可以明显抑制黑色素的合成,使色斑淡化、消失^[15]。同时,对皮肤真皮层进行加热,温度达到一定程度后能促进皮下胶原纤维及弹性纤维增生,促使皮肤弹性恢复^[16]。

本研究两组治疗中均未出现不良反应。

综上,利用 Nd:YAG 激光的特性,辅助治疗唇疱疹,可以取得了较好的疗效,具有临床应用推广价值。

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