

清热利湿止痛汤免煎颗粒联合强的松 治疗腹型过敏性紫癜 30 例

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摘要:目的 观察清热利湿止痛汤免煎颗粒联合口服强的松治疗小儿腹型过敏性紫癜的临床疗效。方法 随机将 60 例腹型过敏性紫癜患儿分为两组, 对照组与治疗组各 30 例, 其中对照组给予休息、禁过敏饮食, 限制活动及常规对症处理, 抗炎给予口服强的松治疗; 治疗组在对照组基础上加用清热利湿止痛汤免煎颗粒, 两组均治疗 2 周。分析比较两组患儿治疗的总有效率, 腹痛减轻时间、便血减轻时间、皮疹消退时间、大便潜血转阴时间, 胃镜下胃肠粘膜修复例数以及超声下肠壁水肿增厚改善情况。结果 治疗组总有效率优于对照组, 差别具有统计学意义($P < 0.05$); 治疗组在腹痛减轻时间、便血减轻时间、皮疹消退时间、大便潜血转阴时间均短于对照组, 差异有统计学意义($P < 0.05$); 治疗组消化道粘膜修复例数多于对照组, 差异有统计学意义($P < 0.05$); 治疗组治疗后肠壁水肿增厚改善情况优于对照组数, 差异有统计学意义($P < 0.05$)。结论 清热利湿止痛汤免煎颗粒联合口服强的松治疗腹型过敏性紫癜疗效显著, 在症状改善时间、肠壁水肿改善及粘膜修复情况等方面均优于单用激素。

关键词: 腹型过敏性紫癜; 清热利湿止痛汤免煎颗粒; 中西医治疗; 临床疗效

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Treatment of 30 Cases of Abdominal Allergic Purpura by Single Herbal Concentrate – granules of Qingrelishi Zhitong Decoction Combined with Prednisone

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Abstract Objective: To observe the clinical effect of single herbal concentrate – granules of Qingrelishi Zhitong decoction combined with prednisone in treating children with abdominal allergic purpura. **Method:** 60 cases of children with abdominal allergic purpura were randomly divided into control group and treatment group with 30 cases in each. The control group was given rest, allergy-free diet, restricted activity and routine symptomatic treatment, anti-inflammatory oral prednisone treatment. The treatment group was given, besides those in the control group, single herbal concentrate – granules of Qingrelishi Zhitong decoction. Both groups were treated for two weeks. Then the total effective rate of treatment, abdominal pain relief time, hematochezia easing time, rash subsidence time, fecal occult blood negative time, gastrointestinal mucosa repair cases under endoscopy and improvement of thickening of intestinal wall edema under ultrasound were analyzed and compared. **Result:** The total effective rate of the treatment group was better than that of the control group, the difference was statistically significant ($P < 0.05$). The time of abdominal pain relieving, the time of hematochezia, reducing rash subsidence time and fecal occult blood conversion time were shorter in the treatment group than those in the control group, the difference was statistically significant ($P < 0.05$). The number of digestive tract mucosa repaired in the treatment group was more than that in the control group, the difference was statistically significant ($P < 0.05$).