2013, 18(4): 657-665.
[7] Niam M, Linn Y C, Fook-Chong S, *et al*. Clinical scale expansion of cytokine-induced killer cells is feasible from healthy donors and patients with acute and chronic myeloid leukemia at various stages of therapy [J]. Exp Hematol, 2011, 39(9): 897-903.
[8] Bae D S, Hwang Y K, Lee J K. Importance of NKG2D-NKG2D ligands interaction for cytolyticactivity of natural killer cell [J]. CellImmunol [J], 2012, 276(1/2): 122-127.
[9] Lu X, Zhu A, Cai X, *et al*. Role of NKG2D in cytokine-induced killer cells against multiple myeloma cells[J]. Cancer Biol Ther, 2012, 13(8): 623-629.
[10] Skov S, Pedersen M T, Andresen L, *et al*. Cancer cells become susceptible to natural killer cell killing after exposure to histone deacetylase inhibitors due to glycogen synthase kinase-3-dependent expression of MHC class I-related chain A and B[J]. Cancer Res, 2005, 65(23): 11136-11145.
[11] Tan G, Zhang X, Feng H, *et al*. The therapeutic effect of cytokine-induced killer cells on pancreatic cancer enhanced by dendritic cells pulsed with K-ras mutant peptide[J]. Clin Dev Immunol, 2011: 649359.
[12] Engelken F J, Bettschart V, Rahman M Q, *et al*. Prognostic factors in the palliation of pancreatic cancer[J]. Eur J Surg Oncol, 2003, 29(4): 368-373.
[13] Bae J H, Kim S J, Kim M J, *et al*. Susceptibility to natural killer cell-mediated lysis of colon cancer cells is enhanced by treatment with epidermal growth factor receptor inhibitors through UL16-binding protein-1 induction[J]. Cancer Sci, 2012, 103(1): 7-16.
[14] 高炳华,王新生. CML的基因沉默与过继免疫治疗的研究进展[J]. 军事医学, 2013, 37(11): 870-872.
[15] Xu X, Rao G S, Groh V, *et al*. Major histocompatibility complex class Ⅰ-related chain A/B (MIC/B) expression in tumor tissue and serum of pancreatic cancer: role of uric acid accumulation in gemcitabine-induced MICA/B expression[J]. BMC Cancer, 2011, 23(11): 1-11.
[16] Zhang C, Wang Y, Zhou Z, *et al*. Sodium butyrate upregulates expression of NKG2D ligand MICA/B in HeLa and HepG2 cell lines and increases their susceptibility to NK lysis[J]. Cancer Immunol Immunother, 2009, 58(8): 1275-1285.
[17] PoggiA, Zocchi M R. Mechanisms of tumor escape: role of tumor microenvironment in inducing apoptosis of cytolytic effector cells[J]. Arch Immunol Ther Exp (Warsz), 2006 , 54(5): 323-333.
[18] Klein A P. Identifying people at a high risk of developing pancreatic cancer[J]. Nat Rev Cancer, 2013, 13(1): 66-74.
[19] 张振沛, 李德海, 顾谦群, 等. 选择性HDAC抑制剂的研究进展[J]. 中国药物化学杂志, 2013, 23(4): 321-330.

(**收稿**:2014-09-20;**修回**:2014-10-20)
(编辑 栾 嘉)

经验交流

文章编号:1000-5404(2014)23-2394-01

传统治疗配合超短波治疗周围性面神经麻痹53例

张婉怡 (100091 北京,解放军第309医院康复医学科)

[**关键词**] 周围性面神经麻痹;针灸;艾灸;闪罐;甲钴胺片;超短波
[**中图法分类号**] R49 [**文献标志码**] B

周围性面神经麻痹是指原因不明的茎乳突孔内急性非化脓性面神经炎引起的周围性面肌麻痹[1],表现为急性起病,单侧面部瘫痪,不能蹙额、皱眉、露齿、鼓颊等,患侧额纹消失或变浅,眼睑闭合不全,口角向健侧歪斜[2]。因病变带来容貌的骤变,患者通常心理压力巨大。临床上中西医结合物理疗法已成为该病的主要治疗方法。笔者用传统治疗配合超短波治疗周围性面瘫疗效显著,现报告如下。

1 资料与方法

1.1 一般资料

53例患者均来自我科门诊,其中男性32例,女性21例;年龄16~60岁,病程最短2~40 d。

1.2 诊断依据

发病前常有受凉、受潮、吹风或咽炎史。起病突然,病侧有耳后或下颌角疼痛。少数患者于发病前几天可有耳后、耳内疼痛或面部不适等。一侧面颊运动不灵,口角向健侧歪斜,额纹变浅或消失,鼻唇沟变浅,眼裂大,蹙额、皱眉、露齿、鼓颊等动作困难,食物残留于龈颊沟间,或患侧有舌前2/3味觉减退或消失,听觉过敏,外耳道疱疹等,舌淡红、苔薄白或薄黄,脉浮数或弦细。排除其他原因所致的周围性面瘫(如小脑脑桥角病变、脑干病变、手术损伤、腮腺病变、格林-巴利综合征等)[3]。

1.3 方法

针灸:早期患者发病1周之内采用远端取穴,取翳风,合谷,血海,丰隆,太冲,平补平泻。1周之后在之前穴位基础上在患侧加阳白,攒竹,地仓,迎香,颊车,下关,平补平泻手法,手法易轻浅,留针20 min,每日1次。

艾灸:针刺后用艾条灸翳风,阳白,颊车,灸15 min,每日1次,

(下转2399页)

[**通信作者**] 张婉怡, E-mail:707985194@qq.com
[**优先出版**] http://www.cnki.net/kcms/detail/51.1095.R.20141201.1115.001.html (2014-12-01)

[8] Ben-Dor I, Torguson R, Deksissa T, *et al*. Intravascular ultrasound lumen area parameters for assessment of physiological ischemia by fractional flow reserve in intermediate coronary artery stenosis[J]. Cardiovasc Revasc Med, 2012, 13(3): 177 - 182.

[9] Puymirat E, Peace A, Mangiacapra F, *et al*. Long-term clinical outcome after fractional flow reserve-guided percutaneous coronary revascularization in patients with small-vessel disease[J]. Circ Cardiovasc Interv, 2012, 5(1): 62 - 68.

[10] Berger A, Botman K J, MacCarthy P A, *et al*. Long-term clinical outcome after fractional flow reserve-guided percutaneous coronary intervention in patients with multivessel disease[J]. J Am Coll Cardiol, 2005, 46(3): 438 - 442.

[11] Sahinarslan A, Kocaman S A, Olgun H, *et al*. The reliability of fractional flow reserve measurement in patients with diabetes mellitus[J]. Coron Artery Dis, 2009, 20(5): 317 - 321.

[12] Shiono Y, Kubo T, Katayama Y, *et al*. Long-term Outcome After Deferral of Revascularization in Patients with Intermediate Coronary Stenosis and Gray-zone Fractional Flow Reserve [J]. J Am Coll Cardiol, 2014, (12 Suppl): A1690.

[13] Layland J, Wilson A M, Whitbourn R J, *et al*. Impact of right atrial pressure on decision-making using fractional flow reserve (FFR) in elective percutaneous intervention[J]. Int J Cardiol, 2013, 167(3): 951 - 953.

[14] Kim H L, Koo B K, Nam C W, *et al*. Clinical and physiological outcomes of fractional flow reserve-guided percutaneous coronary intervention in patients with serial stenoses within one coronary artery[J]. JACC Cardiovasc Interv, 2012, 5(10): 1013 - 1018.

[15] Xu B, Whitbourn R, Wilson A, *et al*. Clinical impact of fractional flow reserve in a real-world cohort of patients[J]. Int J Cardiol, 2014, 172(1): 251 - 252.

[16] Hodgson J M. If you want to stent… do intravascular ultrasound![J]. JACC Cardiovasc Interv, 2010, 3(8): 818 - 820.

[17] Naganuma T, Latib A, Costopoulos C, *et al*. The role of intravascular ultrasound and quantitative angiography in the functional assessment of intermediate coronary lesions: correlation with fractional flow reserve [J]. Cardiovasc Revasc Med, 2014, 15(1): 3 - 7.

(**收稿**:2014-10-05;**修回**:2014-10-20)

(编辑 栾 嘉)

(上接 2394 页)

10 d 为一疗程。发病 1 周后用小号玻璃管在患侧面部阳白穴,地仓穴,颊车穴周围进行闪罐,以局部发红为度,避免烫伤面部皮肤,隔日 1 次。

超短波治疗:采用汕头市医用设备厂有限公司生产,型号为 DL-C-BII 超短波治疗机。患者侧卧位,取 2 个直径 8 cm 电极片对置,一个放在面部病侧乳突处,另一个放在对侧面部,沙袋固定,给予无热量,每次 15 min,每日 1 次,10 d 为 1 个疗程。每位患者均给予上述治疗,4 周后评定临床效果。嘱患者治疗期间保持眼部清洁,避免颜面部受凉。

1.4 疗效标准

根据《周围性面神经麻痹的中西医结合评定和疗效标准草案》中的疗效评定标准[4]:痊愈:达Ⅰ级。双侧额纹、鼻唇沟恢复对称,皱眉与闭眼正常,鼓腮时口角不漏气,进食时齿颊间不滞留食物残渣,谈笑时无口角歪斜,面部表情正常。评分满分 100 分。显效:达Ⅱ级。双侧额纹与鼻唇沟基本对称,眼闭合欠实,皱眉略显无力,颧肌肌力约为徒手肌力Ⅳ级,鼓腮时口角不漏气,进食时齿颊间不滞留食物残渣,笑时可见口角略不对称。评分在 75 分以上 100 分以下。好转:由Ⅳ ~ Ⅵ级经治疗后改善为Ⅲ级,评分 50 ~ 75 分。无效:经 3 个月治疗后仍停留在Ⅳ级以上,评分在 50 分以下。

2 结果

53 例患者中,痊愈 30 例,显效 13 例,好转 9,无效 1 例,总有效率 98.11%。

3 讨论

周围性面神经麻痹属于祖国医学“面瘫”、“口眼歪斜”的范畴,多因气血虚弱,经络空虚,外邪乘虚而入,阻于面部,使经气阻滞,经筋失养,肌肉纵缓不收所致。《灵枢·经筋》篇说:“足之阳明……,筋急则口目为僻。”指出了该病主要是阳明经之病变,阳明经多气多血,取手足阳明穴以补益气血,疏散外邪,濡养肌肉的作用;取太冲穴有调节气机,通行气血的作用;《内经》:“风者,百病之长也,今风寒客于人……或痹、不仁、肿,当是之时,可汤熨及火灸,刺而去之。”,局部穴位艾灸以温通经络。明·李中梓《医宗必读·卷十·痹》中云“治风先治血,血行风自灭”。故选取血海以养血和血,滋阴祛风。清代赵学敏《本草纲目拾遗》提到:“罐得火气合于内,即牢不可脱……肉上起红晕,罐中有水出,风寒尽出。”说明闪罐能有效改善局部血液循环,提高神经肌肉兴奋性,使受损的神经功能恢复正常。超短波治疗可穿透面神经管,改善局部血液循环、加快炎症产物和代谢废物的排除,减轻面神经受压。经过临床观察,发现口服甲钴胺片配合超短波治疗该疾病,和针灸、艾灸、闪罐、超短波对周围性面神经麻痹的治疗均有一定的疗效。但通过临床实际对比,传统治疗配合超短波治疗周围性面神经麻痹疗效显著优于西药疗法,效果满意。

参考文献:

[1] 潘殿卿. 现代临床神经病学[M]. 北京: 中国科学技术出版社, 2001: 134.

[2] 陈良华. 针灸综合疗法治疗周围性面神经麻痹 60 例[J]. 光明中医, 2011, 26(9): 1861 - 1862.

[3] 曾庆鸿. 温针灸合闪火罐治疗面瘫 76 例疗效观察[J]. 中医药导报, 2010, 16(3): 66 - 67.

[4] 杨万章, 吴芳, 张敏. 周围性面神经麻痹的中西医结合评定及疗效标准(草案)[J]. 中西医结合心脑血管病杂志, 2005, 3(9): 786 - 787.

(**收稿**:2014-10-14;**修回**:2014-11-15)

(编辑 栾 嘉)