

·论著·

针刺联合药物治疗三叉神经痛显微血管减压术后面部麻木的疗效评价

许骏¹,杨燕²,郭静²,杨添淞²,石天宇²,屈媛媛²,李超然²,王德龙²,王月²,田洪昭²,王玉琳²

作者单位
1. 北京中日友好医院神经外科
北京 100029
2. 黑龙江中医药大学
哈尔滨 150040
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通讯作者
王玉琳
18646026962@163.com

摘要 目的:观察针刺联合药物治疗三叉神经痛显微血管减压术后面部麻木的疗效。方法:三叉神经痛显微血管减压术后面部麻木患者72例随机分为药物组和联合组,各36例;药物组给予营养神经、扩血管等综合药物治疗,联合组在药物组综合药物治疗的基础上给予针刺治疗。于治疗前及治疗1疗程后,采用巴罗神经学研究所三叉神经痛分级标准对面部麻木进行临床功能评分测定,同时进行SF-36(生活质量量表)评分。结果:联合组的治疗周期短于药物组($P<0.05$);治疗前2组三叉神经功能评分及SF-36量表评分差异无统计学意义($P>0.05$);治疗后,2组三叉神经功能评分均低于同组治疗前,且联合组低于药物组(均 $P<0.05$),2组SF-36量表评分高于同组治疗前,且联合组高于药物组(均 $P<0.05$)。结论:针刺结合药物治疗可有效促进三叉神经痛显微血管减压术后面部麻木患者功能恢复,改善患者的生活质量,缩短治疗周期。
关键词 针刺;三叉神经痛;显微血管减压术;面部麻木;三叉神经功能;生活质量
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Effect of Acupuncture Combined with Drug Therapy in Treating Facial Numbness in Patients after Microvascular Decompression for Trigeminal Neuralgia XU Jun¹, YANG Yan², GUO Jing², Yang Tian-song², SHI Tian-yu², QU Yuan-yuan², LI Chao-ran², WANG De-long², Wang Yue², Tian Hong-zhao², WANG Yu-lin². 1. China-Japan Friendship Hospital, Beijing 100020, China; 2. Heilongjiang University of Traditional Chinese Medicine, Harbin 150040, China

Abstract Objective: To observe the curative effect of acupuncture combined with drug therapy on facial numbness in patients after undergoing microvascular decompression for trigeminal neuralgia. **Methods:** A total of 72 patients with facial numbness after microvascular decompression surgery were randomly divided into the drug group and the combined group with 36 patients per group. The drug group received comprehensive drug therapy including the use of neurotrophic substances and vasodilators. The combined therapy group was given acupuncture treatment in addition to the interventions for the drug group. Prior to treatment and after one treatment cycle, trigeminal nerve function in both groups was assessed by the Barrow Neurological Institute (BNI) facial numbness score; in addition, quality of life was evaluated by SF-36 scores. **Results:** The treatment period of the combined group was shorter than that of the drug group ($P<0.05$). Before treatment, there was no significant difference between the BNI and SF-36 scores of the combined group and drug group ($P>0.05$). After treatment, both groups showed lower BNI scores and higher SF-36 scores compared to those before treatment ($P<0.05$), and the combined group showed lower BNI scores and higher SF-36 scores than the drug group ($P<0.05$). **Conclusion:** Acupuncture combined with drugs can effectively promote the rehabilitation of trigeminal nerve function, improve the quality of life, and shorten the treatment period of patients with facial numbness after microvascular decompression surgery for trigeminal neuralgia.
Keywords acupuncture; trigeminal neuralgia; microvascular decompression; facial numbness; trigeminal function; quality of life

原发性三叉神经痛是一种常见的神经系统感觉障碍性疾病,以面部发作性剧烈疼痛为特征。三叉神经微血管减压术是目前广泛开展的治疗方式,术后一部分患者会出现面部麻木^[1],若能对面部麻木进行及时干预治疗,其预后比较理想^[2]。但若仅靠药物治疗,术后1月约15.3%的患者仍存在面部麻木^[3]。传统中医学针刺疗法具有疏经活血、化瘀止痛之效,被广泛应用于临床。笔

者对我院收治的三叉神经痛显微血管减压术后面部麻木患者进行针刺结合药物治疗,观察其疗效及对三叉神经神经功能和患者生活质量的影响。

1 资料与方法

1.1 一般资料

选择2005年3月至2015年3月我院收治的三叉神经痛显微血管减压术后面部

麻木患者72例。纳入标准:患者均接受标准乙状窦后入路三叉神经显微血管减压术治疗,术者为同一组医生;单侧三叉神经痛显微血管减压术后1月仍存在面部麻木,无其他神经功能障碍;无肝、肾功能等严重障碍性疾病;无认知功能障碍或沟通障碍;无严重基础代谢疾病;无恶性肿瘤。均签署知情同意书。将全部患者随机分为药物组和联合组。药物组36例,男11例,女25例;年龄23~63岁,平均(41.93±10.35)岁;病程7~78 d,平均(16.59±5.09) d。联合组36例,男13例,女23例;年龄14~59岁,平均(40.56±9.19)岁;病程3~59 d,平均(15.73±4.94) d;2组一般资料差异无统计学意义,具有可比性($P>0.05$)。

1.2 方法

1.2.1 治疗方法 药物组患者给予药物综合治疗:血管扩张剂尼莫地平30 mg/次,3次/d,口服;营养神经药维生素B₁ 100 mg、维生素B₁₂ 500 μg,肌肉注射,3次/d,6次/周;4周为1疗程。

联合组在药物组综合治疗的基础上加以针刺治疗。针刺方法:选取阳白穴、攒竹穴、四白穴、迎香穴、承浆穴、颧髎穴、翳风穴、合谷穴及感觉区下2/5(感觉区的上端点位于前后正中中线中点向后2.0 cm,下端点位于眉枕线和鬓角发际线前缘交点后1.5 cm)。感觉区、阳白穴、攒竹穴、四白穴、承浆穴进针均采用平刺法,其余腧穴均采用直刺法,施以提插捻转泻法,刺激强度以患者耐受为度,留针30 min,1次/d,6次/周;4周为1疗程。针具选用F0.30 mm×40 mm的安迪牌无菌针灸针。

1.2.2 指标观察及疗效评价 于治疗前及治疗1疗程后,采用巴罗神经学研究所三叉神经痛分级标准(Barrow Neurological Institute Pain Intensity Score)对

面部麻木进行临床功能评分测定:治疗后没有面部麻木,为“痊愈”,记1分;治疗后有轻度面部麻木,没有烦恼,为“显效”,记2分;治疗后有面部麻木,有些烦恼,为“有效”,记3分;治疗后有面部麻木,非常烦恼,为“无效”,记4分^[4]。总有效率/%=(痊愈例数+显效例数+有效例数)/总例数×100%。同时进行SF-36(生活质量量表)评分^[5],计分1~100分,100分表示健康。所有评定均由经统一培训的指定医师完成。

1.3 统计学处理

采用SPSS 17.0软件处理数据。计量资料以($\bar{x}\pm s$)表示,组间比较采用独立样本均数 t 检验;计数资料以率表示,组间比较采用 χ^2 检验; $P<0.05$ 为差异有统计学意义。

2 结果

2.1 2组疗效比较

2组总有效率差异无统计学意义($P>0.05$),但联合组的治疗周期短于药物组($P<0.05$),见表1。

2.2 2组三叉神经神经功能评分及SF-36量表评分比较

治疗前2组三叉神经功能评分及SF-36量表评分差异无统计学意义($P>0.05$);治疗后,2组三叉神经功能评分均低于同组治疗前,且联合组低于药物组(均 $P<0.05$);2组SF-36量表评分高于同组治疗前,且联合组高于药物组(均 $P<0.05$),见表2。

3 讨论

三叉神经痛显微血管减压术后面部麻木在神经外科并不罕见,有学者认为因面部麻木一般发生于术后,预后良好,其可能与局部神经水肿、微小血管痉挛、

表1 2组临床疗效及治疗周期比较

组别	例数	痊愈/例	显效/例	有效/例	无效/例	总有效率/%	治疗周期/(d, $\bar{x}\pm s$)
药物组	36	17	13	4	2	94.44	35.22±9.83
联合组	36	19	13	3	1	97.22	29.41±7.36
P 值						0.536	0.006

表2 2组三叉神经神经功能评分及SF-36量表评分比较(分, $\bar{x}\pm s$)

组别	例数	三叉神经神经功能评分				SF-36量表评分			
		治疗前	治疗后	t 值	P 值	治疗前	治疗后	t 值	P 值
药物组	36	3.17±0.560	1.94±0.410	2.433	0.018	63.14±5.56	70.64±5.91	14.545	0.000
联合组	36	3.11±0.622	1.14±0.351	8.045	0.000	61.56±7.18	79.22±9.33	12.598	0.010
t 值		0.945	2.434			-1.046	4.665		
P 值		0.347	0.018			0.835	0.000		

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压迫血管为岩静脉属支等原因有一定关联^[6]。临床上一般给予神经营养支持治疗,一定程度上可促进面部麻木的恢复。

在传统中医学治疗中,针刺对术后面部感觉麻木疗效比较理想。针刺通过疏通面部经络,活络局部血液,扶头面部正气以驱邪气等机制来治疗面部神经感觉麻木;从现代医学角度来看,针刺可促进面神经、三叉神经面支周围血液、淋巴环境改变,促进局部神经再生和修复。治疗三叉神经痛显微血管减压术术后的三叉神经支配区功能障碍选穴以三叉神经在面部的神经传导通路为主,辅以头部穴位刺激面部支配神经高级中枢,即感觉区下2/5。《素问·脉要精微论》:“头者精明之府”;张介宾注:“五脏六腑之精气,皆上于头”。古籍也记载合谷穴对头面部疾病有特殊的疗效。《针灸大成·四总穴歌》:“肚腹三里留,腰背委中求,头项寻列缺,面口合谷收”。诸穴配伍,整体调节和改善术后面部感觉障碍。

本研究也表明,药物综合治疗配合针刺可以显著

改善三叉神经痛显微血管减压术后面部麻木,降低三叉神经神经功能评分并提高生活质量量表评分,同时可明显缩短患者的治疗周期(均 $P<0.05$)。

综上所述,针药结合治疗三叉神经痛显微血管减压术后面部麻木的患者疗效比较满意,但要得到更确切的结论,尚需多中心、大样本的研究。

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