

宁泌泰胶囊联合左氧氟沙星治疗细菌性前列腺炎的临床疗效

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摘要: **目的** 宁泌泰胶囊联合左氧氟沙星治疗细菌性前列腺炎的临床疗效。**方法** 选取2018年1月—2019年9月安徽医科大学安庆附属医院收治的62例细菌性前列腺炎患者作为研究对象, 根据治疗方案的不同将患者分为对照组和观察组, 每组31例。对照组患者静脉滴注盐酸左氧氟沙星注射液, 0.4 g/d; 观察组在对照组基础上口服宁泌泰胶囊, 3粒/次, 3次/d。两组患者均治疗2周。观察两组患者的临床疗效, 同时比较两组治疗前后尿液、前列腺液中白细胞数量和美国国立卫生研究院前列腺炎症状指数(NIH-CPSI)评分。**结果** 治疗后, 观察组总有效率为93.54%, 显著高于对照组的77.42%, 差异具有统计学意义($P < 0.05$)。治疗后, 两组尿液和前列腺液白细胞数量显著下降, 差异具有统计学意义($P < 0.01$); 观察组治疗后尿液和前列腺液白细胞数量显著低于对照组, 差异具有统计学意义($P < 0.01$)。两组患者治疗后NIH-CPSI评分均显著下降, 差异具有统计学意义($P < 0.05$); 治疗后, 观察组NIH-CPSI评分显著低于对照组, 差异具有统计学意义($P < 0.05$)。治疗过程中, 观察组恶心呕吐、腹痛腹泻发生例数均显著低于对照组, 差异具有统计学意义($P < 0.05$)。**结论** 宁泌泰胶囊联合左氧氟沙星治疗细菌性前列腺炎具有较好的临床疗效, 不良反应发生率较低, 值得临床推广。

关键词: 宁泌泰胶囊; 左氧氟沙星; 细菌性前列腺炎; 白细胞数量; 美国国立卫生研究院前列腺炎症状指数评分; 不良反应

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Clinical efficacy of Ningmitai Capsules combined with levofloxacin in treatment of bacterial prostatitis

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Abstract: **Objective** To investigate the clinical efficacy of Ningmitai Capsules combined with levofloxacin in treatment of bacterial infectious prostatitis. **Methods** A total of 62 patients with bacterial prostatitis admitted to Anqing Affiliated Hospital of Anhui Medical University from January 2018 to September 2019 were selected as the study subjects. According to different treatment regimens, the patients were divided into control group and observation group, with 31 patients in each group. Patients in the control group were intravenously injected with Levofloxacin Hydrochloride Injection, 0.4 g/d. Patients in the observation group were administered with Ningmitai Capsules on the basis of control group, 3 tablets/time, three times daily. Patients in two groups were treated for two weeks. The clinical efficacy in two groups was observed, and the count of white blood cells in urine and prostatic fluid, and NIH-CPSI score before and after treatment in two groups were compared. **Results** After treatment, the total effective rate of the control group was 93.54%, which was significantly higher than 77.42% of control group, with statistically significant difference ($P < 0.05$). After treatment, the number of white blood cells in urine and prostatic fluid of two groups was significantly decreased ($P < 0.01$). After treatment, the number of white blood cells in urine and prostatic fluid in the observation group was significantly lower than those in the control group, and the difference was statistically significant ($P < 0.01$). After treatment, NIH-CPSI scores were significantly decreased in two groups, and the difference was statistically significant ($P < 0.05$). After treatment, the NIH-CPSI score in the observation group was significantly lower than that in the control group, and the difference was statistically significant ($P < 0.05$). During the treatment, the number of nausea and vomiting, abdominal pain and diarrhea in the observation group was significantly lower than that in the control group, and the difference was statistically significant ($P < 0.05$). **Conclusion** Ningmitai Capsules combined with levofloxacin in treatment of bacterial prostatitis has a good clinical effect, the

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incidence of adverse reactions is low, worthy of clinical promotion.

Key words: Ningmitai Capsules; levofloxacin; bacterial prostatitis; count of white blood cells; NIH-CPSI score; adverse reactions

细菌性前列腺炎是泌尿科男性常见疾病,多见于中青年患者^[1],严重的细菌性前列腺炎可能会引起全身症状和体征变化。抗生素是西医常用治疗手段,但部分患者可能因抗生素耐药等问题,导致治疗效果不佳,从而导致长期慢性前列腺炎,患者生理、心理均造成较大伤害,影响长期生活质量^[2-3]。宁泌泰胶囊由四季红、白茅根、大风藤、三棵针、仙鹤草、芙蓉叶、连翘组成,具有显著的清热解毒、利湿通淋功效,用于湿热蕴结所致淋证等^[4]。本研究回顾性分析宁泌泰胶囊联合左氧氟沙星治疗细菌性前列腺炎患者的临床疗效。

1 资料与方法

1.1 一般资料

选取2018年1月—2019年9月安徽医科大学安庆附属医院收治的62例细菌感染性前列腺炎患者作为研究对象,年龄34~56岁,平均年龄(45.42±11.20)岁。

1.2 诊断标准与排除标准

诊断标准:诊断评价标准采用《中国泌尿外科疾病诊断治疗指南》^[5],经尿道分泌物鉴定,均为大肠杆菌感染。

排除标准:所有患者未出现感染累及的全身性免疫系统疾病。

1.3 治疗方法

对照组患者静脉滴注盐酸左氧氟沙星注射液(扬子江药业集团有限公司,批准文号H20060337,规格:2 mL:0.2 g,生产批号:178743、194598),0.4 g/d;观察组在对照组基础上口服宁泌泰胶囊(贵阳新天药业股份有限公司,国药准字Z20025442,规格:0.38 g/粒;生产批号:172873、190708),3粒/次,3次/d。两组患者均治疗2周。

1.4 观察指标

1.4.1 疗效评价标准^[6] 痊愈:症状消失,尿液、前列腺液正常;显效:症状显著改善,尿液、前列腺液改善;有效:症状缓解,尿液、前列腺液异常;无效:症状及尿液、前列腺液均无改善。

总有效率=(痊愈+显效+有效)/总例数

1.4.2 尿液、前列腺液中白细胞数量 取患者晨尿,400倍显微镜镜检;禁止性行为2 d以上,取前列腺液前30 min禁止排尿,按摩取前列腺液,留置于清洁玻片上送检,采用湿片镜检法,取10 μL,400倍

显微镜镜检。比较两组治疗前后尿液、前列腺液中白细胞数量。

1.4.3 美国国立卫生研究院前列腺炎症状指数(NIH-CPSI) 比较两组患者治疗前后的NIH-CPSI评分,包含疼痛症状、排尿症状、症状严重程度以及生活质量等方面^[5,7]。

1.4.4 不良反应 观察两组患者治疗期间的不良反应发生情况。

1.5 统计学方法

采用SPSS 21软件对样本进行数据分析,其中计量资料以 $\bar{x} \pm s$ 表示,治疗前后采用配对 t 检验,组间比较采用 t 检验;计数资料以百分比表示,进行 χ^2 检验。

2 结果

2.1 基线资料

根据治疗方案的不同将患者分为对照组和观察组,每组各31例。其中对照组患者年龄34~53岁,平均年龄(43.28±8.97)岁;观察组患者年龄45~56岁,平均年龄(43.87±10.52)岁,两组一般资料比较差异无统计学意义,具有可比性。

2.2 两组疗效对比

治疗后,观察组总有效率为93.54%,显著高于对照组的77.42%,差异具有统计学意义($P<0.05$),见表1。

表1 两组临床疗效比较
Table 1 Comparison of clinical efficacy between two groups

组别	n/例	痊愈/例	显效/例	有效/例	无效/例	总有效率/%
对照	31	4	10	10	7	77.42
观察	31	10	11	8	2	93.54*

与对照组比较:* $P<0.05$

* $P<0.05$ vs control group

2.3 两组尿液、前列腺液中白细胞数量比较

治疗后,两组尿液和前列腺液白细胞数量显著下降,差异具有统计学意义($P<0.05$);治疗后,观察组尿液和前列腺液白细胞数量显著低于对照组,差异具有统计学意义($P<0.05$),见表2。

2.4 两组NIH-CPSI评分比较

两组患者治疗后NIH-CPSI评分均显著下降,差异具有统计学意义($P<0.05$);治疗后,观察组

表2 两组尿液、前列腺液中白细胞数量比较($\bar{x} \pm s$)Table 2 Comparison of white blood cell count in urine and prostatic fluid between two groups ($\bar{x} \pm s$)

组别	n/例	观察时间	尿液白细胞计数/(个·HP ⁻¹)	前列腺液白细胞计数/(个·HP ⁻¹)
对照	31	治疗前	36.85±9.31	32.08±6.72
		治疗后	13.21±5.19*	10.66±5.44*
观察	31	治疗前	35.97±8.42	35.56±6.30
		治疗后	6.38±4.21**	4.58±3.21**

与同组治疗前比较: * $P < 0.05$; 与对照组治疗后比较: # $P < 0.05$ * $P < 0.05$ vs same group before treatment; # $P < 0.05$ vs control group after treatment

NIH-CPSI评分显著低于对照组,两组比较差异具有统计学意义($P < 0.05$),见表3。

2.5 两组患者治疗过程中不良反应对比

治疗过程中,观察组恶心呕吐、腹痛腹泻发生例数均显著低于对照组,差异具有统计学意义($P < 0.05$),见表4。

表3 两组患者 NIH-CPSI 评分比较($\bar{x} \pm s$)Table 3 Comparison of NIH-CPSI scores between two groups ($\bar{x} \pm s$)

组别	n/例	NIH-CPSI 评分	
		治疗前	治疗后
对照	31	17.34±3.51	10.03±6.76*
观察	31	16.89±4.21	6.21±3.19**

与同组治疗前比较: * $P < 0.05$; 与对照组治疗后比较: # $P < 0.05$ * $P < 0.05$ vs same group before treatment; # $P < 0.05$ vs control group after treatment

表4 两组患者治疗过程中不良反应比较

Table 4 Comparison of adverse reactions between two groups during treatment

组别	n/例	恶心呕吐/例	腹痛腹泻/例
对照	31	7	4
观察	31	2*	1*

与对照组比较: * $P < 0.05$ * $P < 0.05$ vs control group

3 讨论

前列腺炎诱因多为大肠杆菌、金黄色葡萄球菌、链球菌等尿路感染性疾病导致^[8]。明确的细菌感染,在西医中多采用广谱抗生素治疗,如左氧氟沙星治疗。中医认为前列腺炎为湿邪入下,气化不畅,多以清热解毒、利湿通淋中药进行治疗^[9]。宁泌泰胶囊是由四季红、白茅根、大风藤、三棵针、仙鹤草、芙蓉叶、连翘7味药材组成,具有显著的清热解毒、利湿通淋的功效。现代药理学研究显示,宁泌泰胶囊具有广谱抗革兰阴性菌作用,且能显著抑制

葡萄球菌和大肠杆菌的增殖,也能够抑制其生物膜的形成,具有较为全面的抗菌效果^[10-11]。白茅根有显著的利尿、抗菌和免疫调节作用^[12];三颗针中生物碱类成分,有显著的抗菌活性^[13]。左氧氟沙星是广谱抗生素,具有很强的抗菌活性,能有效抑制细菌的合成和复制。然而长期使用左氧氟沙星会导致显著的胃肠道副反应,如恶性呕吐、腹痛腹泻等^[14]。本研究结果显示,宁泌泰胶囊联合左氧氟沙星治疗细菌性前列腺炎能有限改善患者临床症状,治疗后尿液和前列腺液白细胞显著下降;观察组治疗后 NIH-CPSI 评分显著低于对照组;且观察组总有效率为 93.54%,显著高于对照组的 77.42%,表明宁泌泰胶囊联合左氧氟沙星有较好的临床治疗效果。

综上,宁泌泰胶囊联合左氧氟沙星治疗细菌性前列腺炎具有较好的临床疗效,不良反应发生率较低,值得临床推广。

利益冲突 所有作者均声明不存在利益冲突

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