

## 冠心舒通胶囊治疗冠状动脉慢血流现象的临床疗效研究

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**【摘要】 目的** 探讨冠心舒通胶囊治疗冠状动脉慢血流现象(CSFP)的临床疗效。**方法** 选择2011年8月—2013年2月在我院心内科进行治疗的CSFP患者40例,将其随机分成对照组19例和治疗组21例。对照组采用常规辛伐他汀、硝酸酯类、曲美他嗪和阿司匹林治疗,治疗组在对照组基础上加用冠心舒通胶囊。治疗结束后观察患者症状、心电图变化,复查冠状动脉造影观察冠状动脉血流变化,并观察治疗期间不良反应情况。**结果** 临床症状改善:治疗组有效率为76.2%,高于对照组的52.6% ( $P < 0.05$ );心电图疗效:治疗组总有效率为52.4%,与对照组的47.4%比较,差异无统计学意义 ( $P > 0.05$ );冠状动脉血流改善:治疗组有效率为61.9%,低于对照组的42.1% ( $P < 0.05$ )。两组均未出现明显不良反应。**结论** 冠心舒通胶囊治疗CSFP虽然对心电图无明显改善,但患者临床症状及冠状动脉血流有改善。

**【关键词】** 冠心舒通胶囊;冠状动脉慢血流现象;治疗结果

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**【Abstract】 Objective** To investigate the effect of Guanxinshutong capsule on coronary slow flow phenomenon (CSFP). **Methods** From August 2011 to February 2013, 40 patients with CSFP in Department of Cardiology in our hospital were chosen, and then they were randomly divided into control group ( $n = 19$ ) and treatment group ( $n = 21$ ). Control group given simvastatin, nitrates, trimetazidine and aspirin, while treatment group given Guanxinshutong capsule based on the therapy of control group. Improvement of clinical symptoms and ECG were observed, coronary angiography was rechecked to observe the improvement of blood flow of coronary artery, and adverse reactions during treatment were observed. **Results** Improvement of clinical symptoms: the effective rate of treatment group was 76.2%, was higher than that of control group of 52.6% ( $P < 0.05$ ); improvement of ECG: the total effective rate of treatment group was 52.4%, that of control group was 47.4%, the difference was not significantly different ( $P > 0.05$ ); improvement of blood flow of coronary artery: the effective rate of treatment group was 61.9%, was higher than that of control group of 42.1% ( $P < 0.05$ ). No one occurred obvious adverse reactions in the two groups. **Conclusion** Guanxinshutong capsule has certain effect on clinical symptoms and blood flow of coronary artery in patients with CSFP, but can not improve ECG.

**【Key words】** Guanxinshutong capsules; Coronary slow flow phenomenon; Treatment outcome

随着冠状动脉造影(coronary angiography)技术的广泛应用,冠状动脉慢血流现象(coronary slow flow phenomenon, CSFP)逐渐引起心血管医师的重视。CSFP是指冠状动脉造影检查中血管腔正常而造影剂灌注到远端血管时速度出现明显延迟的现象,且排除严重的冠状动脉狭窄、血运重建治疗(包括溶栓治疗、冠状动脉成形和支架置入术)、冠状动脉痉挛、心肌桥、冠状动脉扩张、结缔组织病、心肌病、瓣膜心脏病等可能导致冠状动脉血流减慢的因素。心肌梗死溶栓(thrombolysis in myocardial infarction, TIMI)血流分级法是目前国内外评价血流灌注效果的主要方法,共分为4级,其中TIMI 3级为正常冠状动脉血流, TIMI 0或1级为无复流, TIMI 2级为慢血流。但是目前对于CSFP的发病机制仍然不是十分清

楚,其治疗也处于探索阶段<sup>[1]</sup>。为此本研究应用冠心舒通胶囊对CSFP进行治疗,并观察其临床疗效,现报道如下。

### 1 资料与方法

**1.1 一般资料** 选择2011年8月—2013年2月在我院心内科进行治疗的CSFP患者40例,均经冠状动脉造影证实, TIMI 2级,临床表现为发作性胸前区疼痛,伴有心电图ST段压低0.1 mV以上或T波倒置。CSFP诊断标准:(1)冠状动脉管腔正常或接近正常(狭窄程度 $< 50\%$ ),且排除心肌梗死、冠状动脉痉挛、心肌桥、冠状动脉扩张、结缔组织病、心肌病、瓣膜心脏病等疾病;(2)由桡动脉途径采用多功能导管进行血管造影,以TIMI血流分级法作为诊断标准<sup>[2]</sup>, TIMI 2级诊断为慢血流。将患者随机分为治疗组21例和对照组19例,两组患者性别、年龄、体质量、血压、血糖、吸烟酒率及饮酒率比较,差异均无统计学意义 ( $P > 0.05$ ,见表1),具有可比性。