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匠人学术

——是什么在影响主动脉夹层患者的救治?

主动脉夹层(AD)首诊确诊率仅15%~43%,误诊率达16%~39%,18%~21%的患者到达医院前就已经死亡;未接受治疗的主动脉夹层患者在起病后24 h内死亡率可达25%,1周内死亡率超过50%。到底是什么在影响AD患者的救治?本期“前沿聚焦”栏目分析了AD患者在确定性治疗前的风险因素,让更多的AD患者在日益发展的治疗技术中公平获益。

院前延迟:通过横断面调查AD院前时间的现状发现,AD患者发病至到达首诊医院时间中位数为〔70(36.5,150.0)〕min,较国外的院前时间短;文化程度越低、自我感觉症状轻、无持续性疼痛、发病时身边的人采用非就医措施、非120入院方式、将发病归因于其他疾病的患者院前时间较长。

诊断延迟:对国内外AD诊断延迟的文献进行综述发现,AD患者发病到诊断的中位时间为5~29 h,首次入院到诊断的中位时间为1.5~4.5 h;深入分析影响因素发现:女性、转诊、有心脏手术史、首发症状为无痛或腹痛、心肌钙蛋白阳性、类似急性冠脉综合征的心电图改变、胸部X线检查未见纵隔增宽是导致诊断延迟的因素;患者有AD史、胸部和/或背部突然剧烈疼痛、伴有两侧血压和/或脉搏不对称诊断较为迅速。

手术延迟:对国内外关于手术延迟的文献综述后发现,急性AD手术患者从发病到手术的时间为8.5~123.1 h,首次入院到手术的时间为1.5~8.0 h,确诊到手术的时间为51 min~5 h;深入分析影响因素发现:非白种人、转诊(尤其是从非三级医疗机构上转)、有心脏手术史、无痛、有急性心力衰竭表现、术前置冠状动脉造影等是手术延迟的高危因素。

目前最大的AD数据库是国际主动脉夹层注册研究体系,这些研究集中在西方国家人群,而我国AD人群和西方国家是有差异的。国内于2011年成立了多中心Sino-RAD,希望更多心血管外科中心的加入,以构建更完善的大数据背景下的国内AD数据库,以促进AD患者在救治过程中公平获益。

(供稿:黄素芳,华中科技大学同济医学院附属同济医院)

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