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电话: 010-63052088 83525550

传真: 010-83116369

http://www.chinagp.net

E-mail: zgqkxy@chinagp.net.cn

上海工作部

联络人: 潘颖

地址: 200090上海市杨浦区腾越路450号

单位: 上海同济大学附属杨浦医院

电话: 021-65690520-646

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专家说

——炎症性肠病之克罗恩病的管理策略

炎症性肠病（IBD）是一类病因不明的、以肠道慢性非特异性炎症为特征的肠道炎性疾病，包括溃疡性结肠炎（UC）和克罗恩病（CD）。中国IBD协作组通过对1990—2003年IBD住院患者进行回顾性分析发现，IBD住院患者呈逐渐增多趋势，粗略推算UC患病率为11.6/10万，CD患病率为1.4/10万。

CD是一种慢性、渐进性、肠道致残性疾病。据统计，仅约20%的CD患者病情进展缓慢，多达50%的CD患者在确诊后20年内会出现肠道狭窄、瘘管形成、腹腔脓肿等并发症。因此，对CD患者的正确管理显得尤为重要。

目前，CD患者的治疗目标已逐渐从追求临床缓解、内镜缓解转变为达标治疗（Treat to Target），即在疾病不同阶段设定个体化治疗目标，根据治疗目标定期进行评估、监测并及时调整治疗方案：在CD早期，应追求临床症状完全消失、疾病无进展、无并发症或残疾，生活质量评分正常；在CD中晚期，应追求基本无临床症状、炎症状态稳定、疾病损伤或致残情况稳定，生活质量评分改善。同时，应认识到CD早诊早治的重要性，尽早对CD进行干预。CD患者起始治疗时病程越短则临床缓解率越高，这一点现已达成共识。

在CD患者治疗药物选择方面，需综合考虑患者病程、病情严重程度、危险因素、并发症、经济因素等，制定个体化诊疗方案。在药物治疗期间，需定期监测CD患者临床表现，并根据炎性指标和内镜/影像学检查结果评估疾病活动情况及治疗性药物监测（therapeutic drug monitoring, TDM）评估治疗效果，以及调整治疗方案；而治疗未达标者应根据TDM结果分析治疗失败的原因，包括机械性/化学性刺激导致的失败、免疫介导的失败及非免疫介导的失败。

在CD患者临床症状评估方面，主要评估腹痛和腹泻/排便习惯改变，在疾病活动期应至少每3个月进行一次评估，在症状缓解后应间隔6~12个月进行一次评估。在CD患者内镜/影像学评估方面，主要评估肠道溃疡/炎症变化，在疾病活动期应间隔6~9个月评估一次。此外，C反应蛋白、粪便钙卫蛋白等生物标志物仅能作为评估CD的辅助指标，不能作为监测目标。

总之，近年来提出的达标治疗、TDM等使CD患者的管理策略得以优化，未来还需更多的临床研究进一步优化CD患者的管理策略。

（大连医科大学附属第一医院
毛靖伟）

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