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论著

体外物理振动排石辅助输尿管软镜治疗 肾下盏结石的疗效分析*

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摘要: 目的 探讨体外物理振动排石辅助输尿管软镜治疗肾下盏结石的疗效。**方法** 选取184例肾下盏结石患者作为研究对象, 112例输尿管软镜联合体外物理振动排石患者作为观察组, 72例输尿管软镜后自然排石患者作为对照组。比较两组患者排石情况。**结果** 两组患者排石过程均未出现严重并发症。观察组手术当天结石排出率明显高于对照组, 观察组术后1、2和4周结石排净率均明显高于对照组, 两组患者比较, 差异有统计学意义 ($P < 0.01$)。**结论** 体外物理振动排石辅助输尿管软镜治疗肾下盏结石, 可明显增加结石排出率, 缩短结石排净时间, 且安全性高, 疗效满意。

关键词: 体外物理振动排石; 输尿管软镜; 肾下盏结石; 疗效分析; 排石率

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Efficacy analysis of external physical vibration lithecbole assisted ureteroscopy in treatment of lower calyceal calculi*

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Abstract: Objective To investigate the efficacy of external physical vibration lithecbole assisted ureteroscopy in treatment of lower calyceal calculi. **Methods** 184 patients with lower calyceal calculi were selected as subjects. Among them, 112 patients underwent ureteroscopy combined with external physical vibration lithecbole were considered as observation group, while other 72 patients underwent ureteroscopy combined with natural calculi removal were considered as control group. **Results** There were no serious complications in the process of calculi removal in both groups. The calculi removal rate of observation group was significantly higher on the day of operation than that of the control group, and the calculi clearance rate of observation group was all higher than that of control group at 1, 2 and 4 weeks after operation, and there was significant difference between the two groups ($P < 0.01$). **Conclusion** In vitro, external physical vibration lithecbole assisted ureteroscopy in treatment of lower calyceal calculi can significantly increase the calculi clearance rate and shorten the duration of calculi clearance, with high safety and satisfactory efficacy.

Keywords: external physical vibration lithecbole; ureteroscopy; lower calyceal calculi; efficacy analysis; stone removal rate

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肾结石是泌尿系统常见疾病，其发病率呈逐年上升的趋势，采用输尿管软镜碎石后常存在结石残留现象，特别是肾下盏结石尤为明显。传统处理残石的方法为自然排石，其疗效存在不确定性。而体外物理振动排石是依靠体外物理振动排石机实现主动排石，利用主、副两个振动装置发出简谐波产生推力，将残石从泌尿腔道排出体外^[1]。本研究回顾性分析体外物理振动排石辅助输尿管软镜治疗肾下盏结石患者的临床资料，患者均对疗效满意。现报道如下：

1 资料与方法

1.1 一般资料

选取2018年1月—2021年6月本院收治的184例肾下盏结石患者作为研究对象，112例输尿管软镜联合体外物理振动排石患者作为观察组，72例输尿管软镜后自然排石患者作为对照组。其中，男101例，女83例；年龄19~70岁，平均（53.4±13.05）岁。两组患者一般资料比较，差异无统计学意义（ $P>0.05$ ），

具有可比性。见表1。

纳入标准：①经泌尿系CT确诊为单纯肾下盏结石；②结石直径小于2 cm；③无输尿管畸形或狭窄。
排除标准：①年龄<18岁或>70岁；②输尿管软镜碎石不成功或有手术相关严重并发症者；③患有严重高血压、冠心病、脑血管疾病及重要器官功能障碍者；④体重指数>35 kg/m²。本研究经本院伦理委员会审批通过。

1.2 方法

1.2.1 观察组 采用体外物理振动排石法。术后排石前30 min予20 mg速尿静推，调节排石机振动频率为2 800次/min，振幅为5 mm，平卧位超声探查结石位置。主振子于结石位置施加振动，协同副振子的振动，根据结石位置调节床体倾斜角度，将结石与肾盏分离，最后调节床体为头高脚低位，振动结石使其沿输尿管下移。连续振动排石10 min，共循环2次，待患者感强烈尿意时，嘱其排尿并滤网收集结石。见附图。

表1 两组患者一般资料比较
Table 1 Comparison of general data between the two groups

组别	性别/例		年龄/岁	结石大小/mm
	男	女		
观察组（n=112）	60	52	54.2±13.6	13.2±3.1
对照组（n=72）	41	31	52.6±12.5	12.5±3.5
t/χ ² 值		0.20	0.77 [†]	1.44 [†]
P值		0.762	0.443	0.150

注：[†]为t值



A: 颗粒状；B: 泥沙样

附图 体外物理振动排石后收集的结石
Attached fig. Stones were collected after external physical vibration lithotripsy

1.2.2 对照组 采用自然排石法。术后予以20 mg速尿静推，嘱患者每天饮水大于2 000 mL，每天跳绳200次，并嘱患者健侧卧位休息。

1.3 统计学方法

选用SPSS 27.0软件统计数据。计量资料以均数±标准差（ $\bar{x} \pm s$ ）表示，组间比较行t检验；计数资料以例（%）表示，组间比较行 χ^2 检验。 $P<0.05$ 为差异有统计学意义。

2 结果

两组患者均顺利完成治疗，排石过程中均未出现

严重血尿、腰痛和高热等并发症。两组患者通过复查腹部卧位平片及CT观察结石排出情况。观察组手术

当天结石排出率、术后1、2和4周结石排净率明显高于对照组, 差异均有统计学意义 ($P < 0.01$)。见表2。

表2 两组患者排石情况比较 例(%)

Table 2 Comparison of stone excretion between the two groups n (%)

组别	当天排石率	结石排净率		
		术后1周	术后2周	术后4周
观察组($n = 112$)	71(63.4)	83(74.1)	92(82.1)	99(88.4)
对照组($n = 72$)	25(34.7)	37(51.4)	46(63.9)	49(68.1)
χ^2 值	14.44	9.97	7.60	11.52
P值	0.000	0.002	0.009	0.001

3 讨论

输尿管软镜碎石后常有结石残留, 成为限制其应用的主要原因之一, 而肾下盏结石更易出现结石残留。有研究^[2-3]表明, 结石负荷是决定输尿管软镜碎石效果的关键因素, 而残石率与结石负荷呈正相关。结石残留易导致泌尿系感染反复发作, 形成石街甚至梗阻, 还会以残石为核心形成新结石, 引起血尿和疼痛等。目前, 清除残石多采用药物排石、运动或调节体位等被动排石方法, 但疗效不佳, 延长了治疗时间^[4-6]。

体外物理振动排石是近年来开展的一种新型治疗方法, 依靠主副振子振动及配合体位变化, 将粉碎后的结石分离开, 形成驱动作用主动促进结石排出, 其安全、高效, 且操作简单^[1]。体外冲击波碎石过程中, 可能会出现肾组织、肾血管损伤或肾周血肿形成^[7], 而体外物理振动排石过程无痛苦和损伤, 患者配合度高。一项纳入1 065名患者的Meta分析^[8]显示, 体外物理振动排石后, 血尿、腰痛、头晕和尿路感染等并发症与不干预组比较, 差异无统计学意义。而本研究的患者亦未发生严重并发症, 再次验证了此治疗技术的安全性。体外物理振动排石机作为主动排石设备, 具有残石排出率高的特点。有研究^[9-12]报道, 上尿路结石碎石后辅助应用体外物理振动排石, 结石排净率高于对照组, 对于治疗肾下盏残石, 效果明显。

本研究显示, 观察组当日排石率为63.4%, 术后1、2及4周结石排净率分别为74.1%、82.1%和88.4%, 均明显高于对照组, 差异有统计学意义。说明: 体外物理振动排石辅助输尿管软镜术后排石, 能

够明显提高肾下盏结石的当天排石率及术后结石排净率, 缩短排石时间, 疗效明显。而一项对不同部位结石的研究^[8]显示, 对于肾下盏结石、输尿管上段结石和肾盂结石, 体外物理振动排石的结石清除率较高, 而对于肾上、中盏结石, 结石清除率无明显改善。提示: 体外物理振动排石治疗手段可以很好地提高肾下盏结石的术后清石率, 而体外物理振动排石作为无创的治疗手段, 弥补了输尿管软镜易残留结石这一缺陷, 尤其对于肾下盏结石, 具有互补性。

综上所述, 体外物理振动排石辅助输尿管软镜治疗肾下盏结石, 疗效确切, 且安全性高, 值得临床推广。

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