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·病例报告·

银屑病患者烫伤二例

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例 1　男，53 岁，患银屑病 10 年，病灶集中于双下肢，以角化不全病变为主。左足被热水烫伤 1.0%，其中浅Ⅱ度 0.5%、深Ⅱ度 0.5% TBSA，足部多处散在的银屑病皮损亦被烫伤，伤后 1 h 来笔者单位就诊。立即以冷水冲洗创面 10 min，低位引流水疱液，保留疱皮，碘伏纱布外敷后加压包扎。伤后 3 d，水疱液部分被吸收，银屑病皮损区烫伤部位水疱内均有血性渗液，疱皮开窗探查见皮损烫伤区基底脆弱易出血、颜色较周围艳红、边界清楚，继续以碘伏纱布包扎。伤后 6 d，大部分疱液已被吸收，银屑病皮损区痂皮下可见明显黑色淤斑，而疱液吸收情况与周围正常皮肤烫伤区相同。大部分浅Ⅱ度创面于伤后 8 ~ 10 d 愈合。原银屑病皮损区呈粉红色斑片状，突出于周围皮肤，皮损形态仍存在。深Ⅱ度创面痂皮较早溶解，清除痂皮后包扎治疗，伤后 27 d 愈合形成瘢痕，原银屑病皮损消失。患者出院 3 个月后随访，见原深Ⅱ度创面愈合区瘢痕充血现象消失，瘢痕处无银屑病皮损，浅Ⅱ度愈合区可见银屑病皮损。

例 2　男，37 岁，患银屑病 6 年，皮损集中于双上肢肘关节处。右上肢被铁水烫伤，面积 0.5% TBSA，深Ⅱ度。银屑病皮损区因被烧伤，表皮剥脱，基底艳红有出血。早期清创后以碘伏纱布包扎，伤后 3 d 创面结痂，外涂磺胺嘧啶银治疗。伤后 16 d 痂皮溶解，继续采用包扎治疗。伤后 24 d 创面愈合，愈合区充血呈紫红色。患者出院 2 个月后随访，原银屑病皮损区瘢痕增生，未再见银屑病皮损。

讨论　银屑病为全身性的皮肤病，至今病因不清[1]。银屑病皮损区烧伤较为少见，本组两例患者创面有以下特点：(1)银屑病皮损区创面基底脆弱易出血，有血性渗液。(2)浅Ⅱ度烧伤创面愈后银屑病皮损仍存在，深Ⅱ度烧伤创面愈后形成瘢痕，银屑病皮损消失。(3)银屑病皮损区烧伤创面愈合过程与正常皮肤烧伤一致，未出现延迟愈合。由于银屑病病变范围局限于表皮和真皮乳头层[2]，浅Ⅱ度烧伤后，银屑病皮损区的病变细胞尚有部分存活，这部分病变细胞参与了创面的修复，且修复的能力与正常皮肤细胞相似。所以，临床上银屑病皮损区与正常皮肤区的烧伤创面同时愈合，原银屑病皮损仍然存在。深Ⅱ度烧伤后，银屑病皮损区的病变细胞全部坏死，创面愈合后形成瘢痕，所以原有银屑病皮损消失。银屑病仅表现为皮肤组织角化不全，部分表皮细胞和真皮细胞并无改变，创面具备愈合的条件。通过对以上两例的观察，笔者认为银屑病皮损区烧伤创面的治疗可按正常皮肤烧伤创面处理。

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