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· 科技快讯 ·

院前转运时间超 20 分钟的创伤性失血性休克患者院前生存率与血浆输注的关系:

一项关于院前航空医疗运输血浆和创伤后严重出血控制临床试验的回顾性分析

军事和民用临床实践指南均包括“对创伤性失血性休克患者进行早期血浆输注使血浆与红细胞比达到 1:1 ~ 1:2”的建议,但早期血浆灌注的最佳时机仍不明确。最近 2 项随机临床研究结果明显互相矛盾:院前航空医疗运输血浆(PAMPer)临床试验显示,院前血浆输注可降低近 30% 病死率;而创伤后严重出血控制(COMBAT)临床研究则未见生存率提高。该研究对上述 2 项临床研究的病例进行回顾性分析以期获得正确答案。2 项临床研究共纳入 626 例创伤合并失血性休克的患者,其中男 467 例(74.6%)、女 159 例(25.4%),年龄 42(27,57)岁。患者被随机分成 2 组,标准治疗组接受标准电解质复苏治疗,血浆治疗组接受标准电解质复苏治疗后输注 2 U 解冻血浆。研究中调整损伤严重程度、年龄和临床试验队列(COMBAT 或 PAMPer)后,Cox 回归分析显示早期血浆输注显著提高总体生存率,且与院前转运时间(从到达现场至到达创伤中心的时间)显著相关。院前转运时间超过 20 min 时,标准治疗组患者的病死率升高(风险比 = 2.12,95% 置信区间 = 1.05 ~ 4.30, $P = 0.04$),而血浆治疗组患者的病死率未见增加(风险比 0.78,95% 置信区间 = 0.40 ~ 1.51, $P = 0.46$),且院前血浆输注未见严重不良事件。由此可见,院前转运时间超过 20 min 时,院前血浆输注有助于提高生存率。

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