

益生菌对亚洲儿童湿疹治疗作用的 meta 分析

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摘要: 目的:评价益生菌对亚洲儿童湿疹的治疗作用。方法:检索中英文数据库(中国知网、维普、万方和 Pubmed)中亚洲地区益生菌治疗儿童湿疹的临床随机对照研究。数据利用 Comprehensive Meta-Analysis 软件进行 Meta 分析。结果:7 项研究表明益生菌能增高湿疹治疗有效率($RR=1.153, 95\% CI:1.061\sim 1.254, P=0.001$)。结论:现有的证据初步表明益生菌有利于亚洲儿童湿疹的治疗。

关键词: 益生菌; 湿疹; 亚洲; meta 分析

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湿疹是一种常见的儿童慢性皮肤疾病。研究表明大约 60% 的儿童湿疹病例会持续到成年,甚至发展为哮喘和过敏性鼻炎^[1]。由于发病机制复杂,目前尚没有有效的湿疹的治疗方法。最近,欧美国循证医学分析表明益生菌有助于治疗婴幼儿湿疹^[2]。然而针对中国和其他亚洲地区的循证医学分析较少,结果还存在争议。本文对亚洲地区的临床报道进行整理和 meta 分析,期望对益生菌在亚洲人群的临床应用中提供一定的理论依据。

1 资料与方法

1.1 文献检索

检索中国知网、维普、万方和 Pubmed 数据库,收集 1995~2013 年关于益生菌治疗湿疹的临床研究。检索词:("益生菌"或"活菌片"或"妈咪爱"或"培菲康"或"贝飞达"或"双歧"或"球菌"或"杆菌")and("湿疹"或"皮炎")and("婴儿"或"儿童"或"患儿"); (probiotics OR lactobacillus OR bifidobacterium OR bacteria) AND (eczema OR atopic dermatitis) AND (china OR chinese OR india OR indian OR indonesia OR indonesian OR japan OR japanese OR korea OR korean OR malaysia OR malaysian OR philippines OR philippines OR singapore OR singaporean OR

taiwan OR thailand OR taiwanese OR asian OR asia)。

1.2 纳入及排除

纳入标准:以益生菌治疗湿疹为目的的随机对照研究;治疗组与对照组除服用益生菌外的其他处理因素基本相同;结果需测定相关症状的减少。排除标准:结局数据不完整;重复报道;低质量文章(评分<3)。

1.3 评价方法

入选文献采用改良的 Jadad 法进行评分。

1.4 统计

使用 Comprehensive Meta-Analysis 软件计算比值(RR)和 95%可信区间(CI)。异质性检验使用 Q 值统计,同质性数据分析使用固定效应模型,否则使用随机效应模型。发表偏倚使用漏斗图和 Egger's 线性回归检测。

2 结果

7 项^[3-9]随机对照研究被用于 meta 分析(表 1),最终指标为有效情况(湿疹消退>50%)。异质性检验 Q 值为 7.947, $P=0.242$,采用固定模型。益生菌组 257 例中 178 例有效,有效率 70.52%(95%CI:0.455~0.955);对照组 250 例中 142 例有效,有

with health education to treat patients' oral health situation. **Methods:** From January 2012 to December 2012 in the hospital 110 cases with fully implant denture are chosen and given continuing health education at the time of before the treatment and implant denture in joint with oral health education for half a year respectively; one year later their self-care consciousness and teeth periodontal health conditions using plaque index (PLI) and community periodontal index (CPI) as evaluation methods. **Results:** Compared with before treatment, implant denture in joint with health education for half a year and a year later, the accuracy rate of teeth brushing, flossing or brush tooth clearance rate, and regular teeth cleaning rate are significantly higher than those before the treatment; the brushing time is much longer while the brushing times are more than before, and smoking rate is significantly lower than before ($P < 0.05$). 6 months and 1 year after treatment these indexes above have no significant differences ($P > 0.05$); Implant denture combined with health education for half a year and a year later, PLI and CPI fall more significantly than before ($P < 0.05$), while after six months and 1 year's treatment, the PLI and CPI have no differences ($P > 0.05$). **Conclusions:** Using implant denture combined with health education could greatly increase patients' Self-health care consciousness, avoiding the remaining teeth's periodontal diseases to continue developing, which could also improve the success rate of implant denture and is worthy of clinical promotion.

Key words implant denture; oral hygiene; dental plaque; self-health care consciousness

表1 口服益生菌治疗儿童湿疹纳入文献的基本特征

文献来源	例数治疗/对照	共同治疗方法	益生菌种类	评分
丁淑贤 2007	35/38	丹皮酚、百多邦、炉甘石洗剂	双歧杆菌、保加利亚乳杆菌	3
Woo 2010	41/34	每天一次温水澡,外用固醇类(0.1%泼尼卡酯)	乳酸菌	3
Wu 2011	27/27	外用类固醇类和钙调神经磷酸酶抑制剂	唾液乳杆菌	7
Torii 2011	26/24	病人不改变常规治疗,具体未给出	嗜酸乳杆菌菌株 L-92	5
宋春兰 2012	46/48	维生素 B6 软膏 炉甘石洗剂	婴儿双歧杆菌、嗜酸乳杆菌、粪肠球菌、蜡样芽孢杆菌	3
高志虹 2013	47/44	炉甘石洗剂或 3%硼酸溶液,15%氧化锌软膏	屎肠球菌、枯草杆菌	3
张敏慧 2013	35/35	3%硼酸外洗、15%氧化锌软膏,西替利嗪滴剂	双歧杆菌、嗜酸乳杆菌、肠球菌	3

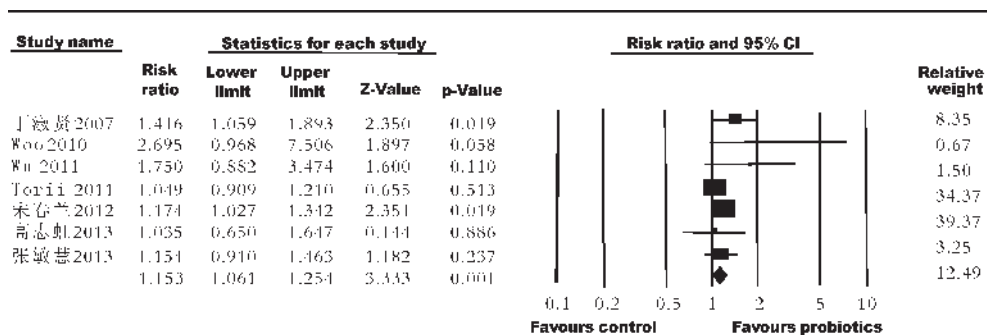


图1 口服益生菌对儿童湿疹治疗有效率的森林图

效率 56.34%(95%CI:0.291~0.835),RR 值为 1.153(95%CI:1.061~1.254),有统计学差异(Z=3.333,P=0.001,如图 1 所示)。漏斗图呈不对称分布和 Egger's 线性回归检测 $t=2.094,P=0.090$,不存在发表偏倚。

3 讨论

本研究整理分析后发现口服益生菌对于亚洲婴幼儿湿疹有着明显的治疗作用,有望成为亚洲地区临床治疗婴幼儿湿疹的新手段。益生菌治疗湿疹的相关机制尚不清楚,相关研究较少。国内外研究表明口服益生菌可促进免疫细胞发育^[10]。同时,有少量研究^[11]表明益生菌对过敏性鼻炎和哮喘也有积极作用。这些研究提示益生菌可能调节免疫系统,促进其发育成熟,从而促进湿疹消退。本研究中所分析的益生菌基本都起到了良好的治疗作用,但是 7 项研究中所用的益生菌制剂和种类各不相同,作用以嗜酸乳杆菌菌株 L-92 最强。对益生菌种类的选择和制剂的组合还需进一步研究和优化。

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