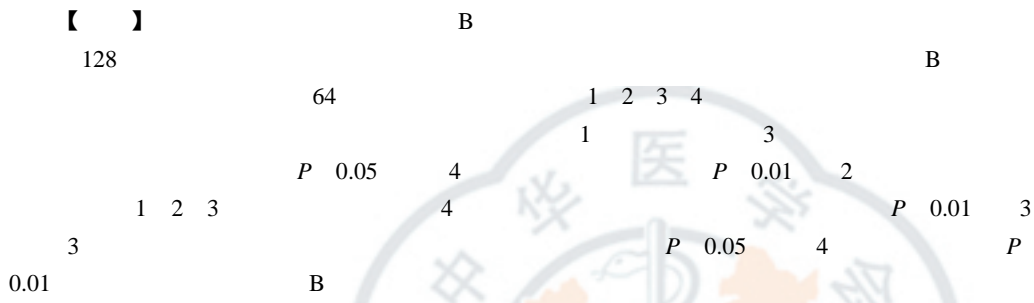


B



【 】

128

64

1 2 3 4

B

P 0.05

4

P 0.01

2

1 2 3

3

P 0.05

P 0.01

3

0.01

B

P

【关 】

Application of compound B multi-fungal ointment hormone in elderly non-surgical wound healing in diabetic foot ulcers

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Abstract Objective To investigate the compound polymyxin B ointment application operation repair in non senile diabetic foot ulcers. **Methods** 128 cases of elderly patients with diabetic foot wound using drugs according to different randomly divided into experimental group(compound compound nystatin group), and control group (silver sulfadiazine group), each group of 64 cases. In the expression of 1 weeks after treatment, 2 weeks, 3 weeks, 4 weeks were compared between the two groups of patients the wound tissue bacterial quantity, wound healing rate and the expression of epidermal growth factor.

Results (1) In 3 weeks after the start of treatment when the patients in experimental group wound tissue bacterial quantity mean less than that of the control group ($P<0.05$), after fourth weeks was significantly less than the control group($P<0.01$); (2) Two groups of patients the wound healing rate in the treatment of 1, 2, 3 weeks had no obvious difference, was significantly higher than that in control group, the experimental group was after 4 weeks of healing($P<0.01$); (3) 3 weeks after the treatment, two patients with epidermal growth factor was statistically significant($P<0.05$), fourth weeks had significant difference ($P<0.01$). **Conclusions** Compound nystatin B ointment applied to systemic infection has been controlled, but local infection is heavy, old base lesions, difficult to withstand repeated anesthesia operation after debridement and skin grafting wound closure in elderly patients. The compound multi nystatin ointment topical B is a safe, effective, easy to repair and treatment of diabetes foot ulcer.

Key words Diabetic foot; Aged; Non operation

2011 9 240

[1]

4% 10%^[2]

[3]

[4]

74%^[5]

[6-12]

[13-14]

与

1.

	2013	2014
1	128	78
60 83	14.61±3.58	15.52±10.33
10 20	5.7	8.6 mmol/L
	6.66±1.19	mmol/L
	One-Touch	
20 160 d	122.3±34.50	d

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		cfu/g $\bar{x} \pm s$			
		1	2	3	4
A	64	$(1.21 \pm 0.42) \times 10^9$	$(7.05 \pm 1.29) \times 10^6$	$(9.28 \pm 3.76) \times 10^{4a}$	$(5.86 \pm 1.31) \times 10^{3b}$
B	64	$(1.28 \pm 0.51) \times 10^9$	$(7.54 \pm 1.34) \times 10^6$	$(0.72 \pm 0.34) \times 10^6$	$(3.27 \pm 4.12) \times 10^5$

B ^aP 0.05 ^bP 0.01

P 0.05

50 μg

SDS-PAGE

Fluors Mutilmager

Bio-Rad

Quantity One 4.0

mean value intensity MVI

EGF

ASA

^[17]ASA

SPSS 16.0

0.1%

0.7%

3.5%

$\bar{x} \pm s$

18.3%

93.3%

t P > 0.05

7 10 d

1.

214

57

128

2

214

128

200

14

115

85

MRSA

MRCNS

MDR-AB

2.

1

3

A

B

P 0.05

4

B

P 0.01

3.

2

1

2

3

4

A

B

P 0.01

2

[18]

% $\bar{x} \pm s$

[19]

		1	2	3	4
A	64	9.42±1.89	15.37±0.15	35.29±1.68	68.29±2.51
B	64	9.46±1.73	15.14±1.18	34.17±1.57	50.14±2.38 ^a

A ^aP 0.01

4. EGF

1

EGF

A

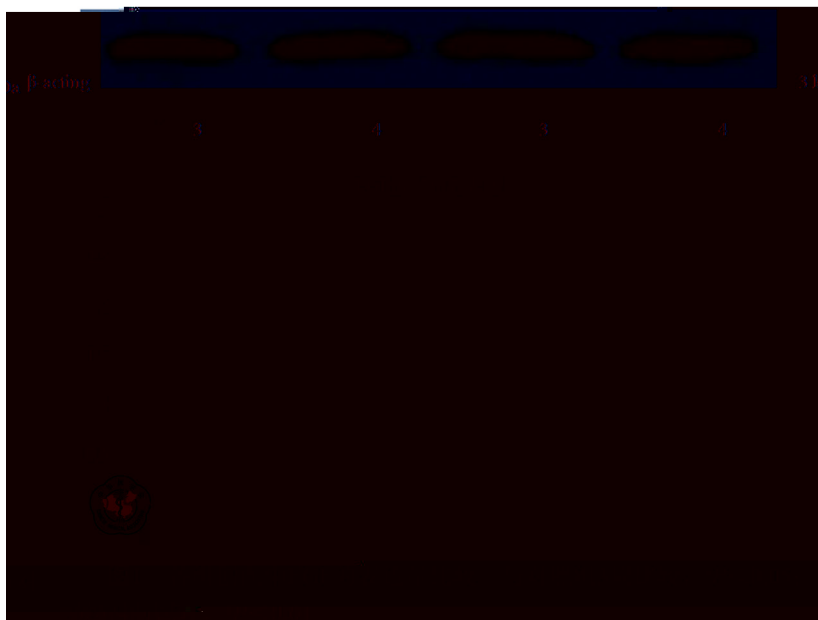
B

3

4

A EGF

B



EGF
-2 FGF-2
-AB PDGF-AB
3 A EGF B

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[8] dlø436 (.)Tj/C2_0 1 TrQ Tc 0 Tw 0.492 0 <055F0CD13F55>2AA12132B992B9917FE3CCA112C>7470CB432F407590F55>D6415AB>JTJ/TT0 1 Tf-5.012 Tc 5.0