

#### Treated with Microwave Therapy

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**[Abstract] Objective** To observe and compare the efficacy of compound polymyxin B ointment versus mupirocin in preventing infections and relieving pain for the patients with condyloma acuminatum treated by microwave.

**Methods** One hundred and sixty three patients with condyloma acuminatum treated by microwave burning under local anesthesia were divided into two groups. These patients respectively received application of either polymyxin B ointment (experimental group, n = 83) or mupirocin (control group, n = 80) to the involved sites three times a day for 14 days.

**Results** Pain scores of the patients in treatment group were lower than those in control group at 12, 24 and 96 h after topical treatment, moreover, the difference was significant ( $P < 0.05$ ).

The effect of preventing infection in the compound polymyxin B group was 98.80%, which was higher than that (93.75%) in mupirocin group. There was a significant difference between the two groups.

**Conclusion** Application of compound polymyxin B ointment on the wounds of the patients after microwave

当冷冻等方法,这些方法均会造成组织损伤,产生疼痛等症状,且容易继发感

#### 1 资料与方法

病、肝、肾和造血系统等严重原发疾病

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者;③合并有糖尿病,系统性红斑狼疮等免疫性疾病者;④瘢痕体质者;⑤妊娠及哺乳期妇女;⑥1 个月内接受其他方法治疗者;⑦不遵守治疗规则,不能按时复诊和随访者。共入选 166 例,因患者不

物的颜色、味、量发生变化,特别是出现脓性分泌物,创面边缘红肿和(或)变成暗紫色;创面出现疼痛、创面不收口,甚至扩大加深。

评分低于莫匹罗星组,且两组创面评分差异有统计学意义( $t = 3.7333, P < 0.05$ )。

2.3 两组患者的治疗后创面修复效果

... 创面分泌物,创面边缘红肿和(或)变成暗紫色;创面出现疼痛、创面不收口,甚至扩大加深。

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Tab. 1 Comparison of wound surface between two group patients

Table with 7 columns: Group, Age, Sex (Male, Female), Position (Crissum, Penis, Perineum), and P-value. It compares Treatment and Control groups across various demographic and clinical parameters.

司生产的 CYP-III 型微波治疗仪,能量 80W,时间 15s,微波治疗头选用小号双头,治疗范围为疣体及周边 3mm,深度为 1~2mm。治疗组术后局部应用复方多黏菌素 B 软膏,3 次/d,疗程 2 周。对照组术后局部应用莫匹罗星软膏,3 次/d,疗程 2 周。

1.2.2 术后观察 术后指定同一位医

师随访观察指标:①治疗用荷后舌 12h, 24h, 4d, 7d 和 7d 各观察 1 次,观察记录患者治疗后疼痛的自我评价情况(根据 VAS 评分,0 为无痛,1~3 为轻度疼痛,4~6 为中度疼痛,7~9 为重度疼痛,10 为重度皮疼),②每周调查患者皮损最大或症状最严重的皮损作为靶皮损,于用药后第 2d, 4d, 7d, 10d, 12d 和 14d 时各观察 1 次,包括红肿、糜烂、渗液、疼痛和靶皮损面积等,症状严重程度按照(0=无,1=轻,2=中,3=重)进行评分

表 2 两组患者的疼痛评分情况

Tab. 2 Comparison of pain scores between two group patients

Table with 6 columns: Group, 12h, 24h, 2d, 4d, 7d. It shows pain scores for Treatment and Control groups at different time points.

表 3 两组患者治疗前后创面评分情况

Tab. 3 Comparison of wound surface scores between two groups of patients

Table with 3 columns: Group, Before treatment, After treatment. It compares wound surface scores for Treatment and Control groups before and after treatment.

效为 30%~100%,显效为创面分泌物,疗效指数为 60%~89%;好转为创面渗出液减少,创面无扩大,疗效指数为 30%~59%;无效为创面基本不变或扩大,疗效指数 <30%。③判断创面是否感染的临床指标包括:创面分泌

Table with 5 columns: Group, Cure, Excellence, Improvement, Uselessness. It shows the number of patients in each category for Treatment and Control groups.

产商注册登记”。其在国外的向尖产品称之为三抗软膏,为历届美国药典所收载,自 1952 年起在美国已用作小面积和制作

接触性皮炎;对照组出现了 3 例接触性皮炎,1 例局部水肿,皆属于正常的不良反应。对照组略高于治疗组,可能由于

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是目前欧美国家细菌性皮肤感染防治药中使用最广泛、作用最强的制剂<sup>[3]</sup>。国外相关研究认为,复方多黏菌素 B 软膏对皮肤感染作用广泛且使用简便。对研

究学意义。  
本研究结果显示,CA 微波术后加用复方多黏菌素 B 软膏的疗效明显优于对照

的金黄色葡萄球菌和各种链球菌抗菌活性强,对 G- 球菌和某些放线菌等也有一定的抑制作用<sup>[5]</sup>。研究表明,将上述 3 种抗生素进行组合,其抗菌谱互补,不仅可扩大抗菌范围,对常见皮肤细菌感染病原菌有效。且由于抗生素间的协同

率约 1%<sup>[6]</sup>。许多研究已经证明局部皮肤环境对伤口愈合的影响,表皮伤口愈合过程中一个重要的因素就是由于细菌的存在,在损伤皮肤上细菌的快速增长会延迟治愈时间。研究显示局部应用复

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[收稿日期] 2012-09-19 [修回日期] 2012-10-20