

论著

## 荨麻疹与螨性过敏的关系及粉尘螨注射液免疫治疗

邢道荣<sup>1</sup>, 温廷桓<sup>2</sup>, 余扬林<sup>3</sup>, 魏志平<sup>3</sup>, 李益明<sup>4</sup>, 韩天<sup>4</sup>

收稿日期 修回日期 网络版发布日期 接受日期

摘要

目的 检测荨麻疹和其他皮疹患者对螨的敏感性, 并观察粉尘螨注射液特异性免疫治疗(SIT)荨麻疹螨敏感性患者的临床疗效。方法 1998-2005年对皮肤科门诊的皮疹患者采用粉尘螨(Df)变应原皮肤点刺试验(SPT)检测螨敏情况。将荨麻疹螨敏反应SPT $\geq$ ++患者分成3组: A组粉尘螨注射液常规特异性免疫治疗, 皮下注射1:100 000(w/v) 0.3、0.6和1.0 ml, 各剂量1次/周 $\times$ 3周, 1:10 000和1:5 000(w/v)的剂量、疗程同上, 即剂量递增期共9周; 1:5 000(w/v) 1.0 ml/(次·周) $\times$ 6周, 即维持剂量期。B组粉尘螨注射液冲击特异性免疫治疗, 3个浓度各治疗1 d, 各浓度的3个剂量间隔30 min, 即剂量递增期共3 d; 1:5 000(w/v) 1.0 ml/(次·d) $\times$ 6 d, 即维持剂量期。A组和B组各1疗程后改用维持量1:5 000(w/v) 1.0 ml每2周1次, 维持1年。C组为对照组, 用抗组胺药物治疗, 依巴斯汀10 mg/d+盐酸西替利嗪10 mg/d, 7 d为1个疗程(以后需要时用)。观察各组的疗效。用ELISA测定20患者粉尘螨注射液特异性免疫治疗前后血清总IgE(tIgE)和粉尘螨特异性IgE(sIgE)水平的变化。结果 2 685例皮疹患者中, 荨麻疹患者螨敏阳性率为70.3%(1754/2 496), 高于湿疹患者的63.5%(54/85)和过敏性紫癜患者的60.6%(63/104)( $P<0.05$ )。248例荨麻疹螨敏SPT $\geq$ ++患者接受粉尘螨注射液特异性免疫治疗, 1年后临床总有效率为91.1%(226/248), 其中基本控制和显效者占66.1%(164/248), 高于抗组胺药物治疗组[12.7%(20/158)]( $P<0.01$ ); 冲击特异性免疫治疗起效快, 其最终疗效也优于常规特异性免疫治疗(基本控制+显效为76.7% $>$ 55.0%)( $P<0.05$ )。20例荨麻疹螨敏患者tIgE水平特异性免疫治疗1年后比免疫治疗前下降, 粉尘螨sIgE水平显著上升( $P<0.01$ )。结论 尘螨变应原皮肤点刺试验对荨麻疹螨敏具有病因诊断价值, 粉尘螨注射液特异性免疫治疗对荨麻疹螨敏者有较好的疗效。此外, 冲击免疫治疗起效快且优于常规免疫治疗。

关键词 荨麻疹 尘螨过敏 变应原 皮肤点刺试验 粉尘螨注射液 特异性免疫治疗 抗组胺治疗

分类号

## Urticaria in Relation to Mite Sensitivity and Immunotherapy with *Injunctio dermatophagoidei farinae*

XING Dao-rong<sup>1</sup>, WEN Ting-huan<sup>2</sup>, YU Yang-lin<sup>3</sup>, WEI Zhi-ping<sup>3</sup>, LI Yi-ming<sup>4</sup>, HAN Tian<sup>4</sup>

Abstract

Objective To investigate the prevalence of mite sensitivity in patients with urticaria or other skin rashes, and to observe the clinical efficacy of a specific immunotherapy (SIT) by the *Injunctio dermatophagoidei farinae* for the patients. Methods In 7-year period (1998-2005), skin prick test (SPT) with a dust mite (Df) allergen was carried out to detect the prevalence of mite sensitivity in OPD patients suffering from skin rashes. Among the patients sensitive to mite with SPT $\geq$ ++ response, 3 groups were established. In group A, routine SIT with *Injunctio dermatophagoidei farinae* was conducted. In 9-week increasing dose phase, three stepwise increasing volumes (0.3ml, 0.6 ml and 1.0 ml) each case was injected subcutaneously with mite concentration of 1:100 000 (w/v), 1:10 000 (w/v) or 1:5 000 (w/v) respectively once a week, followed by a maintenance dose phase for an injection with 1:5 000 (w/v) 1.0 ml/wk for 6 weeks. Group B received rush SIT with mite injections. A total of 15 injections in a course of therapy with same concentration and volume was given as those for the routine ones except shortened intervals, namely, 9 initial injections completed in 3 days by three injections of each concentration per day with two 30 min intervals, maintenance doses were then provided in 6 days with 1:5 000 (w/v) 1.0 ml/d. Thereafter, both groups A and B were maintained for one year with a dose of 1:5 000 (w/v) 1.0 ml every 2 wk. Group C received antihistamine treatment as control, the patients received daily oral Ebastine 10 mg in the morning and Cetirizine dihydrochloride 10 mg in the evening for one week course and pro re nata later. Levels

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of serum tIgE and serum mite sIgE were detected by ELISA in 20 urticaria cases before and after one year mite SIT. Results Altogether, 2 685 cases with skin rashes were detected by Df allergen SPT. The prevalence of urticaria cases sensitive to mite was 70.3% (1 754/2 496) , which was higher than that of eczema 63.5% (54/85) and anaphylactoid purpura 60.6% (63/104) ( $P<0.05$ ) . 248 cases of urticaria sensitive to mite with SPT $\geq$ ++ response received SIT with *Injectio dermatophagoidei farinae* for one year, clinical evaluation revealed an overall efficacy of 91.1% (226/248) with 66.1% (164/248) of excellent or good results, significantly higher than that of antihistamine treatment [12.7% (20/158) ] ( $P<0.01$ ) . Faster improvement of clinical symptoms was shown in rush SIT (group B) than that of routine one (group A) , with higher efficacy in group B than group A (excellent and good results being 76.7% and 55.0% respectively) ( $P<0.05$ ) . Serum tIgE and mite sIgE in 20 urticaria cases were detected before and after one year mite SIT, showing that tIgE decreased by half in 40% (8) of the patients, while serum mite sIgE level increased significantly ( $P<0.01$ ) one year later. Conclusion Mite allergen SPT is an etiological diagnostic technique for urticaria patients sensitive to mite. Clinical efficacy of mite allergen SIT has been proved to be good for the patients, and the rush SIT shows quicker effect of relieving symptoms and better efficacy than that of the routine immunotherapy.

Key words [Urticaria](#) [Mite sensitivity](#) [Allergen](#) [Skin prick test](#) [Injectio \*Dermatophagoidei farinae\*](#) [Specific immunotherapy](#) [Antihistamine treatment](#)

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通讯作者

作者个人主页 邢道荣1;温廷桓2;余扬林3;魏志平3;李益明4;韩天4