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神经阻滞治疗急性颅脑外伤后重度颈源性头痛的效果研究 [点此下载全文](#)

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摘要:

目的: 观察神经阻滞治疗急性颅脑外伤后重度颈源性头痛的效果。方法: 对14例急性轻度颅脑外伤后重度头痛患者进行研究, 所有患者按照国际诊断颈源性头痛(CEH)的标准确定为CEH。根据体征行枕大、枕小、耳大神经或颈2横突阻滞, 应用曲安奈得10mg配成利多卡因浓度为0.4%的消炎镇痛液, 每个穿刺点注射3ml。结果: 治疗后第1天、第3天和第5天的随访中, 疼痛程度数字评分、颈部活动度较治疗前明显改善($P < 0.01$)。疼痛消除12例, 疼痛程度明显减轻(视觉模拟评分 < 3)2例, 疗效满意。结论: 神经阻滞对于缓解急性颅脑损伤后的CEH的疼痛程度有显著的疗效, 可明显缩短住院日、降低医疗费用、提高患者满意度。

关键词: [颈源性头痛](#) [神经阻滞](#) [康复](#) [颅脑外伤](#)

The effect of neural blockade on severe cervicogenic headache after acute brain injury [Download Fulltext](#)

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Fund Project:

Abstract:

Objective: To investigate the effect of neural blockade on serious cervicogenic headache after acute brain injury. Method: Fourteen patients suffered from acute brain injury complained severe headache were included in this study. All of the patients were diagnosed as cervicogenic headache. Patients were treated by occipital neural blockade and C2 neural blockade with a mixture of 0.4% lidocaine and triamcinolone acetonide 10mg, 3ml per point. After blockade, the intensity of pain (assessed by numeric rating scales, NRS), the severity of cervical stiff (measured by restriction of ROM of neck) were observed. Result: Compared with NRS 8.21 ± 1.15 before treatment, the corresponding data on the 1st day, the 3rd day, and the 5th day after treatment were 1.71 ± 0.88 , 1.62 ± 0.72 and 1.09 ± 0.29 , respectively. ROM scores significantly decreased from 2.43 ± 0.73 to 1.14 ± 0.35 , 1.07 ± 0.26 , and 1.07 ± 0.26 , respectively after treatment. Conclusion: The neural blockade was proved to have a significant effect on cervicogenic headache after acute brain injury.

Keywords: [cervicogenic headache](#) [neural blockade](#) [rehabilitation](#) [brain injury](#)

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