

血清降钙素原在肺结核合并肺部感染诊断中的应用

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Diagnostic value of serum procalcitonin in pulmonary tuberculosis complicated with pulmonary infection

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摘要 图/表 参考文献 相关文章 (15)

全文: PDF (789 KB) HTML (1 KB)

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摘要

服务

目的探讨血清降钙素原 (PCT) 对肺结核 (PTB) 合并肺部感染早期诊断的临床价值。方法 收集某院2013年8—12月收治的确诊活动性PTB患者的临床资料, 依据PTB患者合并细菌、真菌感染分为合并细菌感染组(n=104)和合并真菌感染组(n=37), 同期该院确诊的活动性PTB未合并感染者作为对照组 (n=95), 比较3组患者血清PCT浓度, 并进行接受者操作特性 (ROC) 曲线分析。结果合并细菌和真菌感染组患者PCT中位浓度分别是0.44 ng/mL和0.30 ng/mL, 均明显高于未合并感染组的0.16 ng/mL, 差异具有统计学意义 (Z值分别为9.49、3.51, 均P<0.001)。合并细菌和真菌感染组PCT的ROC曲线下面积分别为0.89 (0.84~0.93) 和0.69 (0.61~0.77); 临界值分别为0.31 ng/mL、0.27 ng/mL; 灵敏度分别为79.81% (70.57%~86.80%)、59.46% (42.19%~74.80%); 特异度分别为83.16% (73.79%~89.78%)、73.68% (63.48%~81.95%)。结论血清PCT对早期诊断肺结核合并肺部细菌感染有一定价值, 并且能为临床合理、正确选用抗菌药物提供参考依据。

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关键词: 结核, 肺, 结核分枝杆菌, 细菌, 真菌, 降钙素原, 诊断

Abstract:

Objective To evaluate the clinical significance of serum procalcitonin (PCT) in early diagnosis of pulmonary tuberculosis (PTB) complicated with pulmonary infection. Methods Clinical data of active PTB patients admitted to a hospital between August and December 2013 were collected, patients were divided into bacterial infection group (n=104), fungal infection group (n=37) and control group (n=95) according to whether patients were associated with bacterial infection, fungal infection, and without infection, serum PCT concentrations in three groups were compared, receiver operating characteristic (ROC) curve analysis was conducted. Results The median PCT concentrations in bacterial infection and fungal infection group was 0.44ng/mL and 0.30ng/mL respectively, which was significantly higher than 0.16ng/mL of control group (Z=9.49, 3.51 respectively, both P<0.001). The area under curve (AUC) was 0.89 (0.84-0.93) and 0.69 (0.61-0.77) respectively; cut off point was 0.31 ng/mL and 0.27 ng/mL respectively; sensitivity was 79.81% (70.57%-86.80%) and 59.46% (42.19%-74.80%) respectively; specificity was 83.16% (73.79%-89.78%) and 73.68% (63.48%-81.95%) respectively. Conclusion PCT level is a valuable predictor for early diagnosis of PTB complicated with pulmonary infection, and can provide reference for the rational use of antimicrobial agents.

Key words: pulmonary tuberculosis Mycobacterium tuberculosis bacteria fungus procalcitonin diagnosis

收稿日期: 2014-02-26 出版日期: 2014-08-30

PACS: R521

基金资助:

湖南省科学技术厅科技计划一般项目 (2013FJ114)

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引用本文:

陈振华, 谭笑, 余艳艳, 谭云洪. 血清降钙素原在肺结核合并肺部感染诊断中的应用[J]. 中国感染控制杂志, 2014, 13(8): 482-485. CHEN Zhenhua, TAN Xiao, YU Yanyan, TAN Yunhong. Diagnostic value of serum procalcitonin in pulmonary tuberculosis complicated with pulmonary infection. Chinese Journal of Infection Control, 2014, 13(8): 482-485.

链接本文:

<http://www.zggrkz.com/CN/10.3969/j.issn.1671-9638.2014.08.009> 或 <http://www.zggrkz.com/CN/Y2014/V13/I8/482>

