

## 小儿支原体肺炎体液免疫功能与hs-CRP检验的临床意义

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**【摘要】** 目的 分析免疫功能与超敏C反应蛋白(hs-CRP)检验对小儿支原体肺炎(MPP)的临床意义。方法 选择我院儿科2012年2月至2014年2月收治的152例MPP住院患儿作为研究对象,其中重症72例(重症组)和轻症80例(轻症组),另选40例健康儿童作为对照(对照组),所有研究对象于治疗前均采用速率散射比浊法检测血清中免疫球蛋白与hs-CRP、肿瘤坏死因子- $\alpha$  (TNF- $\alpha$ )、白细胞介素-6 (IL-6)的水平,统计分析三组儿童血清中的各项指标。结果 ①重症组与轻症组患儿的血浆IgG、IgM水平高于对照组儿童[(11.85 $\pm$ 3.02) g/L、(9.42 $\pm$ 2.54) g/L vs (7.13 $\pm$ 2.22) g/L;(2.61 $\pm$ 0.85) g/L、(1.35 $\pm$ 0.53) g/L vs (1.02 $\pm$ 0.48) g/L],而IgA水平低于对照组[(1.17 $\pm$ 0.80) g/L、(1.42 $\pm$ 0.68) g/L vs (1.55 $\pm$ 0.75) g/L],差异均具有统计学意义( $P$ <0.05);且重症组患儿血浆IgG、IgM水平高于轻症组患儿,而IgA水平低于轻症组,差异均具有统计学意义( $P$ <0.05)。②重症组与轻症组患儿的血浆hs-CRP、TNF- $\alpha$ 、IL-6水平高于对照组儿童[(43.30 $\pm$ 22.10) mg/L、(21.20 $\pm$ 16.40) mg/L vs (7.42 $\pm$ 3.21) mg/L;(25.17 $\pm$ 20.18) pg/mL、(16.99 $\pm$ 15.37) pg/mL vs (10.24 $\pm$ 3.37) pg/mL;(48.12 $\pm$ 18.27) pg/mL、(34.98 $\pm$ 10.38) pg/mL vs (13.47 $\pm$ 4.38) pg/mL],差异均具有统计学意义( $P$ <0.05);且重症组患儿血浆hs-CRP、TNF- $\alpha$ 、IL-6水平高于轻症组,差异均具有统计学意义( $P$ <0.05)。③ Spearman相关性分析显示,MPP患儿血清hs-CRP与TNF- $\alpha$ 及IL-6水平呈正相关( $r=0.527$ ,  $P=0.018$ ;  $r=0.482$ ,  $P=0.022$ )。结论 体液免疫功能与hs-CRP检验对MPP的诊断具有良好的预判作用,有利于协助医师进一步了解患儿的病情,进而制定更为合理的治疗方案,值得临床应用进一步推广。

**【关键词】** 小儿支原体肺炎;免疫功能;超敏C反应蛋白;临床意义

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**Clinical significance of humoral immunity and Hs-CRP test in children with mycoplasma pneumoniae.** WANG Zhao-yan, YU Lu. Department of Clinical Laboratory, the Eighth Hospital of Changsha, Changsha 410199, Hunan, CHINA

**【Abstract】 Objective** To evaluate the clinical significance of humoral immunity and high sensitivity C-reactive protein (hs-CRP) test in children with mycoplasma pneumoniae pneumonia (MPP). **Methods** A total of 152 children with MPP in Department of Pediatrics in our hospital from February 2012 to February 2014 were chosen to be studied, of which 72 were severe (severe group) and 80 were mild (mild group). Forty healthy children were selected as the control group. Before treatment, immune rate nephelometry was used to detect the levels of immunoglobulin, hs-CRP, tumor necrosis factor alpha (TNF- $\alpha$ ), interleukin 6 (IL-6). The levels were analyzed and compared between the three groups. **Results** ① The plasma levels of IgG and IgM in the severe group and mild group were significantly higher than those in the control group [(11.85 $\pm$ 3.02) g/L, (9.42 $\pm$ 2.54) g/L vs (7.13 $\pm$ 2.22) g/L; (2.61 $\pm$ 0.85) g/L, (1.35 $\pm$ 0.53) g/L vs (1.02 $\pm$ 0.48) g/L], while the level of IgA was significantly lower than that in the control group [(1.17 $\pm$ 0.80) g/L, (1.42 $\pm$ 0.68) g/L vs (1.55 $\pm$ 0.75) g/L] ( $P$ <0.05). The plasma levels of IgG and IgM in the severe group were significantly higher than those in the mild group, and the level of IgA was significantly lower than that in the mild group ( $P$ <0.05). ② The plasma levels of hs-CRP, TNF- $\alpha$  and IL-6 in the severe group and mild group were significantly higher than those in the control group [(43.30 $\pm$ 22.10) mg/L, (21.20 $\pm$ 16.40) mg/L vs (7.42 $\pm$ 3.21) mg/L; (25.17 $\pm$ 20.18) pg/mL, (16.99 $\pm$ 15.37) pg/mL vs (10.24 $\pm$ 3.37) pg/mL; (48.12 $\pm$ 18.27) pg/mL, (34.98 $\pm$ 10.38) pg/mL vs (13.47 $\pm$ 4.38) pg/mL] ( $P$ <0.05), and the plasma levels in the severe group were significantly higher than those in the mild group ( $P$ <0.05). Spearman correlation analysis

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