SHANGHAI01

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2. I submit this declaration to certify the accuracy of the English translation of a statement from the Shanghai Library Institute of Scientific & Technical Information.

3. I am qualified to perform Chinese to English translations and certify the accuracy of Chinese to English translations.

4. My statements are based on personal knowledge and my review of the statement from the Shanghai Library Institute of Scientific & Technical Information and its Chinese to English translation. If called as a witness about the facts contained in these statements, I could testify competently based on such personal knowledge and the investigation I have conducted.

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* * *

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鼻内镜手术结合鼻腔多部位射频技术治疗常年性变应性鼻炎

方朝新,甄少少(开平市中心医院耳鼻咽喉科,广东 开平 529300)

摘要:目的 探讨鼻内镜手术结合射频技术治疗常年性变应性鼻炎疗效。**方法** 对63例药物治疗不能控制症状的常年性变应性鼻炎,采用鼻内镜行鼻中隔粘膜下矫正术,射频点射两侧蝶腭孔和筛前神经及下鼻甲。**结果** 术后1个月:显效92.1%(58/63),有效7.9%(5/63),总有效率100%;术后1年:显效88.9%(56/63),有效7.9%(5/63),无效3.2%(2/63),总有效率96.8%(61/63);术后2年:显效82.6%(52/63),有效12.7%(8/63),无效4.8%(3/63),总有效率95.2%(60/63)。与单纯行鼻中隔粘膜下矫正术对照组比较,术后1年、2年总有效率(显效+有效 $P<0.01$)显著提高,均有统计学意义。**结论** 鼻内镜手术结合加射频技术治疗常年性变应性鼻炎,具有术区定位准确,疗效好,副作用少等优点。

关键词:变应性鼻炎;鼻内镜;射频治疗

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Nasal endoscopy combined with multiple radiofrequency for perennial allergic rhinitis

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Abstract: Objective To evaluate the therapeutic effects of nasal endoscopic surgery combined with multiple radiofrequency in the treatment of perennial allergic rhinitis. **Methods** Sixty-three patients with perennial allergic rhinitis whose symptoms failed to be controlled by medication received nasal endoscopic surgery for submucous resection of the nasal septum combined with radiofrequency ablation of the bilateral sphenopalatine foramen, anterior ethmoidal nerve and inferior nasal concha. **Result** One month after operation, the rate of excellent recovery was 92.1% (58/63), efficacy rate of 7.9% (5/63), and total efficacy rate of 100%, which was 88.9%(56/63), 7.9%(5/63), and 96.8% (61/63) 1 year after operation, respectively, with 2 patients (3.2%) of the patients failed to respond to the treatment. Two years after the operation, the excellent rate, efficacy rate, and total effective rate was 82.6%(52/63), 12.7%(8/63), and 95.2% (60/63), respectively, with 3 patients failed to obtain good recovery. **Conclusion** Nasal endoscope combined with radio frequency may achieve good therapeutic effects on perennial allergic rhinitis with less adverse effects.

Key words: perennial allergic rhinitis; nasal endoscope; radiofrequency technique

常年性变应性鼻炎手术治疗的方法较多,但单一的治疗方式远期复发率较高。我科于1998年3月~2003年1月之间,采用经鼻内镜行鼻中隔偏曲矫正加射频点射蝶腭孔、筛前神经、下鼻甲等的多种手段,治疗常年性变应性鼻炎63例,经一定时期的随访,效果确切,现报告如下。

1 资料与方法

1.1 临床资料

本院收治的63例患者,男41例、女22例,年龄19~60岁,平均30.5岁,病程1~30年。所有病例符合常年性鼻炎诊断标准[1],同时合并鼻中隔偏曲,均接受过抗组胺药和皮质类固醇药物全身和局部治疗,疗效不佳。此63例作为治疗组,按入院时段随机选取,另选20例同病患者单纯行鼻中隔手术作为对照组,二组均为住院病例。

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1.2 治疗方法

治疗组患者取平卧位,用2%地卡因加1/1000肾上腺素棉片表麻和收缩鼻腔粘膜。在鼻内镜下,先用SHP-1型五官射频治疗仪(广州医疗器械厂产),选强度为3档,发射头对准两侧蝶腭孔,鼻中隔两侧前上方(两侧点射位置错开5 mm,防止鼻中隔穿孔),鼻腔外侧壁前上方和鼻丘、下鼻甲前部(下鼻甲高度肥大者行下鼻甲部分切除术)点射。以射头周围出现白环为宜,下鼻甲前部可射3~5个点,鼻丘,鼻腔外侧壁选用射频刀,切致骨膜。再行鼻中隔粘膜下矫正术,合并有钩突肥大、鼻窦炎、中鼻甲肥大或息肉样变、鼻息肉者,行钩突切除、鼻窦开放、中鼻甲外侧部分切除、鼻息肉切除术。术后两侧鼻腔填塞膨胀海绵,48 h取出填塞物。对照组病例,只行鼻中隔粘膜下矫正术。

1.3 疗效评定标准

按照变应性鼻炎疗效评定标准[1]评定疗效。

1.4 统计处理

两组疗效组间比较行 t 检验。

2 结果

[illegible]组患者术后 1~3 d,鼻塞、流鼻涕症加重,第 4 天[illegible]白色伪膜清除,症状逐渐减轻。3~4 周后,症状消[illegible]术见鼻中隔穿孔,嗅觉减退,鼻干眼干等并发症。

[illegible]病例随访 2 年,观察期不用抗组胺和皮质类固醇[illegible]过敏药物治疗。

[illegible]1 个月:显效 92.1%(58/63)、有效 7.9%(5/63)[illegible]有效率 100%;对照组显效 40%(8/20)、有效 50%(10/20)、无效 10%(2/10),总有效率 90%(9/10)。

[illegible]1 年:显效 88.9%(56/63)、有效 7.9%(5/63)[illegible]无效 3.2%(2/63),总有效率 96.8%(61/63);对照组中[illegible]效 30%(6/20)、有效 40%(8/20)、无效 30(6/20)[illegible]有效率 70%(7/10)。

[illegible]2 年:显效 82.6%(52/63)、有效 12.7%(8/63)[illegible]无效 4.8%(3/63),总有效率 95.2%(60/63);对照组中[illegible]效 20%(4/20)、有效 40%(8/20)、无效 40%(8/20)[illegible]有效率 60%(6/10)。

[illegible]经统计学分析 1 年和 2 年的总有效率均有显著性[illegible]异($P<0.01$)。

3 讨[illegible]

[illegible]研究表明,鼻腔的副交感神经包括翼管神经和筛[illegible]经的副交感纤维,下鼻甲黏膜内独立的胆碱能神经[illegible],鼻腔无髓鞘感觉神经纤维末梢的一些神经血管[illegible]血管活性肽和 P 物质),对鼻黏膜的血管舒缩和[illegible]的分泌起调节作用[2-4]。常年性变应性鼻炎治疗[illegible]药物治疗为主,但对存在鼻内结构异常病例,单纯[illegible]药物治疗效果往往不佳,应根据具体结构特点进行[illegible]的外科干预。由于鼻腔黏膜神经支配复杂,采用[illegible]技术对鼻腔内多部位进行处理,其中点射两例蝶[illegible]阻断了蝶腭神经节后副交感纤维,点射鼻中隔前[illegible]、鼻腔外侧壁前上方破坏筛前神经内侧支、外侧[illegible]。另外,下鼻甲存在胆碱能微神经节及其副交感[illegible]丛[6],所以对下鼻甲前部选择 3-5 点进行点射。

[illegible]射频技术彻底阻断鼻黏膜的副交感通路,减轻血[illegible]力,减少腺体分泌,从而达到治疗目的[7]。单纯的[illegible]神经切断术或(和)筛前神经切断术或下鼻甲的[illegible],在鼻腔黏膜副交感神经的来源和分布上都保留[illegible]2 个副交感通路,因变应反应弧仍然存在,所以手[illegible]效果差,复发率高[8,9]。本组病例阻断了包括蝶腭[illegible]节节后纤维、筛前神经的副交感纤维以及下鼻甲[illegible]内的胆碱能神经节的所有鼻腔黏膜副交感通路,[illegible]应反射弧彻底解除,从而获得稳定可靠的效果。另外,鼻中隔偏曲矫正后,消除了两侧鼻腔不平衡刺激,降低了感觉 - 副交感神经反射,同时改善了鼻腔通气引流,有利疾病良性转归,通过多个环节共同作用,显著提高了常年性变应性鼻炎疗效。

本实验组病例研究证明有如下优点:(1) 术区定位准确,尤其是神经阻断效果确切,同时避免对临近重要组织误伤。(2)容易发现并清除影响疗效的鼻内其他症变。如:钩突肥大,中鼻甲肥大、息肉样变,鼻窦炎、鼻息肉等。(3)射频治疗是通过高频电磁波作用,使组织蛋白凝固、变性。点射部位温度较低(60~80 ℃)。没有高温对周围组织的损伤,不会引起血管急性穿破的大出血[10]。无碳化、汽化、烟雾产生,术野清晰,便于连续操作。

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·论著·

鼻内窥镜下射频热凝鼻后下神经、筛前神经及下鼻甲治疗常年性变应性鼻炎的初步探讨*

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摘要：目的 探讨提高治疗常年性变应性鼻炎(perennial allergic rhinitis, PAR)的新方法。**方法** 将常年性变应性鼻炎患者80例随机分为两组，观察组40例，接受鼻内窥镜下射频热凝鼻后下神经、筛前神经及下鼻甲治疗；对照组40例，接受鼻内窥镜下射频热凝蝶腭神经治疗。将两组中期疗效进行对比。**结果** 随访半年，观察组总有效率为100.0%（其中显效36例），对照组为67.5%（其中显效10例）。两组总有效率，经 χ^2 检验差异有显著性（$P<0.01$）。观察组无并发症发生，对照组出现术中出血3例。**结论** 经鼻内窥镜下射频热凝鼻后下神经、筛前神经及下鼻甲治疗PAR具有疗效显著、操作简便、无副作用等优点，有较好临床应用价值。

关键词： 常年性变应性鼻炎；鼻后下神经；蝶腭神经；筛前神经；射频
中图分类号： R765.213　　**文献标识码：** A

Radiofrequency treatment of nasal posterior-under nerve, ethmoidal nerve and infraturbinal for perennial allergic rhinitis under nasal endoscope*

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Abstract: **[Objective]** To study a new method for perennial allergic rhinitis(PAR). **[Methods]** 80 cases of PAR randomly divided into 2 groups receive: observation group 40 cases treated with nasal posterior-under nerve, ethmoidal nerve and infraturbinal radiofrequency under nasal endoscope; control group 40 cases treated with sphenopalatine nerves radiofrequency under nasal endoscope. **[Results]** All the cases were follow-up half year postoperatively, The total effective rate was 100% in observation group (excellent 90%)and 67.5% in control group (excellent 25%). There was significant difference ($P<0.01$) between the group in efficacy. The complicatiom was not observed in observation group and massive intraoperation hemorrhage ($n=3$) was observed in control group. **[Conclusions]** The method that is treating PAR with nasal posterior-under nerve, ethmoidal nerve and infraturbinal radiofrequency under nasal endoscope is highly effective, easy to perform and few complications, so it is a good way to treat PAR.

Key words: perennial allergic rhinitis; nasal posterior-under nerve; sphenopalatine nerve; ethmoidal nerve; radiofrequency

鼻腔副交感神经兴奋性异常增高，在常年性变应性鼻炎（perennial allergic rhinitis, PAR）的发病过程中起重要作用。既往采用翼管神经切断术治疗PAR，尽管远期有效率可达76.0%[1]，但因创伤较大，且术后可出现眼干等并发症，故应用受到一定的限制。有鉴于此，我们对该术进行改进，于2002年9

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月～2003年3月，应用经鼻内窥镜下射频热凝鼻后下神经、筛前神经及下鼻甲治疗PAR 40例（观察组），并与另一组经鼻内窥镜下单纯射频热凝蝶腭神经治疗PAR 40例（对照组），进行对比，借以探讨提高治疗PAR疗效的新方法。经随访半年疗效显著。现报告如下：

1 资料与方法

1.1 一般资料

按照1997海口会议修订的“变应性鼻炎诊断标准及疗效评定标准”[2]PAR患者80例，男37例，女43例，随机分为两组：观察组40例，男18例，女22例，年龄16～60岁，病程1～20 a，症状分级记分（8.27±1.73）分；对照组40例，男19例，女21例，年龄16～60岁，病程1～18 a，症状分级记分（8.35±1.65）分。两组患者的性别经χ^2检验，年龄、病程经t检验差异均无显著性（$P>0.05$），具有可比性。

1.2 方法

观察组：患者平卧位，在鼻内窥镜直视下，用2%地卡因肾上腺素棉片行鼻腔表面麻醉，1%利多卡因5 mL加1‰肾上腺素1滴行中鼻甲后端及蝶腭孔周围黏膜浸润麻醉。然后将已调至3档的KD 618型射频电离综合治疗仪的探头直接接触鼻后下神经及筛前神经的走行及分布区域，前者的治疗是将探头置于中、下鼻甲后端之间的鼻腔外侧壁由上向下作条状热凝，长约2.5 cm，宽0.5 cm，深达骨壁；后者是将探头对鼻丘和相对应的鼻中隔前上部黏膜进行热凝，范围约1.2 cm^2，使局部组织凝固，时间除鼻中隔处为2 s外，其余均为3 s，可反复热凝，以局部黏膜呈白斑状为宜，并对下鼻甲前端及内侧面黏膜行点状热凝。

对照组：麻醉方法及功率选择同观察组，在鼻内镜下将射频探头置于中鼻甲后上方蝶腭神经孔处作热凝治疗，直径约1.0 cm，深达骨壁，以阻断蝶腭神经。治疗后给予1%麻黄素液滴鼻并口服抗生素3～5 d，以减轻黏膜反应性肿胀及预防感染。治疗期间不用抗组胺等药物，以免干扰疗效观察。所有患者治疗后1周内，隔日复查清除鼻腔渗出物及纤维素膜，防止局部粘连。于治疗后半年随访复查，复查内容包括鼻部自觉症状改善情况和鼻腔检查所见。所有患者均只进行1次治疗。

1.3 疗效判定标准

参照1997年海口会议修订的“变应性鼻炎诊断标准及疗效评定标准”[2]。

1.4 统计学处理

计量资料用均数±标准差表示，计量资料比较用t检验，计数资料比较用χ^2检验。将治疗后半年的复查结果作为中期疗效评价的依据。

2 结果

2.1 观察组与对照组术后6个月疗效对比见附表。对照组总有效率为67.5%，观察组为100.0%。两组经统计学处理，差异具有显著性。观察组疗效明显优于对照组。

附表 观察组与对照组术后半年疗效对比 例（%）

组别	例数	显效	有效	无效	总有效率
对照组	40	10（25.0）	17（42.5）	13（32.5）	67.5
观察组	40	36（90.0）	4（10.0）	0（0）	100.0

注：χ^2=13.23，P<0.01

2.2 观察组患者在接受射频热凝鼻后下神经、筛前神经及下鼻甲治疗后2～5 d，可因鼻腔黏膜反应性水肿及渗出而出现鼻塞、流涕等症状，少数患者有涕中带血丝，1周后逐渐好转。对照组3例术中发生蝶腭动脉区域出血，经内镜下射频止血治愈。全部病例随访6个月，观察组治疗后4个月复发者2例，6个月后复发者2例，但症状均较术前轻。全部病例无鼻中隔穿孔、眼干、视力下降、及鼻腔干燥等并发症发生。

3 讨论

变应性鼻炎的发病机制尽管主要是抗原抗体反应，但其三大主要症状的产生与支配鼻黏膜的感觉神经以及两种植物神经失平衡密切相关，即与副交感神经功能亢进有关。鼻腔副交感神经主要来源于蝶腭神经（其在翼腭管走行中发支随鼻后下神经入鼻腔）及筛前神经鼻内支，下鼻甲内有胆碱能微神经节及副交感神经丛[3]。采用鼻内镜下射频热凝鼻后下神经、筛前神经鼻内支及下鼻甲治疗PAR，可广泛地阻断鼻腔副交感神经来源，降低副交感神经的兴奋性，降低鼻黏膜感觉灵敏部位敏感性以及感觉——副交感神经反射，破坏喷嚏反射弧传入通路，使鼻黏膜对外界刺激敏感性下降，血管扩张减轻，腺体分泌减少，鼻黏膜肿胀减轻，从而使患者的鼻痒、喷嚏、鼻塞、流涕等症状得以缓解或消除，达到治疗

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入的药物接触面增大,同时因在清除过程中,对病灶的刺激,使病灶局部充血、血流加快,便于药物吸收,可提高局部的血药浓度[4]。MDR-TB 大部分病程长、症状多,病理以变质坏死,纤维增殖为主,致血管稀少,局部血循环受限,病灶部位黏膜充血水肿,局部坏死组织及分泌物增多,单纯化疗由于药物较难渗入到病灶,即使有部分血流能通过支气管—肺屏障,药物也很难达到抑制和杀灭结核杆菌的有效浓度[5],疗效常不理想,乃至久治不愈。各级支气管黏膜均有很强的吸收药物的能力,肺泡毛细血管膜为吸收药物的最佳部位,纤支镜局部注药短期内被吸收,对肺或其他部位继发的细菌感染同时产生强大杀菌作用,迅速缓解呼吸道及全身症状。相关基础研究表明,肺泡上皮Ⅱ型细胞通过其表面的氨氯吡嗪咪敏感性钠通道将 Na^+ 从肺泡腔面转运到基底侧,再由基底膜的 Na^+-K^+-ATP 酶将 Na^+ 泵入肺间质,离子的主动转运带动了肺泡内液体的吸收,肺泡上皮的离子主动转运和液体再吸收功能使肺泡正常时得以保持干燥并进行有效的气体交换[6]。当注药液充满肺泡时,正常肺泡或轻度受损的肺泡可在短期内主动转运吸收药液,不致造成肺泡内液体潴留[7]。本研究应用丁胺卡那,左氧氟沙星,异烟肼三药联合经纤支镜给药治疗 MDR-TB,结果 9 个月痰菌阴转率 85.7%,病灶吸收好转率 88.1%,空洞闭合率 40.5%,显著高于对照组的 64.1%、66.7%、17.9%。综上所述,经纤支镜局部注药是目前治疗 MDR-TB 的有效方法,其有净化空洞,促使痰菌转阴,空洞闭合的作用。此疗法的开展将对减少传染源,降低结核疫情,控制结核病流行有重要作用,并有安全,无明显毒副反应,并发症少的优点,值得临床应用。

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PAR的目的。翼管神经作为支配鼻黏膜的主要副交感神经,切断后能够良好地控制变应性鼻炎的流涕及鼻塞症状已被国内外学者证实[1,4]。而鼻后下神经是来源于蝶腭神经节的翼管神经节后纤维及上颌神经感觉纤维,故切断该神经除能达到与翼管神经切断术相似的疗效,同时亦能较好地缓解喷嚏、鼻痒症状,而且,鼻后下神经内不含有支配泪腺的副交感神经纤维,故不会像翼管神经切断术那样引起眼干症状[5]。筛前神经既含有三叉神经第一支的感觉神经纤维,同时又接受来源于动眼神经核的副交感神经纤维,故切断该神经对缓解鼻部三大症状也能起到一定的作用。下鼻甲黏膜射频热凝术的作用机制,作者认为除了下鼻甲体积缩小及鼻腔通气得到改善外,还与下鼻甲内微神经节及副交感丛遭受破坏,使乙酰胆碱释放减少有关[6]。

本研究观察组与对照组术后 6 个月疗效对比差异具有显著性,说明射频热凝鼻后下神经、筛前神经及下鼻甲治疗 PAR 明显优于单纯热凝蝶腭神经的方法,其远期疗效有待进一步观察。该方法具有疗效显著、操作简便、无副作用等优点,值得临床采用。

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(赵梓屹　编辑)

中国第十四届内镜医师学术大会
中国医师协会内镜医师分会成立大会
暨《中国内镜杂志》创刊十周年学术研讨会
第二届恩德思奖(Endoscopics Award)颁奖大会
征 文 通 知

2005年6月24日~26日,将在北京中国科技会堂举行"中国第十四届内镜医师学术大会"、"中国医师协会内镜医师分会成立大会",同时举行"《中国内镜杂志》创刊十周年学术研讨会"和"第二届恩德思奖(Endoscopics Award)"颁奖大会。

为了促进我国内镜技术的应用和发展,加强我国内镜医学学科及相关学科与国外内镜领域新技术的学术交流,提高内镜专业人员的业务水平,这次召开的"中国第十四届内镜医师学术大会"会议期间安排了专家讲座,新进展报告,内镜新术式演示,优秀论文颁奖,新型内镜及辅助仪器设备展览,内镜诊断和治疗有关的新药展示。

本次会议邀请了卫生部、科技部、教育部、中国科学院、中国工程院、国家卫生监督局、中国医师协会、中华医学会有关主管部门的领导、本领域的院士、医学专家、企业代表,对内镜医师的准入规范、医学内镜应用的关键技术难点、国内外内镜仪器设备与内镜应用有关药物、产品质量评估体系、现用内镜消毒药物与仪器效果评估标准与新产品开发进行研讨。欢迎有关管理人员、临床各专科内镜专家、内镜研究开发的科技人员、有关公司企业人士参加。

在中国第十四届内镜医师学术大会期间,"《中国内镜杂志》创刊十周年"将举行学术研讨会,召开编委会全体编委会议和组织考察,出版纪念期刊,向对本刊的发展作出贡献的个人和单位颁奖。《中国内镜杂志》是中国医师协会、中国医师协会内镜医师分会、国家卫生部肝胆肠外科研究中心、中南大学主办的内镜综合学科的科技期刊,月刊,自1995年创刊以来,在各专科内镜医师的大力支持和编委会专家的努力下,国内外发行的知名度逐年提高,影响因子达到0.992,居中国特种期刊排名第1位,是我国统计源期刊、核心期刊,并被国内外多个检索系统收录。

学术大会期间,还将举行"第二届恩德思颁奖大会"。恩德思奖(Endoscopics Award)于2004年创立,每年评选一次,由国内外同行专家推荐获奖名单审评。本奖授予世界各国为发展内镜医学事业做出杰出贡献的个人和机构,首届奖颁发给了裘法祖院士、钟南山院士、刘允怡院士、黄志强院士、张宝善教授、霍英东基金会等。该奖的评选和授奖由国内外专家遵循严格、公平、公正的评审标准和规范、国际公认的评价体系。第二届恩德思奖将由中国卫生部、科技部、教育部、中国科学院、中国工程院、中国医师协会、中华医学会有关领导亲临授奖。

一、征文要求 有关各专科临床内镜诊断与治疗、内镜新技术开发与应用、内镜诊治体会及内镜有关的基础研究等论文属征文范围,参会论文需附300字以内中英文摘要。欢迎全英文稿件。

二、征文内容 ①各专科内镜在临床诊断与手术治疗中的应用。②内镜与其他技术相结合在临床的应用。内镜医师规范管理和资格认证标准。③内镜消毒与防交叉感染药物和仪器应用与开发。④与内镜有关的生化、分子生物学、光电子学、纳米生物技术学、生物信息学等研究报告。⑤与内镜有关的新药、新方向及新技术。对国内外内镜仪器设备质量、性能价格比评价。

三、会议收稿截止日期 2005年5月12日止。为防止丢失稿件,稿件请用特快专递邮寄。

四、会议时间及地点 会议定于2005年6月24日~26日在北京中国科技会堂召开。

五、稿件经同行专家评审后,参会论文将以专题发表。

六、大会将举行专题学术讲座,大会学术报告,内镜下诊断、治疗技术演示,评选优秀论文并颁奖等。大会期间将举行《中国医师协会内镜医师分会》成立大会仪式。优秀论文全文将在《中国内镜杂志》和《中国医学工程》杂志发表。

七、参会的学术论文和医师,将发给中国医师协会和中华医学会印制的1类学分证书、参会证书。

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"中国医师协会内镜医师分会"成立仪式将在内镜学术大会期间举行。为了提高内镜医师的专业水平和维护内镜医师的权益,与国外内镜医师认证制度接轨,规范内镜临床医疗市场,获中国卫生部医政司、中国医师协会批准,卫生部肝胆肠外科研究中心就内镜医师规范管理项目进行了大量调研工作,多次全国研讨论证会,历经三年,详尽收集了世界发达国家内镜医师的培训和管理工作资料,提交了关于"建议成立中国医师协会内镜医师分会"的可行性报告,为政府主管部门提供了较完整的审批资料。

2004年12月2日,经国家民政部、卫生部、中国医师协会批准,成立"中国医师协会内镜医师分会"。遵照批准文件规定,它的职责是维护内镜医师的权益和行业自律,内镜医师规范管理与培训、考核,开展内镜医师的国际合作与交流。从此,分散在医学各专科从事内镜医疗工作的医师有了行业专业管理组织。成立大会将根据预备会议精神,完善《中国医师协会内镜医师分会章程》,讨论内镜医师分会工作计划,研究内镜医师和资格认证标准,规范管理工作,以及全国内镜医师培训基地建设,并成立恩德思奖(Endoscopics Award)中国办公室。

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Nasal endoscopy combined with multiple radiofrequency for perennial allergic rhinitis

FANG Chao-xin, ZHEN Shao-shao (Department of Otorhinolaryngology, Central Hospital of Kaiping, Kaiping 529300, China)

Abstract: Objective To evaluate the therapeutic effects of nasal endoscopic surgery combined with multiple radiofrequency in the treatment of perennial allergic rhinitis. **Methods** Sixty-three patients with perennial allergic rhinitis whose symptoms failed to be controlled by medication received nasal endoscopic surgery for submucous resection of the nasal septum combined with radiofrequency ablation of the bilateral sphenopalatine foramen, anterior ethmoidal nerve and inferior nasal concha. **Result** At 1 month after operation, the rate of excellent recovery was 92.1% (58/63), the efficacy rate was 7.9% (5/63), and the total efficacy rate was 100%. At 1 year after operation, the rate of excellent recovery was 88.9% (56/63), the efficacy rate was 7.9% (5/63), the rate of no efficacy was 3.2% (2/63), and the total efficacy rate was 96.8% (61/63). At 2 years after operation, the rate of excellent recovery was 82.6% (52/63), the efficacy rate was 12.7% (8/63), the rate of no efficacy was 4.8% (3/63), and the total efficacy rate was 95.2% (60/63). Compared with patients in the control group who underwent only nasal endoscopic surgery for submucous resection of the nasal septum, the total efficacy rate ($P < 0.01$ for excellent recovery + Efficacy) at 1 and 2 years after the surgery was significantly improved, with statistical significance. **Conclusion** Nasal endoscope combined with radio frequency may achieve accurate positioning of the field of surgery and good therapeutic effects on perennial allergic rhinitis with less adverse effects.

Key words: perennial allergic rhinitis; nasal endoscope; radiofrequency technique

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Department of Otorhinolaryngology, Central Hospital of Kaiping, Kaiping 529300, China

Abstract: Objective To evaluate the therapeutic effects of nasal endoscopic surgery combined with multiple radiofrequency in the treatment of perennial allergic rhinitis. **Methods** Sixty-three patients with perennial allergic rhinitis whose symptoms failed to be controlled by medication received nasal endoscopic surgery for submucous resection of the nasal septum combined with radiofrequency ablation of the bilateral sphenopalatine foramen, anterior ethmoidal nerve and inferior nasal concha. **Result** One month after operation, the rate of excellent recovery was 92.1% (58/63), efficacy rate of 7.9% (5/63), and total efficacy rate of 100%, which was 88.9% (56/63), 7.9% (5/63), and 96.8% (61/63) 1 year after operation, respectively, with 2 patients (3.2%) of the patients failed to respond to the treatment. Two years after the operation, the excellent rate, efficacy rate, and total effective rate was 82.6% (52/63), 12.7% (8/63), and 95.2% (60/63), respectively, with 3 patients failed to obtain good recovery. **Conclusion** Nasal endoscope combined with radio frequency may achieve good therapeutic effects on perennial allergic rhinitis with less adverse effects.

Key words: perennial allergic rhinitis; nasal endoscope; radiofrequency technique

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There are many surgical treatments for perennial allergic rhinitis, but a single treatment method has a higher rate of long-term recurrence. From March 1998 to January 2003, various methods such as nasal endoscopic surgery for submucous resection of the nasal septum combined with radiofrequency ablation of the sphenopalatine foramen, anterior ethmoidal nerve and inferior nasal concha were used in our department for the treatment of 63 patients with perennial allergic rhinitis. After a certain period of follow-up, the results were accurate. Now a report is given as follows.

1 Data and Methods

1.1 Clinical data

Sixty-three patients were admitted to our hospital, including 41 males and 22 females, aged at 19-60 years, with an average age of 30.5 years and a disease course of 1-3 years. All the patients complied with the diagnostic criteria for perennial rhinitis [1], and were accompanied by deflected nasal septum. They all received systemic and local treatment with antihistamines and corticosteroids, but the efficacy was not satisfactory. The 63 patients were randomly selected as the treatment group according to the admission period, and another 20 patients with the same disease who underwent nasal septum surgery alone were selected as the control group. The patients in both groups were inpatients.

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1.2 Treatment methods

The patients in the treatment group were put in the supine position and treated with 2% dicaine and 1/1000 adrenaline cotton pad for surface anesthesia and contraction of the nasal mucosa. Under nasal endoscopy, the SHP-I five-organ radiofrequency therapy instrument (manufactured by Guangzhou Medical Instrument Factory) was firstly used, with the intensity of Level 3 selected, and the firing head aligned with the sphenopalatine foramen on both sides, to carry out radiofrequenty at the anterior upper part of the nasal septum on both sides (the radiofrequency points on both sides were staggered by 5 mm to prevent perforation of the nasal septum), and at the anterior upper part of the lateral wall of the nasal cavity, the nasal ridge, and the anterior part of the inferior nasal turbinate (for those with severe hypertrophy of the inferior turbinate, partial resection of the inferior turbinate performed). It was advisable to have a white ring around the radiofrequency head. The anterior part of the inferior turbinate could undergo radiofrequency at 3-5 points, and the nasal ridge and lateral wall of the nasal cavity could be cut to the periosteum using a radiofrequency knife. Further submucosal resection of the nasal septum was performed, and uncinate process resection, sinus opening, lateral part resection of the middle turbinate, or nasal polypectomy were performed for those who had hypertrophy of the uncinate process, sinusitis, hypertrophy or polypoid lesion of the middle turbinate, or nasal polyps. After the surgery, both nasal cavities were filled with expanded sponges, and the fillers were removed at 48 hours later. For the patients in the control group, only submucosal resection of the nasal septum was performed.

1.3 Evaluation criteria for efficacy

The efficacy was evaluated according to the evaluation criteria for allergic rhinitis [1].

1.4 Statistical processing

The efficacy between the two groups was compared using the *t* test.

2 Results

Patients in the experimental group experienced worsening of nasal congestion and runny nose at 1-3 days after the surgery. On the 4th day, the symptoms were gradually relieved as the white pseudomembrane was cleared. After 3-4 weeks, the symptoms disappeared. No complications such as perforation of the nasal septum, decreased olfactory function, and dry nose and eyes were observed.

All the patients were followed up for 2 years, and no antihistamines or corticosteroids were used for treatment during the observation period.

One month after the surgery: The rate of excellent recovery was 92.1% (58/63), the efficacy rate was 7.9% (5/63), and the total efficacy rate was 100%; in the control group, the rate of excellent recovery was 40% (8/20), the efficacy rate was 50% (10/20), the rate of no efficacy was 10% (2/10), and the total efficacy rate was 90% (9/10).

One year after the surgery: The rate of excellent recovery was 88.9% (56/63), the efficacy rate was 7.9% (5/63), the rate of no efficacy was 3.2% (2/63), and the total efficacy rate was 96.8% (61/63); in the control group, the rate of excellent recovery was 30% (6/20), the efficacy rate was 40% (8/20), the rate of no efficacy was 30% (6/20), and the total efficacy rate was 70% (7/10).

Two years after the surgery: The rate of excellent recovery was 82.6% (52/63), the efficacy rate was 12.7% (8/63), the rate of no efficacy was 4.8% (3/63), and the total efficacy rate was 95.2% (60/63); in the control group, the rate of excellent recovery was 20% (4/20), the efficacy rate was 40% (8/20), the rate of no efficacy was 40% (8/20), and the total efficacy rate was 60% (6/10).

According to statistical analysis, there was a significant difference in the total efficacy rate between the two groups at 1 and 2 years after the surgery ($P < 0.01$).

3 Discussions

Numerous studies have shown that the parasympathetic nerves in the nasal cavity include the parasympathetic fibers of the pterygoid canal nerves and anterior ethmoidal nerves, independent cholinergic ganglia in the inferior turbinate mucosa, and some neurovascular peptides (vasoactive peptides and substance P) in the unmyelinated sensory nerve fiber endings of the nasal cavity, which regulate the vascular dilation and contraction of the nasal mucus membrane and the secretion of glands [2-4]. The treatment of perennial allergic rhinitis mainly relies on medication, but for cases with abnormal nasal structures, medication alone often has poor efficacy. Reasonable surgical interventions should be carried out based on the specific structural characteristics. Due to the complex innervation of the nasal mucosal nerves, radiofrequency technique was used to process multiple parts in the nasal cavity. In two cases, the radiofrequency ablation of sphenopalatine foramen was used to block the posterior parasympathetic fibers of the sphenopalatine nerve, and the medial and lateral branches of the anterior ethmoidal nerve were damaged by radiofrequency ablation of anterior upper part of the nasal septum and the lateral wall of the nasal cavity [3, 5]. In addition, the inferior turbinate contains cholinergic nerves and their parasympathetic plexus [6], so 3-5 points were selected for radiofrequency ablation at the anterior part of the inferior turbinate.

The use of radio frequency technique completely blocks the parasympathetic pathway of the nasal mucosa, reduces the vascular tension, reduces glandular secretion, and thus achieves the therapeutic purposes [7]. Pterygoid canal neurotomy alone or/and anterior ethmoidal neurotomy or inferior turbinate treatment preserves 1-2 parasympathetic pathways in the source and distribution of parasympathetic nerves in the nasal mucosa. However, due to the presence of allergic reaction arcs, the postoperative effect is poor and the recurrence rate is high [8, 9]. For the patients in this group, all the nasal mucosal parasympathetic pathways, including the posterior ganglionic fibers of the sphenopalatine nerve, the parasympathetic fibers of the anterior ethmoidal nerve, and the cholinergic ganglia within the inferior turbinate mucosa were blocked. The allergic reflex arc was completely relieved, thus achieving stable and reliable results. In addition, after correcting the deflection of the nasal septum, the imbalance stimulation of bilateral nasal cavities is eliminated, the sensory-parasympathetic reflex is reduced, and the nasal ventilation and drainage are improved, which is beneficial for the benign prognosis of the disease. Through the joint action of multiple links, the therapeutic effect of perennial allergic rhinitis is significantly improved.

The case study of this experimental group has demonstrated the following advantages: (1) Accurate localization of the surgical area, especially the precise effect of nerve blockade, while avoiding accidental injury to the adjacent important tissues. (2) It is easy to identify and eliminate other nasal symptoms that affect the therapeutic effect, such as hypertrophy of the uncinate process, hypertrophy of the middle turbinate, polypoid lesion, sinusitis, nasal polyps, etc. (3) Radiofrequency therapy is the use of high-frequency electromagnetic waves to coagulate and denature tissue proteins. The temperature at the radiofrequency ablation site is low (60-80°C). Without the damage by high temperature to the surrounding tissues, it will not cause acute perforation of blood vessels and massive bleeding [10]. There is no carbonization, vaporization, or smoke generation, the surgical field is clear, and it is easy for continuous operation.

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• Article •

Preliminary study on radiofrequency thermocoagulation of the posterior inferior nerve, anterior ethmoidal nerve, and inferior turbinate under nasal endoscopy for the treatment of perennial allergic rhinitis *

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Abstract: Objective To study a new method for improving the treatment of perennial allergic rhinitis (PAR). **Method** Eighty patients with perennial allergic rhinitis were randomly divided into two groups. The observation group included 40 patients who received radiofrequency thermocoagulation of the posterior inferior nerve, anterior ethmoidal nerve, and inferior turbinate under nasal endoscopy; the control group included 40 patients who received radiofrequency thermocoagulation of the sphenopalatine nerve under nasal endoscopy. The mid-term efficacy between the two groups were compared. **Results** The patients were followed up for half a year, and the total effective rate in the observation group was 100% (36 patients achieved significant efficacy), while in the control group it was 67.5% (10 patients achieved significant efficacy). The total effective rate between the two groups showed significant differences ($P < 0.01$) according to x^2 test. There were no complications in the observation group, while there were 3 cases of intraoperative bleeding in the control group. **Conclusion** Radiofrequency thermocoagulation of the posterior inferior nerve, anterior ethmoidal nerve, and inferior turbinate under nasal endoscopy for the treatment of PAR has advantages such as significant therapeutic effects, simple operation, and no side effects, with high clinical application values.

Keywords: Perennial allergic rhinitis; Posterior inferior nasal nerve; Sphenopalatine nerve; Anterior ethmoidal nerve; radiofrequency

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Radiofrequency treatment of nasal posterior-under nerve, ethmoidal nerve and infraturbinal for perennial allergic rhinitis under nasal endoscope *

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Abstract: [Objective] To study a new method for perennial allergic rhinitis (PAR). **[Methods]** 80 cases of PAR randomly divided into 2 groups receive: observation group 40 cases treated with nasal posterior-under nerve, ethmoidal nerve and infraturbinal radiofrequency under nasal endoscope; control group 40 cases treated with sphenopalatine nerves radiofrequency under nasal endoscope. **[Results]** All the cases were follow-up half year postoperatively. The total effective rate was 100% in observation group (excellent 90%) and 67.5% in control group (excellent 25%). There was significant difference ($P < 0.01$) between the groups in efficacy. The complication was not observed in observation group and massive intraoperation hemorrhage ($n = 3$) was observed in control group. **[Conclusions]** The method that is treating PAR with nasal posterior-under nerve, ethmoidal nerve and infraturbinal radiofrequency under nasal endoscope is highly effective, easy to perform and few complications, so it is a good way to treat PAR.

Key words: perennial allergic rhinitis; nasal posterior-under nerve; sphenopalatine nerve; ethmoidal nerve; radiofrequency

Abnormal increase in excitability of the nasal parasympathetic nerve plays an important role in the pathogenesis of perennial allergic rhinitis (PAR). In the past, pterygoid canal neurotomy was used to treat PAR. Although the long-term effective rate could reach 76.0% [1], due to severe trauma and the possibility of postoperative complications such as dry eyes, its use was limited to some extent. In view of this, we made improvements to this surgery. From September 2002 to March 2003, 40 patients with PAR (observation group) were treated with

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radiofrequency thermocoagulation of the posterior inferior nasal nerve, anterior ethmoidal nerve, and inferior turbinate under nasal endoscopy, and comparison was made with another group (control group) of 40 patients with PAR treated with only radiofrequency thermocoagulation of the sphenopalatine nerve under nasal endoscopy, in order to study the new method to improve the therapeutic effect of PAR. After six months of follow-up, the therapeutic effect was significant. Now a report is given as follows:

1 Data and Methods

1.1 General data

According to the revised "Diagnostic Criteria and Efficacy Evaluation Criteria for Allergic Rhinitis" at the 1997 Haikou Conference, there were 80 patients with PAR, including 37 males and 43 females. They were randomly divided into two groups: the observation group having 40 patients, including 18 males and 22 females, aged at 16-60 years old, with a disease course of 1-20 a and a symptom grading score of (8.27 ± 1.73) points; the control group having 40 patients, including 19 males and 21 females, aged at 16-60 years old, with a disease course of 1-18 a and a symptom grading score of (8.35 ± 1.65) points. The gender of the patients in the two groups was tested using x^2, and there was no significant difference in age and course of disease by the t test ($P > 0.05$), showing that there was comparability.

1.2 Methods

Observation group: The patients were put in the supine position and subjected to nasal surface anesthesia using 2% tetracaine adrenaline cotton pads under direct nasal endoscopy, and 5 mL of 1% lidocaine added with 1 drop of 1‰ adrenaline were used for mucosal infiltration anesthesia around the posterior middle turbinate and the sphenopalatine foramen. Then, the probe of the KD 618 radiofrequency ionization comprehensive therapy instrument, which had been adjusted to Level 3, was directly contacted with the route and distribution area of the posterior inferior nasal nerve and the anterior ethmoidal nerve. The treatment for the former involved placing the probe on the lateral wall of the nasal cavity between the posterior end of the middle and inferior turbinate, making a strip shaped thermocoagulation from the top to the bottom, with a length of about 2.5 cm, a width of 0.5 cm, and a depth up to the bone wall; the treatment for the latter involved thermocoagulation using the probe on the nasal ridge and the corresponding anterior upper mucosa of the nasal septum, with a range of approximately 1.2 cm^2, allowing the local tissues to coagulate for 3 seconds, except for 2 seconds for the nasal septum. Repeated thermocoagulation was allowed, with the local mucosa appearing as white patches. Spot like thermocoagulation was also performed on the anterior and medial mucosa of the inferior turbinate.

Control group: The anesthesia method and power selection were the same as those for the observation group. Under nasal endoscopy, the radiofrequency probe was placed at the posterior upper sphenopalatine nerve foramen above the middle turbinate for thermocoagulation treatment, with a diameter of about 1.0 cm and a depth up to the bone wall to block the sphenopalatine nerve.After treatment, 1% ephedrine solution was given to drop into the nasal cavity and oral antibiotics were administered for 3-5 days to reduce mucosal reactive swelling and prevent infection. During the period of treatment, antihistamines and other drugs were not used to avoid interfering with the observation of the therapeutic effects. Within one week after treatment, all the patients underwent a follow-up examination every other day to remove nasal exudates and cellulose membranes to prevent local adhesions. Follow-up examination was carried out at half a year after treatment, including the improvement of nasal symptoms and findings from nasal examination. All the patients were treated only once.

1.3 Evaluation criteria for efficacy

References were made to the "Diagnostic Criteria and Efficacy Evaluation Criteria for Allergic Rhinitis" revised at the 1997 Haikou Conference [2].

1.4 Statistical processing

The measurement data were expressed as mean ± standard deviation, the comparison of measurement data was performed using the t test, and the comparison of numeration data was performed using the x^2 test. The follow-up results after half a year of treatment were used as the basis for mid-term efficacy evaluation.

2 Results

2.1 The comparison of the therapeutic effects between the observation group and the control group at 6 months after the surgery is shown in the table below. The total effective rate of the control group was 67.5%, while that of the observation group was 100.0%. The two groups showed significant differences after statistical analysis. The therapeutic effect of the observation group was significantly better than that of the control group.

Table. Comparison of therapeutic effects between the observation group and the control group at half a year after the surgery, in number of patients (%)

Group	Number of patients	Significant	Effective	Ineffective	Total effective rate
Control group	40	10 (25.0)	17 (42.5)	13 (32.5)	67.5
Observation group	40	36 (90.0)	4 (10.0)	0 (0)	100.0

Note: $x^2 = 13.23$, $P < 0.01$

2.2 After receiving radiofrequency thermocoagulation of the posterior inferior nerve, anterior ethmoidal nerve, and inferior turbinate for 2-5 days, the patients in the observation group might experience symptoms such as nasal congestion and runny nose due to reactive edema and exudation of the nasal mucosa. A small number of patients might have bloody streaks in their nasal mucus, which were gradually improved after 1 week. Three patients in the control group experienced intraoperative bleeding in the sphenopalatine artery area, which was cured using endoscopic radiofrequency hemostasis. All the patients were followed up for 6 months. In the observation group, there were 2 cases of recurrence at 4 months after treatment and 2 cases of recurrence at 6 months after treatment, but the symptoms were milder than those before the surgery. All the patients had no complications such as nasal septal perforation, dry eyes, decreased vision, or nasal dryness.

3 Discussions

Although the pathogenesis of allergic rhinitis is mainly antigen-antibody reactions, the occurrence of its three main symptoms is closely related to the imbalance of the sensory nerves innervating the nasal mucosa and the two types of vegetative nerves, that is, it is related to parasympathetic hyperfunction. The parasympathetic nerves in the nasal cavity mainly originate from the sphenopalatine nerves (which branches into the nasal cavity along with the posterior inferior nasal nerves in the pterygopalatine canal) and the medial branch of the anterior ethmoidal nerves. In the inferior turbinate, there are cholinergic nerves and parasympathetic nerve plexus [3]. The use of radiofrequency thermocoagulation of the posterior inferior nasal nerve, anterior ethmoidal nerves, and inferior turbinate under nasal endoscopy for the treatment of PAR can widely block the source of the parasympathetic nerves in the nasal cavity, reduce the excitability of the parasympathetic nerves, reduce the sensitivity of the nasal mucosa to sensitive areas, and the sensory-parasympathetic reflex. This can disrupt the sneezing reflex arc input pathway, reduce the sensitivity of the nasal mucosa to external stimuli, reduce vascular dilation, reduce the gland secretion, and reduce the swelling of the nasal mucosa, which can thereby alleviate or eliminate symptoms such as nasal itching, sneezing, nasal congestion, and runny nose in

(to be continued on page 243)

the contact surface of the drug is increased, and due to the stimulation of the lesion during the clearance process, the local congestion and blood flow of the lesion are accelerated, which facilitates drug absorption and can increase the local blood drug concentration [4]. Most MDR-TB cases have a long course of disease and multiple symptoms. The pathology is mainly characterized by degeneration, necrosis, and fiber proliferation, resulting in sparse blood vessels, limited local blood circulation, mucosal congestion and edema at the lesion site, and an increase in local necrotic tissues and secretions. Chemotherapy only is difficult for drugs to penetrate the lesion, and even if some blood flow can pass through the bronchopulmonary barrier, drugs are difficult to reach effective concentrations that inhibit and kill tuberculosis bacteria [5], and the therapeutic effect is often not ideal, and the disease even persists for a long time. The bronchial mucosa at all levels has a strong ability to absorb drugs, and the alveolar capillary membrane is the optimal site for drug absorption. Drugs locally injected through fiberoptic bronchoscopy are absorbed in a short period of time, producing a strong bactericidal effect on secondary bacterial infections on the lungs or other parts, and quickly alleviating respiratory and systemic symptoms. The related basic studies have shown that alveolar epithelial type II cells transport Na^+ from the alveolar surface to the basal side through their surface amiloride hydrochloride hydrate sensitive sodium channel, and then pump Na^+ into the pulmonary interstitium through the Na^+ - K^+ - ATPase of the basal membrane. The active transport of ions drives the absorption of liquid in the alveoli. The active transport and liquid reabsorption functions of the alveolar epithelium enable the alveoli to remain dry and undergo effective gas exchange during normal conditions [6]. When the injection fluid fills the alveoli, the normal alveoli or slightly damaged alveoli can actively transport and absorb the drug fluid in a short period of time, without causing fluid retention in the alveoli [7]. In this study, amikacin, levofloxacin, and isoniazid were used in combination with fiberoptic bronchoscopy to treat MDR-TB. The 9-month sputum negative conversion rate was 85.79%, lesion absorption improvement rate was 88.1%, and cavity closure rate was 40.5%, which were significantly higher than 64.1%, 66.7%, and 17.9% in the control group. In summary, local drug injection through fiberoptic bronchoscopy is currently an effective method for treating MDR-TB, which has the effect of purifying cavities, promoting sputum bacteria to turn negative, and closing cavities. The development of this therapy will play an important role in reducing the source of infection, reducing the epidemic condition of tuberculosis, and controlling the prevalence of tuberculosis. It has the advantages of safety, no obvious toxic and side effects, and few complications, and is worthy of clinical use.

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(continued from page 240)

patients, achieving the objective of treating PAR. The pterygoid canal nerve, as the main parasympathetic nerve innervating the nasal mucosa, can effectively control the symptoms of watery nasal discharge and congestion in allergic rhinitis after being cut off, which has been confirmed by domestic and foreign scholars [1,4]. The posterior inferior nasal nerve is derived from the postganglionic fibers of the pterygoid canal nerve and the sensory fibers of the maxillary nerve in the sphenopalatine ganglion. Therefore, cutting off the nerve cannot only achieve a similar therapeutic effect as that of the pterygoid canal nerve cutting surgery, but also effectively alleviate symptoms of sneezing and nasal itching. Moreover, the posterior inferior nasal nerve does not contain parasympathetic nerve fibers that innervate the lacrimal gland, so it will not cause dry eye symptoms as those of pterygoid canal nerve cutting surgery [5]. The anterior ethmoidal nerve contains both the sensory nerve fibers of the first branch of the trigeminal nerve and the parasympathetic nerve fibers originating from the oculomotor nucleus. Therefore, cutting off this nerve can also play a certain role in alleviating the three major nasal symptoms. In the opinions of the authors, the mechanism of radiofrequency thermocoagulation of the inferior turbinate mucosa is not only related to the reduction of inferior turbinate volume and improvement of nasal ventilation, but also to the destruction of the microganglia and parasympathetic plexus in the inferior turbinate, resulting in a decrease in acetylcholine release [6].

In this study, there was a significant difference in the efficacy between the observation group and the control group after 6 months of surgery, indicating that radiofrequency thermocoagulation of the posterior inferior nasal nerve, anterior ethmoidal nerve, and inferior turbinate for the treatment of PAR is significantly superior to the method of thermocoagulation of the sphenopalatine nerve only, but with further observation needed for its long-term efficacy. This method has the advantages of significant therapeutic effect, simple operation, and no side effects, and is worthy of clinical use.

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(Edited by Zhao Ziyi)

Notice on Article Contribution to
The 14th Academic Conference for Endoscopists in China
The Establishment Conference for the Endoscopists Branch of the Chinese Doctor Medical Association
The Academic Seminar for the 10th Anniversary of the Founding of the China Journal of Endoscopy
The 2nd Endoscopics Awards Ceremony

From June 24 to 26, 2005, the 14th Academic Conference for Endoscopists in China and the Establishment Conference for the Endoscopists Branch of the Chinese Medical Doctor Association will be held in the China Science and Technology Museum in Beijing, and at the same time, the Academic Seminar for the 10th Anniversary of the Founding of the China Journal of Endoscopy and the 2nd Endoscopics Award ceremony will be held.

Expert lectures, new progress reports, demonstrations of new endoscopic techniques, awards for excellent articles, exhibitions of new endoscopes and auxiliary equipment, and display of new drugs related to endoscopic diagnosis and treatment will be arranged during the 14th Academic Conference for Endoscopists in China, so as to promote the application and development of endoscopic technologies in China, strengthen academic exchanges between the discipline of endoscopic medicine and related disciplines in China and new technologies in the field of endoscopy abroad, and improve the professional level of endoscopic professionals.

In the conference, leaders of the relevant competent departments of the Ministry of Health, the Ministry of Science and Technology, the Ministry of Education, the Chinese Academy of Sciences, the Chinese Academy of Engineering, the National Health Supervision Bureau, the Chinese Medical Doctor Association, and the Chinese Medical Association, as well as academicians, medical experts, and enterprise representatives in this field will be invited, to discuss the admission criteria for endoscopists, key technical difficulties in the application of medical endoscopes, drugs related to domestic and foreign endoscopic instruments and equipment and endoscopic application, the product quality assessment system, the evaluation standards for the effectiveness of endoscopic disinfection drugs and instruments and the development of new products. The relevant management personnel, clinical endoscopic experts from various specialties, scientific and technological personnel in endoscopic research and development, and personnel from the relevant companies and enterprises are welcome to participate in the conference.

During the 14th Academic Conference for Endoscopists in China, an academic seminar will be held for the 10th anniversary for the founding of the China Journal of Endoscopy, a meeting of all editorial board members will be held and inspections will be organized, commemorative journals will be published, and awards will be awarded to individuals and organizations making contributions to the development of the journal. The China Journal of Endoscopy is a scientific and technological journal sponsored by the Chinese Medical Doctor Association, the Endoscopists Branch of the Chinese Medical Doctor Association, the Hepatobiliary and Intestinal Surgery Research Center of the Ministry of Health, and Central South University. Since its inception in 1995, with the strong support of various specialized endoscopists and the efforts of experts of the editorial board, the popularity of its publication in China and in the world has been increasing year by year, with an impact factor of 0.992, ranking in the first position in China's special journals. It is a statistical source journal and key journal in China, and has been included in multiple retrieval systems both domestically and internationally.

During the academic conference, the second Endopics Awards ceremony will also be held. The Endoscopics Award was established in 2004, and the candidates are evaluated annually and the list of candidates for the award is recommended by domestic and foreign peer experts for evaluation. The award is awarded to individuals and institutions from countries around the world making outstanding contributions to the development of endoscopic medicine. The first award was awarded to Academician Qiu Fa-zu, Academician Zhong Nan-shan, Academician Liu Yun-yi, Academician Huang Zhi-qiang, Professor Zhang Bao-shan, and the Fok Ying Tung Foundation. The selection and awarding of the award are conducted by domestic and foreign experts following strict, fair, and impartial evaluation standards and norms, as well as internationally recognized evaluation systems. The second Endopics Awards will be awarded in person by the relevant leaders of the Ministry of Health, the Ministry of Science and Technology, the Ministry of Education, the Chinese Academy of Sciences, the Chinese Academy of Engineering, the Chinese Medical Doctor Association, and the Chinese Medical Association.

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I. Article requirements: Articles related to clinical endoscopic diagnosis and treatment, development and application of new endoscopic technologies, experience in endoscopic diagnosis and treatment, and basic research related to endoscopy in various specialties are within the scope for articles for contribution. Articles for the conference must be provided with an abstract in both Chinese and English of no more than 300 words. Articles only in English are welcome.

II. Contents of articles: ① Use of endoscopy in clinical diagnosis and surgical treatment in various specialties. ② Combination of endoscopy and other techniques in clinical application; Standardized management and qualification certification standards for endoscopists. ③ Use and development of endoscopic disinfection and anti-cross infection drugs and instruments. ④ Research reports on biochemistry, molecular biology, optoelectronics, nanotechnology, bioinformatics, and other fields related to endoscopy. ⑤ New drugs, trends, and technologies related to endoscopy; Evaluation of the quality and cost-effectiveness of endoscopic instruments and equipment in China and foreign countries / regions.

III. Deadline for contribution of articles to the conference: May 12, 2005. To prevent loss of the manuscript of the articles, please send them by express delivery.

IV. Date and venue for the conference: The conference is scheduled to be held from June 24 to 26, 2005 at the China Science and Technology Museum in Beijing.

V. After review and approval by the peer experts, the articles contributed to the conference will be published in special topics.

VI. Special academic lectures, academic reports, demonstrations of endoscopic diagnosis and treatment techniques, selection of excellent articles, and awards will be carried out in the conference,. During the conference, the establishment ceremony of the Endoscopists Branch of the Chinese Medical Doctor Association will be held. The full text of the excellent articles will be published in the China Journal of Endoscopy and the China Medical Engineering.

VII. For the academic articles and physicians in the conference, Class 1 credit certificates and conference certificates printed by the Chinese Medical Doctor Association and the Chinese Medical Association will be granted.

VIII. Address for contribution of articles: Editorial Department of China Journal of Endoscopy, No. 87, Xiangya Road, Changsha City, Hunan Province 410008 China

Please state "2005" endoscopy conference in the manuscripts and send the articles by express delivery as much as possible.

IX. Tel.: 0731-4327991; Fax: 0731-4327993, 0731-4327987; E-mail: cje@2118.cn

Contact Person: Wang Yuan-jing (Mobile Phone No.: 13100310394), Liu Dong-jing (Mobile Phone No.: 13637319104), Zhu Qin (Mobile Phone No.: 13574174481)

The establishment ceremony of the Endoscopists Branch of the Chinese Medical Doctor Association will be held during the Academic Conference for Endoscopy. In order to improve the professional level of endoscopists and protect their rights, align with the certification system of foreign endoscopists, standardize the clinical endoscopic medical market, and obtain approval from the Medical Affairs Department of the Ministry of Health of China and the Chinese Medical Doctor Association, the Hepatobiliary and Intestinal Surgery Research Center of the Ministry of Health has conducted extensive researches on the standardized management project for endoscopists, and has held multiple national seminars and discussions for three years, and has collected detailed training and management materials for endoscopists from developed countries / regions around the world, and submitted a feasibility report on the establishment of the Endoscopists Branch of the Chinese Medical Doctor Association, providing comprehensive materials for the government regulatory authorities for approval.

On December 2, 2004, with the approval of the Ministry of Civil Affairs, the Ministry of Health, and the Chinese Medical Doctor Association, the Endoscopists Branch of the Chinese Medical Doctor Association was established. According to the approval document, its responsibility is to safeguard the rights and interests of endoscopists and the industry self-discipline, standardize the management, training, and evaluation of endoscopists, and carry out international cooperation and exchange among endoscopists. From then on, physicians in various medical specialties engaging in endoscopic medical work have an organization for professional management in the industry. The establishment conference will, in accordance with the spirit of the preparatory meeting, improve the Constitution of the Endoscopists Branch of the Chinese Medical Doctor Association, discuss the work plan of the Endoscopists Branch, study the standards for endoscopists and qualification certification, standardize management work, and establish a national endoscopists training base, and additionally establish the Endoscopics Award China office.

Chinese Medical Doctor Association
Endoscopists Branch of the Chinese Medical Doctor Association
Organizing Committee of the 14th Academic Conference for Endoscopists in China
Endoscopics Award Evaluation Committee
March 9, 2005

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