

題名:Minocycline牙齦下局部投藥治療效果之GCF中IL-1 $\beta$ 、牙周臨床參數及  
牙周致病菌特有酵素檢測評估

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摘要:BACKGROUND: Totally implantable access ports (TIAPs) are widely used in pediatric hematology-oncology patients. We investigated the incidence of complications, causes of TIAP removal, and risk factors for infection. PROCEDURE: We retrospectively analyzed the clinical, demographic, and surgical characteristics in 225 pediatric hematology-oncology patients implanted with 238 TIAPs between January 2004 and December 2005. RESULTS: Except for 20 patients lost to follow-up, the mean maintenance period was 724.8 +/- 500.6 days (range: 17-2,124). Mechanical complications occurred in seven patients (2.9%). The causes of TIAP removal were termination of use in 130 patients (59.6%), death from primary disease with TIAP in situ in 35 (14.7%), infection in 35 (14.7%), and obstruction in 4 (1.8%). Early infections occurred in nine patients at mean 37.77 +/- 16.44 days (range: 17-56). Late infections occurred in 26 patients at mean 334.5 +/- 257.82 days (range: 68-997). Univariate analysis showed that the risk factors of early infection were re-implantation (P = 0.022) and long operation time (P = 0.045). The risk factors of late infection were ANC < 500/mm<sup>3</sup> (P = 0.011) and platelet count < 50,000/mm<sup>3</sup> (P < 0.001). In multivariate analysis, re-implantation was a significant risk factor of early infection (P = 0.033, OR 4.528) and low platelet count (< 50,000/mm<sup>3</sup>) was the independent risk factor for late infection (P = 0.005, OR 4.24). CONCLUSIONS: Correct procedure and careful use decreases the incidence of early infection and leads to the prevention of re-implantation. Initial

thrombocytopenia was attributable to bone marrow suppression caused by hematologic malignancies or severe infection. Thus, this condition is of value in predicting late infection. *Pediatr Blood Cancer* (c) 2009 Wiley-Liss, Inc.