钟南山有重要发现,忽视或致病例漏诊

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近日,钟南山院士团队的研究论文以原创论著 (Original article)的形式,正式刊登在医学界影响力最高的综合医学杂志《新英格兰医学杂志》上。该论文的数据来源是在国家卫健委的支持与协调下,由钟南山院士牵头收集的自2019年12月11日至2020年1月29日全国30个省/自治区/直辖市共552家医院的1099例实验室确诊的新型冠状病毒感染(下文简称为新冠肺炎感染)患者的临床信息。



《新英格兰医学杂志》发表的研究论文截图

5日,钟南山院士对论文的主要亮点和临床意义进行了独家解读,为临床救治提供新思路。

研究的主要亮点发现和临床意义有哪些?

- 1)本研究首次收集全国范围的大样本量(超过1000例)新冠肺炎患者的临床信息,不少患者在湖北省外就诊,多数患者为非重症病例(占84.3%),15.7%的患者为重症病例,患者人群具有较好的代表性;
- 2) 本研究计算得出的病死率 (1.4%) 与国家卫健委官方报道数据 (约2.3%) 更为贴近;

- 3)发现了仅有1.9%的患者有直接接触过野生动物的病史,在生活在武汉以外的居民中有31.3%的患者在近2周曾到过武汉,72.3%患者曾在近2周接触过武汉地区人员;
- 4) 指出56.2%的新冠肺炎患者在入院时尚未出现发热,但随着疾病进展,88.7%的患者相继出现发热,因此仅依靠发热作为诊断标准则容易漏诊疑诊病例;
- 5) 指出消化道症状(包括恶心、呕吐、腹泻)较为少见,指出了新冠病毒通过消化道传播的证据(在粪便、胃肠道破损黏膜、出血处分离出病毒),提示各界需注意预防下水道污染引起的新冠病毒传播;
- 6) 指出确实存在部分核酸检测阳性、具有临床症状但在入院时无任何影像学异常表现的新冠感染患者,而且非重度患者中这类患者的比例(17.9%)远高于重度新冠感染患者(2.9%);
- 7) 指出淋巴细胞减少可见于83.2%的新冠肺炎感染患者中,寻找病毒破坏淋巴细胞的关键机制将有启发临床医生通过调节患者的免疫功能而提高救治成功率。



国外同行如何评价论文?

《新英格兰医学杂志》高度重视新冠疫情,美国国立卫生研究院的Anthony Fauci、Clifford Lane、Robert Redfield教授撰写了题为Covid-19 —Navigating the uncharted文章,提出本研究的发现提示新冠疫情最终可能更类似于季节性流感(病死率接近0.1%)或者流感大流行(类似于1957年和1968年的大流行),而与SARS或者MERS的高病死率(分别为9%~10%、36%)形成鲜明对比。



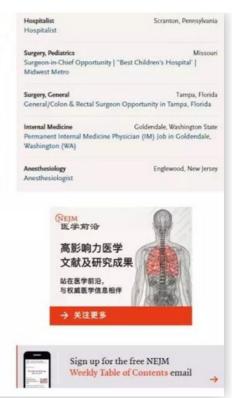


their symptoms were so mind that their infection escaped detection, which has implications for the size of the denominator of total community infections.

On the basis of a case definition requiring a diagnosis of pneumonia, the currently reported case fatality rate is approximately 2%. ⁴ In another article in the Journal, Guan et al. ⁵ report mortality of 1.4% among 1099 patients with laboratory-confirmed Covid-19; these patients had a wide spectrum of disease severity. If one assumes that the number of asymptomatic or minimally symptomatic cases is several times as high as the number of reported cases, the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively.²

The efficiency of transmission for any respiratory virus has important implications for containment and mitigation strategies. The current study indicates an estimated basic reproduction number (R_Q) of 2.2, which means that, on average, each infected person spreads the infection to an additional two persons. As the authors note, until this number falls below 1.0, it is likely that the outbreak will continue to spread. Recent reports of high titers of virus in the oropharynx early in the course of disease arouse concern about increased infectivity during the period of minimal symptoms. 6,7

China, the United States, and several other countries have instituted temporary restrictions on travel with an eye toward slowing the spread of this new disease within China and throughout the rest of the world. The United States has seen a dramatic reduction in the number of travelers from China, especially from Hubei province. At least on a temporary basis, such restrictions may have helped slow the spread of the virus: whereas 78,191 laboratory-confirmed cases had been identified in China as of February 26, 2020, a total of 2918 cases had been confirmed in 37 other countries or territories. As of February 26, 2020, there had been 14 cases detected in the United States involving travel to China or close contacts with travelers, 3 cases among U.S. citizens repatriated from China, and 42 cases among U.S. passengers repatriated from a cruise ship where the infection had spread. However, given the efficiency of transmission as indicated in the current report, we should be prepared for Covid-19 to gain



《新英格兰医学杂志》配发述评文章,对研究论文正面评价

钟南山院士同时强调,临床救治必须时刻摆在抗击新冠疫情的首位,临床和基础科研为临床实践保驾护航。

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