

curred at the lower field and outer zone of the lung; (2) Lesions are mostly multiply presented; (3) Lesions could change, develop or be absorbed rapidly, showing an unsteadiness. In part of the patients, it is seen that when one lesion is absorbed but another is aggravated simultaneously; (4) The lesion is mainly of an exudative nature. The chief forms are macular and patched infiltrative shadow, and in a few patients, it manifests itself as being of coarse reticular texture. In early stage of SARS, the lesion often encountered is singly, involving one side of the lung, but new lesions may appear along with the development of the disease. The above-mentioned characteristics of the chest film figure is in accord with those reported by WANG RG, LU PX, et al^(2,3), but T1, T2 and T3 obtained in this study were slightly shorter than those reported by WANG W, et al⁽⁴⁾. Besides, in this study, it was found that a secondary peak of abnormal changes in chest films took place in a few patients. The lesion in lung could be absorbed completely without evident sequela, except that local residual fibrous strips remained in a few patients.

Results in this study suggested that the clinical symptoms of SARS patients occurred basically in synchronization with the manifestations in chest films, but they could be non-synchronous in a few patients, and the chest film figure may improve prior to the improvement of clinical symptoms, and vice versa.

What should be noted is to differentiate the chest film figures of SARS patients from those of the following diseases: (1) The traditional atypical pneumonia, such as mycoplasma-caused or chlamydia-caused pneumonia and other viral pneumonia; (2) Pulmonary tuberculosis; (3) Mycotic pneumonia; (4) Idiopathic interstitial pneumonia; (5) Allergic pneumonia; (6) Pulmonary edema; and (7) Adult respiratory distress syndrome.

In sum, the X-ray chest film figures of SARS patients have its own special characteristics, and to understand these characteristics is surely helpful to the diagnosis, treatment and prognosis prediction of the disease.

REFERENCES

1. Ministry of Health. Standard for Clinical Diagnosis of Infectious Atypical Pneumonia (draft). May, 2003.
2. WANG RG, SUN HY, SONG LX, et al. Analysis on the characteristics of X-ray and CT manifestation in 112 patients with severe acute respiratory syndrome acute stage. *J Peking University (medical edition)* 2003;35(5) : 29—33.
3. LU PX, ZHOU BP, YUAN MY, et al. Characteristics of X-ray chest film figure in patients with SARS. *Chinese J of Radiology* 2003;37(8) : 682—685.
4. WANG W, MA DQ, ZHAO DW, et al. Manifestation and dynamic changes of CT in patients with SARS. *Chinese J of Radiology* 2003;37(8) : 686—689.

(Received July 21, 2003)

Effect of Astragalus Injection Combined with Chemotherapy on Quality of Life in Patients with Advanced Non-small Cell Lung Cancer

ZOU Yu-he (邹雨荷) and LIU Xue-mei (刘雪梅)

Jiangmen Central Hospital, Guangdong (529071)

Objective: To observe the effect of Astragalus injection (AI) combined with chemotherapy on quality of life (QOF) in patients with advanced non-small cell lung cancer (NSCLC). **Methods:** Sixty NSCLC patients were randomly divided into the treated group ($n=30$, treated with AI combined with chemotherapy) and the control group ($n=30$, treated with chemotherapy alone). Chemotherapy of MVP protocol was applied to both groups. AI was supplemented to the treated group by intravenous dripping 60 ml per day. Treatment of 21—28 days consisted one treatment cycle, and 2—3 cycles were applied. **Results:** The effective rate in the treated group was 40.0% and in the control group was 36.7%, the mean remission rate

in them being 5.4 months and 3.3 months, the median survival period 11 month and 7 month and the 1-year survival rate 46.75% and 30.0%, respectively, the difference of these indexes between the two groups were all significant ($P<0.05$). Moreover, the clinical improving rate and QOF elevation rate in the treated group was 80.4% and 43.3%, as compared with those in the control group (50.0% and 23.3% respectively), the difference was also significant ($P<0.01$). **Conclusion:** AI combined with chemotherapy can significantly improve the QOF in NSCLC patients of advanced stage.