sues[J]. Neuroreport, 2001, 12(4): 761 – 765.
[2] Tan H, Ye K, Wang Z, *et al*. Clinicopathologic evaluation of immunohistochemical CD147 and MMP-2 expression in differentiated thyroid carcinoma[J]. Jpn J Clin Oncol, 2008, 38(8): 528 – 533.
[3] Kraus M, Wolf B. Implications of acidic tumor microenvironment for neoplastic growth and cancer treatment: a computer analysis [J]. Tumour Biol, 1996, 17(3): 133 – 154.
[4] Bouzier A K, Voisin P, Goodwin R, *et al*. Glucose and lactate metabolism in C6 glioma cells: evidence for the preferential utilization of lactate for cell oxidative metabolism[J]. Dev Neurosci, 1998, 20(4/5): 331 – 338.
[5] Yamagata M, Hasuda K, Stamato T, *et al*. The contribution of lactic acid to acidification of tumours: studies of variant cells lacking lactate dehydrogenase[J]. Br J Cancer, 1998, 77(11): 1726 – 1731.
[6] 成党校,钱桂生,黄桂君. 单羧酸转运泵基因反义真核表达载体的构建[J]. 第三军医大学学报, 2000,22(8):807 – 809.
[7] Chen Z, Mi L, Xu J, *et al*. Function of HAb18G/CD147 in invasion of host cells by severe acute respiratory syndrome coronavirus[J]. J Infect Dis, 2005, 191(5): 755 – 760.
[8] 李浩,陈兢,贺民, 等. CD147、MMP-2 在人脑胶质瘤中的表达及其与预后的关系[J]. 四川大学学报: 医学版, 2007,38(3):396 – 399.
[9] Slomiany M G, Grass G D, Robertson A D, *et al*. Hyaluronan, CD44, and emmprin regulate lactate efflux and membrane localization of monocarboxylate transporters in human breast carcinoma cells[J]. Cancer Res, 2009, 69(4): 1293 – 1301.
[10] Kirk P, Wilson M C, Heddle C, *et al*. CD147 is tightly associated with lactate transporters MCT1 and MCT4 and facilitates their cell surface expression[J]. EMBO J, 2000, 19(15): 3896 – 3904.
[11] Gerhart D Z, Leino R L, Drewes L R. Distribution of monocarboxylate transporters MCT1 and MCT2 in rat retina[J]. Neuroscience, 1999, 92(1): 367 – 375.
[12] Baba M, Inoue M, Itoh K, *et al*. Blocking CD147 induces cell death in cancer cells through impairment of glycolytic energy metabolism [J]. Biochem Biophys Res Commun, 2008, 374(1): 111 – 116.
[13] Wilson M C, Meredith D, Halestrap A P. Fluorescence resonance energy transfer studies on the interaction between the lactate transporter MCT1 and CD147 provide information on the topology and stoichiometry of the complex in situ[J]. J Biol Chem, 2002, 277(5): 3666 – 3672.
[14] Isidoro A, Casado E, Redondo A, *et al*. Breast carcinomas fulfill the Warburg hypothesis and provide metabolic markers of cancer prognosis [J]. Carcinogenesis, 2005, 26(12): 2095 – 2104.
[15] Su J, Chen X, Kanekura T. A CD147-targeting siRNA inhibits the proliferation, invasiveness, and VEGF production of human malignant melanoma cells by down-regulating glycolysis[J]. Cancer Lett, 2009, 273(1): 140 – 147.

(**收稿**:2009-11-10;**修回**:2010-03-20)
(编辑 邓强庭)

个案与短篇

文章编号:1000-5404(2010)09-0988-01

误诊为急腹症的降、腹主动脉夹层动脉瘤1例

王 梅,乔着意,王兴志 (400020 重庆,解放军第324医院急诊科)

[关键词] 主动脉夹层动脉瘤;急腹症;误诊
[中图法分类号] R543.160.4 **[文献标志码]** B

1 临床资料

患者,女性,81岁,因突发胸腹部剧烈疼痛2 h来院急诊,疼痛持续加重,难以忍受。患者既往有高血压病史。急诊查腹部B超示胆总管增粗(0.8 cm);腹部立卧位片未见异常;胸片示胸主动脉增宽,双肺纹理增多、紊乱模糊。查体:血压183/107 mmHg,痛苦面容,双肺呼吸音粗,心率:97/min,心律齐,各瓣膜区未闻及杂音,右上腹轻压痛,腹部未触及包块。初步诊断为胆总管结石,收治住院。查血:白细胞8.7×10^9/L,红细胞3.97×10^9/L,血红蛋白120 g/L。心电图检查示窦性心律,左中隔支阻滞。肌酸激酶(CK)140 U/L,肌酸激酶同工酶(CK-MB)29 U/L。给予654-2解痉、曲马多镇痛治疗,静脉滴注硝酸甘油等对症治疗后,胸痛仍持续加重,再次复查血压:左上肢160/90 mmHg,右上肢200/120 mmHg,考虑主动脉夹层动脉瘤可能。立即行胸部CT扫描:降主动脉及腹主动脉影增宽,腔内见弧形略高密度影,主动脉壁钙化影内移,并见假腔和夹层,上缘始于主动脉弓,下缘达腰5椎体水平以下。确诊为降主动脉、腹主动脉夹层动脉瘤,继续给予镇静、镇痛和控制血压治疗。于入院12 h后转入外院治疗。

2 讨论

主动脉夹层动脉瘤是指由于各种原因造成的主动脉壁内膜破裂,血流沿内膜与中层之间纵行剥离而形成的壁内血肿。一旦破裂出血,抢救非常困难,是少见而严重的血管疾病[1]。具有腹主动脉瘤破裂典型症状的患者只有50%,其初诊误诊率常达25%[2],门急诊医师易误诊。主动脉夹层动脉瘤为临床少见疾病,起病急骤,病情凶险,临床表现复杂多样[3]。有以高血压危象合并脑出血发病,有与冠心病、心绞痛并存的,还有以消化道症状以及胸腹腔积液为主要表现就诊者,且90%主动脉夹层以突发胸痛或腹痛起病,疼痛非常剧烈,持续时间长,常向背部

[通信作者] 乔着意,电话:(023)68762049,E-mail:jzk324@163.com

(下转993页)

体基因 Arg16Gly 变异能抑制 HC/LF 膳食诱导的健康青年女性 TG/HDL-C 和 log(TG/HDL-C)升高,而 HC/LF 膳食诱导的 TG/HDL-C 和 log(TG/HDL-C)改变在该位点野生型和突变型健康青年男性之间没有明显差异,可能与 apoAI/apoB100 有关。

综上所述,本研究发现,β_2AR Arg16Gly 变异在健康青年女性能抑制短期 HC/LF 膳食诱导的 TG/HDL-C 和 log(TG/HDL-C)升高,但对 HC/LF 膳食诱导的健康青年男性血脂比值没有明显的影响,可能与健康青年男性 apoAI/apoB100 有关。该结果为进一步探讨高脂血症的发病机制提供了新线索。同时,该结果一旦在大样本、多中心研究中证实,将为占世界人口十分之一的我国人民高脂血症、心脑血管病等的一级、二级预防,尤其是合理的个性化膳食干预提供科学依据。

参考文献:

[1] Shai I, Rimm E B, Hankinson S E, *et al*. Multivariate assessment of lipid parameters as predictors of coronary heart disease among postmenopausal women: potential implications for clinical guidelines[J]. Circulation, 2004, 110(18): 2824-2830.

[2] Dobiasova M, Frohlich J. The plasma parameter log (TG/HDL-C) as an atherogenic index: correlation with lipoprotein particle size and esterification rate in apoB-lipoprotein-depleted plasma (FER(HDL))[J]. Clin Biochem, 2001, 34(7): 583-588.

[3] Rasouli M, Kiasari A M, Mokhberi V. The ratio of apoB/apoAI, apoB and lipoprotein (a) are the best predictors of stable coronary artery disease[J]. Clin Chem Lab Med, 2006, 44(8): 1015-1021.

[4] Parks E J, Hellerstein M K. Carbohydrate-induced hypertriacylglycerolemia: historical perspective and review of biological mechanisms[J]. Am J Clin Nutr, 2000, 71(2): 412-433.

[5] 甘婵芬, 龚仁蓉, 林佳, 等. 高糖低脂膳食对健康青年血脂比值的影响[J]. 四川大学学报: 医学版, 2008, 39(2): 267-271.

[6] Li Z K, Tang H, Gong R R, *et al*. No decrease of HDL cholesterol after 6 days of low fat and high carbohydrate diets in a young Chinese Han Population[J]. Sichuan Da Xue Xue Bao Yi Xue Ban, 2008, 39(4): 595-600.

[7] 林佳, 龚仁蓉, 甘婵芬, 等. 高糖低脂膳食对健康大学生血清 apoAI 和 apoB100 水平及 apoAI/apoB100 的影响[J]. 中国生物化学与分子生物学报, 2007, 23(9): 785-790.

[8] 汤慧, 李正科, 林佳, 等. 高糖低脂膳食对血清磷脂和甘油三酯含量的影响及其相关因素分析[J]. 四川大学学报: 医学版, 2007, 38(5): 822-825.

[9] Large V, Hellstrom L, Reynisdottir S, *et al*. Human beta-2 adrenoceptor gene polymorphisms are highly frequent in obesity and associate with altered adipocyte beta-2 adrenoceptor function[J]. J Clin Invest, 1997, 100(12): 3005-3013.

[10] Pereira A C, Floriano M S, Mota G F, *et al*. Beta2 adrenoceptor functional gene variants, obesity, and blood pressure level interactions in the general population[J]. Hypertension, 2003, 42(4): 685-692.

[11] Ishiyama-Shigemoto S, Yamada K, Yuan X, *et al*. Association of polymorphisms in the beta2-adrenergic receptor gene with obesity, hypertriglyceridaemia, and diabetes mellitus[J]. Diabetologia, 1999, 42(1): 98-101.

[12] Hagstrom-Toft E, Enoksson S, Moberg E, *et al*. beta-Adrenergic regulation of lipolysis and blood flow in human skeletal muscle *in vivo*[J]. Am J Physiol, 1998, 275(6 Pt 1): E909-E916.

[13] Petrone A, Zavarella S, Iacobellis G, *et al*. Association of beta2 adrenergic receptor polymorphisms and related haplotypes with triglyceride and LDL-cholesterol levels[J]. Eur J Hum Genet, 2006, 14(1): 94-100.

(收稿:2009-10-20;修回:2010-01-26)
(编辑 邓强庭)

(上接988页)

或腰部扩散,故易误诊为冠心病、心绞痛、急性心肌梗死或急腹症等,约80%的主动脉夹层患者有高血压病史[4]。如本例为高龄高血压患者并发降主动脉和腹主动脉夹层动脉瘤。动脉破裂后,只有大约25%患者能活着到达医院,仅有10%能活着到达手术室[5],死亡率极高。

此类患者起病急、发展快,累及系统广泛,且发病率低、病死率高,故易造成临床医师的误诊[6]。接诊医师应详细询问病患病史,重视胸、腹部血管杂音、四肢脉搏强弱及血压情况,分析病情应细心全面,且对本病复杂多变的临床表现应有足够认识,提高警惕性。尤其是对既往有高血压病患者发生突发胸背部疼痛,镇痛药不能缓解;疼痛伴休克样症状,而休克表现与两侧血压不相称;短期内出现心脏杂音、四肢血压不对称等常见疾病不能解释者均应考虑到本病的可能。尽早行X线平片、二维超声心动图、CT和数字减影血管造影等检查,以明确诊断。采取镇痛、镇静、控制血压等治疗措施,为外科治疗创造条件。

参考文献:

[1] 李学彦,林朝胜,赵成民. 主动脉夹层分离诊治新进展[J]. 中华老年心血管病杂志, 2008, 10(8): 639-640.

[2] Frego M, Bianchera G, Angriman I, *et al*. Ruptured aneurysms of the abdominal aorta: from the First Aid to the Operating Room. Changing Concepts[J]. Ann Ital Chir, 2007, 78(4): 277-281.

[3] 修凤荣,贾丽娟,张红. 主动脉夹层破裂误诊探析[J]. 临床误诊误治, 2007, 20(6): 26.

[4] 诸骏仁. 主动脉瘤与主动脉夹层动脉瘤[M]//戴自英. 实用内科学:上册. 第9版. 北京: 人民卫生出版社,1994: 1246-1250.

[5] Brown L C, Powell J T. Risk factors for aneurysm rupture in patients kept under ultrasound surveillance. UK Small Aneurysm Trial Participants[J]. Ann Surg, 1999, 230(3): 289-297.

[6] 徐清波. 主动脉夹层破裂二例分析[J]. 中国全科医学, 2008, 11(14): 1275-1276.

(收稿:2010-02-10;修回:2010-03-30)
(编辑 龙 亮)