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(**收稿**:2011-11-05;**修回**:2012-01-11)
(编辑 栾 嘉)

文章编号:1000-5404(2012)05-0441-01

个案与短篇

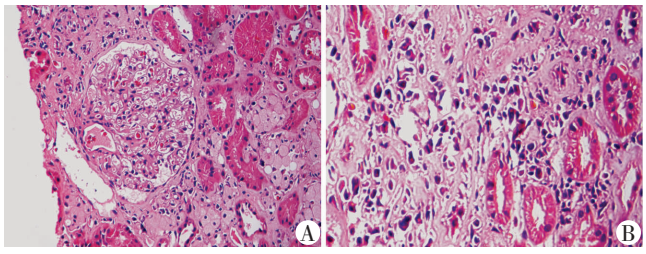
妊娠后出现混合性结缔组织性疾病 1 例

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[**关键词**] 混合性结缔组织疾病;妊娠;自身抗体
[**中图法分类号**] R714.25 [**文献标志码**] B

1 临床资料

患者,女性,37 岁,因反复下肢浮肿 1 年余入院。入院 1 年余前患者因妊娠 5 个月时发现双下肢浮肿伴夜尿增多(3 ~ 4 次/晚),浮肿压之呈凹陷性,晨轻暮重,认为是“妊娠”所致未重视。9 个月前行“剖宫产”术后 1 个月,浮肿仍未消退,故在院外查尿蛋白 2^+,中医考虑“肾病”,自服“中药汤剂”后浮肿减轻。此后浮肿反复加重,未重视。无光敏、脱发及关节疼痛;无眼干及皮肤干燥感觉。入院 1 周前因受凉后浮肿再次加重入我院诊治。入院查体:体温 37.0 ℃,脉搏 79/min,呼吸20/min,血压 130/80 mmHg。精神稍差,眼睑轻度浮肿,咽部充血,颈无抵抗,心肺腹未见异常,肾区叩痛阴性,双下肢中度凹陷性水肿。辅助检查:血常规 WBC 4.27×10^9/L,中性粒细胞 60.9%,血红蛋白 111 g/L,血小板 258×10^9/L;24 h 尿蛋白 5.25 g;血沉 112 mm/h;尿检:蛋白 + + +、潜血 +;肾功:肌酐 52 μmol/L、尿素 3.7 mmol/L、尿酸 302 μmol/L、血钙 1.77 mmol/L;尿本-周氏蛋白阴性;血清蛋白电泳示(球蛋白 54.4%);血清白蛋白 12.7 g/L;血脂:胆固醇 7.23 mmol/L;抗核抗体 ANA 滴度(1∶320)、核颗粒型、抗 SS-A(阳性)、抗 SS-B(阳性);抗 SM(阴性)。类风湿因子 84.5 IU/ml、抗环瓜氨酸肽抗体 784 RU/ml;免疫固定电泳阴性。心电图、胸部 X 线片正常。骨髓穿刺活检报告及细胞检查示增生性骨髓像。肾活检病理结果(图 1):肾小球轻度系膜增生,肾小管上皮细胞空泡样变性,大量浆细胞灶性及散在浸润。免疫荧光显示 IgG 在系膜区及毛细血管袢呈颗粒状团块状沉。最后诊断为混合结缔组织病,经积极予以甲泼尼龙及改善微循环等治疗 24 d 后,患者浮肿消退,复查尿蛋白阴性出院。



A:肾小球轻度系膜增生;B:肾小管上皮细胞空泡样变性

图 1 妊娠后出现混合性结缔组织性疾病患者肾活检观察 (HE ×200)

2 讨论

混合性结缔组织病(mixed connective tissue disease,MCTD)是 Sharp 等 1972 年提出的一种独立的少见的系统性疾病,女性多见,约占 80%。在临床上同时或相继出现红斑狼疮、皮肌炎、硬皮病等结缔组织病的不全或不典型表现的混合,血清学上表现为高滴度斑点型抗核抗体(ANA)和抗核内核糖蛋白抗体(抗 u1RNP)的结缔组织病[1-2]。目前并没有统一的诊断金标准,

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手段,两者疗效的区别还需要进一步的随访研究。

膀胱肿瘤具有多种新生长的特点,任何保留膀胱的治疗都有一定的复发率,辅助放疗、化疗及免疫治疗,可以进一步杀灭膀胱壁淋巴管内有癌细胞[13-14]。吡柔比星灌注化疗在临床上的应用效果良好,其特点是安全,损伤小,恢复快,能反复进行,对预防肿瘤复发疗效显著,毒副作用少,可降低复发率,延长膀胱术后无瘤期,提高患者的生活质量[15]。本组对钬激光切除术及经尿道电灼术的患者均采用柔比星灌注化疗,明显降低了膀胱肿瘤术后复发率,是治疗膀胱浅表肿瘤的一种实用方法。采用钬激光治疗膀胱肿瘤,术后常规进行吡柔比星灌注化疗的手术方法值得临床进一步研究和应用,但钬激光价格较贵,其使用的普遍性有待进一步提高。

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(收稿:2011-08-30;修回:2011-10-09)

(编辑 龙 亮)

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也容易向某种结缔组织病转换,血清学抗体及临床特征可以作为预警标志进行参考[3]。可由其他疾病诱发,原因不明[4]。本例患者在妊娠前没有肾脏病史,妊娠期间出现浮肿。产后浮肿未减退而查体发现蛋白尿。临床除表现为肾病综合征外,没有任何关节疼痛、红斑及皮肌炎症状,突出的特点表现为核颗粒型抗核抗体ANA、抗SS-A阳性、抗SS-B阳性、异常γ球蛋白升高及肾脏大量浆细胞浸润,经骨髓穿刺活检排除了血液系统疾病,经病理医师及全科临床医师讨论诊断为混合结缔组织病。妊娠常可导致母亲肾脏血流增加,负担加重,增加了肾脏病变的风险[5]。肾脏病理的妊娠和MCTD既往认为肾脏受累少见,临床表现轻微,仅为镜下血尿或少量蛋白尿。随着对该疾病的认识,重度蛋白尿和肾病综合征发生率超过1/3。妊娠与MCTD之间的关系目前文献报道不多[6],是否由妊娠导致自身抗体的产生有待进一步研究,而母亲患有MCDT是否遗传给下一代也不明确[7]。MCTD通常对糖皮质激素抵抗[1-2],而本例患者经糖皮质激素治疗后效果良好。通过该病例的体会是:对于妊娠后长期大量蛋白尿的患者,及时进行病理检查是关键。

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(收稿:2011-10-09;修回:2011-10-27)

(编辑 龙 亮)