(AG490)可能为临床治疗肝脏肿瘤带来新的转机。

参考文献:

[1] 刘波, 王洪林, 宋立文. Janus 激酶抑制剂 AG490 对人肝癌 SMMC-7721 细胞侵袭转移的影响[J]. 第三军医大学学报, 2011, 33(18): 1960-1963.
[2] Burke W M, Jin X, Lin H J, *et al*. Inhibition of constitutively active Stat3 suppresses growth of human ovarian and breast cancer cells[J]. Oncogene, 2001, 20(55): 7925-7934.
[3] Kusaba T, Nakayama T, Yamazumi K, *et al*. Expression of p-STAT3 in human colorectal adenocarcinoma and adenoma; correlation with clinicopathological factors[J]. J Clin Pathol, 2005, 58(8): 833-838.
[4] Shih Y P, Liao Y C, Lin Y, *et al*. DLC1 negatively regulates angiogenesis in a paracrine fashion [J]. Cancer Res, 2010, 70(21): 8270-7275.
[5] Zucker S, Mirza H, Conner C E, *et al*. Vascular endothelial growth factor induces tissue factor and matrix metalloproteinase production in endothelial cells: conversion of prothrombin to thrombin results in progelatinase A activation and cell proliferation [J]. Int J Cancer, 1998, 75(5): 780-786.
[6] 袁晟光, 苏如葵, 廖维甲, 等. STAT3、MMP-2 在肝细胞癌中的临床意义[J]. 实用医学杂志, 2011, 27(12): 2142-2144.
[7] Xiong H, Zhang Z G, Tian X Q, *et al*. Inhibition of JAK1, 2/STAT3 signaling induces apoptosis, cell cycle arrest, and reduces tumor cell invasion in colorectal cancer cells [J]. Neoplasia, 2008, 10(3): 287-297.
[8] 徐建华, 张超, 唐波, 等. JAK2/STAT3 通路在表皮生长因子诱导结肠癌细胞侵袭迁移中的作用[J]. 第三军医大学学报, 2010, 32(7): 638-641.
[9] Maniotis A J, Folberg R, Hess A, *et al*. Vascular channel formation by human melanoma cells *in vivo* and *in vitro*: vasculogenic mimicry [J]. Am J Pathol, 1999, 155(3): 739-752.
[10] Zhang L Z, Mei J, Qian Z K, *et al*. The role of VE-cadherin in osteosarcoma cells [J]. Pathol Oncol Res, 2010, 16(1): 111-117.
[11] Sun T, Zhao N, Zhao X L, *et al*. Expression and functional significance of Twist1 in hepatocellular carcinoma: its role in vasculogenic mimicry [J]. Hepatology, 2010, 51(2): 545-556.
[12] Chang Y S, di-Tomaso E , McDonald D M, *et al*. Mosaic blood vessels in tumors: frequency of cancer cells in contact with flowing blood [J]. Proc Natl Acad Sci U S A, 2000, 97(26): 14608-14613.
[13] Vartanian A A, Stepanova E V, Gutorov S L, *et al*. Prognostic significance of periodic acid-Schiff-positive patterns in clear cell renal cell carcinoma[J]. Can J Urol, 2009, 16(4): 4726-4732.
[14] 赵秀兰, 杜静, 张诗武, 等. 肝细胞肝癌中血管生成拟态的研究[J]. 中华肝脏病杂志, 2006, 14(1): 41-44.
[15] Shirakawa K, Wakasugi H, Heike Y, *et al*. Vasculogenic mimicry and pseudo-comedo formation in breast cancer[J]. Int J Cancer, 2002, 99(6): 821-828.

(**收稿**:2012-03-17;**修回**:2012-04-30)
(编辑 张 维)

文章编号:1000-5404(2012)18-1865-01

个案与短篇

膝关节置换术后肾上腺危象1例

石 勇[1],林建浩[2] (430015 武汉,湖北省新华医院外二科[1];100044 北京,北京大学人民医院骨关节科[2])

[**关键词**] 类风湿性关节炎;肾上腺皮质激素;肾上腺危象
[**中图法分类号**] R684.3 [**文献标志码**] B

1 临床资料

患者,女性,73岁,全身多处关节肿胀疼痛、双膝疼痛7年。以双膝类风湿性关节炎(全身多关节病变),高血压病入院,有长期口服强的松、降压药病史以及胆囊炎病史,半年前已停用激素,仍口服降压药。入院时血压140/85 mmHg。入院后在全麻下行双膝关节置换,手术前后给予激素保护治疗(手术当天在术前静脉予氢化可的松75 mg,术后100 mg,次日50 mg)。术后伤口干燥、无红肿,食欲差,第7天出现恶心,次日晚6时出现恶心、呕吐、上腹疼痛不适,嗜睡、昏迷。查体:体温35.6 ℃,血压78/46 mmHg,脉搏细数,心率101次/min,口唇及皮肤干燥、弹性差,四肢冰凉,腹软,右中腹轻度压痛,无反跳痛,双膝伤口干燥无红肿,实验室检查:血钾3.37 mmol/L,血钠129 mmol/L,血氯80 mmol/L,CO_2 CP 23.4 mmol/L,血BUN 7.49 mmol/L,Cr116.1 mmol/L,血糖4.77 mmol/L。血常规:WBC 19.9×10^9/L,中性粒细胞0.907,Hb 96 g/L,PLT 240×10^9/L。血生化:ALT 25.2 U/L,AST 9.7 U/L,ALB 23.5 g/L,尿常规PRO(-),BLD(-),血沉32 mm/h。粪常规OB阴性、镜检脓球(0-1)。心电图示:窦性心动过速。12 h尿量200 ml。感染科、风湿科、普外科会诊意见:急性胆囊炎,感染性休克,急性肾功能不全。经输液、抗感染、支持治疗,病情无缓解,血压一直持续80/50 mmHg,加用多巴胺维持血压最高在100/70 mmHg,增加多巴胺用量,血压升高不明显,次日尿量逐渐增多。胸部CT未见明显异常,腹部B超、CT见胆囊无肿大,腹腔少量积液,观察1 d后在全麻下行剖腹探查,仅见横结肠轻度粘连,术后加强胃肠营养、静脉营养,抗感染、支持治疗,患者仍全身乏力,停用多巴胺,血压维持在110/75 mmHg,腹部伤口愈合后出院。经电话随访,患者回家后自行口服强的松15 mg/d,乏力、全身疼痛不适缓解,血压也恢复至术前水平,逐渐下床行走。这时才考虑诊断为肾上腺危象。

2 讨论

长期服用较大剂量糖皮质激素的患者可能存在下丘脑-垂体-肾上腺轴抑制,导致自身分泌糖皮质激素能力下降,加之手术及麻醉本身使患者处于应激状态,对糖皮质激素的需求增加,

(下转1880页)

[**通信作者**] 石 勇,E-mail:407602346@qq.com

6例月经紊乱,1例需要激素替代治疗。虽然未能进行生育能力随访,我们仍认为保留手术有重要意义,不仅不影响患儿预后,且保留了生育功能,提高了生存质量。

本研究显示,对儿童卵巢恶性生殖细胞瘤使用含铂类的化疗方案可获得很好的疗效,对晚期及复发难治患儿应采取更强的化疗方案。保留生育功能手术不影响患儿预后生存,可提高患儿生存质量,推荐对卵巢恶性生殖细胞瘤患儿采取保留生育功能手术+辅助化疗的治疗方式。

参考文献:

[1] Sah S P, Uprety D, Rani S. Germ cell tumors of the ovary: a clinicopathologic study of 121 cases from Nepal[J]. J Obstet Gynaecol Res, 2004, 30(4): 303-308.

[2] Tewari K, Cappuccini F, Disaia P J, *et al*. Malignant germ cell tumors of the ovary[J]. Obstet Gynecol, 2000, 95(1): 128-133.

[3] Terenziani M, Massimino M, Casanova M, *et al*. Childhood malignant ovarian germ cell tumors: a monoinstitutional experience[J]. Gynecol Oncol, 2001, 81(3): 436-440.

[4] Cicin I, Eralp Y, Saip P, *et al*. Malignant ovarian germ cell tumors: a single-institution experience[J]. Am J Clin Oncol, 2009, 32(2): 191-196.

[5] 孙晓非, 杨群英, 甄子俊, 等. 44例儿童青少年恶性生殖细胞肿瘤综合治疗结果分析[J]. 癌症, 2006, 25(12): 1529-1532.

[6] Gershenson D M. Management of ovarian germ cell tumors[J]. J Clin Oncol, 2007, 25(20): 2938-2943.

[7] Yoo S C, Kim W Y, Yoon J H, *et al*. Young girls with malignant ovarian germ cell tumors can undergo normal menarche and menstruation after fertility-preserving surgery and adjuvant chemotherapy[J]. Acta Obstet Gynecol Scand, 2010, 89(1): 126-130.

[8] Biswajit D, Patil C N, Sagar T G. Clinical presentation and outcome of pediatric ovarian germ cell tumor: a study of 40 patients[J]. J Pediatr Hematol Oncol, 2010, 32(2): e54-e56.

[9] Yang C, Wang S, Li C C, *et al*. Ovarian germ cell tumors in children: a 20-year retrospective study in a single institution[J]. Eur J Gynaecol Oncol, 2011, 32(3): 289-292.

[10] Mann J R, Raafat F, Robinson K, *et al*. The United Kingdom Children's Cancer Study Group's second germ cell tumor study: carboplatin, etoposide, and bleomycin are effective treatment for children with malignant extracranial germ cell tumors, with acceptable toxicity[J]. J Clin Oncol, 2000, 18(22): 3809-3818.

[11] Cushing B, Giller R, Cullen J W, *et al*. Randomized comparison of combination chemotherapy with etoposide, bleomycin, and either high-dose or standard-dose cisplatin in children and adolescents with high-risk malignant germ cell tumors: a pediatric intergroup study--Pediatric Oncology Group 9049 and Children's Cancer Group 8882[J]. J Clin Oncol, 2004, 22(13): 2691-2700.

[12] 杨佳欣, 王含必, 沈铿, 等. 复发及未控卵巢恶性生殖细胞肿瘤的治疗[J]. 中华妇产科杂志, 2009, 44(4): 273-276.

[13] 姜桦, 曹斌融. 儿童及青少年卵巢恶性肿瘤: 附74例临床分析[J]. 上海医学, 2003, 26(11): 836-839.

[14] Tangir J, Zelterman D, Ma W, *et al*. Reproductive function after conservative surgery and chemotherapy for malignant germ cell tumors of the ovary[J]. Obstet Gynecol, 2003, 101(2): 251-257.

[15] Billmire D, Vinocur C, Rescorla F, *et al*. Outcome and staging evaluation in malignant germ cell tumors of the ovary in children and adolescents: an intergroup study[J]. J Pediatr Surg, 2004, 39(3): 424-429.

[16] Gershenson D M, Miller A M, Champion V L, *et al*. Reproductive and sexual function after platinum-based chemotherapy in long-term ovarian germ cell tumor survivors: a Gynecologic Oncology Group Study[J]. J Clin Oncol, 2007, 25(19): 2792-2797.

(**收稿**:2012-03-05;**修回**:2012-04-03)

(编辑 王 红)

(上接1865页)

一旦骤然撤药可能出现低血压、低血糖等肾上腺危象。肾上腺危象主要表现为肾上腺皮质激素缺乏所致的症状,如脱水、血压下降、体位性低血压、虚脱、厌食、呕吐、精神不振、嗜睡乃至昏迷。治疗原则为补充肾上腺皮质激素,纠正水电解质紊乱和酸碱平衡,并给予抗休克、抗感染等对症支持治疗。本例患者术前停用激素半年,可能存在继发性肾上腺皮质功能减退,虽然手术前后已行激素保护治疗,但停药后出现恶心呕吐、血压下降、脱水、昏迷、体温低、血象极高、无明显感染灶、对升压药不敏感时,应想到糖皮质激素低下、肾上腺危象可能。在排除严重感染后,应补液、抗休克治疗,查血浆皮质醇浓度、加用激素诊断性治疗,而无需剖腹探查。抢救时曾有医师想到停用激素的病史,但该并发症在临床上仅有少量报道,我们对此缺乏足够认识,直到患者回家自行服用激素,症状缓解才想到,应引起同道高度重视。

参考文献:

[1] 杨义生, 罗邦尧. 肾上腺危象[J]. 国外医学:内分泌学分册, 2005, 25(3): 214-215.

[2] 谢培凤, 商学征, 周晖, 等. 继发性肾上腺皮质功能减退并危象1例[J]. 疑难病杂志, 2009, 8(3): 178.

[3] Ahi S, Esmaeilzadeh M, Kayvanpour E, *et al*. A bulking agent may lead to adrenal insufficiency crisis: a case report[J]. Acta Med Iran, 2011, 49(10): 688-689.

[4] D'Silva C, Watson D, Ngaage D. A strategy for management of intraoperative Addisonian crisis during coronary artery bypass grafting[J]. Interact Cardiovasc Thorac Surg, 2012, 14(4): 481-482.

(**收稿**:2012-07-06;**修回**:2012-08-08)

(编辑 龙 亮)