少,而裸鼠的体质量未见明显减轻,证实联合用药在不带来明显副作用的前提下能够比单独用药更能够抑制肾癌的生长。为进一步分析这种抗瘤机制,我们切取移植瘤,并用免疫组织化学法检测 Ki-67 和 CD31 表达水平。Ki-67 作为一种细胞增殖相关标记物,其表达水平降低常常意味着细胞增殖能力的下降,而 CD31 标记的微血管密度常常与血管形成能力密切相关。我们发现在联合用药组的两者评分比对照组和单独用药组显著降低,进一步证实藤黄酸与舒尼替尼联合用药比单独用药更有效抑制肾癌的发展。

本研究虽然只对藤黄酸和舒尼替尼的联合抗肾肿瘤用药做了一些初步的研究,但其对于将来两者的临床联合用药起到一定的借鉴作用。

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个案与短篇

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颌下腺导管巨大结石 1 例

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[**关键词**] 颌下腺导管结石;第三磨牙舌侧;口底;巨大
[**中图法分类号**] R781.75 [**文献标志码**] B

1 临床资料

患者,女性,42 岁,因左侧颌下区反复肿胀疼痛 1 年余,加重 5 d,于 2014 年 2 月 19 日到我院口腔科门诊就医。患者 1 年前出现左侧颌下区肿胀伴疼痛,进食时肿痛愈发明显,1 年来肿胀疼痛反复发作,经外院多次静脉输液抗感染治疗,5 d 前患者复又出现左侧颌下区肿胀,外院抗感染治疗后肿胀未消退,遂到我院求治。检查发现患者左侧颌下区肿胀,可扪及颌下腺肿胀,触痛明显,挤压左侧颌下腺导管口无明显液体溢出。口内见左侧舌下一黄白色质硬物,如图 1 可见该硬物位于第三磨牙舌侧,部分穿出颌下腺导管及口底黏膜外露于口底。于局麻下行左侧颌下腺导管结石摘除术。取出结石如图 2,体积约 2.0 cm×1.2 cm×1.0 cm,质量约 1.5 g,结石取出后挤压左侧颌下区,又见一小块结石自口内颌下腺导管瘘口排出,约 0.6 cm×0.4 cm×0.1 cm,并伴有带乳白色豆渣样物的浑浊液体溢出。



图 1 颌下腺导管巨大结石患者口内见结石位于第三磨牙舌侧,已穿破口底黏膜

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图 2 左侧颌下腺导管结石摘除术取出 2 颗结石

2 讨论

颌下腺导管结石在临床上比较常见,其典型临床表现为进食时颌下区肿胀疼痛,停止进食后不久肿胀自行复原,疼痛消失,病变侧颌下腺导管开口唾液分泌减弱[1]。形成该病的主要原因,可归结于颌下腺腺体内的细菌感染及异物,且颌下腺导管的解剖特点为管腔狭窄、逆重力方向分泌,导致导管内易于形成钙盐沉积核,该沉积核逐渐增大,从而形成结石[2]。临床上口内常见的颌下腺导管结石多发于下颌第二磨牙之前至邻近导管开口处[3],且因导管内腔解剖形态所限多为条索形[4],最大径多在 1 cm 以内[5]。本例颌下腺导管结石位于第三磨牙舌侧,已自行穿透导管壁及口底黏膜,且特别巨大,实属罕见。

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