vation bidirectionally modify the composition and function of NMDA receptors in visual cortex[J]. Neuron, 2001, 29(1): 157-196.
[5] White S A, Livingstone F S, Mooney R. Androgens modulate NMDA receptor-mediated PSCs in the zbro finch song system[J]. J Neurophysiol, 1999, 82: 2221-2234.
[6] Beaver C J, Ji Q H, Daw N W, *et al*. Effect of the group Ⅱ metabotropic glutamate agonist, 2R, 4R-0APDC, varies with age, layer, and visual experience in the visual cortex[J]. J Neurophysiol, 1999, 82(1): 86-93.
[7] Cao Z, Lickey M E, Liu L, *et al*. Postnatal development of NR1, NR2A and NR2B immunoreactivity in the visual cortex of the rat[J]. Brain Res, 2000, 859(1): 26-37.
[8] Philpot B D, Sekhar A K, Shouval H Z, *et al*. Visual experience and deprivation bidirectionally modify the composition and function of NMDA receptors in visual cortex[J]. Neuron, 2001, 29(1): 157-169.
[9] Lester R A, Jahr C E. NMDA channel behavior depends on agonist affinity[J]. J Neurosci, 1992, 12(2): 635-643.
[10] Golshani P, Warren R A, Jones E G. Progression of change in NMDA, non-NMDA, and metabotropic glutamate receptor function at the developing corticothalamic synapse[J]. J Neurophysiol, 1998, 80(1): 143-154.
[11] Kielland A, Heggelund P. AMPA receptor properties at the synapse between retinal afferents and thalamocortical cells in the dorsal lateral genicurlate nucleus of the rat[J]. Neurosci Lett, 2001, 316(2): 59-62.
[12] Rupel S, Hatt H, Gottman K. Silent synapse in the developing rat visual cortex: evidence for postsynaptic expression of synaptic plasticity[J]. J Neurosci, 1998, 18(21): 8863-8874.
[13] Yasuda H, Kinoshita S, Tsumoto T, *et al*. Localized contribution of N-methyl-D-aspartate receptors to synaptic input-induced rise of calcium in apical dendrites of layer Ⅱ/Ⅲ neurons in rat visual cortex[J]. Neurosci, 1998, 85(4): 1011-1023.

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个案与短篇

先天性右冠状动脉右心室瘘1例

A case report of congenital right coronary artery fistula draining into the right ventricle

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患者,男性,26岁。因"劳力性心悸、呼吸困难10年,加重半年"入院。既往无剧烈胸痛及活动后青紫、蹲踞史。查体:体温37.5 ℃,脉搏108次/min,呼吸20次/min,血压158/83 mmHg。颈静脉怒张,双肺(-),心尖搏动位于左侧第6肋间锁骨中线外1 cm处,心尖搏动呈抬举样,胸骨右缘3、4肋间可触及收缩期震颤。心浊音界向两侧扩大。心率108次/min,心律齐,A2<P2,心尖区可闻及Ⅱ/Ⅵ级吹风样收缩期杂音,胸骨右缘3、4肋间闻及Ⅳ-Ⅴ/Ⅵ级连续性杂音,杂音较表浅、柔和。周围血管征阳性。肝脏肋下1 cm,剑下未触及。双下肢轻度凹陷性水肿。入院后摄X线胸片示:肺淤血,双心室增大,主动脉增宽、迂曲。心脏超声示:双心室增大,肺动脉瓣赘生物伴脱垂。心电图提示:窦性心律,左室大。因诊断不清于入院后行心腔及主动脉造影术,造影结果为先天性右冠状动脉右心室瘘。后患者在我院胸心外科行开胸探察手术,术中证实为右冠状动脉右心室瘘,伴双心室增大及肺动脉瓣赘生物。进行瘘口修补及赘生物清除。手术效果良好。

讨论

右冠状动脉右心室瘘是一种非常见的冠状动脉异常,属左向右分流型先天性心脏病[1]。由于右心室压力低,故收缩期及舒张期均有分流。听诊多为胸骨左右缘的连续性杂音,杂音常比较柔和、表浅。须与其他有连续性杂音的先天性心脏病进行鉴别。具有连续性杂音的先天性心脏病中,比较常见的为动脉导管未闭。其杂音的部位较高,多位于胸骨左缘第2肋间,杂音的性质比较粗糙响亮,呈机器声。可触及连续性震颤。此外,瓦氏窦瘤破裂、主肺动脉间隔缺损亦可出现连续性杂音。但瓦氏窦瘤破裂的杂音多在胸骨左缘,患者常有剧烈胸痛史。主肺动脉间隔缺损的杂音则较粗糙,与第一心音几乎同时出现,且因分流量大,心功能减退更明显,早期即出现肺动脉高压、艾森曼格综合征。在本病例中,由于左向右分流,左室回心血量增多,前负荷增加,故左室增大明显,收缩压也高于正常;且因肺动脉瓣脱垂伴关闭不全,故右室也有一定程度的增大。根据杂音的性质、杂音的最响部位及病史,可对冠状动静脉瘘作出初步诊断[2]。心血管造影检查能达到确诊的目的[3]。本病预后一般较好,如病程迁延,可导致心肌缺血或心力衰竭。及早手术修补瘘口是治疗本病的惟一途径。

关键词:先天性心脏病;冠状动静脉瘘
中图法分类号:R541.1 文献标识码:B

参考文献:

[1] Angelini P, Velasco J A, Flamm S. Coronary anomalies: incidence, pathophysiology, and clinical relevance[J]. Circulation, 2002, 105(20): 2449-2454.
[2] Alfredo Z, Fabio M, Gennaro S, *et al*. Coronary arteriovenous aneurysmatic fistula draining into the right atrium[J]. Circulation, 1998, 98(18): 1946-1948.
[3] Andrew M T, Sara A T, Michael B R, *et al*. Coronary artery imaging in grown up congenital heart disease: complementary role of magnetic resonance and X-Ray coronary angiography[J]. Circulation, 2000, 101(14): 1670-1678.

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