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**参考文献:**

[1] Chen X Y, Xi P X, Yan Y Z, *et al*. Protective effect of 764-3 on experimental lung fibrosis in rats[J]. Zhong Guo Yi Xue Ke Xue Yuan Xue Bao (Acta Academiae Medicinae Sinicae), 1992, 14(4): 263.
[2] Woessner J F. The determination of hydroxyproline in tissue and protein samples containing small proportion of this amino acid[J]. Arch Biochem Biophys, 1961, 93: 440.
[3] Sterk P J. Improving asthma treatment: the physiological message[J]. Eur Respir J, 1994, 7(2): 220 - 222.
[4] Fang F D, Zhou L, Ding L, *et al*. Modern medical experimental skill [M]. Beijing: Beijing medical university and Xiehe medical university combining publishing company, 1997. 268.
[5] Zhang D P, Hu L D, Li H, *et al*. An experimental study of inhaled smoke mice and pathomorphology[J]. Zhong Hua Jie He He Hu Xi Za Zhi (Chinese Journal of Tuberculousis and Respiratory Diseases), 1987, 10(4): 224.
[6] Ren B, Tao Q F, Ma S Y, *et al*. Reproduction of chronic bronchitis animal model and observation of pathomorphology[J]. Tian Jin Yi Yao (Tianjin medicine), 1995, 23(2): 102 - 103.
[7] Sloway J, Garlad A, Kelleher M. Hyperoxia-induced airway remodelling in immature rats: correlation with airway responsiveness[J]. Am Rev Respir Dis, 1992, 145: A14.
[8] Massague J. The transforming growth factor-β family[J]. Annu Cell Biol, 1990, 6: 597 - 641.
[9] Broekelmann T J, Limper A H, Colby T V, *et al*. Transforming growth factor $\beta_1$ is present at sites of extracellular matrix gene expression in human pulmonary fibrosis[J]. Proc Natl Acad Sci USA, 1991, 88(15): 6 642 - 6 646.
[10] Vignola A M, Chanez P, Chiappara G, *et al*. Transforming growth factor-beta expression in mucosal biopsies in asthma and chronic bronchitis[J]. Am J Respir Crit Care Med, 1997, 156(2 Pt 1): 591 - 599.
[11] Redington A E, Madden J, Frew A J, *et al*. Transforming grwoth factor-beta 1 in asthma: measurement in bronchoalveolar lavage fluid[J]. Am J Respir Crit Care Med, 1997, 156(2 Pt 1): 642 - 647.

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## 个案与短篇

# 以胸腔积液为主要表现的急性淋巴细胞白血病1例

# Pleural effusion as the first manifestation in a case of acute lymphocytic leukemia

宫立众,张翼军,陈 耿 (第三军医大学附属西南医院血液内科,重庆 400038)

患者男,19岁,因咳嗽、盗汗2月,加重伴气促5 d于1999年9月22日入院。2月前患者无明显诱因出现咳嗽,干咳,夜间为甚,盗汗,院外治疗效果差,并出现咳嗽加剧,胸闷、气促、颜面水肿。胸片及B超检查:胸腔积液、心包积液。血常规正常(院外医生告诉患者),具体不详(未见到检查结果)。予以抗炎、抽液治疗后症状仍无减轻而入我院。查体:T37.8 ℃,P 110次/min,R 22次/min,BP 14.5/11.0 kPa,气管左偏,右侧胸廓饱满,呼吸动度减弱,中下部语颤减弱,叩诊实音,呼吸音低。心浊音界向两侧扩大。血象:Hb 130 g/L,WBC $19.5\times10^9$/L,PLT $191\times10^9$/L,W-SCR 0.308,W-LCR 0.692,ESR 42 mm/h,血尿酸954 μmol/L,,胸片:右侧胸腔中量积液,左侧少量积液,心包积液。PPD(+)。胸水:血性,李凡它(++),细胞总数 $111.52\times10^9$/L,白细胞 $21.52\times10^9$/L,单个核0.70,多核0.30。胸水CEA 7.0 ng/ml,铁蛋白>500 ng/ml。脱落细胞学:大量炎细胞(中性粒细胞),未见癌细胞。抗酸杆菌(-)。两次胸水LDH分别为2 992 IU/L,1 698 IU/L。胸膜活检:慢性炎症。予以抗痨、抽液、利尿等治疗。5次共抽胸水3 000 ml,经治疗后自感症状好转出院。6 d后病情加重再次入院,查血象:Hb 90 g/L,WBC $188.3\times10^9$/L,PLT $42\times10^9$/L;骨髓:急性淋巴细胞白血病(急淋)$L_2$型。停用抗痨治疗,予以"VDCP"方案化疗1个疗程后取得完全缓解,胸水吸收,现正在随访中。

作者简介:宫立众(1966-),男,河北省巨鹿县人,博士,主治医师,讲师,主要从事血液内科临床及外周血干细胞移植的实验研究,发表论文10余篇。电话:(023)68755395

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## 讨论

该患者临床表现为胸腔积液,之后外周血WBC升高,骨髓细胞学为急淋,经联合化疗后取得完全缓解,胸水吸收,胸腔积液的症状完全消失,支持该患者为以胸腔积液为主要表现的急淋病例。急性淋巴细胞白血病临床表现各异,主要与白血病细胞组织浸润有关。急性白血病诊断时可伴有胸腔积液,尤以急淋较为多见[1,2],但以胸腔积液为首发症状,尚属罕见。

本例病人误诊的原因有:临床表现特殊;未注意患者的血WBC升高,且为进行性升高,未进行血涂片分类;未鉴别结核性胸腔积液和癌性胸腔积液,胸水LDH、CEA、铁蛋白已经提示可能为癌性胸腔积液,若能查胸水的pH值等可能更有帮助;病理误导:高倍镜,HE染色不能区分成熟淋巴细胞和幼稚淋巴细胞,所以病理为"慢性炎症",又因幼稚淋巴细胞制片时易破碎,形成"蓝细胞",造成脱落细胞分类时以中性粒细胞为主。

**关键词**:胸腔积液;急性淋巴细胞白血病
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**参考文献:**

[1] 沈 迪,王辩明,宋善俊 主编.临床血液学[M].北京:人民卫生出版社,1989. 486 - 487.
[2] 邓家栋 主编.临床血液学[M].上海:上海科学技术出版社,1985. 669.

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