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# Effects of recombinant human TNF on transplanted human colonic carcinoma in nude mice

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**Abstract** Objective: To study the effects of recombinant human tumor necrosis factor (rhTNF) on transplanted human colonic carcinoma in nude mice. Methods: Human colonic carcinoma cell line SW480 was transplanted to the body of nude mice. The effects of rhTNF on the growth, histomorphology and cytodynamics of the transplanted colonic carcinoma were obsered. Results: rhTNF inhibited the growth of the transplanted colonic carcinoma in a dosage-dependent manner. Partial necrosis of the carcinomatous cells occurred in the surroundings of tumor vessels with the infiltration of large numbers of inflammatory cells in the necrotic foci. rhTNF stopped the cells cycle progress from $G_0/G_1$ phase to S and $G_2M$ phases and reduced the proliferative index and DNA content of the carcinomatous cells. Conclusion: rhTNF exerts inhibition on the growth of the transplanted human colonic carcinoma possibly through the following mechanisms: ① To induce inflammatory reaction and vascular damage and ② To interfere with the cell cycle.

**Key words** TNF; colonic carcinoma cell line SW480; colorectal neoplasm; nude mouse

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# 特别巨大左心房 1例

# A case report of especially large left atrium

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在 1998年我院开展的 314例体外循环手术中,发现巨大左心房共有 11例,其中 1例特别巨大是我科历年手术病例中最大者,现报告如下。

## 1 临床资料

患者彭贤刚,男,26岁,因"劳力性心悸、气促 9年"于 1998年 11月 23日入院。患者入院前曾出现咯血、下肢水肿 1次。入院查体: 一般情况好,双肺呼吸音清晰,未闻及干、湿性罗音。心前区明显隆起,心尖搏动在第 6肋间左锁骨中线外 4 cm,剑突下可见明显搏动。心尖部可触及抬举样冲动,未触及细震颤。心率 82次/min,律绝对不齐,心音强弱绝对不等。心尖部可闻及Ⅲ/6级收缩期吹风样杂音。周围血管征阴性。胸片示: 心脏呈球形增大,心胸比为 0.8 食管Ⅲ°压迹。心前、后间隙消失。B超示: 风心病:① 巨大左房(前后径 125 mm,横径 148 mm,伸至左室后壁约 4.86 cm),左室明显增大(前后径 31 mm),右房明显增大(横径为 54 mm)。② 二尖瓣重度返流(返流面积为 30.27 $cm^2$),主动脉瓣轻度返流,三尖瓣轻至中度返流。③ 继发性肺动脉高压。肺功能检查示: 混合性通气功能障碍,肺容量各值、肺弥散功能和小气道功能均显著下降。其余各项化验检查无异常。经静滴心肌极化液等治疗后于 12月 4日在全麻体外循环心脏不停跳下行二尖瓣置换、左房折叠、三尖瓣环缩成形术。换27# 进口 C-M 双叶机械瓣,折叠左房顶部及底部,三尖瓣前、隔瓣交界环缩成形,预置起博导线,置胸腔、心包引流管。(术中机器转流 105 min,阻断上、下腔静脉 64 min)。术后 19 h拔除气管插管,分别于 12月 7日和 12月 10日拔除心包和胸腔引流,复查胸透未见胸腔积液,查体心前区未闻及杂音。于 12月 15日出院,至今一般情况良好。

## 2 讨论

巨大左房导致不同程度的功能障碍,术后并发症较多,右房内径与左心房附壁血栓、脑栓塞、心房纤颤、心力衰竭的发生率明显相关[1]。此类病人必须行左房折叠术,因其左房壁极薄,缝合时注意勿缝穿全层,否则很难处置[2]。术中、术后心肌保护十分重要,我们采用心脏不停跳体外循环手术后认为心肌保护效果很好。另外,此类病人应适当延处呼吸机支持的时间。

关键词 巨大左心房;手术治疗

中图法分类号 R605 文献标识码 B

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