Effects of vascular endothelial growth factor on the growth and metastasis of hepatocellular carcinoma

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Abstract Objective: To study the effects of vascular endothelial growth factor (VEGF) on the growth and metastasis of hepatocellular carcinoma (HCC). Methods: The expression of VEGF and the microvascular density (MVD) were determined in 29 cases of HCC with immunohistochemistry. Results: The expression rate of VEGF was 82.8% in 29 cases of HCC. The VEGF expression rate and MVD were higher in metastatic and non-encapsulated cases of HCC than in HCC cases without metastasis and with integral capsule ($P < 0.01$). VEGF was closely correlated to MVD but they were not correlated to the size of HCC ($P > 0.5$). Conclusion: Our findings indicate that VEGF may play an important role in the invasion and metastasis of HCC and VEGF expression rate and MVD are important indicators to judge the prognosis of patients with HCC.

Key words vascular endothelial growth factor; microvascular density; hepatocellular carcinoma

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残胃癌 10例临床分析

Clinical analysis of 10 cases of gastric remnant cancer

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胃十二指肠良性病变行胃大部切除术满 5年在残胃发生的癌称为残胃癌[1]。按此标准我科 1965~1980年 7月共收治 10例残胃癌,占同期胃癌的 1.15% (10/869),现报告如下。

1 临床资料

本组男 7例,女 3例,年龄(38~76)岁,平均 47.8岁。6例为胃溃疡,4例为十二指肠溃疡;3例行 B-I 氏手术,7例行 B-II 氏手术。残胃癌确诊距胃大部切除的时间 6~21年,平均 14.6年。

临床主要表现上腹胞胀、不规则疼痛,呕吐,食欲下降,消瘦,体重进行性减轻,2例反复便血,1例呕血。查体 3例有腹水,3例扪及腹部包块。B超提示 2例肝转移。

6例经纤维胃镜检查,4例钡餐检查发现胃肿瘤病变,10例均经胃镜行胃组织活检确诊为残胃癌,其中 3例经反复活检 2~4次才明确诊断。残胃癌 3例发现于吻合口部,3例发生于胃底后壁,2例发生于近贲门部,2例发生于全残胃。

治疗:其中 3例病程较早,病变局限,肿瘤小于 3 cm,行根治切除术,2例同时行胰尾及脾切除术。1例行姑息性切除术,2例仅行胃空肠吻合术。2例病程非常晚,并发生肝脏及腹腔等广泛转移而未手术。除手术外,同时辅以化疗、放疗及免疫治疗。治疗效果:5例行根治性全胃切除术者存活时间为 11个月至 5年以上,其中 3例较早期病例 1例存活 3年,2例超过 5年仍健在者。3例行姑息性手术患者存活 6~18个月。2例未行手术患者存活 3~7个月。

2 讨论

残胃癌的发生原因可能与以下因素有关。胃切除或胃空肠吻合术后十二指肠液返流,破坏胃粘膜的屏障作用,胆盐使胃粘膜表面细胞溶解,细胞核皱缩或消失,造成永久性损害。胰液中磷酸酯酶 A可促使胆汁中的卵磷酯变为溶血卵磷酯,而对胃粘膜产生损害作用。十二指肠液返流能促使胃粘膜上皮增生性改变,产生肠上皮化生和不典型增生。林言箴等动物实验表明在致癌物作用下,胃大部切除后 B-II 吻合术残胃癌发生率最高,而 Ronx-en-Y 式吻合术残胃癌发生率最低,进一步说明十二指肠液返流在残胃癌发生中的重要作用。胃大部切除后胃处于低酸或无酸状态,适合厌氧菌和粪球菌生长,从而使胃内微环境改变,产生致癌物质,许多细菌能促使亚硝酸盐和 N-亚硝基化合物的合成,而后者是一种致癌物质。

残胃癌的症状不典型,主要表现上腹不适、疼痛,吞咽困难,食欲下降,大便带血或呕血。胃大部切除术后,应定期随访,如发生胃部症状、贫血、大便隐血,甚至呕血黑便者应高度怀疑残胃癌。应定期行胃镜检查。纤维胃镜加胃粘膜活检是确诊残

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人对药物更为敏感,及 BTX在这些病人中更易扩散到眼外肌所致。对此我们将进一步研究。

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Study of the treatment of hemifacial spasm with botulinum toxin type A

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Abstract Objective: To study the long term therapeutic effects of botulinum toxin type A on hemifacial spasm. Methods: 122 cases of hemifacial spasm were treated with botulinum toxin type A and followed up through letters, telephone calls or personal visits. Results: The efficient rate was 96.09% (172/179 injections) in the 122 cases. The main side effects were ptosis, lacrimation and diplopia. The duration of improvement was not prolonged with consecutive injections after the first 4 injections. Patients with more severe spasm and longer course were apt to have a shorter period of remission. Conclusion: Botulinum toxin type A is an effective therapy for hemifacial spasm, which is limited with its short duration of action. Patients with less severe spasm and shorter course may have a longer period of remission.

Key words hemifacial spasm; butolinum toxin type A

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胃癌的主要手段,确诊率可达 90%以上,但也可能漏诊,临床怀疑残胃癌的患者,胃镜检查阴性要反复复查。脱落细胞检查对诊断亦有一定帮助。

残胃癌的治疗:一般主张残胃癌不管肿瘤大小和部位均应行全胃切除术,因为整个残胃均可能发生残胃癌,而胃镜检查难以发现所有病灶,故难以确定切除范围[2]。如有可能应行根治性切除术,重点应清扫贲门两侧、胃左动脉区、胰腺区等淋巴结,必要时联合切除胰体尾、脾、肝左叶等。

关键词 残胃癌;外科手术

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