以上研究表明,HA及 CD44v6参与了结直肠癌的转移过程,联合检测血清 HA与组织中 CD44v6对于结肠癌预后的判断具有重要的意义。

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Expression of CD44v6 in colorectal cancer and its clinical significance

XU Zhao, ZHANG Xia, FANG Dian-chun, JIN Hua-yuan, YAN Xiao-chu, WANG Dong-xu (Department of Gastroenterology, Southwest Hospital, Third Military Medical University, Chongqing 400038)

Abstract Objective: To explore the value of hylauronic acid (HA) in serum and CD44v6 in cancerous tissue in predicting the prognosis of colorectal cancer. Methods: The concentration of HA in serum and expression of CD44v6 in the cancerous tissue in 60 cases of colorectal cancer were determined with radioimmunological assay and immunohistochemistry respectively. Results: The expression of CD44v6 was seen in 45 out of the 60 cases. The concentration of HA in serum and expression of CD44v6 in the cancerous tissue were significantly higher in patients of Dukes stages of C and D or with lymph node metastasis than in those of Dukes stages of A and B or without lymph node metastasis ($P < 0.01$). The concentration of HA was increased along with the enhancement of the expression of CD44v6. Conclusion: Concentration of HA and expression of CD44v6 are both important indexes for predicting prognosis of colorectal cancer.

Key words CD44v6; colorectal cancer; prognosis

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上颌窦病变致牙痛 1例病案分析

A case analysis of toothache caused by disease of maxillary sinus

刘鲁川,许 鹏 (第三军医大学附属大坪医院野战外科研究所口腔科,重庆 400042)

在临床上曾遇 1例上颌窦病变致牙痛病例,现作一分析报道。

1 临床资料

患者,男,26岁,以左上后牙自发痛、咬合痛 1周为主诉就诊。检查: ⌊7冠周牙龈轻度红肿,无牙周袋,根尖处牙龈压痛,叩痛(+),松动Ⅰ度。X线片示根尖区 1 mm直径大小阴影。诊断为: ⌊7牙周牙髓综合征。处理: ⌊7开髓后拔除颊、腭侧根髓,扩根管,3% 双氧水冲洗,丁香油安抚,开放引流。

次日患者以左上后牙疼痛加重复诊,检查: ⌊6腭侧脓肿,⌊7叩痛(+),探痛(+),重行腭根髓拔除术,安抚。脓肿切开引流,抗感染治疗。

患者第 2天因疼痛未缓解再次就诊,检查: ⌊7开放,叩痛(++),颊侧根管口探痛(++),远中盲袋深 4 mm,行扩锉腭侧根,3% 双氧水冲洗,颊侧根管口放乳牙失活剂,腭侧根管内封甲醛甲酚,氧化锌水门汀暂封。

1周后复查,⌊7叩痛(-)。牙胶尖加根管糊剂充填根管,垫底,银汞合金充填。

作者简介: 刘鲁川,男, 1957. 01. 15生,山东省单县人,博士,副教授,主要从事龋病、牙髓病方面的研究,发表论文 20余篇。电话: (023) 68757368

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口,是目前临床应用最广、最受欢迎的移植物。

3.3 复发性穿孔

本组 238耳,有 9耳术后复发穿孔,我们分别在 1~ 2年内进行再手术,术后穿孔愈合,但听力提高不甚明显。分析其失败原因,一是移植物过小,且鼓膜穿孔位于前方耳道前壁位置深视线差,移植筋膜于耳道前壁粘贴不牢,移植物收缩,易发再穿孔(5耳)。其二是术后感染(4耳),患者均在术后 1周发生上呼吸道感染,因全身抵抗力低,抗生素使用不得力,致使再穿孔。

3.4 听力提高的问题

鼓室成形术听力提高与否,不仅取决于正确的手术方法,同时取决于适应症的选择。良好的咽鼓管功能是鼓室成形术的重要先决条件,关于干耳时间[2],我们认为干耳时间与疗效无明显影响,一般来说只要干耳 1月以上均可施行手术,我们也曾在中耳腔潮湿时行鼓室成形术,仍然获得良好的疗效。另外感音神经性耳聋能否施行鼓室成形术,目前意见尚有分歧,但我们认为应根据中耳局部病变与内耳损害程度而选择手术类型,即使术后听力不能达到应用水平,但至少术后可以防止中耳感染。对于鼓室有硬化灶患者,也可根据病变情况切除病灶,选择不同类型的鼓室成形术增进听力。本文未纳入镫骨性鼓室硬化病例。

鼓室成形术虽应用于临床几十年,但对各种病变如何采取合理的方式进行听力重建,仍需进一步在实践中总结经验。对胆脂瘤型中耳炎,咽鼓管功能差,听力提高不理想的病例,乳突根治术仍是必不可少的手术方法。

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Evaluation of tympanoplasty: A report of 238 ears

ZHANG Li-jun, LIU Zhao-hua (Department of Otorhinolaryngology, Daping Hospital, Third Military Medical University, Chongqing 400042)

Abstract Objective: To determine the types of tympanoplasty and explore their therapeutic efficacy. Methods: The disease types, surgical types and surgical methods in 238 ears were analyzed. Results: A 1- to 5-year follow-up showed that 229 ears were cured and reperforation occurred in 9 cases. The postoperative hearing was as follows: an improvement of 10~ 15 dB for 172, 15~ 30 for 43, no improvement for 18 and slight depression of auditus for 5. Conclusion: Tympanoplasty III is suitable for the patients with chronic otitis media. The postoperative results are highly dependent on skillful operation and careful selection of cases.

Key words otitis media; tympanoplasty; hearing

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2月后患者又以[7]隐痛,不能咬东西 1周再次就诊。检查:补物完整,叩痛(±),牙周无红肿。追问病史,主诉患病初期曾有轻度鼻塞,左侧鼻涕较多且黄,此次反复左侧仍有鼻涕。采取:① 调整咬合;② 牙周袋 3% 双氧水冲洗;③ 抗感染;④ 建议转耳鼻喉科排除左上颌窦病变。

耳鼻喉科检查,CT报告:双侧上颌窦乳头状高密度影,左侧多且混浊,诊断为双侧上颌窦多发囊肿合并左侧慢性炎症,行上颌窦穿刺引流,引出少量黄色粘稠物,窦腔内注射庆大霉素。建议适时行上颌窦根治术。

2 讨论

纵观整个诊治过程可明了,此病例系一典型的邻近器官病变所致的牙痛,分析原因当从中吸取以下教训:① 病史询问不祥:接诊医生未祥细询问、了解病史,过分依赖病人主诉症状,而忽略了疾病的起因;② 片面相信主观检查:如冠周牙龈轻度红肿,叩痛,松动Ⅰ度,根尖区牙龈压痛,造成牙周疾患导致牙髓炎的假象;③ 武断下结论:在无明显牙周炎指征,病史不祥的情况下,诊断为牙周牙髓综合症,冒然予以开髓,导致误诊、误治;④ 经验不足,思路局限:初诊医生为进修医生,经验不足。在病因、病史、检查不能确定的情况下,应多考虑邻近器官的病变[1];⑤ 治疗不当:患牙经开髓后,2次均未完整拔除牙髓,对[6]6髓腔解剖形态较复杂的牙齿行去髓术,尤应认真仔细。

关键词　牙痛;上颌窦

中图法分类号　R781.4　　文献标识码　B

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