浆水平的变化[4]。②血小板生成除受TPO的直接促进作用外,还受多种巨核系造血细胞旁路刺激因子的影响[5]。③放射损伤、烧伤和放烧复合伤后基质细胞TPO mRNA量的变化与造血诱导微环境的损伤和血清TPO浓度有一定关系[6,7]。④TPO广泛的生物学作用使其促进血小板生成活性受到限制[8]。

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Effects of combined radiation-burn injury on thrombopoietin gene expression of bone marrow stromal cells in mice

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Abstract Objective: To determine the effects of combined radiation-burn injury on thrombopoietin (TPO) gene expression of bone marrow stromal cells. Methods: The mice were inflicted with radiation injury in combination with 15% TBSA full-thickness skin burns. The liquid culture of bone marrow stromal cells, RT-PCR and dot blot hybridization were used. Results: The counts of megakaryocytes and platelets were significantly decreased in all the 3 injured groups as compared to the control at the 8th h and remained low for two weeks. TPO mRNA was detected in all the four groups. Either on day 3 or day 13 after the injury, TPO mRNA level in cultured stromal cells from burned mice and irradiated mice were significantly decreased. Conclusion: The bone marrow stromal cells have the ability to produce TPO. This activity is higher in mice with combined radiation-burn injury than in those with simple burns or simple radiation injury.

Key words bone marrow stromal cell; combined radiation-burn injury; gene expression; thrombopoietin; mouse

视网膜巨大囊肿伴视网膜脱离1例

One case of huge retinal cyst with retinal detachment

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1 临床资料

患者,男,27岁,因右眼视力下降1年余,加重伴视物遮挡感2月入院。查体:右眼视力0.05(矫正-7.00 DS→0.2),左眼视力0.2(矫正-7.00 DS→1.0);右眼前节(-),眼底:-6 D见视乳头边界清,色泽淡红,4:00~7:00位视网膜隆起,色泽灰白,最高处+1 D可看清,12:00~5:00位视网膜呈球状隆起,呈幕布样下垂,色泽灰白壁薄,边界清楚,有囊性感,血管爬行其上,最高处+6 D可见,黄斑区呈囊样水肿改变。左眼(-)。

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地阐明肠道微生物移位及多器官功能衰竭的发生和发展,而且对临床上防治这两种病理过程的发生,可能提供有效的手段,其研究前景广阔。

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Changes and significance of substance P in intestinal tract after endotoxemia in rats

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Abstract **Objective**: To determine the role of substance P (SP) in the changes of intestinal transit after endotoxemia. **Methods**: ① The effects of *E. coli lipopolysaccharide* (LPS) on the rate of intestinal transit were investigated in Wistar rats that were given LPS (10 mg/kg) intraperitoneally. ② Tissue and serum levels of SP were measured at the 3rd, 6th and 12th hour after endotoxemia. Immunohistochemical method was used to evaluate the effects of endotoxemia on the distribution of SP-positive nerve fibers and product in the jejuna. **Results**: ① Intestinal transit was increased after endotoxemia. ② The tissue level of SP was decreased while that in plasma was not. **Conclusion**: The changes in intestinal transit might be associated with those of SP.

Key words substance P; endotoxemia; intestinal transit; rat

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眼压: 右眼 18 mm Hg,左眼 16 mm Hg　B超示: 右眼鼻侧玻璃体腔内见一 14.5 mm× 11.0 mm边界清,壁薄的椭圆型囊性占位,伴下方视网膜脱离。眼底荧光造影及脉络膜造影均未见异常。于 1998年 7月 10日在局麻下行右眼玻璃体切割,视网膜复位, C3F8气填充术。术后 6月复查右眼矫正视力 0.4,视网膜复位好。

2 讨论

视网膜脱离伴有视网膜囊肿临床上并不多见,国内文献报道较少[1,2],故在临床工作中容易引起误诊。视网膜囊肿是在囊样变性基础上发展的,好发于年轻人,多存在于有陈旧性视网膜脱离的眼中。不合并视网膜脱离的孤立的视网膜囊肿非常少见。

对于视网膜囊肿的诊断,临床上应与单纯视网膜脱离相鉴别,而 B超有极其重要的诊断和鉴别诊断价值。视网膜脱离表现为玻璃体腔内"-"或"V"型强回声光带,其后为无回声积液;而视网膜囊肿表现为玻璃体腔内囊样薄壁椭圆型光带,之间为无回声积液。关于手术治疗视网膜脱离合并囊肿,过去报道中提出可行囊肿直接穿刺,放出内容液,并且行巩膜冷凝外加压,以达到视网膜复位的目的。还有人认为只要手术封闭裂孔,视网膜复位,囊肿可自行消失,不需做特殊处理,预后良好[3]。但对于伴有视网膜脱离的巨大囊肿,采用外加压手术和直接穿刺手术,视网膜均难以复位,囊肿难以自行吸收。故本病例采用了玻璃体切割术来治疗视网膜巨大囊肿,效果很好。

关键词　视网膜囊肿;视网膜脱离

中图法分类号　R730.269; R774.13

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