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量相一致。

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Splenic autotransplantation with various amounts for protection of *E. coli* infection in mice

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Abstract **Objective**: To investigate the role of splenic autotransplantation in protection of *E. coli* infection and determine the proper transplanted amount. **Methods**: Splenic autotransplantation with various amounts was conducted in mice. Six months later, *E. coli* and ^{125}I-labeled *E. coli* were injected into the animals. The number and area of splenic nodules were determined with image analysis. **Results**: Splenectomy decreased the survival rate after *E. coli* challenge and influenced the function of lung and blood to clear *E. coli*. Meanwhile, the structure, number and area of splenic nodules in the regenerated spleen were similar to those in the original spleen. **Conclusion**: The proper transplanted amount of the spleen is half of the weight of the original spleen. The pulmonary function of clearing *E. coli* is decreased after splenectomy. The splenic autotransplantation can resume this function.

Key words splenic autotransplantation; *E. coli*; mouse

纤维支气管镜检查在肺结核诊断中的应用

The application of bronchafibroscopy in diagnosis of pulmonary tuberculosis

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纤维支气管镜(FB)检查对可疑肺结核诊断具有重要价值。我们回顾了1982~1997年15年间经FB确诊的支气管与肺结核111例,并作如下分析。

1 临床资料

1.1 一般资料

111例均为我院门诊或住院不明诊断而行纤维支气管镜检查明确为肺结核的患者。其中男性83例,女性28例,男女之比3:1。年龄14~78岁,20岁以下者3例,20~40岁59例,41~60岁32例,60岁以上17例,平均年龄44.6岁。

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1.2 临床表现

临床表现:咳嗽78例(70.3%),咳痰49例(44.1%),发热40例(36.0%),痰中带血30例(27.0%),胸痛29例(26.1%),其他症状如胸闷、气急、消瘦、盗汗、乏力等占10%以下。

1.3 胸部线

胸部X线表现:肺部块影28例(25.2%),肺部炎症26例(23.4%),肺结核25例(22.5%),肺不张12例(10.8%),肺癌12例(10.8%),肺门阴影增加3例,双肺弥漫性病变2例,肺纹增粗2例,双肺腺泡样实变1例。

1.4 确诊前诊断及病程

除32例FB检查前疑为结核外,门诊或临床分别诊断为肺

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tion apparatus of pulmonary functions. Maximal mid-expiratory flow velocity (MMEF), maximal mid-expiratory flow time (FET25%～75%), maximal mid-expiratory flow velocity in pulmonary vital capacity 50% and 25% ($\dot{V}50$ and $\dot{V}20$), ΔN/L, and close volume/vital capacity (CV/VC%) were determined. **Results**: The highest abnormal discovery rate of small airway disorders was 84.8% for ΔN/L, 83.4% for FET25%～75%, 72.8% for $\dot{V}25$, 61.0% for MMEF, 53.3% for CV/VC% and 52.0% for $\dot{V}50$. The abnormal discovery rate was 65.0% when ΔN/L, $\dot{V}25$ and FET25%～75% were all abnormal, it was 74.6% when 2 of the 3 parameters were abnormal and it was 93.5% when only one parameter of the 3 was abnormal. **Conclusion**: It is believed that in order to increase the sensitivity of small airway functional determinations, the combination of many parameters is recommended.

Key words small airway; runctional tests

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癌27例(34.1%),肺炎17例(21.5%),支气管扩张12例(15.2%),块影待诊18例(22.8%),其他5例(6.3%)。病程最短的1月,最长的2年。

2 结果

2.1 病变部位

单纯支气管内膜结核31例,肺结核80例。单纯支气管内膜结核中以右中叶最多,有8例,其次是左舌叶7例,而肺结核中以右下肺最多(28例),其次是右上肺26例,左下肺20例。按左右侧分,右侧76例,左侧41例,其中6例患者有两个部位受累。4例患者合并有肺癌。

2.2 纤支镜下所见

充血水肿71例(64.0%),分泌物增多40例(36.0%),管腔狭窄38例(32.4%),开口变小25例(22.5%),管腔内见有坏死组织者19例(17.1%),有肿物阻塞者18例(16.2%),溃疡糜烂者14例(12.6%),腔内有隆起者13例(11.7%),有散在出血点及凹陷性疤痕、间嵴增宽各12例(各占10.8%),有黄色小结节者10例(9.0%),粘膜肥厚肿胀9例(8.1%),有干酪样物4例(3.6%),镜下无任何异常者12例(10.8%)。

2.3 病理及实验室检查结果

经纤支镜活检送病理检查,99例镜下见朗罕氏细胞、类上皮细胞或有干酪样坏死物构成的结核结节,12例未见腔内异常而只行刷检涂片找到抗酸杆菌。99例活检中,透视下活检15例次。有14例行2次活检才确诊,1例行3次活检才确诊。111例均行支气管刷检涂片,仅有27例找到抗酸杆菌。

3 讨论

从本组资料可看出以下特点:

支气管(肺)结核发病者男性多于女性,年龄分布以20～60岁居多,尤以20～40岁最多,共计59例,占整组病例的53.2%,说明肺结核好发于青壮年时期。临床表现以咳嗽、咳痰、发热、痰中带血、胸痛最为常见,而消瘦、乏力、盗汗等结核中毒症状较为少见。镜下以充血水肿表现最多占64.0%;病变部位右侧多于左侧,右侧尤以下叶背段最多。提示在阅读胸片时,应注意背段病变,可能有结核存在[1]。本组资料还显示,活检为阳性率最高的方法。在镜下不能直接看见病变时,应通过仔细阅读胸片,选择透视下活检,这对确诊有着非常重要的意义。同时刷检涂片可以提高FB下肺结核的阳性率,因此在取材时应采用活检及刷检的联合方法,有助于阳性诊断率的提高。

本组误诊率71.2%,误诊为肺癌的最多,占34.2%;误诊时间最长达2年,延误了疾病的治疗。其误诊原因主要为:本组病例大多数在基层医院进行过诊治,因部分医生的水平及医院条件有限未能及时确诊。有些发病症状不典型且合并有急性呼吸道感染,伴咳脓痰、白细胞增多,易误诊为肺炎;部分患者临床症状及胸片等极似肺癌征象易误诊为肺癌,也有部分咯血病人全身症状不明显而误诊为支气管扩张等。没有及时确诊,被误诊者成为结核病传染源[2]。因此,提高基层肺科人员的诊治水平,对疑难病例及时会诊并做相应的检查,是极为重要的。有些病例在经过一定阶段治疗后咳嗽、咳痰等症状仍无好转时应及时行FB检查以明确诊断。

关键词 纤维支气管镜;肺结核

中图法分类号 R521

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