Changes of TNF, IL-1 and IL-6 levels in the peripheral blood in HDV positive patients with severe hepatitis

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Abstract **Object**: To study the changes of TNF, IL-1 and IL-6 levels in pheripheral blood of HDV positive patients of severe hepatitis. **Method**: TNF, IL-1 and IL-6 levels in the serum and the supernatant of the cultured PBMC of 16 HDV/HBV positive patients with severe hepatitis were determined by EIA method, Mizel method. Okuda and Muraguchi methods respectively 21 HDV negative/HBV positive patients with severe hepatitis were used as diseased control group and 20 blood donors observed as normal control group. **Results**: The levels of TNF, IL-1 and IL-6 in the serum and the supernatant of cultured PBMC were significantly higher as compare with that of the normal control group ($P < 0.001$). **Conclusion**: The inflammatory cytokines in cases of HDV(+)/HBV(+) with severe hepatitis as caused by the activation of monocytes and macrophages. As the level of IL-6 in the HDV(+) CH group was significantly higher than that in the HDV(-) CH group, it is suggested that IL-6 may play an important role in the pathogenesis of HDV infection.

Key words Cytokines; TNF; IL-1; IL-6; HDV infection; Severe hepatiits

筛窦尤文肉瘤 1例报告

A case report of Ewing's sarcoma in the ethmoid sinus

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1 临床资料

患者,女,17岁,鼻塞半年伴右眼球凸出 2月入院。查体:左侧鼻腔及鼻咽部可见淡红色质软的新生物。副鼻窦平片见筛窦、上颌窦及鼻腔密度增高,右侧眼眶内侧壁及筛窦骨质破坏。CT示:整个筛窦被密度不均的软组织影取代,其内可见沙粒状及斑点状瘤骨。肿瘤向上破坏前颅凹底并向蝶窦及颅内侵犯,向下侵入双侧上颌窦,并充满整个鼻腔及鼻咽部。MRI示:筛窦区可见 5 cm× 6 cm× 5 cm大小的边界不规则的软组织肿块,T_1WI呈较低信号,T_2WI呈较高信号,信号不均匀。肿块向上突破前颅凹底,额叶底部受压,向下填塞鼻腔。

颅面联合途径切口,见肿瘤破坏前颅凹,筛板,并与鼻腔相通。眼眶内骨板已大部破坏。颅底、筛窦、上颌窦、鼻咽部肿物连为一体,整个肿瘤主体在筛窦。肿瘤有多处囊性变。额叶脑组织仅为受压推移。

病理诊断:筛窦尤文肉瘤。

2 讨论

发生于筛窦的尤文肉瘤极为罕见。1984年至 1998年 15年间国内文献报道的,约 184例该肿瘤中无 1例发生于筛窦。该例尤文肉瘤的临床特点是青年女性,病程短、发展快。影像学特点为一巨大的软组织肿块,出血、囊变及水肿较重。病变侵及范围广。相邻骨质以溶骨性破坏为主,病灶内可见点状骨化影。

副鼻窦平片为常规检查,但对病灶细微结构显示较差。CT在显示病灶密度、骨质破坏、瘤骨等方面较优越。MRI检查在判断病变范围、恶性程度、周围软组织侵及范围等方面较 CT优越[2]。多种影像学结合检查,对该肿瘤的良恶程度有一定的估计判断,但对组织学类型的确定尚有一定的难度。此例报告的目的是该部位发生此瘤罕见,易误诊,希今后注意考虑。

关键词 筛窦;Ewing肉瘤;影像诊断
中图法分类号 R739.6

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