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产物的稳定性,提高表达量,又便于利用亲和层析纯化表达产物[7]。即使这样,表达产物 PABC-ACATn还不稳定,仅在蛋白酶较缺乏的 AR68菌株中获得表达。从诱导时间分析,温敏诱导 1 h后,就能观察到表达条带,但随着时间的延长,表达产物的量逐渐减少,表明表达产物不稳定,易降解。

ACATn的成功表达为进一步纯化 ACATn及重组表达完整的 ACAT蛋白分子积累了条件和经验,为进一步在蛋白水平研究 ACAT结构与功能的关系以及筛选 ACAT有效的抑制剂打下基础。

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Expression of human ACAT N-terminal fragment in *E. coli*

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Abstract Objective: To express acyl-coenzyme A: cholesterolacyl-transferase (ACAT) N-terminal containing the membrane anchoring region 1 (ACATn). Methods: The gene encoding the ACATn was cloned into the expression vector and transferred into *E. coli*. Results and Conclusion: The expressed product of ACATn fused with protein ABC domain and was detected in *E. coli* AR68.

Key words acyl-coA; cholesterolacyltransferase; N-terminal fragment; gene expression

纤维支气管镜检查对肺霉菌病 8例的诊断

个案与短篇

Examination of 8 case pneumonomycosis by fiberoptic bronchoscopy

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许多肺霉菌病无典型特征,常易误诊。我院近 10年经纤维支气管镜(简称纤支镜)活检确诊的肺曲霉菌、肺毛霉菌病共 8例。

1 一般资料

8例患者均为男性,4例门诊病人,4例住院病人;年龄 29~69岁,平均年龄 44.3岁。5例患者在纤支镜检查前疑为肺癌,2例诊断为肺结核,1例诊断为肺炎。

临床表现及既往病史:主要表现为痰中带血(6例),咳嗽咯痰(5例),胸痛(3例),气促乏力(2例),发热 1例。病程最短 3月,最长 6年。8例中 6例有吸烟史,2例有粉尘接触史,1例放射线接触史;3例有肺结核病史,1例有糖尿病史,1例有白血病。

胸部 X线及 CT:5例 X线胸片诊断为肺癌,其中 2例伴有阻塞性肺不张;2例诊断为肺结核;1例诊断为肺炎。3例行胸部 CT检查诊断为肺癌 1例,炎性病变 1例,肺结核 1例。

病变部位及纤支镜下观察:右上叶前段、左下叶背段各 2例,左上叶、左舌叶、隆突及左主支气管开口处各 1例。纤支镜下观察:病变区域都有不同程度的粘膜充血、肿胀、糜烂;6例见有白色坏死物将开口阻塞,其中 2例白色坏死物可随呼吸稍移

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Changes of corticotropin-releasing factor neurons in the paraventricular nucleus after scalding in rats

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Abstract Objective: To study the effects of corticotropin-releasing factor (CRF) neurons in the paraventricular nucleus(PVN) on the stress after scalding in rats. Methods: Adult male wistar rats were inflicted with 25% TBSA full thickness scalding. They were killed 24 h after injury. The CRF positive neurons in the PVN and the CRF-positive fibers in the median eminence were displayed with ABC immunocytochemical technique and analyzed with the microscopic image analyser system. Results: The areas and immunostaining intensity of the CRF-positive neurons in the PVN were larger and heavier in the scalded rats than in the control but no such difference was found in the CRF-positive fibers in the median eminence. A small amount of cerebrospinal fluid-contacting neurons were found in the ependyma. Conclusion: Our findings suggest that there was an increase of CRF synthesis in the neurons of the PVN and CRF releasing in the terminals of the median eminence after scalding. The increased amount of CRF may enter the capillaries in the median eminence or release into cerebrospinal fluid through the contacting neurons. Consequently, CRF participates in the modulation of the hypothalamus-pituitar-adrenal axis during scalding stress.

Key words paraventricular hypothalamic nucleus; corticotropin-releasing hormone; burns; stress; rats

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动,1例经纤支镜间断吸引后坏死物消失,另 1例不能将此坏死物吸出,将活检钳伸入病灶处,张开对准坏死物,钳住后随纤支镜一起退出,钳出纤维蛋白条一条,再插入纤支镜,镜下见白色坏死物已消失,开口暴露,并能窥见下一级支气管,(此两例经送病理检查均为毛霉菌病);3例有少许血凝块;2例有新鲜血性分泌物。

病理检查: 8例经病理诊断曲霉菌菌丝 6例,毛霉菌菌团 2例。

2 治疗

住院病人中,1例行手术切除,余 3例除对症治疗外,主要应用 0.2%大扶康 100 ml 1/d ivd 在治疗后期口服斯匹仁诺 100 mg/d 其中 2例在静脉给药的同时,辅以经纤支镜病变区域支气管注 0.2%大扶康,每周 1次,每次 20 ml,共 5次。经 55~ 86 d上述治疗后,患者症状、体征消失;复查胸片病灶明显吸收;多次痰霉菌培养阴性;纤支镜下观察病变粘膜恢复正常,阻塞之气管重又通畅,纤支镜刷检霉菌培养为阴性,治愈出院。

3 讨论

肺部霉菌感染并不常见,除原发外,常继发于应用大剂量广谱抗生素和(或)免疫抑制剂(如激素)治疗后。本组 8例中有 2例抗痨或抗生素用药达 2年,其余 6例用药也在 2月至 1年以上。因患者原有基础疾病,从而掩盖了本病,造成了误诊,延误了疾病的治疗,给患者带来了严重的精神及经济负担。因此,对患有慢性呼吸系疾病,长期应用广谱抗生素或皮质激素者,应引起高度警惕,提示有肺霉菌病的存在。我们认为,有下列情况之一者,均应即时行纤支镜检查并行活检。

1)临床表现为咯血、咳嗽、咳痰的病例,X线无典型特征者。

2)虽有 X线或 CT诊断,但在较长时间应用抗生素、抗痨或激素治疗后效果不理想者。纤支镜检查取活检进行病理学检查对肺霉菌病的诊断具有决定性作用[1]。

肺霉菌病治疗以往多采用手术疗法,但随着抗霉菌药的研究和开发,亦可内科治疗。本组住院 4例病人,除 1例手术外,余 3例经 55~ 86 d内科治疗,痊愈出院。其中 2例应用 0.2%大扶康静滴,并辅于病变区域镜下直接给药,取得了良好的疗效。而且与未用此法 1例比较,明显提高了治疗效果,缩短了住院时间,减轻了病人的精神及经济负担。说明在静脉和或口服给药的同时,联合纤支镜下局部给药是治疗肺霉菌病的一个较好的方法值得临床进一步观察总结。

关键词　纤维支气管镜;霉菌
中图法分类号　R563

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