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Comparative development of NOV-immunoreactive neurons in the brain of silver carp, chicken and mammals

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Abstract **Objective**: To study the comparative development of NOV-immunoreactive neurons in the brain of silver carp, chicken and mammals. **Methods**: Immunohistochemistry technique was used. **Results**: Few NOV-immunoreactive neurons were detected in the medulla, thalamus and hypothalamus in a lower vertebrate silver carp. The NOV-immunoreactive neurons were widely distributed in the pons, cerebellum, thalamus, hypothalamus and corpus striatum in chicken. Strong positive signals reflecting the NOV-immunoreactive neurons was found in the pons, cerebellum, thalamus, hypothalamus and cerebrum in such mammals as cattle, dog and rat. **Conclusion**: Nov gene is very conservative during the brain evolution from lower vertebrate to higher one. This suggests that nov gene may play an important role in the growth, differentiation and normal physiological function of the brain.

Key words nephroblastoma overexpressed gene (NOV) protein; immunohistochemistry; brain; comparison

神经纤维瘤病Ⅰ型的外科治疗

Surgical treatment of neurofibromatosis TypeⅠ

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神经纤维瘤病Ⅰ型(NF1)也称 von Recklinghausen氏病, 或周围型神经纤维瘤病。我院 1965~1994年共收治 9例。现总结报告如下。

1 临床资料

1.1 病例选择

本组 9例均符合 NIH Consensus Development conferen 1987年制订的 NF1的诊断标准[1]。其中男 6例, 女 3例, 年龄 21~48岁, 肿瘤面积 160~1800 cm^2, 平均(872.7±697.42) cm^2, 其中 1例有 3处包块, 分别位于右小腿前外侧、背部和右上臂。

1.2 手术和麻醉方法选择

肿瘤位于下肢者, 选用硬膜外麻醉, 位于胸腹、颈、背部者选用降压麻醉, 以减少术中出血。本组使用降压麻醉 4例, 全麻 3例, 硬膜外麻醉 1例。手术切口采用梭形切口, 长度等于肿瘤的长度, 术中根据需要适当延长, 切口宽度等于肿瘤的宽度的一半。本组肿瘤全切除 6例, 大部切除 2例。创面修复采用肿瘤

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Effects of LPS on Fas expression and apoptosis in pneumocyte typeⅡ

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Abstract Objective: To explore the mechanism of Fas signal-pathway on damage of pneumocyte type Ⅱ. Methods: By using cytometry techniques, ISH and RT-PCR, the Fas mRNA, protein and apoptosis were studied in pneumocyte typeⅡ. Results: A method for isolation and culture of pneumocyte typeⅡ in rats were developed. Fas mRNA and protein expression were increased markedly ($P < 0.01$) after treated with LPS. Apotosis of pneumocyte typeⅡ might be induced by LPS and was dependent on the dose of LPS. Conclusion: Except the direct damage on the pneumocytes, LPS may cause apoptosis by inducing the increase of expression of Fas antigen.

Key words lipopolyasccharide; pneumocyte; Fas; apoptosis; rat

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表面皮肤游离移植 2例,用双侧邻近皮瓣 6例,取双侧大腿皮肤游离移植 1例。

1.3 结果

伤口一期愈合 6例,1例双侧皮瓣尖端部分坏死,二期游离植皮,1例取双侧大腿皮肤游离移植,术中出血多死亡。术后病理诊断均为 NF1

1.4 随访

随访 3~ 27年,平均(13.29± 8.60)年。其中 4例术后未复发,3例术后残瘤稍增大。1例因右小腿包块近 5月来迅速增大,伴疼痛,考虑恶变,因患者拒绝治疗而出院,1年半后因恶变死亡。

2 讨论

2.1 神经纤维瘤病(NF)的临床表现

NF是临床上少见的疾病,但又是神经遗传病中相对常见的常染色体显性遗传病,发病率约 1/3000,该病遗传学有较大可变性[2]。约有 20%~ 50%家属成员患有相同疾患,也有不少散发病例[3]。男女无区别[4]。

NF1是多系统疾病,临床表现多样,牛奶咖啡色斑,多发性神经纤维瘤,Lisch结节(虹膜错构瘤)是该病主要临床表现,可并发皮下结节、中枢和内脏肿瘤、骨骼畸形、智力迟钝、巨颅、雀斑等。患者在出生后幼儿期即可被发现,肿瘤随年龄缓慢增大,于青春期和妊娠期可加速发展。短期内肿瘤迅速增大,局部疼痛,肿块固定,要考虑恶变的可能。该病恶变率为 7%。活检组织病理检查因无特征性病理解剖改变,其价值受一定限制,尚须结合临床确诊[5]。

2.2 外科手术治疗

NF1发展成为体表巨大肿瘤,面积大于 100 cm^2 为巨大型,本组病例均大于此面积。肿瘤具有包膜,局限,在皮下和深筋膜之间生长者可手术全切除。肿瘤无包膜,部位深,侵犯重要组织部位可大部切除。肿瘤有分叶分段者,也可以分期、分段切除。我们 20多年的随访观察,残瘤均生长缓慢,达到减轻负重和改善畸形的目的。由于肿瘤巨大、悬垂、皮肤松驰,瘤体内常形成血管窦,切除时窦壁无伸缩性,故手术出血难以控制,术前必须有充分的估计和有效的止血措施。我们体会采用以下措施有利于止血:① 肿瘤位于四肢者,可用止血带,在无血状态下切除肿瘤;② 位于颈部者,可先结扎颈外动脉;③ 降压麻醉有利于减少术中出血,以 8.0~ 10.6 kPa(60~ 80 mmHg)之间,时间不宜超过 30~ 45 min,长时间低血压,术后并发症多,如需再次降压,待血压回升后,可考虑再次降压;④ 肿瘤具有分叶分段者,可分期、分段手术切除;⑤ 用"7"号粗丝线环扎瘤体,线与线之间交叉,可减少瘤体的血供。另外术前可作动脉造影,了解肿瘤的血供情况,是否行暂时性血管栓塞术,以减少术中出血,需慎重考虑之。手术过程中边切边止血是有用的止血方法,可以防止休克的发生。由于瘤体切除后的创面大,创面重建是手术遇到的另一个难题,如肿瘤局限,皮肤条件好,也可以切除后皮肤直接缝合,或局部形成皮瓣修复创面。如瘤体巨大,皮肤受侵犯,可以切除肿瘤后,取下肿瘤表面条件较好的皮肤,用取皮鼓反取制成中厚皮片(0.62~ 0.80 mm)或全层皮片,整张或拼接成整张,缝合于创面,皮片截孔引流,打包加压包扎。随访观察这种皮片易成活,疤痕挛缩少,能耐磨,且不需另行取皮,减少了患者的痛苦和创面出血,临床上值得推广。本组有两例采用此方法,获得成功。另有一例切除肿瘤后,再在双侧大腿取皮覆盖创面,加重了出血,患者死亡,是为教训。在关节的屈面和颈部植皮,应注意功能锻炼和使用功能支具,防止畸形的再度发生。

关键词　神经纤维瘤病Ⅰ型 外科手术
中图法分类号　R730.264

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