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37 samples of cancer-adjacent tissue and 27 samples of normal gastric tissue with telomeric repeat amplification protocol (TRAP). Meanwhile, samples of cancerous tissue were also analyzed with serial dilution to determine the TA. **Results:** The positive rate of TA was 95.2% (40/42) and 54.1% (20/37) respectively in the cancerous tissue and cancer-adjacent tissue. No positive staining telomerase was seen in the 27 samples of normal tissue. TA was not significantly correlated to the patients' gender and the location, size, depth of invasion, differentiation, lymph node metastasis and clinical stage of the gastric cancer. Serial dilution exhibited the same results. Further pathological examination revealed that the premalignant lesion (intestinal metaplasia and dyplasia) and invasion of tumor cells or infiltration of lymphocytes existed in the cancer-adjacent tissue. **Conclusion:** TA can be detected in both cancerous tissue and premalignant lesion. This indicates that detection of TA might be important for prediction of canceration of the gastric mucosa and early diagnosis of gastric cancer.

Key words gastric cancer; premalignant lesion; telomerase

个案与短篇

高压氧舱内一种安全简便的吸痰装置

A safe and simple device for sucking sputum in hyperbaric oxygen chamber

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高压氧治疗时,由于舱内的特殊环境,直接在舱内使用电动吸引器会有一定危险。我们在实践中摸索出一种简便易行,安全可靠的高压氧舱内吸痰方法。

1 材料和方法

本套吸痰装置仅需一引流瓶。引流瓶的胶管同舱内排气铜管是相连通的。使用时通过调节排气开关控制排气量,进而控制负压大小。通过调节排气开关,可产生合适的吸引力,既能有效吸引,又不致于因吸引力太大而损伤粘膜。如图1所示:

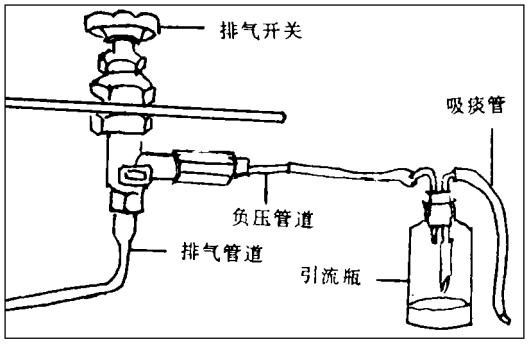


图1 吸痰装置示意图

2 工作原理

高压氧舱内压力高于舱外压力,舱内的环境压力通常为2.0~2.5 ATA,由此产生压力差。排气管道通过一定的方式与外界相通,其内压力接近大气压。舱内的气流通过吸引管,引流瓶向排气管内流动,产生吸引作用。吸痰时打开排气开关,形成负压。吸痰完毕,关闭开关,以免舱内压力减低。

3 讨论

我们应用这一方法,进行了近500人次的吸痰操作,效果明显。其优点为:① 全套系统费用低廉价,借助于舱内现有的排气管,仅需一个广口玻璃瓶,及相应的胶导管,省去吸引器主机。一改电动为机械气控。② 操作简便。在舱内可直接操作,免去舱内与舱外主控台、吸引器控制之间的多环节繁琐联系。③ 舱内可同时进行多人的吸痰操作。

关键词 高压氧舱;吸痰
中图法分类号 R459.6

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