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Effects of acute hypoxia and hypothermia on expression of c-fos and NOS in the hypothalamus in rats*

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Abstract Objective: To study the effects of acute hypoxia and hypothermia on the expression of c-fos and NOS in the hypothalamus in rats. Mehtods: The effects of acute hypoxia and hypothermia on the expression of c-fos and NOS were observed with c-fos immunohistochemical and NADPH-d histochemical staining. Results: The findings were as follows: ① c-fos expression in the hypothalamus was significantly increased with a nucleus specific distribution especially in the paraventricular nucleus, arcuate mucleus, ventromedial nucleus and dorsomedial nucleus. ② Dense and deeply stained NOS positive cells were seen in the magnocellular region of the paraventricular nucleus and supoptic nucleus. ③ In the parvocellular region of the paraventricular nucleus and in the adjacent periventricular region, about 10% ~ 20% NOS positive cells were also stained by c-fos immunohistochemistry. These findings were significantly different from those of the control but no evident difference was found between the One-day and 3-day groups. Conclusion: Specific nuclei in the hypothalamus might take part in the adjustement of and adaptation to hypoxia and nitric oxide, an atypical new neurotransmitter and message molecule, may be related to the adaptation to hypoxia.

Key words acute hypoxia; acute hypothermia; NOS; c-fos; hypothalamus; rat

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颈椎管肠源性囊肿 1例

A case of cervical intraspinal enterogenous cyst

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患者, 男, 11岁。因颈项强直、疼痛 2年, 加重伴四肢感觉运动障碍, 大、小便潴留 8 d入院。查体: 双上肢近端肌力II 级, 双上肢远端及双下肢肌力 0级, 四肢腱反射消失, T_2以下痛觉减退。颈椎 MRI提示: $C_{3\sim6}$占位, T_1WI信号稍低, T_2WI信号高, 腹侧蛛网膜下腔增宽, 横断面上包块有向后压表现。手术采用 $C_{3\sim7}$后正中入路, 切除 $C_{3\sim7}$棘突及椎板, 见椎板明显变薄, 有些部位薄如纸, 硬脊膜张力高, 无搏动, 切开硬脊膜, 脊髓腹侧面有一囊肿, 表面光滑, 壁完整, 壁厚 0.5 mm, 前面与脊膜无粘连, 后面与脊髓侧面有粘连, 与神经根轻度粘连, 肿瘤大小约 3 cm× 2 cm× 1 cm。术后病理报告为肠源性囊肿。术后 13 d大、小便失禁, T_2平面以下对疼痛稍有反应, 四肢肌力无明显变化。

讨论

肠源性囊肿是由于胚胎发育第 3周神经管与原肠分离障碍, 由其残留或误位的组织演变而来。椎管肠源性囊肿 MR特点: 矢状位 T_1示囊肿信号强度稍高于 CSF, 囊肿可嵌入髓内, 故难以确定是髓内还是髓外, 一般位于胸段, 多在脊髓腹侧, 有时伴脊柱其它畸形等。本例患者病程两年, 且脊髓受压严重, 故功能恢复较困难。

关键词 颈椎管肠源性囊肿
中图法分类号 R682.1; R742.89

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