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Relationship between apoptosis of myofibroblasts and regression of hypertrophic scar

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Abstract Objectve: To study the relationship between the regression of hypertrophic scar and the apoptosis of myofibroblasts. Methods: The counts of apoptotic cells and the expression of α-SM-actin were determined in 61 cases of hypertrophic scar, 20 cases of non-hypertrophic scar and 8 cases of normal skin with TUNEL technique, immunohistochemistry and electron microscopy. Results: α-SM-actin was expressed in the fibroblasts of hypertrophic scars and apoptosis was present in hypertrophic scars. The decrease of fibroblasts during the regresson of hypertrophic scars may be due to myofibroblastic apoptosis. Conclusion: Our data suggest that apoptosis might be the main cause to result in the decrease of fibroblasts in the regression of hypertrophic scars. Enhancement of myofibroblastic apoptosis might be a new method to treat hypertrophic scar.

Key words hypertrophic cicatrix; fibroblast; apoptosis

下颌骨骨髓瘤1例报告

One case of myeloma of mandible

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下颌骨骨髓瘤(Myeloma)罕见。我科1997年5月曾收治1例,现报告如下。

1 临床资料

患者,女,67岁,退休护师。入院前15个月,患者因左下牙疼痛、左下颌区肿痛,在当地县医院作局部穿刺涂片,可疑大量肿瘤细胞和炎症细胞,经抗感染治疗,牙痛消失,左下颌区遗有一蚕豆大包块,质硬,无痛,未进一步治疗。10个月前,包块逐渐增大,无痛,在市医院作活检,病理诊断为"左下颌骨 Myeloma"。入院查,一般情况可,心肺腹无明显异常。专科检查见左下颌面部膨隆,表皮无红肿破溃,皮温不高,扪及一大小约9 cm× 8 cm × 6 cm包块,质硬,与下颌骨融合,前界达左口角,后界达下颌升枝后缘,上达颧弓下缘,下界超过左下颌骨下缘,包块几乎波及半侧下颌骨,口腔内粘膜完整,咬合关系基本正常,无松动牙,颌下淋巴结不大。查血常规见 WBC 2.8× 10^9/L, RBC 3.2 × 10^{12}/L, HGB 112 g/L, PLT 30× 10^9/L,分类: N76%, L23%。查血见 IgG 5.62 G/L, IgA 0.07 G/L, IgM 0.23 G/L,血钙2.32 mmol/L。下颌骨 CT及平片显示:左侧下颌骨广泛性溶骨性骨质破坏。枕骨及1~ 3椎体均有明显骨质破坏。胸片示锁骨骨质疏松,右第8肋骨骨折。经病理科读片会诊,确诊为左下颌骨 Myeloma伴颈椎转移,患者出院化疗。

2 讨论

Myeloma是最常见的全身性骨肿瘤,并作为 B细胞肿瘤而来源于骨髓的浆细胞,好发于椎体、肋骨、骨盆、颅盖骨、股骨、肱骨[1-3],50~ 70岁男性多见,分为孤立性、多发性、孤立性髓外 Myeloma三种类型。临床表现为逐渐加强的骨疼痛,具特征性的是血浆内免疫球蛋白增多、骨变形,自发性骨折及神经症状,约10%出现血钙过多症或/和全身性淀粉样质沉积症。X线呈鼠咬状侵蚀。肉眼观病变骨髓腔内充满玻璃样质软、部分深红、部分灰白的肿瘤组织。对于孤立性 Myeloma,可手术切除,预后稍好,几年后播散;对于多发性 Myeloma,则联合化疗,预后不良。该病例经穿刺涂片及活检诊为左下颌骨 Myeloma 入院前曾行化疗,基本无效,遂要求手术治疗。入院后经全面查体,发现颈椎、锁骨、肋骨尚有多处病变,已失去手术机会。患者免疫球蛋白显著低于正常值,血钙正常,与文献[4]报道相反。

关键词 骨髓瘤;下颌骨
中图法分类号 R739.8

参考文献

1 [德]U. N.里德, H.魏 纳著.武忠弼 主译.病理学总论与各论.北京:人民卫生出版社,1989. 1012~ 1013
2 Rouwerberg J J, Simons A J. Cases report 383. Skelet Radiol, 1986, 15(5): 487
3 赵 暹,陈银霞. 35例骨髓瘤临床影像学分析.现代医用影像学,1997, 6(2): 51
4 徐 琼,尹秀玲,周伟华,等. 152例多发性骨髓瘤 M蛋白分型.中华血液学杂志,1997, 18(4): 217

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