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Effects of prompt escharectomy on myocardial injury after severe burns in rats

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Abstract **Objective**: To investigate the therapeutic effects of prompt escharectomy on myocardial injury following severe burns. **Methods**: Wistar rats were randomized into 3 groups: the control group (CG, n= 10), non-escharectomy group (NEG, n= 50) and escharectomy group (EG, n= 50). The animals in NEG and EG were inflicted with 30% TBSA full-thickness skin burns. The plasma levels of myosin light chain 1 (MLC_1) and tumor necrosis factor (TNF) and the content of TNF in myocardial tissue were determined at the 1st, 3rd, 6th, 12th and 24th h postburn (HPB). **Results**: The plasma levels of MLC_1 and TNF at 6 HPB and TNF content in the myocardial tissue at 12 HPB were markedly higher in NEG and EG than in CG. At 6 HPB, the plasma level of MLC_1 was slightly higher in NEG than in NG. At 12 HPB, the levels of MLC1 and TNF were remarkably higher in NEG than in NG. MLC_1 was significantly correlated to TNF. **Conclusion**: Prompt escharectomy can reduce plasma levels of MLC1 and TNF, which suggests that prompt escharectomy can exert protective and therapeutic effects on myocardial injury following severe burns.

Key words burns; myocardial injury; escharectomy; myosin light chain 1; rat

献血员抗-HGV的检测及分析

Detection and analysis of hepatitis G virus infection among blood donors

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1995年初, Kim等[1]报道发现庚型肝炎病毒(Hepatitis G Virus, HGV),以后的研究认为 HGV 感染呈全球性分布,多因输血传播,可引起人类急、慢性肝炎[2]。为了解献血员 HGV感染情况,我们检测了 685例献血员血清中抗-HGV 抗体,现报告如下。

1 对象和方法

本科长期献血员,共 685例,均为体检合格者。男 328名(18~ 55岁),女 357名(18~ 50岁)。采用 ELISA法检测血清抗-HGV。试剂盒购自解放军 302医院免疫室,批号: 960220,严格按照药盒操作方法检测。每次试验均设阳性和阴性对照。结果判定标准:阴性对照 D_r 值的均值+ 3倍标准差+ 0.03,标本 D_r 值≥该值则判为阳性。

2 结果与分析

2.1 抗-HGV总阳性率

685份长期献血员血清中抗-HGV阳性者 23份,总阳性率为 3.36%,低于国外报道[3],高于国内自然人群[4],表明长期献血员 HGV感染率较高。

2.2 献血次数与 HGV感染的相关性

在 685位受检者中,献血> 2年(献血 9次以上)者 382名,阳性人数 19名,阳性率为 4.97%。献血< 2年(献血 8次以下)者 303名,阳性人数 4名,阳性率为 1.97%。献血 9次以上的献血员抗-HGV阳性率显著高于献血 8次以下者(χ^2检验, P < 0.05)。

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治疗提供了有益的参考。有关毫米波的作用机制尚需进一步深入研究。

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Treatment of spinal cord injury with electric field of 42.3 GHz millimeter wave in rats

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Abstract Objective: To investigate the therapeutic effects of the electric field of millimeter wave on injured spinal cord. Methods: After the injured spinal cord was treated with the millimeter field in various parameters (7.1 mm-2 m W/cm^2, 7.1 mm-7 m W/cm^2 and 7.1 mm-20 m W/cm^2), the changes of histology, CSEP and MEP were observed. Results: The pathological changes were slighter and CSEP latency shorter in 7.1 mm-7 m W/cm^2 and 7.1 mm-20 m W/cm^2 groups than in the injured group. Conclusion: Millimeter wave in certain parameters can promote the reconstruction of the injured spinal cord.

Key words millimeter wave; spinal cord injury; reconstruction; histology; rat

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2.3 不同年龄献血员 HGV 感染情况

从表 1可见,献血员的年龄大小与 HGV 感染率有显著相关性,年龄越大者,抗-HGV 阳性率越高(χ^2检验, $P < 0.05$)。可能与献血员年龄越大, HGV感染机会增多有关。

表 1　不同年龄献血员抗-HGV阳性率

年龄(岁)	检测例数	阳性例数	阳性率(%)
20~30	196	6	3.06
31~40	343	7	2.04
41~55	146	10	6.85

2.4 采血方式与 HGV 感染的相关性

在总受检者 685人中,有过单采史的献血员为 89人,其中抗-HGV 阳性人数为 5人,阳性率为 5.62%。没有单采史的献血员 596人,其中阳性人数为 18人,阳性率为 3.02%。两者相比无显著性差异(χ^2检验, $P > 0.05$)。

3 讨论

HGV可经血液传播导致急、慢性肝炎[5]。我们的调查结果证实了献血员中 HGV感染的存在,年龄较大和献血次数较多者是 HGV感染的高危人群。要控制献血员 HGV的传播,关键在于:① 建立规范措施,筛除已感染 HGV的献血员;② 采血时严格执行无菌操作规则,严防交叉感染。我们近几年来采取的一人一针,一次性使用采血器,是防止交叉感染的最好办法。

血清中抗-HGV阳性,是否就具有传染性,这一问题目前还未见确定的报道,还须更进一步的验证,以便为在献血员中实施 HGV感染的筛检提供依据。

关键词　输血; HGV;感染

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