DOI:10.16016/j.1000-5404.1998.04.024

Effects of ischemic preconditioning on myocardial ion pumps, ions and oxygen free radicals in rats

Ran Boli, Si Liangyi, Wang Guochao, Wu Qing (Department of Cardiology, Southwest Hospital, Third Military Medical University, Chongqing, 400038)

Abstract Objective: To explore the mechanism of the protective effects of ischemic preconditioning (IPC) on the myocardium. Methods: After the model of myocardial IPC was established in rats, the effects of IPC on the activity of Na^+-pump, Ca^{2+}-pump and SOD and the contents of Na^+, Ca^{2+} and MDA were investigated. Results: Compared with the control, the activity of SOD was increased while that of Na^+-pump and Ca^{2+}-pump and the content of MDA decreased in PC group. Conclusion: IPC exerts protective effects on the myocardium through increasing the activity of Na^+-pump, Ca^{2+}-pump and SOD and decreasing the overload of Na+ and Ca^{2+} and the content of MDA.

Key words ischemic preconditioning; Na^+-K^+-ATPase; SOD; calcium overload; rat

囊肿-腹腔分流治愈透明隔囊肿一例报告

Report of a case of cyst of septum pellucidum cured by cyst-peritonel shunting

潘林奇* 林江凯 王宪荣 (第三军医大学附属西南医院神经外科) 重庆,400038

患者男性,9岁,因头昏、极度嗜睡、行走即摔倒40 d入院。查体:精神差,颅神经未见异常,四肢肌力肌张力正常,步态蹒跚,闭目难立试验(+)。全身感觉对称存在。多次脑电图检查(一),颅脑MRI提示透明隔明显分离,呈双凸透镜样改变,胼胝体受压上抬,两侧侧脑室略扩大。诊断:透明隔囊肿。

入院后在全麻下经胼胝体入路透明隔囊肿部分切除术。术中见囊壁菲薄,电凝切开囊肿后见其内为无色透明脑脊液,吸净囊液后右侧室间孔清晰可见。术后症状渐好转,5 d后即下床正常活动,但1周后症状复发,易摔倒。头颅CT复查示透明隔囊肿仍存在,形态大小无改变。首次术后3周行右额部穿刺透明隔囊肿腹腔分流术。术后8 d复查CT示分流管上端位于囊腔内,囊肿显著缩小,病人症状减轻而出院。2月后CT示透明隔囊肿消失,头皮下结扎分流管观察1周,病人无异常反应,再次复查CT未见透明隔囊肿复发,逐拔除分流管,痊愈出院。随访10月无异常。

讨论

本病常见于小儿,病因尚不清楚,有人认为是一种透明隔先天性异常,亦有人认为是脑积水所致[1],通常无症状,当出现临床症状时,多表现为颅内压增高。本例虽有两侧侧脑室略扩大,但表现为头昏、嗜睡和行走不稳,可能与透明隔囊肿压迫胼周动脉有关。借助CT和MRI确诊本病不难,表现为透明隔分离,呈双凸镜样改变。第1次手术中见囊肿壁菲薄,内为无色透明脑脊液,诊断为透明隔囊肿无疑。小的或无症状透明隔囊肿不需处理。Jackowski[2]报告巨大透明隔囊肿经内窥镜下激光破坏囊壁使之与侧脑室相通,效果满意。Wester[3]报告3例中2例经立体定向行侧脑室-囊腔内分流术,1例成功,1例失败改为囊腔-侧脑室-腹腔分流术,颅内压增高症状消失,囊腔好转。本例首先行胼胝体入路囊肿部分切除,术后症状一度消失,但很快复发,考虑为胼胝体及囊肿重新闭合所致。第2次手术则采取了囊肿腹腔分流术,对透明隔囊肿予持续引流,效果良好,认为透明隔囊肿腹腔分流术创伤小,简便易行,是治疗透明隔囊肿的一个较好的方法。

关键词 透明隔;囊肿;分流术
中图法分类号 R655.5

参考文献

1 Silbert P L, Gubbay S S, Vaugham RG. Cavum septum pellucidum and obstructive hydrocephalus. J Neurol Neurosurg Psychiatry, 1993;56:820
2 Jackowski A, Kulshresta M, Sgouros S. Laser assisted flexible endoscopic fenestration of giant cyst of the septum pellucidum. Br J Neurosurg, 1995;9(4):527
3 Wester K, Krakenes J, Moen G. Expanding cava septi pellucidi and cava vergae in children: report of three cases. Neurosurg, 1995;37(1):134

(收稿:1997-08-05;修回:1998-01-07)
(编辑 王 红)

* 潘林奇,男,31岁,主治医师,现在187医院 海口,571159

?1994-2016 China Academic Journal Electronic Publishing House. All rights reserved. http://www.cnki.net