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Regulative effects of recombinant human tumor necrosis factor α on interleukin 3 receptor of bone marrow nucleated cells after combined radiation-burn injury in mice

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Abstract Objective: To investigate the effects of recombinant human tumor necrosis factor α (RHTNF-α) on interleukin 3 receptor (IL-3R) of bone marrow nucleated cells (BMNCs) after combined radiation-burn injury in mice. Methods: After the combined radiation-burn injury was inflicted on the mice, the effects of RHTNF-α at different doses on proliferation of BMNCs and the regulative effects of a single injection of 10^5 U of RHTNF-α on the expression and function of IL-3Rα and BMNC counts were determined. Results: ① Different doses of RHTNF-α exerted different effects on the proliferation of BMNCs *in vivo*. ② The mean content of IL-3Rα was up-regulated on the 1st and 3rd d but recovered to the normal on the 7th d after the injection of 10^5 U of RHTNF-α. ③ The single injection of 10^5 U of RHTNF-α caused a rapid decrease in BMNC counts on the 1st day after injection and the counts remained low up to the 3rd. Conclusion: A single injection of 10^5 U of RHTNF-α can up-regulate the expression of IL-3R of BMNCs after combined radiation-burn injury, which stimulates hematopoiesis. However, it causes a significant decrease in BMNC counts because of the effects of the hematopoietic network.

Key words combined radiation-burn injury; tumor necrosis factor α; IL-3 receptor; bone marrow nucleated cell; mouse

食管小细胞癌 1例报告

A case report of small-cell carcinoma of the esophagus

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食管小细胞癌(临床报道)较为少见,现将收治的 1例报告如下。

1 临床资料

某男, 43岁,因下咽梗噎伴吞咽疼痛 1月,于 1996年 1月入院(病程中无明显恶心、呕吐及食欲减退等症状)。查体:颈软,锁骨上及腋窝淋巴结不肿大。胸腹部无阳性体征。食管吞钡拍片提示:食管中段见一长约 5 cm狭窄段,局部管壁僵硬,扩张受限,粘膜紊乱、中断。胃镜检查提示:食管中段鳞状上皮增生。其它检查未发现肝、肺远处转移,诊断为食管中段鳞癌。在全麻下行剖胸探查,术中见肿瘤位于奇静脉上方 2 cm处,长约 2.5 cm× 2.0 cm× 2.0 cm,外侵不明显;区域无淋巴结转移。顺利切除肿瘤,行胃食管左颈部吻合术,术后进普食通畅,无梗阻疼痛。病理报告:食管小细胞神经内分泌癌,出院两月后因腹胀、腹痛再次入院检查,腹部 CT提示肝内多个圆形低密度影,考虑食管癌术后肝内转移。给予卡铂 500 mg静滴,西艾克 3 mg静滴全身化疗一次后症状缓解出院。

2 讨论

日前已知食管小细胞癌的形态学及生物学特征与肺小细胞癌甚为相似。吴名耀等[1]报道从 1 473例食管癌组织切片中发现小细胞癌 30例,其全由小细胞组成,瘤细胞胞浆较少,胞核染色深。细胞常排列成密集片状、带状。免疫组化染色其神经内分泌标记率较高,显示本癌属于 APUD系统肿瘤。食管小细胞癌发病年龄以 50~ 60岁多见,男女比例为 3.8~ 4∶ 1 其临床表现与常见的鳞癌和腺癌相似,肿瘤大体类型及 X线表现为蕈伞型及腔内型,明确诊断一般靠术中切除病灶送组织学病检。术前胃镜检查可明确粘膜病变及向腔内生长情况,对诊断具有提示作用。彩超检查对肿瘤浸润深度,观察周围脏器浸润转移方面有独到之处,对提高诊断及判断病期准确率有明显效果。彭开桂等[2]报告食管小细胞癌在可评价疗效的 131例中,中位生存期和 1年生存率较之鳞癌和腺癌均差,全组仅为 7.6个月和 29%。单独放疗、化疗及手术治疗效果均较差,治疗失败原因主要是远处转移。本例患者手术切除病灶后 2月入院化疗即发现已有肝脏多个转移病灶,故我们认为食管小细胞癌治疗应建立在早期诊断及开展综合治疗,即积极手术,术后早期联合化疗放疗,以延长生存期,提高治疗效果。

关键词 食管肿瘤;小细胞癌
中图法分类号 R735.1

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