DOI:10.16016/j.1000-5404.1998.04.017

The effects of activated Kupffer cells on liver cell regeneration in cirrhotic rats*

Chen Ping, Han Benli, Li Kun, Duan Henchun (Department of Hepatobiliary Surgery, Southwest Hospital, Third Military Medical University, Chongqing, 400038)

Abstract Objective: To observe the effects of activated Kupffer cells on liver cell regeneration, and to probe the mechanism of Kupffer cell regulation during liver regeneration. Methods: The cirrhotic rats after partial hepatectomy were used as the animal model. Hepatocytes and Kupffer cells were cultured *in vitro* and ^{3}H-TDR and ^{3}H-Leucine incorporation in the cultured cells were determined. Results: When the hepatocytes were cocultured with the Kupffer cell supernatant of the cirrhotic rats after operation, the hepatocyte DNA and protein synthesis functions were obviously decreased, however, when the liver cells were cocultured with Kupffer cell supernatant of the normal rats, these functions were increased significantly. When the KCs were cultured in the condition of 10 μg/ml LPS, KCs could obviously promote liver regeneration. Conclusion: Kupffer cells can both inhibit and accelerate liver regenertion, thus it is important to modulate the KC functions properly in order to enhance the regeneration of hepatocyte.

Key words liver regeneration; Kupffer cell; liver cirrhosis

* This project was supported by the National Natural Science Foundation of China, No. 39670712

球结膜囊肿一例

A case of bulbar conjunctiva cyst

黄晓勇* 刘 翔 张啸峰 (第三军医大学附属新桥医院眼科) 重庆,400037

患者男,52岁,因右眼球结膜包块1年半于1996年6月10日到我院就诊。患者无结膜外伤或眼部手术史,但有长期结膜炎病史,未曾治疗。初起时发现右眼颞侧球结膜一米粒大小包块,有时有痒感,曾多次到当地医院就诊,未明确诊断,予"抗生素眼液、可的松眼液"滴眼治疗无效,肿物进行性增大到花生米大小,伴有眼睑闭合不全。眼部检查:双眼视力均1.2,右眼颞侧球结膜距角膜缘0.5 cm处球结膜可见11 mm×10 mm×8 mm肿物,质软,表面光滑,与巩膜无粘连,具囊性感,右睑球结膜均充血,肿块周围尤甚。右眼球向右运动受限,右上、下眼睑闭合不全3 mm。拟诊"右球结膜囊肿",予抽液治疗,抽出0.8 ml半透明粘性液,基本抽尽囊内液体,检查未发现异物,送细胞学检查未发现肿瘤细胞。半月后患者来复诊,肿块又长至5 mm×5 mm×3 mm大小,行球结膜下完整剥离术,完整剥离出一个5 mm×4 mm×3 mm卵圆形半透明物,囊壁薄,无血管长入。病理报告证实为球结膜囊肿,其中无异物。两月后复诊未见复发。

讨论

球结膜囊肿长至11 mm大小,引起眼睑闭合不全很少见,尤其在抽出其中半透明液体半月后迅速发展至5 mm大小更为少见,经文献检索,80年以来未见该病种报道。本病临床上易与上皮植入性球结膜囊肿、感染性肉芽肿、乳头状瘤相混淆。其中上皮植入性球结膜囊肿有明确的外伤史[1]或手术史[2]。而该病例反复追问并无外伤或手术史。确诊需仔细追问外伤及手术史,详细眼部检查,送病理检查。抽液治疗由于囊壁仍然存在,可以导致迅速复发,完整剥离达根治效果,本例治疗效果好。该病进展缓慢,长期慢性炎症刺激为主要原因,引起球结膜细胞向内生长,伸入结膜下组织,因球结膜含有杯状细胞产生粘液而形成囊肿。预防方法为及时治疗结膜炎。

关键词 球结膜囊肿

中图法分类号 R777.3

参考文献

1 姜 慧. 球结膜下植物性异物囊肿一例. 眼外伤职业眼病杂志,1994;16(1):74

2 李 永,高 岩. 人工晶体植入术后结膜下植入性囊肿一例. 中华眼科杂志,1995;31(2):225

(收稿:1997-10-22;修回:1998-06-03)

(编辑 汪勤俭)

* 黄晓勇,25岁,住院医师,硕士研究生

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