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Expression of proapoptotic gene Bax in gastric carcinoma and its significance

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Abstract Objective: To investigate the expression of proapoptotic gene Bax in gastric carcinoma and its significance. Methods: The expression of Bax protein was detected with immunohistochemistry in samples from 57 cases of gastric carcinoma. Results: The positive rate of Bax protein staining was 57.89% and the positively reactive substance was mainly localized in the cytoplasm of cancerous cells. The expression of Bax protein was not correlated to the tumor size, lymph node metastasis, depth of invasion, Duke's stage of the tumor and age and sex of patients ($P > 0.05$) but strongly associated with the morphological type and differentiation degree of the tumor. Meanwhile, it was significantly higher in intestinal-type and well/moderately differentiated gastric carcinoma than in diffuse and poorly differentiated one ($P < 0.05$ and 0.01). Conclusion: The proapoptotic gene Bax can express to various degrees in most kinds of the gastric carcinomata and may take part in the apoptosis of the gastric carcinoma. The expression of Bax might be associated with the occurrence of intestinal-type gastric carcinoma and the differentiation of the gastric carcinoma.

Key words stomach neoplasm; Bax; apoptosis; immunohistochemistry

套扎治疗直肠粘膜内脱垂(附20例报告)

Ligation to treat prolapse of rectal mucosa (a report of 20 cases)

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直肠粘膜内脱垂又称直肠内套叠,指肠粘膜与肌层松弛分离下移脱垂的粘膜隐匿于直肠壶腹未脱出肛门外的一种疾病;是以排便困难为主要症状出口梗阻综合症之一,我们自1996年10月至1997年10月在肛肠门诊采用了胶圈套扎治疗20例病人,近期取得了较好的效果。

1 临床资料

本组20例,男3例,女17例;年龄35~53岁;病程6个月~20年,平均每周排便1次11例;4~6d排便1次9例;所有病例均有不同程度地依赖泻剂或缓泻剂。排粪造影,其特征是钡剂灌入后静息时直肠纵形粘膜增粗,在直肠内形成环形套叠,排便时直肠粘膜重叠迂曲,粘膜下垂至肛管部,肛直角明显下移,侧位片呈漏斗状影,根据粘膜下垂至肛管部的程度将该病分为轻、中、重三度。8~10 cm为轻度,6~10 cm为中度,4~10 cm为重度。本组轻度4例,中度14例,重度2例。

治疗方法:病人排空粪便后取胸膝位,用本院自制负压枪

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ally determined with NADPH-diaphorase (NDP) histochemical staining and whole-mount preparation. **Results**: NOS was widely distributed in the gastric wall and most of it was localized in the myenteric plexus. The shape of NOS positive neurons was basically similar (round or oval) while their density, size and staining intensity varied greatly in different parts of the stomach. The density was 62.1± 37.7 cells/mm², 43.4± 31.7 cells/mm² and 31.6± 27.8 cells/mm² respectively in the antrum, body and fundus. The size and staining intensity of NOS positive neurons in the fundus were resemble. However, they were different in the antrum. In the body, the characteristics of NOS positive neurons were at an intermediate state from the fundus to antrum. Bead-like structures were strung together by NOS positive varicosities in nerve fibers, some of which were closely adherent to the outer wall of blood vessels and smooth muscle fibers. **Conclusion**: ① Nitric oxide might be involved in the modulation of motility, secretion and blood circulation of the stomach; ② The significant difference of the distribution of NOS positive neurons among the myenteric plexus in different parts of the stomach may be related to the physiological function of the stomach.

Key words　nitric oxide synthase (NOS); NADPH-diaphorase (NDP); stomach; enzyme histochemistry; rat

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式套扎器,在肛门直肠镜的直视下,让病人深呼气,使该部位粘膜松弛,距肛门 6~ 8 cm处,将套扎器口径对准 1 5 9点处,平面稍错开不超过 0.5 cm,扣动板机产生负压使该处粘膜吸入枪筒内,然后推出胶圈套住,直径不超过 1 cm,1周后该处被套扎粘膜自行缺血坏死脱落,局部创面逐渐愈合,两星期后第 2次套扎,距离肛管 4~ 6 cm处,套扎 6 12点,第 3次以间歇两周后进行单个补套,每次不超过 3点,每次套扎后为防止局部炎症,可口服甲硝唑、氟哌酸肠道抗菌素等,适当选用缓泻剂、痔疮宁栓便于排便。

2　结果

本组病人经第 1次套扎治疗后就有便意,不用泻剂,次数增加,1周 2~ 3次不定,第 2次套扎后,症状较以上明显好转,不但排便顺利,而且有一定的规律,有 4例病人进行了第 3次补套,2例欠佳,根据以上治疗效果判定:不用泻剂,间歇 2~ 3 d,排便通畅,有规律为治愈,间隔 3~ 4 d,虽无规律,但能顺利解出为好转,无明显改善者为无效,本组 18例病人症状明显好转,随防 6~ 12月,有 2例病人半年后症状复发外,其余未见复发,治愈率达 90%。

3　讨论

直肠粘膜内脱垂的病因目前尚不清楚,男:女 = 1:6,本组病例也证实女性发病率高,且均是经产妇。可能是妊娠后期盆腔血管受压,直肠粘膜血循回流不畅,局部瘀血,减弱了肠管粘膜的张力所致,加之大便干燥无规律以及慢性咳嗽也可能有一定的关系。长期腹压增高,当肛门括约肌功能无障碍时,下垂之直肠难以脱出肛门外,其粘膜可产生自身的套叠,本组有 2例支气管肺气肿病人半年后复发可能与此有关。诊断本病的依据是排便不全,排便困难,便秘,排粪造影是主要诊断手段。

以往对这种出口梗阻病人的治疗只是采取一些保守治疗,给予缓泻剂,高纤维食物以及肠动力药物,常常效果欠佳或无效,手术移除冗长的直肠粘膜较复杂,疗效也不十分理想。在 Berman用多个胶圈套扎治疗 5例成功后,国内鲁明良等[1]采用平面三点套扎治疗 84例直肠内套叠的启发下,我们采用了自制的枪式痔疮套扎器(获得国家四等发明奖)[2]借助套扎内痔和息肉的经验治疗 20例收到较好的效果。对此观察到,被套扎松弛下垂过多的粘膜缺血坏死脱落后,减少了局部重叠的机会,提高了直肠的张力,这样消除了用力排便时粘膜下垂套叠所致的梗阻。因此改善了排便。此方法简便易掌握,不需更多的设备。病人痛苦小,并发症少,是直肠粘膜内脱垂一种比较理想的治疗方法。

关键词　套扎器;胶圈;内脱垂;出口梗阻

中图法分类号　R657.19

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