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Changes of erythrocytic immune function in patients with iron deficiency anemia or megaloblastic anemia and its clinical significance

Xu Limin, Hong Lin, Zhang Shumo, Feng Jiang, Zhang He, Wang Jin, Liang Dejia (Department of Hematology, Daping Hospital, Third Military Medical University, Chongqing, 400042)

Abstract Objective: To explore the changes of erythrocytic immune function in patients with iron deficiency anemia (IDA) or megaloblastic anemia (MA) and its clinical significance. Methods: The erythrocytic immune function in 26 patients with IDA and 14 with MA was observed with erythrocytic yeast rosette test. Results: The red cell C_{3b} rosette rate (RCR) and enhancing rosette rate of phygocytosis of red cells on neutrophils (ERPN) were significantly decreased while no significant changes were found in the red cell immune complex rosette rate (RICR), red cell C_{3b} receptor flower inhibiting rate (RFIR). RCR and ERPN were restored to normal 2~3 months after the treatment with iron preparation, folate and vitamin B_{12}. Conclusion: There are reversible damages of the erythrocytic immune function in patients with IDA or MA.

Key words iron deficiency anemia; megaloblastic anemia; erythrocytic immune function

向蝶窦侵袭的垂体腺癌一例

A case report of a pituitary gland adenocarcinoma eroding sphenoid sinus

张 民* 刘兆华 (第三军医大学附属大坪医院耳鼻咽喉科) 重庆, 400042

患者男, 56岁, 因头痛、涕中带血2月, 双眼刺痛1月于1997年4月14日入院。头痛多发于枕部, 呈持续性钝痛, 以晨起重。无鼻阻, 有血性分泌物, 双眼阵发性刺痛, 不能久视。有阳萎病史[1]。检查: 体重较两月前增加3 kg, 全身浅表淋巴结未扪及。双眼活动不受限, 视力正常, 视野无缺损。鼻咽部未见肿物。血清PRL 1 077.7 μg/L(明显升高)。鼻窦CT显示蝶窦内有一约1.33 cm×1.87 cm大肿块, 鞍背骨质缺损。颅脑MRI示垂体体积增大, 约2.3 cm×1.7 cm×2.0 cm, 主要向鞍底、蝶窦内突入, 垂体柄变短, 视交叉位置、形态无改变。入院初步诊断: 垂体肿瘤累及蝶窦, 性质主要考虑垂体腺瘤。5月7日于全麻下行经鼻外筛蝶窦入路垂体瘤切除术。术中开放双侧蝶窦, 见鞍下骨质已完全被蚀去, 鞍背和斜坡处骨质尚好, 适当向前扩大骨窗, 见肿瘤呈分叶状, 尚存包膜呈淡红色, 大小为3.0 cm×2.5 cm×1.5 cm于手术显微镜下在瘤体中心作"十"字形多点穿刺, 抽吸无血, 电凝包膜后行"十"字形切开, 见瘤体白色, 大部分质地较脆。先行囊内分块截除, 内含少量葡萄腺样组织, 无液体, 创面易渗血。彻底切除所见之瘤组织, 然后将肿瘤包膜切除。止血完善后以带鼻中隔软骨的粘骨膜修复鞍底。术后24 h复查血清PRL 167.7 μg/L。病理报告: 实质性腺瘤样组织, 有核分裂像, 诊断为垂体腺癌。术后1月复查, 头痛明显缓解, 视力、视野正常, 无脑脊液鼻漏。院外行放射治疗。3个月复查, 有轻度头痛, 视力、视野正常, CT扫描示蝶窦内粘膜增厚, 垂体区未见肿瘤。

讨论

原发的垂体肿瘤绝大多数为腺瘤。Solitare[2]于1967年对垂体癌病例的研究发现, 腺瘤有向腺癌演变的迹象。中枢神经系统缺乏淋巴系统, 故颅内肿瘤发生颅外转移者极为罕见[3]。垂体癌早期极少颅外转移, 而随着病程的进展, 最终会发生转移, 或者确实已有转移而临床上尚未发现。所以将颅外转移作为垂体癌的唯一诊断标准, 可使漏诊率上升。因此, 对本病仍应提高警惕。本例患者垂体肿瘤巨大, 蝶鞍骨质破坏严重, 可能腺癌恶性程度不高, 予彻底切除联合术后放疗, 仍取得近期良好效果。

关键词 蝶窦; 垂体腺癌
中图法分类号 R736.4

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* 张 民, 男, 26岁, 住院医师, 学士

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