DOI:10.16016/j.1000-5404.1995.05.024

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(收稿:1995-04-14;修回:1995-08-10)

Study of the effects of different types of gastrectomy on the carcinogenesis of gastric stump induced with N-methyl-N′-nitro-N-nitroguaidine in rats

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Abstract One hundred and twenty Wistar rats were operated on with pylorus and antroseromuscular preserving gastrectomy (PAFPG) and subtotal gastrectomy of BIllroth I or Billroth II type and gastric carcinoma was induced to the gastric stump with N-methyl-N′-nitro-N-nitroguaidine. The rats with sham operation severd as the control. Gastric transmucosal potential difference (PD) and mucosal content of reduced glutathione (GSH) were determined and the histopathological changes of the gastric mucosa studied. It was found that both PD and GSH were significantly lower after Billorth I and II gastrectomies and significantly higher in the precancerous lesions of the stump than in the control. The incidence of gastric stump carcinoma was the highest (47%) in the BIllroth II group among the 3 operated groups. There was no significant difference of PD, GSH and histopathological findings between the PAFPG group and the control. Our findings suggest that the development of precancerous lesions and carcinoma in the gastric stump is possible to result from the alterations of the physiological environment after gastrectomy. Duodenogastric reflux, the injury of gastric mucosa barrier and the decrease of antioxidant ability of the gastric mucosa can be used to explain why gastric cancer occurs.

Key words carcinogenesis; gastric stump; transmucosal potential difference; glutathionine

141例循环呼吸异常病人纤维支气管镜检查术前的准备及麻醉

Preparetion and anesthesia of the fiberoptic bronchoscopy of 141 cases with circulation-respiration disturbance

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纤维支气管镜检查术(简称纤支镜术)目前已成为呼吸内科及胸外科不可缺少的检查手段。我院纤支镜室从1983年4月至1994年1月共开展纤支镜术2504例次,其中合并有高血压、心动过速、心动过缓、低氧血症、剧烈咳嗽者141例。我们采用地卡因和利多卡因复合表面麻醉[1],同时配合吸氧,静脉推注712(科研新药,为复方中草药制剂)镇咳等方法,保证了术中安全,无意外发生。

1 临床资料

(1)141例中年龄最小10岁,最大84岁。伴有高血压的52例,心动过速15例,心动过缓3例,低氧血症31例,剧烈咳嗽30例。

(2)对收缩压在20～22.7 kPa,舒张压在13.3～16 kPa 的52例高血压病人,将心痛定10 mg 压成粉沫沾在生理盐水湿棉签上舌下含化,5 min 后测血压,血压一般降低1.3～2.7 kPa,如降压不理想,可依上法再追加10 mg 心痛定,若两次降压无效,则取消检查。纤支镜检查术中禁用去甲肾上腺素止血。

(3)心动过速者15例,其心率在110～120次/min,个别患者高达140次/min,单用2%利多卡因麻醉,心率减慢至正常范围,无心律紊乱发生。心动过缓3例,心率在50次/min以下,单用

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管的破坏与修复等。机体各系统的主要疾病都伴有病变局部或全身性微循环的改变，如冠心病、肺心病及脑血管病等。其微循环的改变比血压、呼吸更能反映病情变化。脑心通灵良好的改善微循环作用，预示其在治疗和预防心脑血管疾病等有广泛的应用前景。

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(收稿：1995-01-04；修回：1995-09-25)

Effects of naoxintonglin on the abnormalities of high altitude hypoxic hemorrheology and microcirculation

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Abstract Healthy male youths, aged 19 to 22 years, migrated to stay over regions with an alititude from 3500 to 4500 m for 1 to 2 years were divided into 4 groups to observe the effects of naoxintonglin on their conditions of blood, blood vessels and microcirculation. It was found that naoxintonglin could reduce the resistance of blood vessels and restore vascular elasticity with 90% of efficiency. It could decrease the aggregation rate of platelets and the aggregation ratio was increased from 50% to 70% which was similar to the sea level value. Naoxintonglin could improve microcirculation and the average total integral value of the 2 altitudes was reduced from 6.75±1.45 and 8.81±1.79 to 2.67±0.83 and 2.63±0.56 respectively. Naoxintonglin could improve the function of microcirculation with a recovery rate from 45.5%～51.5% m, a significant improvement rate from 48.5%～54.6% and an overall effective rate of 100%. These findings suggest that naoxintonglin is a promising agent for the treatment and prevention of the diseases of the heart, brain, blood vessels and other important organs.

Key words naoxintonglin; high altitude; hemorrheology; microcirculation

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0.5%地卡因麻醉，心率增快至正常范围，两者均同时配合吸氧。

(4)低氧血症31例，PaO_2 9.3～10.7 kPa，给予高浓度鼻导管吸氧，流量4～5 L/min。

(5)剧烈咳嗽30例，静脉推注712 15 ml 镇咳，5～10 min 见效，镇咳达4～6 h，最长达12 h。

2 讨论

纤支镜术前高血压患者用心痛定粉沫舌下含化降压，是因为该药为钙拮抗剂，具有扩张血管、降低外周血管阻力、减轻心脏后负荷的作用，一般10 mg 心痛定粉沫含服后降压约1.3～2.7 kPa，必要时可追加一次。术中病人血压平稳，无不适。15例心动过速患者单用2%利多卡因麻醉，既减慢心率又可预防心律紊乱的发生，心动过缓3例单用0.5%地卡因麻醉，心率增快至正常范围。由于纤支镜插入后病人 PaO_2 一般降低1.3～2.7 kPa，所以对31例低氧血症病人我们给予4～5 L/min 的高浓度吸氧提高 PaO_2，术中血气分析，PaO_2 无明显降低，病人无心累气促。30例剧烈咳嗽患者，麻醉前静脉推注我院科研制剂712 15 ml，镇咳效果明显，术中病人安静，动物实验证明该药有止咳平喘作用。对141例麻醉的紧急处理，保证了纤支镜术的顺利进行，扩大了适应症，提高了诊断率。

关键词 纤维支气管镜检查，麻醉
中图法分类号 R768.1

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(收稿：1994-11-12；修回：1995-09-17)

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