着色也明显变淡。

结果还表明,KC老化时骨架成份含量明显降低,而且与KC吞噬功能的改变呈明显的正相关,表明老化KC骨架系统亦呈明显的老化状态。提示作为动力发生器的肌动球蛋白系统和作为细胞框架支撑物的波形蛋白的损害是老化KC吞噬功能降低的重要机理。

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Effects of aging on cytoskeleton system and phagocytic function of Kupffer cells in rats

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Abstract The changes of the cytoskeleton system of Kupffer cells (KCs) in rats with various ages 6, 12, 18 and 24 months respectively were investigated using actin, myosin and vimentin as indices and the relationship between these changes and those of the phagocytc function of KCs was also studied. It was found that the distribution of the three components of the cytoskeleton system mentioned above were significantly changed and their contents remarkably decreased. The most significant changes were found in KCs of 24-month-old rats, that is to say, the contents of the three components were respectively decreased to 68.0%, 84.9% and 75.5% of those in KCs of 6-month-old rats. These decrements were positively correlated with the changes of phagocytic function of KCs. Our findings suggest that the cytoskeleton system of KCs in aged rats presents an evident status of senescence, which may be one of the mechanisms for the decrease of phagocytic function of KCs in aged rats.

Key words aging; Kupffer cell; cytoskeleton; phagocytic function; rat

椎管内肠源性囊肿一例报告

Report a case of enterogenous intraspinal cysts

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椎管内肠源性囊肿较少见,作者遇到1例,报告如下。

患者,女,15岁。因腰背痛1年,双下肢感觉异常、无力半年入院,病程中症状曾减轻。查体:双下肢肌力II级,肌强力高,T_{10}以下感觉减退,下腹壁反射弱,下肢腱反射亢进,双侧Babinski征阳性。MRI示:$T_{8,9}$椎间隙平面硬脊膜下长T_1、长T_2病变,与脑脊液信号一致,边缘锐利,1.2 cm×1.0 cm,考虑为脊髓前方囊肿性病变。在全麻下行后入路椎管探查,术中发现囊肿位于脊髓腹侧,与脊髓轻度粘连,包膜较蛛网膜厚略混浊,囊内为无色清亮液体,切除大部分囊壁,术后运动,感觉逐日好转,至一周时症状消失,双下肢肌力V级。病理报告:肠源性囊肿。复查MRI,病变消失,脊髓前方压迹基本消失。

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针方向,并应用 X线片测量计算方法跟踪螺丝钉的进钉位置才能确保螺丝钉进钉的准确性。我们在临床应用中采用改良 Weinstein及 Roy-Camille定位点及本研究方法监测螺钉的位置在解决螺钉进钉准确性上发挥了一定作用。通过本实验研究表明此检测方法简单,准确性高,在避免由于螺钉位置不当所造成的严重并发症中能起到重大作用。

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An experimental study of the localization of pedicle screw in thoracolumbar vertebrae and its clinical significance

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Abstract It has been noted that the complications resulting from improper location of pedicle screw prevent the pedicle fixation technique from being widely used. In the present study, 108 thoracolumbar vertebrae in 12 cadavers were drilled with 216 pedicle screws and then X-ray examination, calculation and anatomic detection were conducted to determine the sites of the pedicle screws. It was indicated that X-ray examination and calculation could accurately determine the location of the pedicle screws and the undrilled vertebrae and this was consistent with the results of anatomic detection. The selection of the points and direction of screw drilling was also discussed. Our results suggest that the method we have created is accurate and simple and can resolve the key problem of screw drilling accuracy in clinical application of pedicle fixation technique.

Key words pedicle screw; localization; thoracolumbar vertebrae

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讨论

椎管内肠源性囊肿为先天性囊肿,国外 1992年曾报告 44例[1],亦称为神经肠源性囊肿、原始中心囊肿、肠源性脊髓囊肿、胃细胞瘤。均指囊肿位于椎管内,具有胃肠粘膜的组织学特点,可位于硬膜外、硬膜下或伸入脊髓内[2]。一般认为其机理是畸形形成"决定期"胚层发育异常所致[3]。男女发病率 3∶2,平均年龄 18.5岁,12%~50%伴有脊柱侧凸、驼背等畸形。临床表现不一,缺乏典型性,取决于病变部位和脊髓压迫损伤程度,一半以上患者有一过性神经症状而被误诊为多发性硬化。MRI是最好的诊断方法,可了解软组织改变,骨质畸形,突入脊髓者边界锐利为其特征改变。影像上难以与其它囊肿区分,如蛛网膜囊肿、皮样囊肿、室管膜囊肿、脉络丛室管膜囊肿等。确诊依赖于切除后的组织学检查[2,3]。本例术前和术中误为可能为蛛网膜囊肿。该病一经发现,主张手术治疗,传统上采取椎管后入路切除病变,但有干扰脊髓和神经根的可能。因大部分病变位于脊髓前方,前入路可更好地暴露和切除病变,尤其伴脊柱畸形需行减压和脊柱融合时。病变小时以后入路为宜。本例后入路切除病变,术后迅速康复。

关键词 肠源性囊肿;先天性囊肿

中图法分类号 R730.269

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