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Study of the relationship of Helicobacter pylori-associated gastritis and peptic ulcer with gastrin and somatostatin

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Abstract The level of gastrin (Gas), somatostatin (SS) and argininevasopressin (Avp) in the gastric mucosa and plasma of 60 cases of chronic superficial gastritis (CSG), 44 cases of duodenal ulcer (DU) and 56 cases of gastric ulcer (GU) was determined with radioimmunoassay. It was found that the SS level in gastric mucosa was significantly lower in those cases associated with Helicobacter pylori (H. pylori) infection than in those without ($P<0.01$) and the Gas level in the gastric mucosa and plasma was higher in those cases associated with H. pylori infection than in those without. After the eradication of H. pylori infection with proper medication, the SS and Gas levels returned to their normal. The findings suggest that the SS and Gas levels were closely related to the associated H. pylori infection in cases of superficial gastritis and peptic ulcers.

Key words Helicobacter pylori; chronic gastritis; peptic ulcer; somatostatin; gastrin; argininevasopressin

新生儿先天性十二指肠闭锁症围手术期的处理

Perioperative management of congenital duodenal atresia of newborn

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我科近来收治1例新生儿先天性十二指肠闭锁症(隔膜型),手术治疗成功,现将围手术期的处理中侧重护理方面报道如下:

袁某,男,出生4 d,住院号204513,1994年3月13日在我院妇产科足月剖腹产顺利出生,体重3400 g。生后9 h开始非喷射性呕吐,吐出物为少量咖啡色粘液,因进食后呕吐加剧,随后转入小儿科。患儿生命征平稳,神志清楚,轻度脱水,巩膜轻度黄染,头颅无畸形,前囟平,心肺无异常,上腹饱满可见胃型,肠鸣音亢进。予禁食、输液、输血浆、肌注维生素K_1、口服云南白药等。脱水明显改善,但呕吐无缓解,急诊行上消化道钡餐检查,结果提示十二指肠梗阻,而于3月17日转入我科。

术前准备及护理:因病房室温低,将患儿置于24℃红外线恒温床内[1];经口腔置入小号硅胶管行胃肠减压,并接管于引流袋内,每2 h用空针抽吸胃内容物1次;放婴儿导尿管持续留置导尿;继续均衡输液和输血浆,待全身情况明显好转后实行手术治疗。患儿于3月20日在全麻下行剖腹探查术,术中发现胃及十二指肠1、2段高度膨胀,切开十二指肠中部见2、3段间有隔膜存在,遂将十二指肠隔膜切除,并行十二指肠空肠侧侧吻合后关腹。

术后处理及护理:患儿返回病房后,仍置恒温床内保温;持续行胃管减压及定时抽吸胃内容物;输液内加入抗生素及有关药物,给小儿输复方氨基酸、血浆及新鲜血液;准确记录出入量。术后次日护理查房见患儿会阴部皮肤轻度水肿,随即调整输液量按100 ml/kg体重给予,速度27滴/min,24 h均匀输入,水肿逐渐消退。肠蠕动恢复后拔除胃管。即开始饮水并逐步配制适当浓度的牛奶喂养。术后1、2 d患儿日夜阵发性啼哭,曾给5%水化氯醛溶液2 ml注入胃管并夹管30 min;因能自解小便而拔除尿管,并随时更换尿湿尿片,哭闹减少,术后2周患儿痊愈出院。

通过对本例病人围手术期的护理,我们体会到:(1)新生儿手术护理有别于其他患者,因其呼吸、循环和泌尿系承受能力差,应严格控制输液量,调整输液速度并均匀滴注,以免造成肺水肿和心力衰竭并发症[2]。(2)必须留置的各种管道应调节好吸引力,保持通畅,一旦生理功能恢复,应立即拔除,否则极易发生感染性并发症。(3)新生儿围手术期的基础护理如保温、口腔护理和及时更换尿布等对本病例顺利渡过手术关也起到重要作用。

关键词 新生儿;肠闭锁;围手术期处理
中图法分类号 R722

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