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Effects of different techniques of operation on gastric mucosal blood flow in liver cirrhosis and portal hypertension in rats

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Abstract The effects of portoazygos disconnection (PAD), portocaval shunt (PCS) and distal splinocaval shunt (DSCS) on the mucosal blood flow of the stomach were observed in rats inflicted with liver cirrhosis and portal hypertension. It is known that although the gastric circulation is under the hyperdynamic state in liver cirrhosis and portal hypertension, the gastric mucosa is ischemic, which weakens the defensive capacity of the gastric mucosa and results in liability to mucosal lesions. It was found that PAD further intensified gastric mucosal ischemia which might be one of the causes of the high incidence of postoperative gastric hemorrhage. PCS could significantly improve gastric mucosal microcirculation and DSCS could only selectively improve gastric mucosal microcirculation and DSCS could only selectively improve the microcirculation of the gastric fundus. It is suggested that PCS and DSCS may be performed in liver cirrhosis and portal hypertension to improve the defensive capacity of the gastric mucosa.

Key words liver cirrhosis; portal hypertension; gastric mucosa; blood flow

Meige 综合征一例报告

Report of a case of Meige's syndrome

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Meige 综合征,又称睑痉挛-口下颌肌张力障碍综合征,是临床上罕见的病。我科近年收治一例,现报告如下:

患者,男,59岁。患者以面颊部肌肉不自主收缩4年余,加重伴喉鸣2月收入科,患者于1988年始,无明显诱因出现不自主挤眼、皱额、伴面颊部肌肉痉挛,每天发作数次,每次持续数秒至数分钟,情绪紧张,疲劳发作可加重。半年以后,以上形式发作明显增加,以致影响正常的教学、咀嚼,曾去北京、上海等地就诊,服用"安坦"、"氯丙嗪"等药物,症状无好转。1992年始,除睑、面部肌肉痉挛发作以外,又出现颊部肌肉痉挛发作,发作时表现为挤眼、皱额、咬牙、吐舌、苦笑脸、抬头或俯首,症状可持续数秒至数分钟。近二月又出现了咽喉部肌肉痉挛发作,出现喉鸣、进食困难。

查体:内科系统检查未见异常,神志清晰,精神正常,计算力、记忆力、定向力正常。查体时患者发作两次,表现为皱额、挤眼、露齿、缩唇、苦笑脸、咬牙、喉鸣、仰头或俯首,发作持续数分钟。余神经系未见异常。

头颅 CT、EEG、ABR、VEP 均正常。血清铜氧化酶正常。

入院诊断为 Meige 综合征,经心理治疗、安坦、氟哌啶醇治疗一余月,症状缓解出院。

讨论

Meige 综合征是1910年由法国人 Meige 首先报道,称面部中央痉挛症(Spasm facial Median)后由 Paullson 引用 Meige 综合征名称[1]。该病多见于中青年人,男女发病率比为1:2~3。主要表现为无诱因出现的不随意口、面、颈肌痉挛,最常见的首发症状为睑痉挛,即后累及面、颈肌,有的患者可以出现上肢舞蹈样发作。肌肉痉挛发作有以下特点:无规律性、无节律、持续数秒至数分钟的反复发作;多为双侧对称的强直性收缩,少数为不对称发作;发作可同光刺激、疲累、紧张而加重,哈气、闭眼、吹哨、唱歌等减轻,睡眠时消失。发作时表现为挤眼、眼睑痉挛、皱眉、张口、缩唇、龇牙、苦笑脸,重者可有咬牙、锉牙、咬舌、吐舌、发音障碍、吞咽困难、下颌关节脱位[2,3]。

该病的发病机理不清,有报道脑外伤后出现 Meige 综合征[4]。有人认为与纹状体内多巴胺受体(尤其 D_1 受体)超敏有关[1,2]。此外脑干梗塞、脱髓鞘病变等可以引起 Meige 综合征[1]。

治疗尚无特效,近年来肉毒杆菌素 A 的治疗可能是最理想的方法[5]。

关键词 Meige's syndrome(麦格综合征)

中图法分类号 R745

参考文献

1 李 纹. Meige 综合征. 日本医学介绍,1990;11:123

2 王慕一,杨玉华,高旭光等. Meige 综合征10例报告. 中华神经精神科杂志,1994;27:31

3 Verma RK, Gapta BK, Kochar SK *et al*. Meige's syndrome. J Assoc Physicians India,1993;41:173

4 Kimura T, Deshimaru M, Inukai K *et al*. A case of Meige's syndrome associated with post head trauma. No To Shinkei, 1992;44:1021

5 Borodic GE, Ferrante R. Effect of repeated botulinum toxin injection on orbicularis oculi muscle. J Clin Neuophthalmol, 1992;12:121

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