DOI:10.16016/j.1000-5404.1995.06.009

gents. J Exp Med,1991;173:1021
6 Seitz M, Dewald B, Gerber N et al. Enhanced production of neutrophil-activating peptide-1/interleukin-8 in rheumatoid arthritis. J clin Invest,1991;87:463
7 King VF, Garcia ML, Himmel D et al. Interactions of tetrandrine with slowly inactivating calcium channels, characterization of calcium channel modulation by an alkaloids of chinese medicinal herb origin. J Biol chem,1988;263:2238
8 洪巨伦,周汉良,卞如廉.粉防己碱对大鼠嗜中性白细胞游离钙的影响.中国药理学报,1989;10(6):533
9 Sammanta AK, Oppenheim JJ, Matsushima K. Interleukin 8 (MDNCF) dynamically regulates its own receptor expression on human neutrophils. J Biol chem,1989;265:183
(收稿:1995-01-15;修回:1995-09-20)

Effects of several drugs on hrIL-8 induced neutrophil migration into the peritoneal cavity of mice

Pang Linhua, Hu Youmei, Cheng Tianmin (Department of Pharmacology, Third Military Medical University, Chongqing, 630038)

Abstract A dosage-dependent neutrophil migration was observed after an injection of human recombinant interleukin-8 (hrIL-8) into the peritoneal cavity of BALB/c mice. Pretreatment of the mice with subcutaneous injection of 0.5～2.0 mg/kg of dexamethasone significantly inhibited the neutrophily migration induced by hrIL-8 while pretreatment with indomethacin 2.5～40.0 mg/kg subcutaneously showed no effect. Pretreatment with tetrandine, (6.25～25.0 mg/kg), an anti-inlfammatory agent with antagonistic effect against calcium and verapamil (1.25～5.0 mg/kg), a calcium antagonist, were also effective to inhibit the neutrophil chemotaxis induced by hrIL-8 in a dosage-dependent manner. Pretreatment with cycloheximide (1.5～13.5 mg/kg subcutaneously), a protein synthesis inhibitor, resulted in no inhibition on neutrophil migration induced by hrIL-8. These facts indicate that IL-8 induces neutrophil migration *in vivo* through a calcium-dependent mechanism and requires no new protein synthesis.

Key words interleukin-8; neutrophil; dexamethasone; indomethacin; tetrandine; cycloheximide

术中快速静滴氢化考的松引起循环衰竭反应一例

Report of a case of circulatory failure due to rapid intravenous dripping with hydrocotisone

陈 虹 (第三军医大学附属西南医院手术室)重庆,630038

患者,王××,男,29岁。因直肠癌术后肠梗阻行剖腹探查术。入手术室时呈脱水貌。HR 100-110/min,BP 16/10 kPa,血K^+ 3.3mmol/L。硬膜外麻醉。术中引出腹腔内淡黄色粘液500 ml,肠内容物3000 ml。关腹冲洗腹腔时HR 120次/分,BP 13/9 kPa。为减少腹腔内毒素的吸收及减轻毒性反应,快速静滴氢化考的松制剂100 mg。2 min后HR突然增到160～170/min,BP下降到10/8 kPa。病人烦躁不安,并出现寒颤、胸、面部,手臂皮肤出现大量红斑、肠壁广泛充血。10 min内经隐静脉颈内静脉快速静滴平衡液500 ml,全血300 ml。症状无明显改变。即予苯肾上腺素2 mg静脉推注后,心率迅速降到120/min左右,BP上升至13/9 kPa左右,但仅只维持5～7 min,反复静脉推注苯肾上腺素2 mg,并于1 h内快速静滴5% GNS,平衡液100 ml,羟乙基液粉代血浆1000 ml,全血900 ml,病人HR、BP恢复正常,(110/min,14.5/10 kPa)术毕送回病房后病情平稳,伤口愈合顺利,整个过程中病人神志清醒。

氢化考的松素,具有抗炎、抗毒、抗过敏的作用,本身罕见引起过敏,由于氢化考的松注射液溶剂为高浓度的乙醇(50%)100 mg氢化考的松总溶液20 ml快速进入血液可导致末梢血管扩张,尤多见于非嗜酒者[1-2],而广泛血管扩张可引起周围循环衰竭,因此快速补液,补血后不能立即纠正循环衰竭,而苯肾上腺素可以强力收缩外周小动脉、小静脉血管,效果显著。同时今后可改用氢考琥珀酸钠静注,以避免造成上述不良反应。

关键词 氢化考的松;循环衰竭,苯肾上腺素
中图法分类号 Q577

参考文献

1 南通医学院附属医院编写组.激素在治疗和诊断上的应用.南京:江苏人民出版社,1973:3～4
2 束怀德.甾体激素药理学.北京:人民卫生出版社,1982:21～23
(收稿:1995-01-21;修回:1995-06-17)

?1994-2016 China Academic Journal Electronic Publishing House. All rights reserved. http://www.cnki.net