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An observation of density of N-methyl-D-aspartate receptors in striatum and mRNA level of N-methyl-D-aspartate receptors in substantia nigra of rats with Parkinson's disease

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Abstract After the unilateral striatum passway in substantia nigra was destroyed with 6-hydroxydopamine, the density of N-methyl-D-aspartate (NMDA) receptors susceptible to glutaminic acid in striatum and the mRNA level of NMDA receptors in substantia nigra of rats were measured respectively with quantitative nucleic acid spot hybridization and radioligand binding assay. It was found that: (1) Two weeks after the destruction, the density of NMDA receptors in the ipsilateral striatum was decreased whereas the mRNA level of NMDA receptors in the ipsilateral substantia nigra remained the same. (2) Three months after the destruction, both of them were significantly decreased. The fact that the density of NMDA receptors in ipsilateral striatum began to decrease at the early stage after the destruction suggests that the dopaminergic fibers in the passway degenerated. While both were decreased at the late stage after destruction suggests that NMDA receptors are located on the synaptic anterior membrane of the neural fibers in the passway.

Key words radioligand binding assay; N-methyl-D-aspartate (NMDA) receptor; gene expression; experimental Parkinson's disease; rat

巨大胆囊结石致右膈下脓肿一例

A case report of subdiaphragmatic abscess caused by a giant cholelith

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胆囊内巨大结石穿破至右膈下形成脓肿、压迫右肝萎缩极为罕见。如胆囊穿孔导致膈下脓肿易误诊为肝脓肿而延误治疗。

患者,男性,48岁。1995年10月入院。1985年起常感右上腹部隐痛不适,1995年8月因进食高脂餐后症状加重,呈剧烈绞痛,向右侧腰背部放射,伴乏力、纳差、消瘦、发热(T 37.5～39℃),咳白色泡沫痰,夜间尤甚,不能平卧。

查体:巩膜无黄染,右肺呼吸音低,肝浊音界在第4肋间,腹软,右上腹轻压痛,无肌紧,未触及包块。肝、脾肋下未触及,肝区叩击痛(+)。B超检查:右肝顶部上方探及一约1.8 cm液性暗区,胆囊区有5.1 cm强光带伴声影。胸片示右膈抬高,胸膜炎。CT检查:右肝叶与膈肌间有低密度区约4 cm×6 cm,右肝叶萎缩,胆囊上移至右腰区,有5.5 cm×5 cm类圆形高密度影。肝功能:白蛋白29.66 g/L,球蛋白50.40 g/L,白蛋白与球蛋白比例倒置(A/G为0.5)。

手术所见:右上腹广泛粘连,右肝叶萎缩,左肝叶代偿增大,胆囊移位至右腰区,胆总管转位在肝动脉及门静脉后方,胆囊内有巨大结石7 cm×4 cm×4 cm,周围水肿,粘连明显。沿胆囊及肝脏表面分离粘连,显露膈下脓腔约10 cm×8 cm×6 cm,脓肿与胆囊底相连,从脓腔内吸出脓液约350 ml。切除胆囊,结石重约130 g,经胆囊管探查胆总管无结石及狭窄,膈下脓腔内置双套管引流,术后经冲洗引流20 d痊愈出院。

讨 论

因胆囊内结石、胆囊管梗阻、胆囊粘膜坏死、小动脉血栓形成等,常致胆囊坏疽、穿孔,形成胆囊周围脓肿[1]。半数局限于肝下间隙,1/3出现弥漫性腹膜炎。据文献[2]报道,35例穿孔性胆囊炎中,游离穿孔后的死亡率达30%,并发症超过70%,少数因肝右叶破裂出血和肺胆汁栓塞死亡。本例胆囊穿孔至右膈下并形成脓肿,导致长期发热、咳嗽、咳痰、夜间不能平卧,在院外治疗2月无好转。所以当胆囊结石出现剧烈绞痛并伴有长期发热、B超、CT检查发现膈下或肝顶部有液性暗区或低密度区时,应及时手术治疗,才能提高治愈率,降低病死率。

关键词 胆囊结石;右膈下脓肿

中图法分类号 R657.42

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