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Imaging features of cancerous obstruction of the distal common bile duct

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Abstract The imaging features of 52 cases of cancerous obstruction of the distal part of the pancreaticobiliary duct were retrospectively studied. The preoperative tentative diagnosis of the cases was "non-calculous but cancerous obstruction of the distal common bile" duct and the diagnosis was confirmed by surgery or pathological examination. The characteristic features of the cancerous obstruction of the distal common bile duct were presented and the misdiagnosed cases discussed. It was concluded that the combined employment of many imaging techniques preoperatively is able to lower the rate of misdiagnosis of the cancerous obstruction of the distal part of the pancreaticobiliary duct. In addition, it must be remembered that obstruction of the distal common bile duct may result from non-calculous and non-cancerous lesions.

Key words common bile duct; pancreatic duct; obstruction

碘离子导入治疗孢子丝菌皮肤病

Treatment of sporotrichosis on skin with iodine iontophoresis

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近4年来,我们收治了3例孢子丝菌病,给予碘离子直流电阴极导入治疗,疗效满意.现将一例情况报道如下。

患者,女,68岁.左股前内侧皮下硬结反复发作痒痛达5年之久.追溯病史:缘于1986年左大腿出现红色丘疹,痒痛剧烈,夜间尤甚,抓伤后流黄水,继之出现蚕豆大小的皮下硬结,呈串珠状此起彼伏蔓延,部分结节表面溃烂经久不愈,曾在当地医院口服酮康唑、灰黄霉素,局部照射TDP等治疗无效,曾口服碘化钾因引起心律减慢而停服,1991年10月来本院皮肤科就诊.体检:一般情况尚好,肝肾功能正常,腹股沟淋巴结不大,左股前有散在的地图样边缘不整齐的溃烂创面,10 cm×5 cm一个,2 cm×3 cm三个,深约0.1 cm,表面有脓性分泌物复盖,还有大小不等的浸润性红斑和少许片状疤痕,表面凹凸不平,呈暗红色,散在触及数个蚕豆大小的活动性硬结,与皮肤无粘连。经皮肤活检与多次分泌物培养均证实为孢子丝菌病.给予酮康唑、灰黄霉素口服,碘化钾局部湿敷等药物治疗效果不佳.改用理疗后,给予高热刷蜡疗法,使皮面血管扩张,接着用直流电阴极导入5%碘化钾,作用极衬垫置溃烂面及硬结部位,另极对置,每次20～30 min,电流强度0.1 mA/cm^2.治疗后常规换药包扎,每日一次。治疗36次后溃烂面全部愈合,疤痕软化,皮下硬结消失,痊愈出院。

讨论

皮肤孢子丝菌病一般口服碘化钾有效.本例因口服碘化钾引起心律减慢而停服.外用碘化钾湿敷吸收不良,改用碘离子导入疗法,取得良好效果.理疗时先给予传导类热疗石蜡的高温刷蜡,可即刻使皮面局部血液循环改善,增加代谢;碘离子经直流电阴极导入体内,调节碘代谢,软化疤痕,促进慢性炎症吸收[1,2].还可直接改变真菌细胞膜的通透性以及机体组织细胞的pH值,加之碘离子对菌类的直接杀灭与"干扰"作用[3],在三个疗程治疗中,炎性反应、粘连、硬结、疤痕等基本上得到修复,疗效满意.所以直流电碘离子导入疗法是治疗本病确实可靠的物理治疗方法,值得推广。

关键词 碘离子;直流电;孢子丝菌
中图法分类号 R454

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