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Detection of point mutation of ras and P^{53} genes in colorectal mucosa, adenoma and carcinoma

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Abstract The point mutation of ras and P^{53} genes was detected in 20 cases of normal colorectal mucosa, 30 cases of colorectal adenoma and 74 cases of colorectal carcinoma and its transitional mucosa. It was found that no mutation could be seen in the normal and t ransitionnal mucosa. The mutation rate of ras gene was 26.7% and 41.9% in adenoma and carcinoma respectively ad the mutation rate increased with the dysplastic severity of adenoma ($P<0.01$). The mutation rate of P^{53} at codon 248 was 1.3% and 14.9% in adenoma and carcinoma respectively. Mutation of both ras and P^{53} occurred to 1 case of adenoma and 6 cases of carcinoma and the synergism of the mutation of 2 genes resulted in the poor prognosis of the patient. The findings suggest that the point mutation of ras and P^{53} plays a role of the genesis of the neoplasms and the development of carcinoma.

Key words colorectal neoplasm; oncogen; point mutation; PCR-RFLP

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直肠"脱垂"式切除术治疗直肠癌76例

"Prolapse" resection of the rectum for rectal cancenoma in 76 cases

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1987年以来,我院对76例直肠中上段癌患者施行了直肠"脱垂"式切除术,收到了良好的效果,现报告如下:

1 资料与方法

本组男41例,女35例;年龄18～71岁($\bar{x}$=46.2岁);病程1～18月($\bar{x}$=8月);肿瘤下缘距齿线3.5～10 cm ($\bar{x}$=5.5 cm);其中高分化腺癌与中分化腺癌56例,粘液腺癌12例,低分化腺癌8例;Ducks A期8例,B期32例,C期28例,D期8例;肿瘤直径1.5～5.1 cm,平均3.3 cm。全部行"脱垂"式切除术。

方法 持续硬膜外麻醉或静脉复合麻醉。病人取膀胱截石位,手术分两组进行。(1)腹腔组:从左下腹旁正中切口进腹,探查后按miles手术方式和要求游离乙状结肠、直肠及其系膜,直肠游离要充分,达提肛肌水平,彻底止血。(2)会阴组:充分扩肛后以一乙状结肠镜芯(硬式)从肛门插入至游离肠段的中点以上,并在中点作一环形扎,同时在乙状结肠预切断吻合处缝一标记线,然后将乙状结肠镜芯慢慢拉出,使直肠乙状结肠外翻出肛门呈"脱垂"状态。也可不用乙状结肠镜芯,而直接把游离肠管推肛门外,凭借游离肠管的自身重量造成"脱垂"状态。腹腔组检查系膜无扭转,有轻微张力,且入盆底后,会阴组以0.5‰洗必泰棉球擦净脱垂直肠,干纱布包裹(含肿瘤)作牵引,在距齿线0.5 cm处行脱垂肠管切除,先切开直肠前壁,找到标记线后,切开乙状结肠壁,两断端全层一次缝合,边切边缝,吻合完后吻合口即自行缩回肛门内。重建盆底腹膜,骶前置双导管引流自肛旁另戳孔引出。

2 讨论

病理研究资料表明,大多数直肠癌向下轴向扩散很少超过2.0 cm,切除肿瘤下缘以下3 cm肠管已足够安全[1,2]。由此许多保留肛门的新术式和改良术式不断推出,且报道Ducks各期此类手术与Miles术比较,其手术死亡率、局部复发率、5年及10年生存率均无明显差异[3～5]。本组全部病例无一例手术死亡。已随访的50例病人的局部复发率为14%(7/50),与Hurst等[3,5]报导相符,而3年及5年生存率则稍低于上述报导,分别为50%和38%(25/50,19/50)。我们施行手术有如下体会:(1)由于未损及肛门括约肌,患者排便功能均在术后1～3月恢复正常。(2)整个吻合过程(包括切除肠管)均在盆腹腔外进行。这样既减少肿瘤细胞种植转移的机会,又避免了细菌对盆腹腔的污染,从而降低了种植转移及腹盆腔和切口感染的发生率,吻合口瘘的发生率也明显减少。本组中75例术后顺利恢复无并发症按期出院,1例因手术不当(直肠前壁游离欠佳并损伤阴道未发现)造成直肠阴道瘘,后经修补治愈。(3)操作简单,尤其是肠管切除吻合方便、可靠,手术一次完成,缩短手术时间0.5～1 h。

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Effects of splenectomy and autograft of splenic tissue on the quantity of hydrogen peroxide produced by pulmonary alveolar macrophages

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Abstract The effects of splenectomy and autograft of splenic tissue on the quantity of hydrogen peroxide (H_2O_2) produced by pulmonary alveolar macrophages in vitro were observed. It was found that the quantity of H_2O_2 produced by pulmonary alveolar macrophages was significantly smaller in the splenectomized group than in autografted group and the control. This finding suggests that autograft of splenic tissue is a simple procedure to re-establish the functions of the spleen.

Key words splenectomy；autograft；lungs；alveolus；macrophage；hydrogen peroxide

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该手术为直肠癌（主要是中上段癌）的治疗提供了一新的可供选择的方法。(4)根据粘液组化的研究，癌旁移行粘膜可达 7 cm[6]，且可呈跳跃式变化，粘液腺癌及低分化腺癌向下轴向扩散可达 4.2 cm[2]。因此，尽可能多地切除肿瘤远端直肠有一定必要。

但在应用该术式时应注意：(1)若肿瘤过大从肛门推出困难时，不可勉强，以免挤破肠管造成癌细胞及细菌对盆腹腔的污染。此时，可采作其它术式。(2)女性病人在游离直肠前壁时，不能分破阴道。若损伤阴道不知道且未修补或分离不够而在直肠脱垂时将阴道拉下。缝合时损伤阴道均可造成直肠阴道瘘。(3)距齿线 5 cm 以下的粘液腺癌如低分化腺癌及距齿线 3.0 cm 以下的高分化及中分化腺癌不宜保肛。

关键词 直肠肿瘤/外科手术；直肠脱垂式切除术；miles 术

中图法分类号 R735.37

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