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径阻止NMDA受体激活、兴奋性氨基酸的释放与Ca^{2+}内流。如联合使用,可能更有效地保护神经元,免遭损害或减轻损害。

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Relationship between polyamine and ischemic neuronal damages: Protective effects of nomodipine, MK-801 and baclofen

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Abstract The relationship between polymaine and ischemic neuronal damages was studied in rats during ischemia and periods with different reperfusion. Meanwhile, the protectie effects of nimodipine, MK-801 and baclofen on the neurons were obsered. It was found that polymaine played an important role in the delopment of reperfusion damages of neurons and all the 3 agents could protect the neurons to alleiate their ischemic damages and to decrease their putresceine level. The mechanism of their therapeutic effects was discussed.

Key words polymaine; ischemic damage/neuronal; nimodipine; MK-801 bacolfen

硬膜外麻醉辅用哌替啶引起精神症状一例

Report of one case of psychologic symptom induced by pethidine injection during epidural anesthesia

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患者,男,民工,21岁,53 kg。因急性阑尾炎伴穿孔行阑尾切除术。术前常规用鲁米那钠0.1 g肌注。以往身体健康,无精神病史。入手术室麻醉前测血压14/10 kPa,心率110次/min,呼吸18次/min,神志正常,体位合作。硬膜外穿刺点选$T_{12}-L_1$间隙,右侧卧位穿刺、置管均顺利。平卧后,建立静脉通道,硬膜外腔注入2%利多卡因5 ml(含1:20万肾上腺素)做为试验剂量观察5 min后,血压、心率均无变化,追加注入2%利多卡因10 ml;注药后10 min,测试麻醉平面达T_8-L_2。手术开始后20 min牵拉阑尾时病人自述不适、胃部痛,呈痛苦面容,并呻吟,即静脉滴注哌替啶80 mg,5 min后,病人渐入睡,但呼之能应。心率、血压均正常。手术历时1.5 h。中途追加注入2%利多卡因6 ml至手术结束。术中血压、呼吸平稳,心率90次/min。手术结束后,喊醒病人时,病人睁开双眼凝视天棚、无影灯约30 s无任何反应,随即突然从手术台上坐起,双手挥动、破口大骂,胡言乱语,抓被子、打人,医生无法制止其行为,并被抓破了脸,而后病人翻身下了手术台。因医生及时将病人抱住未致摔伤。术中建立的静脉通道已脱落,麻醉师立即肌注氟哌啶醇10 mg,由3人强行将病人平卧于手术台上给予固定肢体。10 min后病人能自制,与医生对话正常。送回病房后,观察30 min无异常。当时又追问病史,否认曾有类似症状发生,并对手术室内所发生的事情无记忆。住院一周后痊愈出院。

本例患者使用哌替啶前语言思维正常,使用后也未立即发

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Changes of ATPase activity, somatosensory evoked potentials and transcranial Doppler sonographs after middle cerebral artery occlusion in rabbits

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Abstract The activities of Na^+ and K^+-ATPase and Ca^{++} and Mg^{++}-ATPase and the changes of somatosensory evoked potentials (SEP) and transcranial Doppler sonographs (TDS) were studied on a rabbit model of middle cerebral artery occlusion (MCA-O). It was found that Na^+ and K^+-ATPase activity was decreased immediately but no significant reduction of Ca^{++} and Mg^{++}-ATPase activity was observed. The latency of N_1 and P_2 waves was significantly prolonged and TDS showed no ipsilateral wave after MCA-O and the mean velocity of blood flow in the contralateral MCA was inncreased. After reperfusion, the wave of the preocluded artery was restored.

Key words animal model; somatosensory evoked potential; transcranial Doppler sonography; ATPase

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生。分析其原因:有人认为,局部麻醉药对中枢神经影响较小[1],一般不会出现精神症状。所以局麻药利多卡因引起之说可能性极小。而麻醉性镇痛药可引起神经兴奋现象[2]。据此观点,我们认为:麻醉性镇痛药哌替啶由于其用量及病人个体差异的不同,有可能引起或诱发精神症状。由于未见此类报告尚难定论。在此应提请麻醉专业人员警惕,预防因此造成事故。

关键词 麻醉,硬膜外;哌替啶;精神症状

中图法分类号 R614.42

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