DOI:10.16016/j.1000-5404.1994.05.009

tissue. Positive correlation was found between the values of M_G and DNA content and between those of A_T and nuclear area and negative correlation between A_M and M_G. The value of M_G affected the survival time of the patient. As a rule the tumor was benign when M_G was smaller than 2 and malignant when it was larger than 2. The M_G of patients with different prognosis was also different significantly. The prognosis was also related to A_M, that is, the smaller the A_M, the shorter the survival time.

All these findings suggest that image analysis of AgNORs is able to reveal the proliferation and differentiation of astrocytes which is of significance in the prognosis of the patient. In addition, the mechanism of AgNOR increase was discussed.

Key words astrocytoma; AgNOR; image analysis; prognosis

※ The Project Supported by the National Natural Science Foundation of China

表皮生长因子、加综合治疗糖尿病足跟溃疡及坏疽一例报告

个案与短篇

A case of diabetes with sore and gangrene of foot cured by epideric growth factor and other therapies

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患者男,61岁,患糖尿病10年,1993年3月开始下肢麻木发凉,继之左足跟皮肤出现皲裂有少许渗出物,继而红肿破溃,流脓性分泌物,曾经外院治疗无好转,溃烂增大形成两个溃疡口,流脓不止,并发热不退。于5月12日收住院。

1 体检

T38.0℃,左踝以下皮肤肿胀呈紫黑色,内踝下方及后跟部两个溃疡分别约为3 cm×1.5 cm、5 cm×2.5 cm。溃疡间有腔相通深及跟骨。中心及边缘有大量黑色坏死组织和分泌物,恶臭。下肢痛觉消失。白细胞12.0×10^9/L,N 0.85。空腹血糖19.2 mmol/L,分泌物培养甲型链球菌,大肠杆菌生长。

2 治疗经过

入院后胰岛素32～42 u/d,皮下注射,3%双氧水30～50 ml,α-糜蛋白酶4 000 u注射用水4 ml稀释局部清洗创面,表皮生长因子(本校组胚教研室提供)5 μg滴于溃疡表面,丁胺卡那霉素100 mg加生理盐水20 ml稀释浸泡纱布外敷,或盐水纱布外敷每日一次。同时生理盐水200 ml加入丹参注射液16 ml;5%木糖醇液500 ml加入山莨菪碱(654－Ⅰ)60～80 mg静脉滴注每日一次。潘生丁50 mg,心痛啶10 mg口服每日3次。经综合治疗半个月病情控制,一个月后痛觉逐渐恢复,溃疡开始愈合,3个月痊愈出院。

3 讨论

肢端溃疡、坏疽是糖尿病周围血管和神经病变常见并发症之一。发展严重多采用截肢或导致败血症死亡。本例糖尿病性多发性溃疡面积大深肢端坏疽较少见。我们采用局部表皮生长因子湿敷以促进上皮组织生长伤口愈合[1],配合用山莨菪碱(654－Ⅰ),丹参及心痛啶改善微循环和潘生丁防治血液凝固性治疗获得了良好效果[2]。避免了截肢致残。

关键词 溃疡;糖尿病;表皮生长因子

中图法分类号 R587.2

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(收稿:1994-03-12;修回:1994-09-05)

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