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# The significance of certain factors in the carcinomatous degeneration of fibrocystic disease of breast

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**Abstract** The changes of certain factors in the degeneration of fibrocystic disease (FCD) through atypical hyperplasia (AH) to breast cancer (BC) were observed in patient and in normal subjects as well to serve as the control. It was found that it generally took 2～10 years for FCD to trsansform into BC and 2～7 years for AH to BC. The carcinogeneic rate of FCD was 3.1%. In FCD cases, there was an increase of plasma level of estradiol and prolactin, which can stimulate the epithelial cells of the breast to proliferate. The DNA content and the ultrastructure of the epithelial cells with general proliferation in FCD were similar to those of normal breasts (NB) and no expression of tumor-related antigen or abnormal gene expression product was found. But those cells with AH, which developed on the basis of general proliferation, showed an increase of DNA content and abnormal ultrastructures of the cell membrane and nucleus. The AH cells also showed an increase of estrogen receptors which were dependent on and sensitive to sex hormones more significantly than the normal cells. The expression of embryonic Y antigen and IAP-2 was found in some of the AH cells and the expression became more intense along with the progress of AH until BC occurred. These changes occurred quite regularly in most of the cases. The findings suggest that the changes from FCD to B C is a gradual continuous biological process. In some of the AH cells, the abnormal biological behavior of cancer tendency and the phenotypic changes are closely related to the development of BC. It is believed that the abnormal changes and intensity of DNA content and other parameters can be used as objective signs to predict the occurrence of BC.

**Key words** fibrocystic disease of breast; breast neoplasms; Estradiol prolactin; DNA content; antigens

# 腹部肿瘤放射治疗引起肠道反应的护理

# Nurse care of intestinal reaction induced by radiation therapy of abdominal tumors

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腹部放疗多引起消化道反应,良好的护理使病人减轻病痛,完成放疗,促进恢复。腹部肿瘤放疗病人(男105例,女148例),无论经$^{60}Co$治疗,深部X线治疗,两者合用,全部病例均发生不同程度的消化道反应。这里,仅就我院53例肿瘤患者,探讨护理要点及其依据。

## 1 一般临床观察

最突出的放疗后消化道反应是腹痛、腹泻,这也是放射性肠炎的最早症状。开始出现肠炎的时间如表1。每日腹泻的次数在4次以下34例(64%),5～10次15例(29%),11次以上4例(7%)。大便性状列于表2。

表1 开始出现肠炎症状的放疗后时间

| 放射后时间 | 1周 | 2周 | 3周 | 4周 | 停止放射后 | 合计 |
|---|---|---|---|---|---|---|
| 例数 | 7 | 16 | 11 | 3 | 16 | 53 |
| % | 15 | 30 | 20 | 5 | 30 | 100 |

表2 不同性状大便的发生例数

| 大便性状 | 黄色稀便 | 粘液便 | 绿色水样便 | 泡沫样便 | 含膜样物 | 肉眼血便 | 合计 |
|---|---|---|---|---|---|---|---|
| 例数 | 15 | 16 | 12 | 2 | 2 | 6 | 53 |
| % | 28 | 30 | 22 | 4 | 4 | 12 | 100 |

(下转343页)

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# Studies of the point mutation of ras oncogene and suppressor gene $P^{53}$ in 43 cases of hepatocellular carcinoma

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**Abstract** The point mutation of ras oncogenes and suprressor gene $P^{53}$ were studied in 43 formalin-fixed and paraffin embedded specimens of primary hepatocellular carcinoma with polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP). It was found that the overall rate of the point mutation of ras genes was 41.9% (18/43). Mutation at codon 12 of N-ras and codon 12 of c-Ki-ras were identified in 37.2% (16/43) and 6.9% (3/43) of cases but no mutation could be detected at codon 13 of c-Ki-ras and codon 12 and 61 of c-Ha-ras. Mutation at codon 249 of $P^{53}$ was found in 20.9% (9/43) of cases but none at codon 248. These findings suggest that the point mutation at codon 12 of N-ras and codon 249 of $P^{53}$ is common in hepatocellular carcinoma.

**Key words** hepatoma; oncogene ras; suppressor gene $P^{53}$; point mutation

（上接 339 页）

## 2　护理要点及其依据

### 2.1　严密观察大便状况

观察病人腹泻开始时间、大便性状、次数。由于腹部放疗多累及肠道，肠上皮是放射敏感组织，肠上皮干细胞尤易受损，轻者分裂抑制，重者细胞坏死，绒毛上皮失去来源而裸露，肠粘膜通透性增高，液体以至红细胞渗出，粘液分泌也可增加，加以肠蠕动亢进，故发生腹泻，大便呈现不同的性状。如损伤特别严重，大片粘膜上皮脱落，即大便内出现膜样物。大量纤维蛋白渗出物排出时可含有伪膜。护理时要不厌脏臭亲自观察大便性状，并将大便标本及时送检，协助有关部门做好大便涂片，染色观察和细菌（包括厌氧菌）培养。如腹泻次数在每日5次以上，并带血、含膜样物、奇臭，要特别注意并发症的发生，主要包括肠源性感染、肠道大出血，以至肠穿孔。

### 2.2　注意病人的全身状况

严重的放射性肠炎，多引起全身反应。特别要注意病人的一般状态（虚弱），体温、脉搏、血压和水电解质等变化。由于肠粘膜屏障功能的削弱以至破坏，多引起肠腔毒性物质（如内毒素）和细菌的入侵，引起毒血症、败血症[1]。发烧往往是感染的先兆。由于严重腹泻，丢失大量肠液和水分，易发生脱水和电解质紊乱，甚至发生休克。因此，护理时要密切注意病人的全身状况，水与电解质平衡[2]。及时监测这些指标，要严格记录出入量，及时合理补充液体，先盐后糖，并观察病人有无不良反应。

### 2.3　及时正确送检各种标本

各种标本应及时送检，尤其是留取厌氧菌感染标本。应在病人大便后立即将大便装在留取标本的容器内，装满严加盖及时送检，否则会影响化验结果。普通培养大便和涂片标本用清洁大便盒送检，如果确有肠粘膜坏死脱落要涂片检查，每日至少送2～3次，协助医师观察病情的动态变化。

### 2.4　重视人工肛门的护理

对结肠造瘘患者，由于腹泻，便液不能自控常粘污刺激瘘口周围皮肤，引起皮肤炎症。因此，周围组织要用凡士林油纱布保护，并在周围皮肤涂氧化锌软膏，要保持造瘘口周围清洁、干燥、粪袋及时清洗干净，晾干后勤更换。

### 2.5　注重饮食护理

腹部放疗伴有肠道反应的病人应特别注意饮食护理。一般肠炎病人给予高蛋白清淡饮食，多吃一些苹果，苹果有收敛作用可以防止腹泻，并嘱注意少食多餐及饮食卫生。每日腹泻5次以上者，应给予半流质饮食，最好每天喝1～2杯酸牛奶。这样可增加肠道内革兰氏阴性杆菌生长，抑制革兰氏阳性杆菌的生长，有利于病情的恢复。厌食或不能进食者，应增加体外营养液的补充。

### 2.6　做好心理护理

肿瘤病人常情绪低落，放疗又增加病痛，使病人在心理上发生不良反应。护理人员必须从全心全意为伤病员服务的精神出发，耐心细致地做好心理护理。一是鼓励病人同肿瘤和放疗反应作斗争的意志，增强信心，坚强乐观；二是讲清放疗可能引起的不良反应，但这是治疗肿瘤所必须的，要忍受，放疗反应本身是暂时的、可以治疗、恢复的，因而一定要配合医疗，坚持疗程；三是组织安排好适合于病情的其它配合活动，如开展适当的体育锻炼，文娱活动，以增加生活乐趣，调节病员的情绪；四是要主动关心、体贴病人，视病人为亲人，谈心交友，尽可能满足他们的合理要求；五是密切地注意病人情绪变化，有针对性地做好思想稳定工作，防止病人出于悲观绝望而发生事故。

**关键词**　腹部肿瘤/放射疗法；护理

**中图法分类号**　R735.5

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