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The effects of retinoic acid on CD71 mRNA level in lymphocytes

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Astract The effects of large or physiological dosage of retinoic acid (RA) on the CD71 mRNA level in the lymphocytes were observed with Dig labelled CD71 cDNA probe. It was found that 2.5×10^{-4} mol/L RA could inhibit dramatically the production of CD71 mRNA, which was irreversible when external recombinant human interleukin−2 was added. Nevertheless, 2.5×10^{-5} to 2.5×10^{-6} mol/L RA could increase the CD71 mRNA content in the lymphocytes and 2.5×10^{-7} mol/L RA induced a same response as that of the control with DMSO soluent. Our findings suggest that RA in large dosage can inhibit the transcription of CD71 DNA into mRNA.

Key words tretinoin; lymphocyte; CD71 molecule

咽喉表面麻醉法的改进

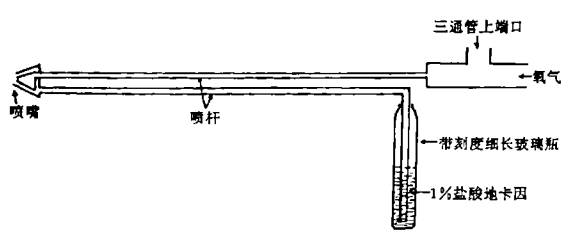
The improvement of pharyngolaryngeal surface anethesia

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目前使用的普通咽喉喷雾器效率较低,操作较复杂,病人痛苦较大,我们对其稍加改进后,在施行咽喉表面麻醉术时效果甚好。现报道如下:

1 器材及方法

普通咽喉喷雾器,带刻度细长玻璃瓶,三通管,氧气瓶及减压流量计各一,1%盐酸地卡因溶液若干。按附图连结。施术时患者取坐位,先开启氧气阀及流量计,氧气流量调节在5L/min左右,麻醉咽部时嘱患者自然张口发"阿"音,麻醉喉部时则牵舌发"衣"音,与此同时用右手食指按住三通管上端口,地卡因即从喷嘴喷出。取开食指,喷雾停止。为防止呛咳及地卡因中毒,宜采用间歇喷雾。



附图 改进之咽喉喷雾器示意图

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的方向与异常除极 QRS 主波(或 Δ 波)方向一致,④T 波改变的程序及持续时间与异常除极的时间成正相关。

RFCA 阻断房室旁道后发生的心电图 T 波改变,其本身无任何临床重要性,也不需特殊治疗,经过一定时间可自行恢复,但因有时 T 波倒置深而宽,且伴有 ST 段压低,或 T 波高夹伴 ST 段上抬,又有动态变化,酷似急性心肌缺血,心肌损伤,甚或心内膜下心肌梗塞,故应注意鉴别。

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Study of mechanism and significance of T-wave abnormalities after radiofrequency catheter ablation of accessory atrioventricular connection

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Abstract Thirty-four patients, 24 with Wollf-Parkinson-white syndrome and 10 with concealed accessory atrioventricular connection were successfully treated with radiofrequency catheter ablation for the accessory atrioventricular connection. After treatment, T-wave abnormalities were found in 13 cases out of the 24 with Wollf-Parkinson-White syndrome. The T-wave abormalities resulted not from the radiofrequency wave but form the delta wave of the baseline electrocardiogram.

Key words electrocoagulation; radiofrequency; ablation; accessory atrioventricular connection; electrocardiography

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2　结果

在98例行纤维喉镜检查的患者中,采用此法麻醉成功96例,不成功2例。

3　讨论

此法系采用空气动力学的原理,即"流速越大则压强越小",强气流将药液带到喷嘴处雾化呈小液滴而喷出。液滴大小及射程与气流的相对强弱有关。

此法与常用的喷雾法相比具有以下优点:(1)射程远,液滴细。较易达到咽喉部,喷射较均匀,麻醉面较宽。(2)操作方便。由于射程远,麻醉喉部时无需间接喉镜引导及钩拉会厌,于盲视下操作即可[1],减少了操作程序和难度。(3)病人痛苦少。尤其对舌体肥厚,舌系带过短及张口困难等患者更具有其独特的优点。(4)药量准。带刻度的细长玻璃瓶便于直接观察用药量,弥补了以往盲目估计的不足。并因喷射效率提高,用药量亦显著减少。(5)耗氧量少。药液喷射量为0.2 ml/s,即使按极量60 mg[2]的80%喷药量计算,总耗氧量也仅在2 L 左右。此外,与其他改进法[3]相比,克服了盛药瓶需密闭及其拆御消毒不便等不足。

两例未成功的原因可能是与患者咽喉部炎症过重,pH 值低有关[4]。两位患者均系男性,有慢性咽炎史,常伴有急性发作,既往检查喉部从未成功。

注意事项:(1)用氧须注意安全。(2)操作时动作应轻柔。(3)在麻醉不同部位时喷嘴方向宜作适当调整。

关键词　咽;喉;麻醉,局部

中图法分类号　R614.3

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