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The relationship of macrophages with gallbladder inflammation and gallstone formation

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Abstract Sixty-three human gallbladders were collected, among which 16 were normal bladders (no-stone group) and 47 inflammed ones with cholesterol stones (stone group). Every gallbladder was examined to determine the macrophage count and the level of tumor necrosis factor (TNF) and interleukin 1 (IL-1). It was found that the macrophage count was significantly larger and the level of TNF and IL-1 mainly secreted by the macrphages, was significantly higher in the stone group than in the no-stone group.

In order to clarify further the relationship of macrophage with gallbladder inflammation and gallstone, experiments were done in rabbits which were randomized into the control group taking ordinary food and high cholesterol diet (H-ChD) group taking a diet containing 1.2% cholesterol. At the end of 2 weeks, abundant cholesterol crystals emerged in thebile of H-ChD group and gallstones were found in 6 out of the 15 rabbits. There was a high incidence of gallstone (11/14) of rabbits after 4 weeks of H-ChD feeding.

As early as 7 days after H-ChD feeding, the macrophage count was significantly increased ($P<0.001$ vs the control) and their phagocytosis was enhanced. Inflammatory reaction and epithelial cell proliferation of the gallbladder occurred a little later.

The rabbits to which prednisone 1 mg/kgday was administered for 1 or 4 weeks showed a normal macrophage count and slight inflammatory reaction without significant epithelial proliferation was found in their gallbladder. Gallstone was found only in 4/15 rabbits after prednisone administration for 4 weeks.

These findings suggest that macrophages in the gallbladder can be activated as a result of lipid metabolic disorder and the "lighogenic bile" and they play a role in the gallbladder inflammation and stone formation.

Key words macrophage; inflammation; gallstone

针刺治疗小儿高热惊厥30例

Thirty cases report of accupuncture therapy of hyperpyretic convulsion

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惊厥是儿科常见急症之一,当上呼吸道感染、急性扁桃腺炎、流感等急性感染性疾病伴高热时发生的惊厥为高热惊厥。1974～1993年,笔者采用针刺辅以中药治疗高热惊厥30例,疗效较好,现报道如下。

1 临床资料

30例均系上呼吸道感染患儿,其中男18例,女12例。发病年龄3个月至5岁半;惊厥均发生在发热后12～24h之内,体温38.5～40℃之间;惊厥持续时间资料不全,未统计。

2 临床表现及体征

惊厥之前,常有发热、呕吐、烦燥不安[1]。惊厥发作时突然意识丧失、口唇青紫、四肢抽动。有时伴有目睛上视、口吐白沫、颈项强直、角弓反张。查体常发现心音亢进、脉搏细弱,偶见瞳孔缩小。

3 治疗方法

3.1 针刺

惊厥发作时,首先用0.5寸毫针迅速针刺印堂、身柱、大椎、曲池、人中等穴施泻法[2],不留针,十二井穴以三棱针或毫针点刺放血;人中穴针尖向上斜刺,平补平泻,持续运针至症状改善。印堂、身柱善治小儿急慢惊风;大椎、曲池清泄邪热;人中通调督脉止搐醒神;十二井穴引热下行,平衡阴阳。使用本方,能退热止惊停搐。

3.2 中药方剂

针刺后,服中药。取黄连6g、黄芩6g、防风5g、天麻5g、

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厚性瘢痕的有效治疗方法及以各种方法的筛选提供手段。当然，由于裸鼠T淋巴细胞缺乏的特性，此模型对肥厚性瘢痕的发生发展机理的研究价值尚有待探索。

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Pathological observations on the hypertrophic scars transplanted to the nude mouse

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Abstract Hypertrophic scar occurs particularly to human beings and the lack of animal model makes it difficult to undergo studies of this illness. After anesthetization, the skin of full thickness was removed from the back of nude mice (Balb/C－nunu)and a piece of hypertropic scar 20 mm×15 mm×2.5 mm was transplanted to the excised region. The transplanted scar could be viable for 50 to 120 days. It was found that the transplanted scar remained unchanged in its structure as compared with that before transplantation. No regression of the scar tissue or rejection by the host could be observed. The conclusion is that the athymic nude mice can be used to establish an animal model to study hypertrophic scar of human beings.

Key words cicatrix/PA; nude mouse; animal model

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僵蚕5 g、全蝎3 g，水煎分3次服。该方为一周岁患儿的剂量，根据月龄及病情酌减，不满四周者药量减半。

疗效观察

用针刺和内服中药治疗小儿高热惊厥30例，其中24例在治疗后10 min内停止抽搐，另外6例在20 min内止惊。

5 病案举例

赵××，男，7个月。母代诉：鼻塞、流涕2 d发热12 h伴抽风1次。现病史：患儿于1984年4月13日出现鼻塞、流涕，进乳减少，精神欠佳。于14日晚8时许开始发热、面红、不出汗。15日晨7时，发现患儿烦躁不安；时而惊啼，并呕吐两次，量不多，为未消化的乳块，大约8时突然意识不清，口唇青紫、双眼球上翻、四肢抽动。家长视病情危重，速来求治。既往史：1983年12月因感冒发热抽风1次。个人史：足月顺产，母乳喂养。家族史：其兄于2～3岁间曾发热抽风一次。体格检查：发育正常，营养中等，神志不清，下淋巴结可触及。双眼球上翻，四肢抽搐。体温39.5℃；心率110次/min，律齐，各瓣膜区未闻及杂音。呼吸平稳，双肺未闻及干湿罗音。腹软，肝于剑突下可触及，脾未触及。巴彬斯基氏征(＋)、克尼格氏征(－)。因条件所限，血象及脑电图未查。临床诊断：高热惊厥　治疗：立即针刺印堂、人中、大椎、身柱、曲池、十二井三棱针点刺放血。针刺10 min左右抽搐渐缓解。为了巩固疗效，用黄连6 g、黄芩6 g、防风5 g、僵蚕5 g、天麻5 g、全蝎3 g，取药1剂，急火煎汤，稍凉后灌服。服药后抽搐未再发作。一年后随访，发热时惊厥亦未复发。

关键词 惊厥，发热的；针刺疗法

中图法分类号 R720.597

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