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表3中主动收缩时间肛管内FTRI反长于其余两组；各表中随病变加重，最大收缩压无变化，而咳嗽压均下降。由于咳嗽压是腹内压升高时反射性的盆底横纹肌收缩引起[8]，是不随意的，与受检者合作情况无关。故我们认为肛管咳嗽压更能客观地量化盆底横纹肌的功能。

46例结肠通过时间测定表明：(1)直肠内脱垂大部分的结肠传输功能是正常的。(2)RMP和FTRI分类与结肠通过类型无关。(3)慢通过型直肠内脱垂的排空延迟可发生于各段结肠，12例中仅2例发生于直乙部，故直肠内脱垂不能简单地归于出口梗阻型便秘，处理时应区别其排空延迟部位。

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A study on anal pressure and colonic transit time in patients with internal rectal prolapse

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Abstract The anal pressure was determined in 36 cases of rectal mucosal prolapse (RMP), 25 cases of full thickness rectal intussusception (FTRI) and 48 normal subjects (the control) with ano-manometry. All the cases were diagnosed with the combination of defecography and pelvicography. It was found that the anal resting pressure went down in RMP cases ($P<0.05$) and both the anal resting and coughing pressures went down in FTRI cases ($P<0.01$). The decrease of anal pressure is related to the severity of perineum descent. It is believed that the anal coughing pressure can quantitate the functions of the striated muscles on the pelvic floor objectively. The colonic transit time was determined in 46 cases. It was found that it was normal in 74% of cases and slow in transit due to various causes in 26% of cases. Different management should be given according to the retardation of evacution in different colorectal segments.

Key words rectal prolapse/RA; anal pressure; colonic transit time

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致[2]。患者多系婴儿或儿童，肿瘤于出生时或出生后不久出现。按其发生部位，可分为鼻外型、鼻内型和混合型。鼻内型者肿块位于鼻腔上部，表面光滑，复有正常粘膜，质较硬而色红，状似息肉，常有茎经筛板通颅内，故可并发脑膜炎或脑脊液鼻漏。鼻外型的肿块多位于鼻根、鼻梁或眉间处，呈圆形或卵圆形，表面光滑、质硬而稍具弹性。混合型者为一鼻内外互相通连的肿块[1]。此病诊断较困难，主要依靠活检或术后病检，但前者易发生并发症，应慎用。该病例手术前后取材病理检查为同一肿瘤，复查、对比两次病理切片，术前病理诊断确为乳头状瘤，可能系炎症刺激，局部增生而致。治疗以手术切除为主，术前应查清肿块与颅内有无联系，以便制订手术方案。如肿瘤通入颅内，应先开颅切除颅内部分肿瘤，修补通道后，再切除鼻内或鼻外部分。

关键词　神经胶质瘤；鼻肿瘤

中图法分类号　R739.62

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