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A study of synovialization of non-synovial tendon and its significance

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Abstract The non-synovial part of the profoudn digital flexor tendon of rabbits was put into the joint cavity of the knee aseptically and a human fetal tendon was cultured with synovial cells *in vitro*. It was found after culture that the non-synovial tendon of rabbits was covered with a sheet of membrane-like tissue which exhibited the morphological features of the synovial membrane and the implanted tendon was kept free in the joint cavity without adhesion to its surrounding tissues. The surface of the human fetal tendon was covered with a layer of synovial cells. It is concluded that synovialization of the non-synovial tendon can be achieved either in an environment full of synovial fluid *in vivo* or with tissue culture *in vitro*.

Key words tendons; synovial membrane; tissue culture; rabbit

肝左叶下胆囊一例报告

Report of a case of left-side gallbladder

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患者,女性,42岁,因间歇性剑突下疼痛7年,加重2 d入院。患者自1987年开始每因进高蛋白高脂肪饮食后即诱发剑突下胀痛或绞痛,不放散,伴恶心但无呕吐,每次发作历时30 min至2 h,在当地医院诊疗后服用一般消炎药,止痛剂(不详)及阿托品,颠茄片等缓解。无发烧及巩膜皮肤黄染。此次入院前2天疼痛又发作,但持续时间长,在当地医院治疗后病情无缓解而来本院就医,急诊行B超检查以"慢性结石性胆囊炎急性发作"收入我科。B超报告为:胆囊颈部见直径2.0 cm的增强光团伴声影,胆囊长径4.5 cm。住院后经抗炎,解痉,禁食处理后病情无明显好转,第4天剑突下疼痛严重,体检发现剑突下偏左触痛明显,血常规示:WBC 11.1×10⁹/L,W-LCR=0.919。拟诊为"慢性结石性胆囊炎急性发作,胆囊颈部结石嵌顿",但也不排除有溃疡病穿孔的可能。行急诊剖腹探查术,见右肝前叶下无胆囊,十二脂肠与肝门有粘连,初以为是十二脂肠球部溃疡穿孔,经仔细探查,发现胆囊位于镰状韧带左侧,附着于左外叶下段,充血,水肿明显,胆囊颈部有一直径为2cm的结石嵌顿。行胆囊减压后切除胆囊。术后恢复顺利,痊愈出院。

讨论

肝左叶下胆囊属胆囊位置异常的一种,非常罕见,此乃由于肝憩室的胚胎芽向左而不向右移所致;也可能由于左肝管的第二胆囊单独发育,而右侧的正常胆囊结构退化或发育不良所致。肝左叶胆囊如发生炎症或结石,在临床诊断或手术探查中均可使人迷惑,易误诊为其它急腹症,手术操作也不太习惯[1,2]。本例患者术前感剑突下疼痛,体检剑突左侧压痛明显,在诊断时考虑有溃疡病穿孔的可能,术中也怀疑为十二指肠球部溃疡穿孔,经仔细检查为胆囊异位畸形,符合本病的特点。术前B超有时可以诊断,该病例B超检查时行侧位扫描,未注意胆囊位置的异常,此应以为戒。

关键词 胆囊疾病
中图法分类号 R575.6

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