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Diagnostic significance of plasma prolidase activity in chronic liver diseases

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Abstract The activity of plasma prolidase (PLD) was determined in patients with various chronic liver diseases. It was found that the activity of plasma PLD was increased significantly in 45 patients with cirrhosis and 31 patients with chronic active hepatitis. The plasma level of PLD was not correlated with the serum level of ALP. Plasma PLD was negatively correlated with serum albumin and positively correlated with serum gammablobulin. These findings suggest that the determination of the activity of plasma prolidase may be helpful in the diagnosis of chronic liver diseases.

Key words chronic disease; liver diseases; prolidase; liver function tests; plasma

简易穿刺法腹膜透析抢救急慢性肾衰16例体会

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应用腹腔套管穿刺针作腹膜透析抢救危重病人已有报道[1,2]。我们采用腹水穿刺针作腹膜透析,抢救急、慢性肾衰、心衰、肺水肿等危重病人16例。取得满意效果,介绍如下:

1 材料

普通腹水穿刺包,B型接头各一个、硅胶腹透导管一根。

2 方法

取反麦氏点或麦氏点内下方约1～4cm处,消毒、铺巾、局麻,将穿刺针缓缓推入腹腔,如无阻力即向膀胱或子宫直肠窝推进,至穿刺针体完全进入腹腔,若有阻力,不宜强行推进,轻轻试探或稍转换针头方向,无阻力时再进入直至成功;用消毒纱布固定并覆盖腹壁外针托。连接针托胶管和硅胶腹透管,透析液袋,开始透析。

3 效果

本组16例,男8例、女8例,年龄3月到66岁;其中急性肾衰14例,慢性肾衰2例,均一次穿刺成功,穿刺针留置腹腔时间:急性肾衰3～14 d,平均7 d进入多尿期;透析2 d后患者临床症状、体征、精神状态等明显改善。观察透析后7 d的BUN,Scr实验室检查指标与透析前BUN,Scr相比较见附表。

		$\bar{x}\pm s$	t值	P值	n
BUN	透前	35.3±11.8	8.42	$P_1<0.01$	14
	透后	8.3±2.4			
Scr	透前	1264.6±38	10.33	$P_2<0.01$	14
	透后	194.2±47.7			

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Changes of Tamm-Horsfall protein in the urine and blood of severely burn patients

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Abstract Tamm-Horsfall protein (THP) was determined with radioimmunoassay in the urine and blood samples of 59 burn patients. It was found that urine and blood THP was significantly decreased postburn and the degree of decresing was correlated with the extent of the burnt body surface and the severity of renal damage. The changes of THP occurred earlier than those of the routine parameters for renal damage such as BUN or Cr. It is suggested that THP determination can be used as an index for the early damage of the Henle's loop and the distal convoluted tubules after burn injury.

Key words burns; Tamm-Horsfall protein; kidney/PP

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14 例急性衰患者 BUN,Scr 明显下降($P_1<0.01$,$P_2<0.01$),示透析治疗前后相差非常显著。血生化趋向正常,肾功能(Ccr)日渐恢复好转;部分病人终止透析。2 例慢性肾衰分别透析 34、56 d 后作了肾移植。仅 1 例发生腹膜炎,及时抗感染治愈;4 例发生穿刺针孔漏液,更换穿刺点后,漏液消失。未见其他并发症。

4 体会

本方法取材方便,操作简单易掌握,只需直接腹腔穿刺,不需腹腔套管等复杂手续。适用于急性肾衰可免除手术置透析管及抢救危重急慢性肾衰或伴有休克、昏迷、心衰、肺水肿不宜搬动的危重病人,也适用于老年人和幼儿。本组抢救 1 例患急性肾衰的 3 月幼儿,用输血针穿刺,将腹透液注入腹腔,再抽吸引出,8～10 次/d,透析 6 d 进入多尿期。1 例急性肾衰伴有心衰、肺水肿穿刺透析、超滤 12 次,心衰、肺水肿纠正。对血透和置腹透管困难的慢性肾衰病人,采用本法,可在短时间内维持生命。是值得推广的快速、简易的透析方法。

个别病人发生引流不畅,可改变体位或穿刺针头 方向或按压对侧腹部或适当增加透析液量提高腹液面、渗透压可达引流通畅。

本法须注意:(1)严格无菌操作,认真、细致、动作轻柔,以免损伤腹内脏器;(2)透析中常观察,防其穿刺针脱落;(3)透析时不宜随便挪动病人体位和下床活动。

关键词 肾功能衰竭,急性;肾功能衰竭,慢性;腹膜透析

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