Pathomorphological changes of the brain in 58 autopsies of severe body surface burn patients

Li Yuanping, Chen Yisheng (Department of Pathology, Third Military Medical College, Chongqing, 630038)

Abstract The pathomorphological changes of the brain in 58 autopsies of burn patients were observed. It was found that there were degeneration and/or necrosis of the neurons, satellitosis of the neurons, neuronophagia, loss of Purkinje cells and granular cells of the cerebellum, focal proliferation of glial cells, perivascular collars of lymphocytes, edema and softening of brain tissues, etc.

On the basis of these findings, the concept of postburn meningoencephalitics was put forward by the authors and the occurrence, development and significance of the important pathological lesions were briefly discussed.

Key words burns; autopsy; brian/PA

十二指肠乳头错构瘤一例报告

顾红光 曹登科 余枢成 肖旭波 (第三军医大学西南医院肝胆外科) 630038

患者，男性，57 岁，农民。因间歇性右上腹胀痛伴寒战、高热，皮肤巩膜黄染，於 1991 年 5 月在县医院行胆道探查，T 形管引流术，称胆总管下端结石嵌顿不能取出。1 年后经 T 形管造影提示肝内外胆管扩张，胆总管下端梗阻。拔除 T 形管后再现上腹胀痛，皮肤巩膜黄染，皮肤搔痒。腹壁 T 形管引流口处出现包块，周期性破溃，流出胆汁样液体。入院查体：消瘦、皮肤巩膜黄染，腹部平软，原 T 形管引流口处见 4cm×5cm 包块，压痛。B 超检查发现肝脏和胆囊增大，肝内外胆管扩张。1992 年 10 月 15 日再次手术发现肝脏轻度肿大，胆总管扩张直径约 2cm，切开胆总管有粘稠胆汁涌出，胆总管下端完全梗阻。十二指肠乳头扪及 1.5cm×1.5cm 椭圆形肿块，腹内无肿大淋巴结。切开十二指肠见乳头部一灰白色肿块，质地坚硬，切除十二指肠乳头肿瘤 0.5cm×0.6cm，14 号尿管可顺利通过十二指肠乳头。为防止胆总管下端再狭窄梗阻，行胆囊切除，胆总管空肠 Roux-en-y 吻合术，术后痊愈出院。病理诊断：十二指肠乳头错构瘤。半年随访无发热、黄疸、进食正常，体重增加，恢复轻体力劳动。

讨论

错构瘤(Hamartoma)是一种先天性发育异常[1]。全身任何部位均可出现，但十二指肠乳头错构瘤实属罕见。中年以后才出现胆道梗阻，原因不明。一般认为无恶变倾向，但 1989 年 Dekker[2] 报道 1 例肝内孤立性胆管癌合并多发性胆管错构瘤。本病临床诊断困难，该患者肿瘤质地坚硬，术中用胆道取石器械探查酷似嵌顿结石，若初次手术切开十二指肠探查可能会发现肿瘤。我们认为肿瘤较小者可行十二指肠乳头局部切除，肿瘤较大或局部切除困难者应行胆总管空肠 Roux-en-y 吻合或胆总管十二指肠吻合术，若有癌变应行胰十二指肠切除术。

关键词 十二指乳头；错构瘤

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