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A study on platelet function in patients with cor pulmonale

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Abstract The plasma levels of β-thromboglobulin (β-TG) and platelet factor 4 (PF_4) and the platelet aggregation rate (PAR) were determined in the remission stage of 25 cases of chronic cor pulmonale. β-TG, β-TG/PF_4, PF_4, and PAR all were significantly higher in the patients with cor pulmonale than in the normal subjects ($P<0.01\sim0.05$ respectively). Plasma β-TG was negatively correlated with PaO_2 ($r=-0.46$, $P<0.01$).

The findngs suggest that in the patients with chronic cor pulminale, the functions of platelets are activated. The causes and the significance of platelet activation were discussed.

Key words pulmonary heart disease; platelet function tests; platelet aggregation; platelet factor 4

高频电扁桃体手术 1000 例

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扁桃体手术是耳鼻咽喉科常见手术。尽管近年来对有关扁桃体免疫功能的认识有了较大进展,但此手术仍为治疗慢性扁桃体炎的主要方法。我科于 1982 年 1 月~1991 年 1 月,应用厦门医疗电子仪器厂生产的 PT-1 型高频电扁桃体截除器共手术 1000 例,深感此法优点较多,总结如下:

1 临床资料

1.1 一般资料

1000 例中慢性扁桃体炎单纯型 910 例,病灶型 64 例,扁桃体肥大 26 例,年龄自 3~52 岁,其中 5~10 岁者占 71%。术后发生出血 22 例,其中原发性出血 9 例,占 0.9%,继发性出血 11 例,占 1.1%。

1.2 手术方法

患者取坐、卧位均可。以 1%的卡因溶液行咽部粘膜表面麻醉。手术操作同挤切术,在相当于挤切术"拉"的步骤时,接通高频电,在通电过程中轻拉刀,借以感觉扁桃体已被灼断后即断电,抽刀取出扁桃体。一般通电时间 1~3s 左右。

2 讨论

2.1 扁桃体切除术虽是耳鼻咽喉科基本手术,但其术后并发症一直令人棘手,最常见的为术后出血。传统手术方法术后出血率各家报道不一,其范围从 0.1%~8%(Guida 1990)。扁桃体手术的死亡原因,按 Goycoolea 分析的结果为气道阻塞和难以控制的出血[1],死亡率为 0.012%[2]。

为减少术后出血的发生,国内外相继采用了电烧灼法进行扁桃体手术(Haase, Noguera 1962; Mann 1984),使手术时间缩短,出血并发症降低,术中出血量减少的效果,但并不令人满意。

我们采用高频电扁桃体挤切术的器械为 PT-I 型,用双管并通(Fu-811)哈脱莱振荡电路。工作时高频放电火花可产生切除、凝固和干燥效应,使直径小于 0.5mm 的血管得以封闭、凝固以止血。

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Effects of ketamine on hemodynamics of severely burn patients in postshock stage

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Abstract The effects of ketamine on the hemodynamics in the postshock stage in 10 severely burn patients were observed. Their average burn area was 53.7±14% TBSA. Anesthesia was induced with 2 mg/kg of ketamine and then maintained with 50 μg/kg/minute of ketamine. All the patients kept on spontaneous breathing. Measurements were performed before anesthesia, 5 and 30 minutes after the induction of anesthesia, and 20 minutes after the discontinuation of ketamine. Our findings indicate that the severely burn patients in the postshock stage were in a state of active hemodynamics with increased cardiac output and decreased peripheral resistance. The plasma concentrations of epinephrine and norepinephrine were apparently increased. A small dose of ketamine could further increase the release of epinephrine, which is beneficial to the restoration of normal cardiovascular functions.

Key words ketamine; burns; hemodynamics; shock, traumatic

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2.2 术中应注意不可过于图快，特别是拉力不可过大，使成为普通挤压术。在挤的步骤时，一定要遵循"高压缩，后给电"的操作要领，即用大握力将扁桃体根部压缩至最薄，然后再通电。高频通电时间长不一定术后出血就少，相反由于高频放电时间过长致创面反应过重，使伤口愈合延迟，从而导致继发性出血。

2.3 近年来有关扁桃体免疫功能的认识日趋深刻，但并非废除此术，只是应更严格地掌握手术适应证。对于5岁以下儿童如有气道阻塞伴窒息(Berkowitz, 1990)，气道阻塞伴有心肺疾患(Helmus, 1979)，仍是手术适应证。

(本文承空军长春医院罗尚功主任医师审阅，谨表谢忱。)

关键词 扁桃体切除术；烧灼术

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