# The relationship between incontrollable inflammation and gut-originated infection in mice

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**Abstract** It is known that incontrollable inflammation and activated complement are implicated in the pathogenesis of multiple organ failure. Recently, the role of gut originated infection resulting from the combined action of bacterial translocation due to the functional failure of gut mucosal barrier and endotoxin in the pathogenesis of multiple organ failure receives increasing attention. In order to clarify the relationship between incontrollable inflammation and gut-originated infection, zymosan, an activation agent for complement and inflammatory response, was injected to normally nourished mice (NNM) and protein deficient malnourished mice (MNM). It was found that a sublethal dosage of zymosan (0.1mg/kg) could damage the gut mucosal barrier to result in bacterial invasion, which was limited to the mesenteric lymph nodes in MNM. Protein-deficient malnutrition enhanced the pathological effect of zymosan to result in a bacterial spreading to the liver, the spleen and blood stream and a potentially lethal gut originated infection. The severity of infection and the mortality rate of the animals increased with the severity of malnitrition. On the basis of the findings it is belived that there is a synergic pathological effect of incontrollable inflammation and gut-originated infection especially in protein-deficient conditions.

**Key words** inflammation; infection

# 右腋下软组织骨外骨瘤一例报告

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软组织内骨瘤甚为罕见，我院收治 1 例，经近 10 年随访无复发，现报告如下：

**患者** 梁某，女，41 岁。1980 年 7 月 22 日入院。2 月前因发烧、咳嗽行胸部透视始发现右腋下有一鸡蛋形高密度钙化影，自觉无疼痛和其他不适，否认低热、盗汗及外伤史。

查体：一般情况良好，右腋部腋前线可扪及 4cm×3cm 的卵圆形包块，质硬、光滑、边界清楚，移动度较大，与周围组织无粘连，无波动，压迫包块稍觉胸部不适，腋窝淋巴结不肿大。右腋部 X 线片见胸廓外侧有一 4cm×3cm 卵圆形密度如皮质骨之块状影，其内可见数个点状透光区。ESR 7mm/h，初步诊断：纤维瘤钙化。局麻下手术摘除，术中见包块位于腋窝脂肪组织内，钝性分离即顺利完整摘除。病理检查（802767）：包块 5cm×4cm×3.5cm，表面有多量脂肪组织，包膜完整，硬如骨质。镜检：切片见肿瘤为成熟骨小梁，骨小梁间有骨髓样结构及脂肪组织，未见软骨及纤维瘤成份。病理诊断：右腋下软组织骨外骨瘤。

1990 年 2 月 6 日随访肩关节功能正常，查体及再摄 X 线无复发。患者未诉不适，自觉良好。

**关键词** 软组织肿瘤；骨瘤

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