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An investigation on the relative ratio of carbohydrate, fat and protein in resting energy expenditure after burns

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Abstract The resting energy expenditure (REE) and the relative ratio of carbohydrate, fat and protein were investigated on the 1st to the 28th dqy postburn in 75 adult burn victims with burn area ranged between 5～98% TBSA. It was found that there was high catabolism of fat and protein but relatively low consumption of carbohydrate after burns. The more severe the burn injury, the more marked the above changes. On the basis of the metabolic characteristics of burn patients and on the traditional dietary habits of Chinese, a reasonable relative ratio among carbohydrate, fat and protein, the 3 main nutritional elements, in the diet of burn patients was suggested, viz, carbohydrate : fat : protein = 55～60 : 20～30 : 15～20.

Key words burns; energy metabolism; nutritional requirements

个案与短篇

胃癌脐部皮肤转移 1 例

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青年患胃癌皮肤转移少见，现报道 1 例。

患者 男，21 岁，学生。黑便 4 月、腹胀 1 月于 1990 年 9 月 18 日第 2 次入院。1990 年 3 月发现脐部有小硬块，5 月初感上腹痛，每天解黑便 1～2 次。6 月 15 日入院。胃镜示急性胃粘膜病变，胃窦下弯 1.5cm×1.5cm 球状隆起。脐部包块活检病理检查见肌肉及纤维组织，其中见组织细胞，泡沫细胞及炎细胞。经抗酸剂及止血治疗后，仍间隙黑便，但腹痛消失于 7 月底出院。8 月中旬腹胀，黑便持续，胃肠饮食正常，用中西药物治疗效果不佳于 9 月 18 日再次入院。查体呈贫血貌，上腹有压痛，脐部有 2.5cm×2.5cm 菜花状肿块，腹水征阳性。复查胃镜见胃窦水弯蠕动差，有 2.5cm 半球状隆起，表面充血、肿胀，后壁凹陷复白苔，组织病理诊断印戒细胞癌。虽经综合抗癌治疗，终因癌肿晚期，腹膜、结肠、脐部皮肤转移于 1990 年 10 月全身衰竭死亡。

讨论

胃癌皮肤转移少见，Dupont 报道[1] 348 例胃癌尸检中仅 4 例。国内[2] 1 组有 3 例 (0.8%)。转移方式可通过淋巴道转移至驱干皮肤，亦可经肝圆韧带至脐周皮肤。本例消化道症状出现前就有脐部皮肤肿块，逐渐长大呈菜花状，并出现癌性腹水才确诊胃癌。因此临床上若遇原因不明脐部肿块，应反复活检，警惕腹腔内脏器癌肿转移。

关键词 胃肿瘤；肿瘤转移

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