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Observation of myocardial pathological changes after severe burns in rabbits

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Abstract The histopathological and ultrastructural changes after 30% TBSA full thickness burns due to napalm were observed in 66 rabbits. The main pathological changes were degeneration, necrosis, and proliferation of the myocardial cells and interstitial edema of the myocardium. The dynamic course of the changes could be divided into two stages, the stage of degeneration and necrosis and the stage of repair. Their mechanisms were discussed.

Key words burns/PA; myocardium/PA; myocardium/UL

帆状胎盘血管前置出血致胎儿猝死一例

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病例 28 岁,孕 40^{+3} 周,G_5P_0。因妊娠水肿(Ⅰ)巨大儿入院。入院检查:血压 17/11 kPa,体重 87kg,心肺(-),肝脾未触及。宫高 40cm,腹围 115cm,先露头,部份衔接。右枕前位。胎心 134 次/min,遥远。宫口未开。化验:Hb 118g/L,WBC 8.3×10^9/L,尿常规(-)。择期于 1992 年 5 月 13 日 15 时行剖腹产终止妊娠。为了预防术中出血,9 时静滴催产素诱发宫缩,宫缩为 30″/min。13 时 10 分突然阴道流血,量约 500ml,无痛性。胎心音立即变弱,数不清。10min 后胎心监护无胎心。因妊娠 38 周在当地医院做"B"超未见异常。考虑可能为血管前置破裂出血。因阴道继续流血又不能完全排除其它原因出血。故剖腹产终止妊娠。切开子宫时见到胎头前方胎膜内有一与脐带相连的血管,粗约 0.7cm,长 17cm,此血管断裂出血。以右枕横位取出一苍白死男婴,4500g。术后检查见 2 个面积为 20cm×18cm×2cm,20cm×17cm×2cm 大的胎盘被胎膜相连,即双叶胎盘。脐带为帆状附着,长 55cm,分支支配两个胎盘。

讨论:脐带帆状附着系指脐带附着在胎膜上,脐带血管通过羊膜与绒毛膜之间进入胎盘。当胎膜内帆状附着之胎儿血管经过子宫颈内口,且位于胎先露之前即为血管前置。脐带帆状附着在单胎妊娠占 0.2%~1.2%,多胎妊娠中占 10%,血管前置的发生率又是帆状附着的 1/50。故血管前置破裂出血极为罕见。据文献报道发生率约 1/3000[1],我科自 1975 年以来仅遇此一例。

血管前置破裂出血可发生在胎膜破裂前、破裂时和破裂后。可因破膜撕裂或胎先露下降压迫或宫缩时牵拉致血管断裂。本例发生在破膜前,属于后 2 种。从阴道流血至胎心消失仅 10min。据文献报道出血>100ml 时胎儿死亡率为 100%[1]。本例胎儿因失血量过多(500ml)致宫内急性失血性休克死亡。与上述报道相符。说明胎儿预后与失血量明显相关。

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Hemodynamic and clinical observations on patients with severe congestive heart failure treated with Chinese-made milrinone

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Abstract Hemodynamic and clinical observations were performed on 15 patients with severe congestive heart failure treated with Chinese-made milrinone. It was found that after treatment with milrinone,cardiac index was significantly increased,pulmonary capillary wedge pressure,systemic vascular resistance,and pulmonary vascular resistance were significantly decreased,and heart rate and myocardialoxygen consumption remained unchanged. Tolerance exercise test was prolonged and plasma cyclic AMP was increased. No thrombocytopenia or pro-arrhythmic effect was observed. The total clinical efficacy of the drug was 86.7%. These facts suggest that the Chinese-made milrinone is the durg of choice for the management of patients with congestive heart failure.

Key words milrinone;heart failure,congestive;hemodynamics;adenosine cyclic monophosphate

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任何孕晚期或分娩期阴道流血且伴胎心迅速变化者，能排除前置胎盘及胎盘早剥时，应考虑血管前置出血。确切的诊断是通过阴道扩张器在子宫口看到脐带血管。或取阴道流血涂片染色后镜检：如找到多个有核红细胞或幼红细胞即确诊。或取血液化验：寻找胎儿红细胞。确定胎儿红细胞可用 Klecihauer 氏或 Singer 氏试验：胎血加试剂震荡后呈淡粉红色，成人血液呈无色或淡棕色。本例因胎心消失太快，未做此试验。理论上讲：破膜前做阴道检查或肛查可触到有搏动，极细而相对不能移动的血管。事实上极少能发现。本例肛查时未触及。当"B"超提示宫颈内口上方，胎先露下方见到低回声区，并有与脐血管一致的血管搏动[2]，可确诊。本例妊娠 38 周做"B"超未见异常。1968 年 Barham 氏为了避免这种对胎儿灾难性的出血，指出在人工剥膜或破膜前常规使用羊膜镜是可靠的预防方法。

本病一旦确诊应根据情况尽快结束分娩。此例胎儿虽死，因阴道持续流血而行剖腹产。如出血停止，可等待阴道分娩。通过本例说明血管前置是很难诊断的。一旦发现已十分严重。因此及早诊断，及时终止妊娠，才有可能挽救胎儿。新生儿出生后应立即输血抢救生命。

关键词 胎儿，死亡，突然，帆状胎盘

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