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anastomosis was designed and used for the repair of 12 cases of large intraoral tissue defect. All the operations were successful. The clinical data were reported, and the procedure to incise and transplant a CDTF described. Observing the healing process of CDTF in oral after transplantaion, we found that a layer of smooth epidermis on the surface of CDTF. The problem of the origin of the epidermis was discussed. The patients have been followed up for half year to two and half years and the resules were satisfactory. The patients did not feel the skin stripes and hair growth which occurs often in the routine flap transplantation. So this method is a new and betler one. It's suitable to the repair and reconstruction of the intraoral soft tissue defact of all areas. The disadvantage is that the CDTF contracted severely after operation. Finally the authours put forward the subject concerning with the transplantation of CDTF which should be inveastigated further.

**Key words:** Intraoral tissue defect; vascular anastomosis; complex dermal tissue flap; reconstruction.

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# 应用ACT监测确定CPB中肝素和鱼精蛋白合理用量的探讨

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体外循环（CPB）心内直视手术期间，应用激活全血凝固时间（ACT）监测，可以正确地指导术中肝素的抗凝和术后鱼精蛋白的拮抗，保障心内直视手术的顺利进行。自1988年11月起，我们应用国产A-100型ACT监测仪，对CPB中和后血液的抗凝和拮抗进行监测，其目的是为了确定合理的用药量，减少并发症。

在严密的监测下，利用ACT反应线，指导肝素的用量，使CPB前首次肝素化的用药量减少了33%，CPB中，本组17例均未再次补加肝素，并且使ACT值有效地维持于480s以上，达到或超过ACT的最佳标准，又大大地减少了肝素的用量。在CPB后，我们改变了以往用计算法拮抗肝素的方法，利用ACT反应线，确定体内肝素余量后，进行拮抗，同时，降低了以往应用鱼精蛋白的比例，使肝素和鱼精蛋白之比，从1:1.5降为1:0.5，在减少了肝素用量的前提下，改变了鱼精蛋白拮抗肝素的比例方式，降低了比例，使鱼精蛋白的用量较以往平均减少69.1%，不仅较精确地拮抗了体内残存的肝素，使CPB后的渗血明显减少。术中、术后均未发生任何不良反应。

实践足以证明，在严密的ACT监测下，可以较准确的指导CPB中血液的抗凝和拮抗，改变了依靠计算法用药的盲目性，同时可以大大降低两种药物的用量，可以大量地节约药源，降低药物本身而致副作用的发生率，减少药品不必要的浪费，目前，我们在CPB中，两种药物的用量为较低水平，因此，作者认为对CPB中肝素和鱼精蛋白的用量有必要进行探讨，以确定最佳的用药标准。

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