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A study of Kupffer cell phagocytic function during acute obstructive cholangitis in rats

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Abstract: The phagocytic function of Kupffer cells (KC) during acute obstructive cholangitis was observed in 244 Wistar rats. The rats were killed in the 6th, 12th, 24th, and 48th hour after operation, and the uptake of colloidal carbon by KC, plasma endotoxin and fibronectin(Fn) were determined and the morphology of KC was observed. It was found that in the rats with acute obstructive cholangitis, the phagocytic function of KC and plasma Fn significantly elevated in the 6th hour and markedly reduced in the 48th hour after operation as compared with those of the control ($P<0.05$), KC were hypertrophic in the 6th hour but hypotrophic in the 48th hour. These findings indicate that the phagocytic function of KC varies with the course of acute obstructive cholangitis, hypertrophic in the early stage but hypotrophic in the advanced stage.

Key words Kupffer cell; cholangitis; endotoxins; fibronectin; multiple organ failure; acute disease

半环槽式外固定架治疗严重骨盆骨折的护理（附一例报告）

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我院于91年8月11日收治1例严重骨盆挤压骨折的患者，经采用半环槽式外固定架固定加右下肢骨牵引治疗获得成功。

患者，女，23岁。因车撞伤右髋部3小时入院。入院诊断：骨盆骨折，右侧骶髂关节脱位。入院后在全麻下行双侧髂嵴穿针半环槽式外固定架撑开复位固定，右股骨髁上骨牵引。术后摄片骨折复位良好，4周后拆除外固定架，5周后拆除牵引逐渐下地活动。

讨 论

骨盆骨折的外固定治疗源于70年代初，近年来已用于临床[1]。我们体会本法与传统的骨盆悬吊，单纯骨牵引相比具有：固定牢稳，方法简便，并发症少，便于翻身护理等优点。但在护理过程中还应注意以下几点。

（1）早期并发症的防治。严重骨盆骨折常因腹膜后大出血而致失血性休克或合并其他损伤。病人入院后密切观察生命征尤其是血压，发现问题及时报告医生并迅速建立静脉通道；同时注意病人腹部及大小便情况以便排除腹腔脏器损伤。

（2）针道的护理。此种固定常因钢针松动压伤针道周围皮肤使其坏死、液化而继发感染。因此，术后3日内不宜过多翻身。保持针道周围皮肤干燥，可在针道处滴75%酒精3次/d。常检查夹针器防钢针松动。

（3）功能锻练。在术后第3天进行。病人常畏痛不合作，应耐心解释，使其认识到功能锻练的必要性。先让病人做股四头肌收缩锻练，次数应逐日增加，最后以10次/h为宜。每日应帮助患者活动膝、踝关节3次，防股四头肌粘连和足下垂。以后逐渐让病人坐起和练习抬臀部，次数以15次/d并持续30分为宜，这不仅锻练了肌肉还可以防止压伤的发生。

参 考 文 献

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