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the alterations of membrane system, nuclei and organelles were significant. The membraneous structures which contained a large amount of lipids were more severely damaged. At the same time cerebral edema was found, the severity of which was correlated with the intensity of histopathological and ultrastructural changes of the brain and the degree of blood brain barrier disruption.

The findings suggest that oxygen free radicals and lipid peroxides may play an important role in the development of the damages in the brain mentioned above after reperfusion.

Key words complete cerebral ischemia; ischemic neuronal damage; post-ischemic reperfusion; selective vulnerability

乳腺曼氏迭宫绦虫幼虫感染1例报告

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乳腺曼氏迭宫绦虫幼虫感染罕见。我们遇1例，报道如下：

王××， 女性，38岁。川籍农民。1984年6月发现右乳晕下方有1cm×1cm包块，伴灼热、搔痒，时有发红。外敷蒲公英无效。包块逐渐移动，经乳房外上方游走至乳头上方，包块稍增大，余无其他全身或局部异常变化被察觉。有下稻田及池塘务农史。体检：双乳外观无异常。右乳晕上方2cm乳腺实质内扪及2.5cm×2.5cm×1cm包块，质中、活动、轻压痛。1987年11月在局部麻醉下行右乳房包块切除术，切除之包块呈灰白色，无包膜，其中见一暗红色隧道，沿隧道切开见一灰白色半透明扁平带状虫体爬出，长2cm，头、体完整。经鉴定为曼氏迭宫绦虫幼虫（见图）。乳腺组织病理学检查为乳腺寄生虫性肉芽肿。术后康复。

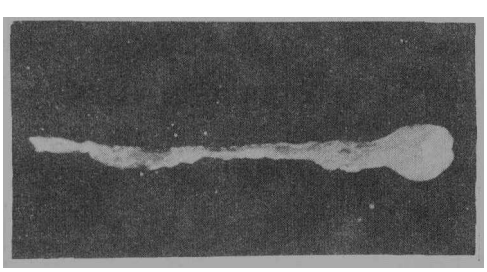


图 乳腺曼氏迭宫绦虫幼虫。×4

曼氏迭宫绦虫又称孟氏裂头绦虫，是狗、兔等动物的肠道寄生虫。虫卵在水中孵化，幼虫的第一中间宿主为节肢动物，第二中间宿主为蛙等水中小动物。幼虫长度数微米至3cm。人生饮疫水或用青蛙皮、肉贴敷伤口等可使幼虫侵入人体感染。主要症状为皮下包块，有灼热、搔痒感及游走性等特点可与真性肿瘤鉴别。治疗需手术取出完整虫体，尤其头节以防复发。

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