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# Qbservation of Exercise Test on Previous ST Reciprocal Change after Myocardial Infarction

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Thirty seven cases after myocardial infarction, in which 15 cases previously had ST reciprocal changes (ST-RC) and 22 cases without that changes (without ST-RC) in acute phase. Bicycle ergometer exercise test was used to osbserve the clinical significance about ST-RC patients. The results are as follows: 1) ST-RC group have induced angina pectoris, ST segments depression in reciprocal region of infarcted areas and positive results with exercise test all are significantly higher than that of non-ST-RC group($P<0.05$)by exercise test. 2) Exercise tolerance time in non-ST-RC group was significantly longer than that of ST-RC group ($P<0.05$) .3) In follow up period, the incidence of angina pectoris with ST-RC group significantly higher than that of non-ST-RC group, and in the former group 1 case with reinfarction.

**Key words:** myocardial infarction; ST reciprocal change; exercise test

# 天疱疮、类天疱疮自身抗体与治疗的追踪观察

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为探讨激素治疗天疱疮、类天疱疮后间接免疫荧光(IIF) 及病情变化情况，现将有关资料报告如下：

## 1 病例与方法

1.1 直接免疫荧光（DIF、羊抗人IgG荧光抗体）确诊的8例寻常性天疱疮及7例类天疱疮病人均作治疗前、治疗后及缓解期IIF及病情的对比观察。天疱疮病人先给予80mg～100mg强的松，控制病情后给予5 mg～20mg维持量。类天疱疮病人先给予20mg～40mg强的松，病情控制后给予5 mg～10mg维持量。1例强的松已停用半年，1例已停用2年。

1.2 IIF采用常规方法。样本血清浓度从1:10～1:640作倍比稀释。天疱疮抗体1:40阳性，类天疱疮抗体1:20阳性。

## 2 结果

8例天疱疮病人治疗前均有全身或/及口腔内广泛大疱及糜烂，间接免疫荧光检查天疱疮抗体滴度1:160～1:320，1例1:80。经12天～60天（平均31.7天，多数在20天～45天内）的控制量强的松治疗后，病情控制，无新发水疱，原皮损愈合，部分留有结痂，IIF 2例(－)，3例未作，1例1:20，1例1:40。5例在0.5年～4年内服用维持量强的松，其中2例一直无新发皮疹，3例时有糜烂或少数大疱，但5例IIF皆（－）。8例中1例用150mg地塞米松冲击后因激素副作用死亡，2例治疗缓解后未复查。

7例类天疱疮病例，病情均较天疱疮轻，治疗前IIF检查类天疱疮抗体1:10～1:80，1例（－）。强的松20mg～40mg平均18天(10天～33天)后病情控制，无新疱发生，2例IIF（－），1例未作，但仍有4例IIF滴度1:20～1:40。1例服用6年的维持量强的松，病情一直未活动，IIF（－）；2例服用1.5年及3年

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# Left Ventricular Function Change of Hemorrhagic Shock in the Dog

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Left ventricular function change was investigated in dogs during the postinfusion period of experimental hemorrhagic shock. Hemodynamic parameters and the first derivative of left ventricular pressure (dp/dt) were recorded with an 4-channal polygraph and LVP-dp/dt loop was displayed on an attached oscilloscope simultaneously. In the study, LV function was assessed by +dp/dtmax, dp/dt/DP5.33, VCE at +dp/dtmax, Vmax, -dp/dtmax, -dp/dtmax/LVSP and VCE at -dp/dtmax. The results show that hemodynamic and LV function parameters approximate to the control levels 10 min after reinfusion. The performance then depresses significantly 60 min after renfusion and cardiac function deteriorates soon thereafter. The data are interpreted as direct evidence for a seriously depressing myocardial performance during the early postinfusion period of hemorrhagic shock in the dog.

**Key words** Shock, hemorrhagic; cardiac output; myocardial performance; hemodynamics

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的维持量后停用0.5年及2年，无新发皮疹，IIF阴性。

## 3 讨论

### 3.1 天疱疮

治疗前和治疗后天疱疮抗体滴度有明显差别，且与病情严重程度相平行，这与有关文献报道吻合[1][2]。80mg～100mg/天强的松在20天～45天内大都可控制病情，天疱疮抗体滴度亦下降。维持量5mg～20mg/天不等，在一些病例可控制病情的发展；但一般认为大多数病例病情均不稳定，IIF滴度阴转后可再上升，需要加大强的松剂量。

### 3.2 类天疱疮

类天疱疮病人血清中抗基底膜带抗体大部分滴度较低，与病情不相平行，与国内外文献报道一致[1][3]。一方面说明确诊及观察病情时宜选用DIF，IIF只能作参考；另一方面说明类天疱疮发病除抗体外，可能尚有其它成分参加，有报道补体参与其发病过程。

强的松20mg～40mg/天平均18天可控制病情，一段时间的维持量后IIF可阴转。一般认为类天疱疮的预后较天疱疮好。本组2例病人经过一段时间(1.5年及3年)维持量后停药0.5年及2年，未复发，IIF亦阴性。1例临床无皮损，IIF（-），仍在服用维持量。此类病人何时停药，需要继续观察。

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