

溃疡性结肠炎辨证分型与血小板活化的关系

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摘要 本研究采用流式细胞仪分析血小板活化膜标志物可溶性粘附分子 P 选择素(CD_{62p})及 GP₅₃(CD₆₃),同时用放免法测定血小板活化衍生物 TXA₂ 的含量,从分子水平研究血小板活化与溃疡性结肠炎(UC)中医分型的关系。结果发现,UC 各证型均存在血小板激活状态,但程度不同,以湿热内蕴型和气滞血瘀型两实证更为明显,这不仅有利于阐明各证型的实质,而且在确定治疗处方用药方面具有重要意义。

主题词 结肠炎,溃疡性/中医药疗法 辨证分型

血小板不仅参与止血与血栓形成,而且是重要的炎症介质,近年来,血小板功能异常在溃疡性结肠炎(UC)发病中的作用已开始引起人们的重视^[1]。中医认为 UC 是一种整体多虚,局部多实、本虚标实之疾。我们采用敏感的流式细胞仪分析血小板活化膜标志物可溶性粘附分子 P 选择素(CD_{62p})及 GP₅₃(CD₆₃),并同时测定血小板活化衍生物 TXA₂ 的含量,从分子水平研究血小板活化与 UC 中医分型的关系,现将结果报告如下。

1 一般临床资料

UC 患者 34 例,男 14 例,女 20 例,平均年龄 31.4 岁。按中国中西医结合学会制订的《慢性非特异性溃疡性结肠炎中西医结合诊断、辨证和疗效标准(试行方案)》^[2],辨证分为六型:湿热内蕴型 6 例(I 型),脾胃虚弱型(II 型)7 例,脾肾阳虚型(III 型)5 例,肝郁脾虚型(IV 型)4 例,阴血亏虚型(V 型)5 例,气滞血瘀型(VI 型)7 例。正常人对照组 20 例,男 8 例,女 12 例,平均年龄 30.6 岁,均为健康查体者。

2 测定方法

CD_{62p}、CD₆₃ 采用流式细胞仪(Becton Dickinson FACScan)测定,主要试剂异硫氰酸

荧光素(FITC)、标记的鼠抗人 P 选择素(CD_{62p}-FITC)、鼠抗人 CD₆₃(CD₆₃-FITC),同种荧光素标记的阴性对照羊抗鼠 IgG₁-FITC 均为法国 Immunotech 产品。检测方法^[3]:取静脉血 2ml,2%EDTA 抗凝,1500 转/分离心 5 分钟,取上清液,分成 3 管,每管 100μl。一管加入 CD_{62p}-FITC20μl,一管加入 CD₆₃-FITC20μl,室温避光 30 分钟。另一管加阴性对照 IgG₁-FITC20μl,1500 转/分离心 5 分钟,用 PBS 洗一遍,弃上清液,以除去未结合的荧光抗体,上机前以标准荧光微球调整仪器,使变异系数稳定在 2%左右,上机后收集 2×10⁴ 个细胞,荧光强度以对数放大。采用放免法测定 TXA₂ 的代谢产物 TXB₂(苏州医学院提供),按操作说明进行。用体外血栓形成、血小板粘附两用仪(无锡电子仪器二厂)测定血小板粘附率。

3 结果

UC 各型患者 CD_{62p}、CD₆₃、TXB₂ 及血小板粘附率变化见附表,与对照组比较,UC 六个证型患者上述指标明显升高($P < 0.05$ 或 $P < 0.01$),说明 UC 各证型均不同程度存在血小板活化状态,尤以湿热内蕴型和气滞血瘀型明显。

4 讨论

UC 病机虽然复杂多变,但不外虚实两端,且多为本虚标实,虚实互见,病本在脾,病标在肠。根据“脾主运化”、“泄泻属脾”、“久病多瘀”,湿热内蕴型和气滞血瘀型两实证多由于湿热、寒湿、食滞等邪壅滞,阻遏气机,气滞则血瘀。其余以脾虚为本的四型虚证日久均可因气虚血运无力而致血瘀,故血瘀是本病的常见病机^[4]。现代医学也证实,UC 患者易合并血栓形成, Graef 解剖 100 例 UC 患者,有 39 例有不同部位的血栓形成,明显高于其他对照组,内科治疗组血栓形成的发生率可达 45.2%,并认为这与 UC 患者伴发高凝状态有关^[5]。

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附表 UC各型患者CD_{62p}、CD₆₃、TXB₂及血小板粘附率变化($\bar{X} \pm S$)

组别	例数	CD _{62p} (%)	CD ₆₃ (%)	TXB ₂ (ng/L)	血小板粘附率 %
对照组	20	1.9±0.91	1.6±0.87	347.8±42.1	34.7±9.6
I型	6	6.1±3.6△△	4.4±2.6△△	638.1±90.7△△	44.3±10.9△△
II型	7	3.6±2.3△	3.9±2.3△	433.9±88.8△	39.3±6.4△
III型	5	3.5±2.3△	3.8±2.2△	490.5±87.4△	38.9±6.4
IV型	4	3.8±2.6△	3.7±2.4△	437.4±85.1△	37.4±8.7△
V型	5	3.9±2.5△	3.9±2.3△	497.8±89.7△	40.1±8.9△
VI型	7	6.2±3.7△△	4.5±2.7△△	644.8±91.3△△	45.1±11.1△△

与对照组比较,△P<0.05,△△P<0.01

血瘀与血小板活化有密切关系,本研究发现,UC六个证型患者均不同程度存在血小板激活状态,尤以湿热内蕴型和气滞血瘀型明显,血小板活化及其衍生的TXA₂易使血小板聚集,引起高凝状态,阻塞肠粘膜微循环,加重肠粘膜缺氧损伤。另外,TXA₂通过引发局部血管收缩可加重缺血。活化的血小板通过局部释放炎症介质、化学趋化物(如PF₄、PAF)及激活其他炎症细胞,参与肠粘膜炎症过程。P选择素在中性粒细胞粘附分子中起关键作用,血小板内此种抗原的表达使中性粒细胞更易在炎症部位聚集。血小板衍生因子(成纤维细胞和单核细胞的化学诱导剂)从活化的血小板中释放出来,在组织损伤后的修复中起重要作用。以上资料表明,UC各证型均存在血小板激活状态,但程度不同,以湿热内蕴型和气滞血瘀型两实证更为明显,这不仅有利于阐明各证型的实质,而且

在确定治疗处方用药方面具有重要意义。

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糖尿病并发急性颌下腺炎治验1例

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胡某,女,65岁,于1997年1月6日初诊。1周前发现左侧颌下有一包块,胀痛。在某医科大学口腔医院就诊,X光片诊断:急性颌下腺炎,静脉点滴青霉素5天,未见好转,让其手术,因患有“糖尿病”,不便手术,特来就诊。左颌下有一约2.0cm×3.0cm大小的包块,推之可动,质中,局部体温稍高,大便稍干,舌质红,苔

薄白,舌体胖,边有齿痕,脉弦数。方用四逆散加味:柴胡10g,甘草10g,枳壳15g,白芍15g,元参30g,牡蛎30g,夏枯草20g,山药50g。6剂。1月13日复诊:左颌下胀痛好转,包块缩小过半,余如初诊,效不更方,前方中加花粉50g,再服6剂。1月20日三诊:包块消失,无胀痛,精神好,二便调,舌质红,苔薄白,脉弦细,停药观察。随访半年,没有复发。该患者患“糖尿病”多年,素体阴虚,热郁肝胆,并发急性颌下腺炎,故以四逆散加味,升阳解郁,和里清热,豁然而愈。

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on Non — small Cell Lung Carcinoma Treated by Jinfukang Oral Solution

Liu Jiaxiang, Shi Zhiming, Xu Zhenye et al.

In view of the deficiencies of both Qi and Yin in most cases of this tumor, Jinfukang oral solution (JFK), a remedy mainly for benefiting Qi and nourishing — yin, was formulated. 96 cases were treated with one case of CR, 8 cases PR, 52 NC, the rate of PR + NC being 63. 5%. Another 52 cases were treated with chemotherapy + JFK, with 11 cases of PR, 26 cases NC, the rate of PR + NC being 71. 2%. While 25 cases were treated by chemotherapy alone, the cases of PR was 4; NC 26, the rate of PR + NC being 60. 0%. This demonstrated that the effect of JFK and JFK + chemotherapy were all superior to effect of chemotherapy alone. For 1 — and 2 — year survival rates, the JFK group was 67. 3% and 66. 7% respectively, whereas that of JFK + chemotherapy, 67. 3% and 66. 7%. For the chemotherapy group, 1 — year survival rate was 40. 3%, with no survivals within 2 years. For symptom improvement, body weight gaining, and health condition (KPS evaluation) after treatment, the JFK and JFK + chemotherapy groups were, again, superior to the chemotherapy group. The Immunity indices and blood picture in JFK group after treatment were markedly improved as compared with those before treatment, but, those in the chemotherapy group were decreased, while those of the JFK + chemotherapy group remained unchanged.

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Key words: Lung tumor/TCM therapy Cancer, small cell/TCM therapy @ Jinfukang oral solution

(Original article on page 727)

Relationship Between Syndrome — typing of Ulcerative Colitis and Activation of Platelet

Jiang Xueliang, Quan Qizhen, Sun Ziqin et al.

By analysing the marker of active membrane of platelet soluble adhesive molecule P selector CD_{62b} and GP₅₅ (CD₆₃) with flowing cytometer, at the meantime, evaluating the contents of TXA₂, a derivative of activated platelet with electric charging method, the

relationship between TCM syndrome — typing of ulcerative colitis (UC) and platelet activation was studied. It was found that, for all types of UC, there existed the status of platelet activation with different degrees, especially prominent in the excess types of inner accumulation of damp — heat and Qi — stagnated blood — stasis. This is not only conducive to the elucidation of the nature of all syndrome types, but also of significance to the prescription and drug administration of such syndromes.

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Key words: Colitis, ulcerative/TCM therapy typing on the basis of differential diagnosis of Zheng

(Original article on page 730)

Analysis on Treatment and Clinical Characteristics of Chronic B and C Hepatitis

Hong Huiwen, Wang Jianghe

Retrospective comparison was made on 100 cases of chronic B — hepatitis and 50 cases of C chronic hepatitis. It was found that there were several characteristics, including male susceptibility, similar syndrome and fluctuating hepatic functions. However, there were differences, such as more ways of spreading with higher incidence in the age — range from 18 — 42 mostly in active chronic condition in the former group, whereas for the latter group the way of spreading was simple, mostly persistent in its course, and occurred mostly in elderly and middle — aged, due to differences in their viral gene and pathogenesis. For the B — hepatitis group, most patients were of damp — heat type, with high scoring for their syndromes, whereas, for the C — hepatitis, the scoring for syndromes was lower, and can be effectively treated with blood — cooling, blood activating and detoxifying drugs, but the total rate of relapse was higher with low frequency of fluctuation.

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Key words: Hepatitis, C type/TCM therapy, Hepatitis, B type/TCM therapy, Hepatitis, chronic, active/TCM therapy

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