

结果显示,荧光显微镜下发现超声照射+微泡+脂质体+质粒组转染率比单用脂质体转染高 40%左右,而单独超声照射对脂质体介导的质粒转染增加不明显,这与 Zheng X 等^[1]的研究结果一致。脂质体联合超声微泡转染质粒能明显上调 CD/UPRT 蛋白的表达,说明超声微泡对质粒的损伤较小,能增加自杀基因的稳态表达。脂质体联合超声微泡可以明显抑制 A549 细胞的增殖,生长抑制率最高达 63.67%,而脂质体转染组或单独联合超声照射组的细胞生长抑制率仅有 28.16%。这表明超声微泡能有效地促进脂质体转染目的自杀基因,证实了超声微泡能在一定程度上提高自杀基因的转染效率,平稳持续表达 CD/UPRT 蛋白,增强了自杀基因的抗肿瘤效应,为以后包括肺癌在内的肿瘤临床治疗提供了一个新的途径。

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个案与短篇

DOI: 10.3969/j.issn.0253-3626.2012.02.004

以偏侧肢体无力起病的低钾型周期性瘫痪误诊 1 例报道

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【中国图书分类法分类号】R746.3

【文献标志码】B

【收稿日期】2012-01-29

低钾型周期性瘫痪是以反复发作的对称性骨骼肌迟缓性瘫痪、伴血清钾降低、补钾后能迅速缓解为特征的疾病。但以偏侧肢体无力起病的低钾型周期性瘫痪尚未见报道,现将我院收治的这例患者报道如下。

1 病例资料

患者,男,58岁,工程师。因左侧肢体乏力 3 h 于 2010 年 8 月 26 日入院。入院前 3 h,患者于起床时感左侧肢体乏力,

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研究方向:脑血管疾病。

但能独立行走,不伴语言障碍、吞咽困难及肢体麻木。门诊头颅 CT 示:双侧基底节区腔隙性脑梗死。故门诊以“脑梗死”收住我科。否认“甲亢”、“高血压”等病史。病前晚上饮 52°白酒约 300 ml。入院查体:T37.1℃,R18 次/min,P78 次/min,BP 132/78 mmHg,步入病房,一般内科检查正常。神经系统检查:神志清楚,吐词清楚,两侧瞳孔等大形圆,直径 3 mm,对光反射灵敏,颅神经(-),颈软,左侧肢体肌张力减低,左侧上肢肌力 5-级,左侧下肢近端肌力 4 级、远端 5-级,右侧肢体肌力 5 级,感觉正常,上肢腱反射,左侧膝反射(+),右侧膝反射(++),双侧踝反射(+),两侧病理征(-)。入院诊断:右侧脑梗

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