

经、呼吸、循环、内分泌和泌尿系统的改变。可以推测冷应激刺激诱导 HSP70 的产生, 随着细胞受损或坏死, 氧化应激反应的出现, 生物膜损伤加重, 胞内蛋白(包括 HSP70)被释放出来^[19], 引起免疫系统的迅速反应。已有研究表明应激蛋白在免疫细胞激活和细胞因子产生中是有效的调节剂^[13]。我们认为, 冷作业工人外周血淋巴细胞 HSP70 水平的增高可能与保护机体免受冷应激损害有关。

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502 胶水致眼化学伤 79 例分析

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1 一般资料

79 例患者中男 66 例, 女 13 例, 年龄 18~58 岁。装修工人 32 例, 家具厂工人 20 例, 橡胶厂工人 23 例, 其他工种 4 例。病人均为单眼损伤。伤后就诊时间 1 h~5 d。24 h 内就诊者 65 例, 2~3 d 就诊者 10 例, > 4 d 4 例。有 2 例病人伤后自行处理, 然后在当地医院就诊, 来我院时角膜已出现炎症。79 例患者眼睑部灼伤 23 例, 结膜灼伤 10 例, 角膜灼伤 20 例, 眼睑、结膜、角膜混合伤 26 例。临床表现为上、下睑睫毛被白色膜状物黏着致使睁眼困难, 结膜充血, 结膜、角膜可见白色膜状物附着, 畏光、流泪、眼痛、视力下降。

2 治疗方法

用湿纱布浸泡受伤眼睑及睑缘处, 轻轻分离睑缘处膜状胶物, 如分离有困难, 上、下睑睫毛仍黏着在一起, 可用小弯剪刀将睫毛连同白色膜状物一同剪开。以地卡因点眼后, 将结膜、角膜黏着白色膜状胶物用湿棉签或无齿镊将之擦取或去除干净, 然后予庆大霉素 2 U 结膜下注射, 单眼包盖, 第 2 天复诊。经积极治疗, 仅 6 例遗留角膜薄翳, 余无并发症, 治疗后视力恢复正常。

笔者认为, 附着在眼部的 502 胶物清理干净后, 对眼部的损伤即停止, 所以发病后尽早就诊是治愈的关键。在 79 例病例中, 伤后 24 h 内就诊者无后遗症发生, 而伤后 3 d 以后就诊及处理不当者留有角膜薄翳, 可影响视力。此外, 医生在遇到此类患者时应慎重, 不能强行处理, 以免增加新的损伤, 给患者带来痛苦。

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