

论著

## 肠淋巴途径在二次打击致大鼠MODS的发病学作用

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**摘要** 目的: 探讨淋巴途径在二次打击致大鼠MODS的发病学作用。方法: 结扎肠系膜淋巴管致肠淋巴液断流, 以二次打击方法复制MODS模型。Wistar大鼠45只均分为结扎组、未结扎组、假手术组3组, 术前及创伤后24 h取血, 制备肾、肝、肺、心、肠组织10%匀浆, 检测TNF $\alpha$ 、NO、MDA、SOD等指标。结果: 成功复制了MODS大鼠模型。二次打击后, 未结扎组大鼠血清TNF $\alpha$ 、NO $_2^-$ /NO $_3^-$ 、NOS、iNOS、MDA均显著高于实验前及假手术组, SOD显著下降 ( $P < 0.01$ ,  $P < 0.05$ ); 结扎组大鼠血清NO $_2^-$ /NO $_3^-$ 、NOS、MDA高于假手术组 ( $P < 0.01$ ), TNF $\alpha$ 、NO $_2^-$ /NO $_3^-$ 、iNOS、MDA显著低于未结扎组, SOD显著高于未结扎组 ( $P < 0.01$ )。未结扎组肠匀浆TNF $\alpha$ 、NO $_2^-$ /NO $_3^-$ 、NOS、iNOS、MDA, 肾匀浆NO $_2^-$ /NO $_3^-$ 、NOS、MDA, 肝匀浆NO $_2^-$ /NO $_3^-$ 、MDA及肺、心匀浆NO $_2^-$ /NO $_3^-$ 均显著高于假手术组, 肠匀浆SOD显著低于假手术组 ( $P < 0.01$ ,  $P < 0.05$ ); 结扎组肾匀浆NO $_2^-$ /NO $_3^-$ 、MDA及肝匀浆MDA显著高于假手术组 ( $P < 0.01$ ,  $P < 0.05$ )。结扎组肠、肾、肝匀浆NO $_2^-$ /NO $_3^-$ 显著低于未结扎组, 肠、心匀浆SOD显著高于未结扎组 ( $P < 0.01$ )。结论: 肠系膜淋巴管结扎阻断了二次打击所致内毒素经淋巴流的移位, 抑制TNF $\alpha$ 释放, 使iNOS生成减少, NO形成降低, 减少自由基释放与SOD消耗, MODS的淋巴机制值得重视。

**关键词** [多器官功能衰竭](#); [淋巴系统](#); [结扎术](#); [一氧化氮](#); [肿瘤坏死因子](#); [自由基](#)

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## Role of intestinal lymphatic pathway in MODS pathogenesis by two-hit in rats

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### Abstract

<FONT face=Verdana>AIM: To explore the role of intestinal lymphatic pathway in MODS pathogenesis by two-hit in rats. METHODS: Mesenteric lymph was diverted by ligating mesenteric lymph duct, and the MODS model was established by two-hit method. 45 Wistar rats were divided into three groups: mesenteric lymph duct ligation group, non-ligation group and sham group. All rats facilitated blood withdrawal for serum sample at pre-experiment and after 24 h. Then organs including kidney, liver, lung, heart and intestine were collected for preparing homogenate. The tumor necrosis factor- $\alpha$  (TNF $\alpha$ ), nitric oxide (NO), malondialdehyde (MDA) and superoxide dismutase (SOD) were determined.

RESULTS: It showed that the MODS model was established successfully. After two-hit, the TNF $\alpha$ , NO $_2^-$ /NO $_3^-$ , NOS, iNOS and MDA in serum of non-ligation group were significantly increased than that in pre-experiment and sham group, and SOD was significantly lower ( $P < 0.01$ ,  $P < 0.05$ ). NO $_2^-$ /NO $_3^-$ , NOS, iNOS and MDA in serum of ligation group were significantly increased than that in sham group ( $P < 0.01$ ), but TNF $\alpha$ , NO $_2^-$ /NO $_3^-$ , iNOS and MDA were obviously lower compared with non-ligation group and the SOD was significantly increased ( $P < 0.01$ ). Compared with sham group, the TNF $\alpha$ , NO $_2^-$ /NO $_3^-$ , NOS, iNOS and MDA in intestinal homogenate, NO $_2^-$ /NO $_3^-$ , NOS and MDA in renal homogenate, NO $_2^-$ /NO $_3^-$  and MDA in hepatic homogenate, and NO $_2^-$ /NO $_3^-$  in lung and heart homogenate in non-ligation group were significantly increased, SOD in intestinal homogenate was significantly lower ( $P < 0.01$ ,  $P < 0.05$ ), the NO $_2^-$ /NO $_3^-$ , MDA in renal homogenate and MDA in hepatic homogenate in ligation group were significantly increased ( $P < 0.01$ ,  $P < 0.05$ ). The NO $_2^-$ /NO $_3^-$  in intestinal, renal and hepatic homogenate of ligation group were significantly lower and SOD in intestinal and heart homogenate of ligation group were significantly increased than that in non-ligation group ( $P < 0.01$ ).

CONCLUSIONS: The ligation of mesenteric lymph duct blocks the enterogenous

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displacement of endotoxin, inhibits the release of TNF $\alpha$ , reduces the production of iNOS and the synthesis of NO, reduced the releasing of free radical and consuming of SOD. Lymphatic mechanism may play a role in the development of MODS. </FONT>

**Key words** [Multiple organ failure](#) [Lymphatic system](#) [Ligation](#) [Nitric oxide](#) [Tumor necrosis factor](#)  
[Free radicals](#)

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