

论著

肝上下腔静脉控制性失血减轻大鼠肝脏缺血再灌注损伤

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摘要 目的: 确定肝脏缺血再灌注(HIR)时肝上下腔静脉(SH-VC)血中氧自由基(ROS)产生的时相及峰值, 探讨SH-VC控制性失血处理对HIR损伤的影响。方法: 用大鼠HIR损伤模型, 分别测定再灌注后0 min、5 min、10 min、30 min、1 h、2 h、6 h模型组与假手术组SH-VC及肝下腔静脉(IH-VC)血中MDA的含量; 在再灌注后的10 min分别在SH-VC及IH-VC进行放血处理, 观察其对HIR损伤的影响。结果: HIR时SH-VC血中MDA的含量随时间的延长逐渐升高, 并在再灌注后10 min达到高峰, 并且再灌注后0、5和10 min 3个时段, SH-VC内MDA的含量明显高于IH-VC内的含量; 2%SH-VC放血输血处理组血清MDA的含量明显低于未处理组, 处理后6 h血清ALT和AST的含量都显著低于未处理组, 并且生存率明显提高达7 d左右。结论: 本研究首次发现HIR时SH-VC血中的ROS含量随着再灌注时间的延长而增高, 并在10 min时达高峰。在10 min高峰期进行20%SH-VC放血输血处理, 明显减轻HIR损伤。

关键词 [肝](#); [再灌注损伤](#); [活性氧](#); [腔静脉](#)

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Suprahepatic vena cava manipulative bleeding alleviates liver ischemia-reperfusion injury

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Abstract

AIM: To determine the time course and peak production of reactive oxygen species (ROS) in suprahepatic vena cava (SH-VC) after hepatic ischemia-reperfusion(HIR) and to study the effects of posthepatic manipulative bleeding on HIR injury in rat model.
METHODS: Rat 35 min total hepatic ischemia model was used in this study. Blood was taken, from
SH-VC and infrahepatic vena cava (IH-VC), for MDA detection at 0 min, 5 min, 10 min, 30 min, 1 h, 2 h and 6 h after reperfusion respectively. Then the experimental rats were treated with posthepatic manipulative bleeding or IH-VC manipulative bleeding at 10 min after reperfusion.
RESULTS: MDA concentration in SH-VC elevated obviously with time and peaked at 10 min after reperfusion. Two percent of body weight posthepatic manipulative bleeding with blood transfusion at 10 min after reperfusion significantly decreased circulating MDA, ALT and AST levels and improved survival rate.
CONCLUSION: ROS concentration in SH-VC elevates obviously after reperfusion. Two percent of body weight suprahepatic vena cava manipulative bleeding with blood transfusion at 10 min after reperfusion can afford significant protection against warm HIR injury.

Key words [Liver](#) [Reperfusion injury](#) [Reactive oxygen species](#) [Venae cavae](#)

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