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The Protective Impact of Tablet Jin Hong on Enteral Mucosal Barrier in the Treatment of Acute Biliary Tract Infections - A Experimental Study

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Purpose: Bacterial translocation from gut during acute biliary tract infections may result in or exacerbate toxic shock and MOSF. In the expeiment we probe whether Tablet Jin Hong, a compound chinese herbal medicine considered having antipyretic and purgative effects according to the therapeutic theory of Traditional Chinese Medicine, has the protective effect on enteral mucosal barrier in the treatment of the disease.
Methods: 30 Wistar rats were randomized and divided into group 1 (controlled group, n=10), group 2 (model group, reproduce acute cholangitis, n=10) and group 3 (Jin Hong treatment group, reproduce cholangitis and treated with Tablet Jin Hong, n=10). The numbers of labeled bacteria in the liver, spleen and mesentery lymph nodes translocated from gut were assayed, the serum endotoxin and liver function were tested and histopathologic changes of the viscera were observed.
Results: Cmpared with group 2, the translocated numbers of labeled bacteria from gut, the serum content of endotoxin and bilirubin, the inflammatory reaction around bile duct and adjacent tissues in group 3 were all significantly reduced.
Conclusions: Tablet Jin Hong can play therapeutic roles in the treatment of acute biliary tract infections, including the protection of enteral Mucosal Barrier from bacterial translocation, reduction of serum endotoxin content and attenuation of the insult to the liver and other viscera.

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Relationship of Heparanase 2 and MVD with Infiltration and Metastasis of Primary Pancreatic Carcinoma

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Objective To study the micro-vessel density (MVD)and expression of heparanase-2 (Hpa2)in primary pancreatic carcinoma specimens and its clinical significance. Methods MVD and the expression of Hpa2 were detected in 26 primary pancreatic carcinoma specimens by immunohistochemistry. Results The positive rates of Hpa2 expression was 69.23% (18/26) in primary pancreatic carcinoma tissues, which was significantly higher than that 33.33% (7/21) in paracarcinoma tissues (P<0.05). MVD and the positive expression of Hpa2 had no relationship with the age, sex of patients and the diameter of tumors (P>0.05), but had relationship with the clinical stage, the capsule of tumor and lymphnode metastasis of primary pancreatic carcinoma (P<0.05). Conclusion Hpa2, MVD can be regarded as important indicators to evaluate the infiltration and metastasis of primary pancreatic carcinoma. (Key words) primary pancreatic carcinoma;heparanase-2 ; microvessel density

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A Study of Nodal Spread and Micrometastasis within the Mesorectum in Rectal Cancer

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Purpose: To study the distribution of positive lymph nodes within the mesorectum and to investigate possible micrometastasis in the HE staining negative lymph node. Methods: Large slice technique combined with tissue microarray was applied for pathological study of 62 specimens taken from patients with rectal cancer by Total Mesorectal Excision (TME) procedure. Results: 992 lymph nodes were harvested with 148 involved by tumor. For positive lymph nodes, more than a quarter locates in the outer layer of the mesorectum and significantly more were situated in the same side of the mesorectum as the primary tumor was. Circumferential margin involvement was observed in 9 cases caused by lymph node metastasis. No significant difference in occurrence of micrometastasis was observed among tumors of different stage. Conclusion: Large slice observation combined with tissue microarray technique facilitates us in examining more lymph node. There are outer scatteration and lateral discrepancy for positive lymph node distribution in the mesorectum. Micrometastasis could be detected in HE staining negative lymph nodes which from different stages of rectal cancer. [Key words] Rectal cancer, Mesorectum, Lymph node micrometastasis, Tissue microarray, Large slice

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Patterns of Lymph Nodes Metastases and Micrometastases in the Mesorectum of Rectal Cancer

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Purpose: To investigate the number and distribution of lymph nodes within the mesorectum, and to explore the patterns of lymph nodes metastases and micrometastases in rectal cancer. Methods: Thirty-one specimens of rectal cancer resected with TME were collected and treated with lymph node revealing solution to retrieve all nodes, which were examined with a combination of HE and IHC staining. Results: A total of 548 nodes in 31 specimens were harvested. Of the 499 nodes in 27 positive cases, the majority of nodes (66.0%), metastasized (68.4%) and micrometastasized nodes (59.0%) were located along the superior rectal artery (SRA). In 12 cases with tumor restricted in one lateral wall, the incidences of nodes spread along the branches of SRA on tumor side and opposite side were 43.0% and 16.1% (P= .01), the rates of nodes spread along the middle rectal artery (MRA) on tumor side and opposite side were 40.0% and none, respectively (P= .012). However, in 15 cases with tumor in the posterior wall, the incidences of nodes spread along the branches of SRA on both sides were 27.8% and 31.6% (P= .34).Conclusions: The majority of nodes and tumor positive nodes are distributed along the SRA. The patterns of lymphatic spread of rectal cancer have close relationships with tumor situation in the circumferential wall of rectum. [Key words]: Lymph nodes, Metastases, Micrometastases, Mesorectum, Rectal cancer