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## 背向散射积分技术评价大鼠原位肝脏移植病理损害

### Evaluation of hepatic pathological damage after orthotopic liver transplantation with integrated backscatter in rats

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中文摘要:

目的 应用背向散射积分(IBS)技术评价原位肝移植(OLT)后大鼠肝脏病理损害。方法 32只SD大鼠,40只Wistar大鼠,按不同处理方法分组。建立SD-Wistar OLT模型,分为4组:对照组:8只未予药物干预;CsA组:8只给予环孢素A 30 mg/(kg·d);SIN组:8只给予青藤碱40 mg/(kg·d);CsA+SIN组:8只给予青藤碱40 mg/(kg·d)+环孢素15 mg/(kg·d)。正常组:8只Wistar大鼠,为空白对照。术后4天、10天测量肝脏的IBS值。术后10天处死大鼠取肝脏组织行病理检查。结果 术后4天AII对照组和SIN组较正常组、CsA组、SIN+CsA组增高( $P<0.05$ );CsA组、SIN+CsA组高于正常组( $P<0.05$ )。术后10天组间AII对比:CsA组、SIN+CsA组、SIN组较对照组明显下降( $P<0.05$ )。PPI、SDI术后4天、10天各组内及组间比较差异均无统计学意义( $P>0.05$ )。大鼠肝移植后肝脏病理损害程度与IBS呈正相关( $r=0.814, P<0.01$ )。结论 测定移植肝脏的IBS有助于判断移植肝脏损害的程度。

英文摘要:

**Objective** To evaluate the hepatic pathological damage after orthotopic liver transplantation (OLT) in rats with integrated backscatter (IBS). **Methods** Thirty-two SD rats and 40 Wistar rats were included, and stable OLT models were established except 8 Wistar rats as blank group. The rat models were randomly divided into 4 groups (each  $n=8$ ): normal group (given no treatment), CsA-treated group (30 mg/), SIN-treated group (40 mg/), SIN and CsA-treated group (SIN 40 mg/ +CsA 15 mg/). Hepatic IBS (peak to peak intensity: PPI; average image intensity: AII; standard deviation of image intensity: SDI) was measured on 4th and 10th day after OLT. The rats were sacrificed and a part of liver was cut off for pathological examination. **Result** Four days later, AII of control and SIN groups were higher than those in other groups ( $P<0.05$ ), and of CsA-treated and SIN+CsA-treated groups were higher than that of blank group ( $P<0.05$ ), while no difference of PPI and SDI was detected between each two groups. Ten days later, AII in CsA-treated, SIN+CsA-treated and SIN-treated groups were lower than that of control group ( $P<0.05$ ), no difference of PPI and SDI was detected between each two groups. IBS was positively correlated with liver pathological damage ( $r=0.814, P<0.01$ ). **Conclusion** Detecting hepatic IBS contributes to the diagnosis of the level of liver damage after OLT.

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