

能增强,但二者之间无明显差异。顺铂作用后CD8⁺细胞明显减少,而CD8⁺细胞在杀伤肿瘤细胞中发挥主要作用,致使顺铂的抑瘤作用减弱;与淋巴细胞活性测定相符合,双歧杆菌和顺铂联合作用后,CD8⁺细胞明显上升,CD4⁺/CD8⁺比值正常,说明细胞免疫功能有所恢复,因此更好的解释了二者联合作用后其抑瘤率增加的原因。

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脑瘫并发二期梅毒 1 例

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【关键词】脑瘫 梅毒

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1 病例报告 患者,男性,52岁,因“双手、足斑疹6mo”于2007-05来我院门诊就诊。患者6mo前双手掌、足底开始出现散在钱币大小斑疹,铜红色,界线清楚,互不融合,皮疹边缘有鳞屑,无自觉症状,未介意,之后皮损逐渐增多,在外院按“湿疹”治疗效果不佳,遂来我院。门诊化验梅毒血清试验阳性,追问病史半年多前有不洁性交史,给予“苄星青霉素”240万U肌注,1次/wk,4wk后皮损明显消退。患者1岁时患脑瘫,不能行走,既往及家族史无特殊。专科检查:双手掌、足底较

密集钱币大小圆形斑疹,铜红色,边缘略翘起,界清,互不融合(图1)。生殖器遍平丘疹。实验室及辅助检查:血尿常规、肝肾功、肿瘤标志物、心电图、胸片均未见异常。腹部超声示:中度脂肪肝。梅毒血清 RPR,USR,TPPA 均阳性。



图1 患者左手皮损

2 讨论 本病例的临床特点为52岁男性,有不洁性交史;有典型皮损表现,梅毒血清试验阳性,给予苄星青霉素治疗有效,故二期梅毒诊断成立。但脑瘫患者并发梅毒临床较少见。

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