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The relation between the expression of nm_{23}-H_1, PCNA, CD_{15} and metastasis of lung Carcinoma

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To study of the relation between metastasis and the expression of nm_{23}-H_1, PCNA, CD_{15} in human lung carcinoma. The expression of nm_{23}-H_1, PCNA, CD_{15} in 47 cases human lung carcinoma was studied with SPimmunohistochemical technique. In human lung carcinoma expressions of nm_{23}-H_1, PCNA, CD_{15} were 51.6%, 65.96% and 51.06%. The positive rate of nm_{23}-H_1 in squamous cell carcinoma was 43.33%, adenocarcinoma 64.7%. The positive rate in the adenocarcinoma was higher than the squamous cell carcinoma. The positive rate in squamors cell carcinoma without metastasis of hilar or mediastinal lymph node was 62.5% (10/16), compared with these with metastasis of lymph node was 21.4% (3/14), ($P<0.001$). The level of nm_{23}-H_1 expression was inversely correlated with lymph node metastasis in squamous cell carcinoma. The positivity of PCNA in the cases with lymph node metastasis was 82.6% (19/23) and those without metastasis was 54.16% ($P<0.001$). The rate of positivity of PCNA in the poorly differentiated carcinoma was 88.88% (8/9) and cases of with the well differentiatde carcinoma was 43.75% (7/16) ($P<0.001$). The rate of positivity of CD_{15} in cases of with lymph node metastasis was 78.26% (18/23) and in those without metastasis was 25% ($P<0.001$). The expression of nm_{23}-H_1, PCNA and CD_{15} may be helpful to evaluate the prognosis of lung carcinoma.

Key words: lung neoplasms; gene expression; immunohistochemstry

卡波西氏肉瘤综合治疗 1 例报告

周晓艺　殷汉民

卡波西氏肉瘤(Kaposi's sarcoma)在国外(非洲)多见，在我国较少见，国内文献曾有零星报道，且为新疆地区多见，现将我院收治 1 例并随访至今报告如下：

男性，41 岁，汉族，1991 年无明显诱因右手掌出现无痛性丘疹，初起为淡红色，逐渐演变为淡紫色、紫红色，并逐渐增大，最后形成紫红色斑块。继之扩展到左手掌及双足趾、掌。1994 年 10 月右手病变发展迅速，呈浸润性生长，破溃，疼痛，无恶臭。局部取材病理活检报告“卡波西氏肉瘤”，同年 12 月入我院治疗。患者无肿瘤家庭史及遗传性疾病，无治疗史。

查体：一般情况好，全身表浅淋巴结无肿大，右手及右前臂肿胀明显，表面皮肤呈桔皮样改变，右手掌、手背可见大片紫红色隆起性斑块，大小范围约 10×20cm^2，部分呈结节型，浸润性生长，局部皮肤有破溃、渗液、左手及双足轻度肿胀，可见大小不等的红色斑块，无隆起，无破溃。心肺正常，肝脾肋下未触及，血常规、肝肾功能检查均无异常，梅毒血清学试验阴性。

治疗：首先行放射治疗，用^{60}Co-γ 线和深部 X 线照射，右手放疗 D_T2000cGy(放疗至 D_T1200cGy 时，疼痛即明显减轻)，左手 D_T1000cGy，双足 D_T2000cGy，放疗结束后，疼痛基本消失，右手斑块质地变软，色泽变淡。续用 Vp_{-16}化疗三周期，每周期 Vp_{-16} 100mg，静滴，QD×5 天，治疗结束后疼痛完全消失，双手、双足红色斑块消退，右手活动恢复，病变部位色素沉着。间隔五月后患者复查发现胸背部及颈部皮肤有散在少量的红色丘疹，故又以“Vp_{-16} 500mg＋ADE50mg＋RYM15mg”化疗一周期，用药后红色丘疹即消退，后又巩固化疗一周期，随访三年余健在。

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