

# 胃癌患者舌象与舌上皮细胞关系初探

## ——附 50 例分析

山东中医学院 秦吉华 王 莉 周 月

山东医科大学附属医院 姜玉成

**内容提要** 本文对 50 例胃癌患者,进行了舌象及舌苔涂片细胞学观察,并以 27 例正常人作对照。观察结果表明:正常人舌上皮细胞主要以角化前细胞为主。胃癌患者舌上皮细胞表现过度角化,角化细胞及超角化细胞明显增高。并且见到较多体积小、染色深暗的小角化细胞。本文并对不同舌象的胃癌患者,舌象细胞学特点及舌象与舌上皮细胞角化关系进行了初步探讨。

为了探讨胃癌舌象微观变化的特点,本文对 50 例胃癌患者进行了舌上皮细胞观察,并对不同舌象患者做了对比。现将观察结果报告如下。

### 资料与方法

一、观察对象:50 例患者均为临床检查确诊或经手术后病理证实的胃癌患者。其中男性 36 例,女性 14 例。年龄为 24~71 岁,平均 50.8 岁。临床分期:Ⅰ期患者 7 例,Ⅱ期患者 32 例,Ⅲ期患者 8 例,Ⅳ期患者 3 例。舌诊检查:舌体正常 28 例,舌体胖 20 例,舌体瘦 2 例;舌面有芒刺 15 例,有出血点 3 例;薄白苔 8 例,厚白苔 29 例,厚黄苔 5 例,剥苔 7 例,灰苔 1 例;淡红舌 13 例,红(绛)舌 12 例,青紫舌 24 例,淡白舌 1 例。另选 27 例本院教职工,作为正常对照。舌象检查正常,其中男性 14 例,女性 13 例。年龄为 29~57 岁,平均 40.3 岁。

二、观察方法:舌象细胞学检查方法与以往所报道相同<sup>①</sup>。用干净、光滑的载玻片,刮取舌苔做涂片,巴氏染色后,显微镜下观察舌上皮细胞角化情况,求出角化前细胞、角化细胞(不全角化细胞)及超角化细胞(完全角化细胞)的百分率。并观察上皮细胞形态特点及有无白细胞。

### 结 果

一、50 例胃癌患者,舌上皮细胞与正常人比较:27 例正常人,舌象细胞主要以角化前细胞为主,多数超过 50% (范围 33~76%),平均为 54.2%;角化细胞多数在 50% 以下 (范围 24~65%),平均为 36.3%;超角化细胞多数在 10% 以下 (范围 2~20%),平均为 7.7%。而且背景较清晰(图 1)。



图 1 正常人舌象涂片 角化细胞(↑),核染色质较紧密。其余为角化前细胞,核染色质较疏松 ×500,比例尺每小格=10μm,下同

胃癌患者舌象细胞表现为过度角化,角化前细胞减少(范围 4~75%),平均为 26.62%。角化细胞及超角化细胞明显增多。角化细胞多数在 50% 以上 (范围 18~85%),平均为 59.32%。超角化细胞多数在 10% 以上 (范围

1~70%), 平均为 13.42%, 上皮细胞常成片或成堆出现。而且形态也与正常人不同, 多数患者可见到小角化细胞 (体积仅为正常上皮细胞的 1/3~1/5), 形态可为多角形或棱形, 染色深暗, 巴氏染色呈深红色。有的患者角化细胞几乎全是这种小细胞, 有的则散在出现 (图 2)。

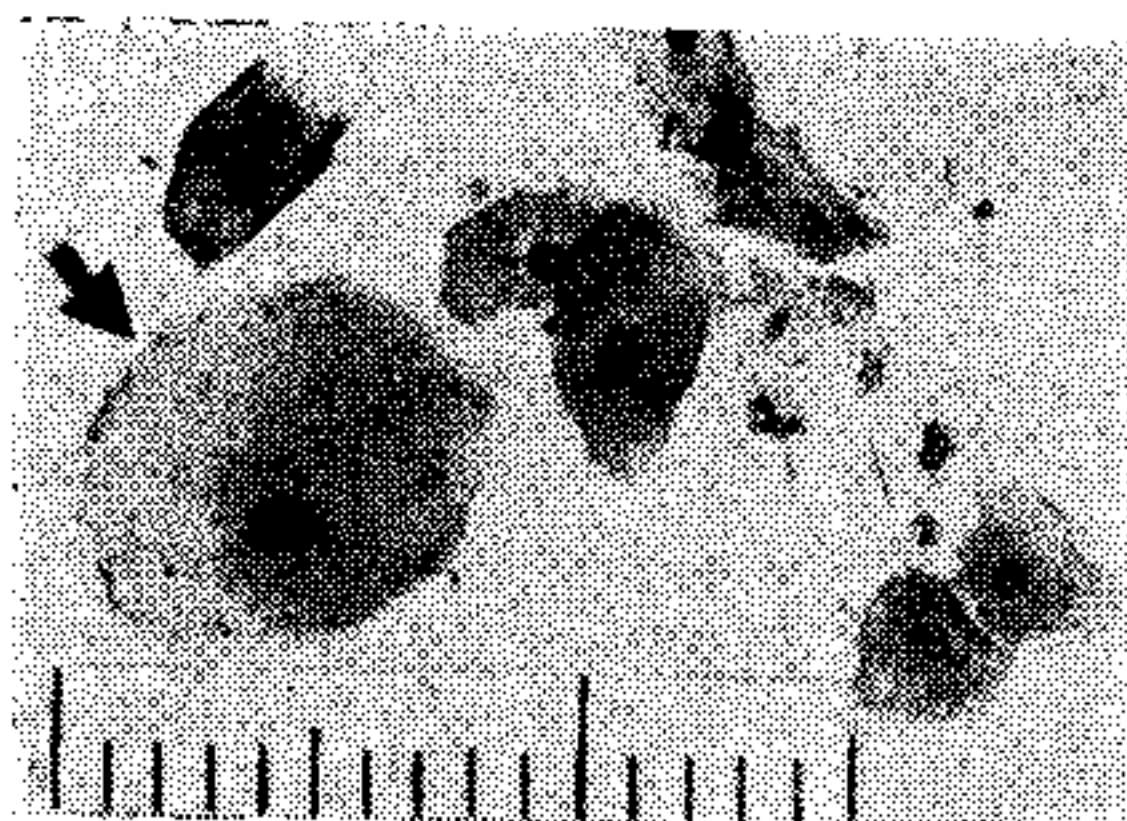


图 2 胃癌患者舌象涂片 正常上皮细胞 (↑), 余为成堆出现的小角化细胞 ×500

二、不同舌象患者的舌上皮细胞比较: 见附表。

附表 不同舌象患者舌上皮细胞比较

舌 象		例数	角化前细胞 (%)		角化细胞 (%)		超角化细胞 (%)	
			范围	均值	范围	均值	范围	均值
青紫舌	厚白苔	15	4~39	21	26~80	62.4	3~70	16.6
	厚黄苔	3	7~24	17.6	48~76	65	15~17	16
	薄白苔	3	26~36	30.6	58~63	60.3	4~12	9
	剥 苔	3	28~58	39	41~58	50	1~18	11
红(绛)舌	厚白苔	7	14~75	35.7	32~78	50.8	3~19	11.4
	薄白苔	1	26	26	57	57	17	17
	剥 苔	4	12~28	20	59~85	69.5	3~21	10.5
淡红舌	厚白苔	7	15~40	24.2	40~75	62.3	7~15	13.1
	厚黄苔	2	18~30	24	42~76	59	6~28	17
	薄白苔	3	10~50	33.3	26~85	53.6	10~24	16.3
	灰 苔	1		45	45	45		10
淡白舌	薄白苔	1		5		85		10

不同舌苔的患者, 舌象细胞学表现不同, 厚苔患者, 背景多较杂乱, 角化细胞、白细胞、细菌数量明显增多; 剥苔患者, 背景常较

清晰, 上皮细胞、白细胞数量减少, 有时可见到较多的中层细胞。不同舌苔患者, 上皮细胞的角化程度也不相同, 从舌苔的厚薄看, 随着舌苔的增厚, 角化细胞及超角化细胞百分比增高。从苔色看, 黄苔患者比白苔患者细胞的角化程度增高。舌象细胞学变化似与舌质变化关系不大。观察结果还表明, 不同临床分期的患者, 舌象表现不同, 舌上皮细胞角化程度也不相同。I 期患者, 多数舌象变化不大, 舌上皮细胞角化程度较低。II、III、IV 期患者, 多数患者随着病情加重, 舌象变化明显, 舌上皮细胞角化程度增高, 小角化细胞增多。

## 讨 论

本文观察了 50 例胃癌患者, 结果表明, 舌上皮细胞有过度角化的表现, 角化细胞及超角化细胞明显增多, 这点与我们以前所见恶性肿瘤患者的舌上皮细胞特点一致<sup>(2)</sup>。但是与其它肿瘤患者不同的是多数胃癌患者见到小角化上皮细胞, 这点与有关报道不同。贺氏认为<sup>(3)</sup>, 胃癌患者可见到一种其体积为正常上皮细胞 2~3 倍、圆形、胞浆呈淡灰蓝色或灰色, 有如水迹样的变性上皮细胞, 胞核染色仍呈深蓝, 但核质稀疏, 称为疏松浅染大细胞。观察中我们未看到这种大细胞, 而见到体积小的小角化细胞。这种小角化细胞, 除体积小外, 着色也较深暗有固缩浓染趋向。角化细胞的这种改变, 可能与舌上皮细胞代谢障碍, 角化过程受阻有关。有人认为<sup>(4)</sup>, 丝状乳头中的透明角质颗粒(KHG)与舌上皮细胞角化的最后过程有关, KHG 主要由 RNA 和蛋白质组成。胃癌患者是否由于消化功能发生病理改变后体内蛋白质代谢障碍, 而影响舌上皮细胞的角化, 使上皮细胞萎缩变性, 尚待进一步探讨。

观察中, 我们对 2 例手术后病情明显好转的患者, 重复做了观察。发现随着舌象的好转, 舌上皮细胞也趋于正常: 角化程度降低, 小角化细胞明显减少或消失。这说明胃癌患者病情变化与舌上皮细胞变化有一定的关系。因此认为, 舌上皮细胞检查, 对胃癌患者的



诊断、疾病的转归以及病情变化都有参考价值。

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## 乳腺增生的临床观察与治疗体会

保定河北省职工医学院 王敏玉

本文对1982年5月~1984年1月经钼靶照相及针吸细胞学确诊并治疗的98例乳腺增生患者, 从舌象、脉象、情志以及月经周期方面进行了观察。98例患者中, 年龄16~68岁, 其中30~50岁占多数。

### 一、乳腺增生患者舌质颜色的改变

在98例患者中, 舌色发淡者2例; 舌色正常、但无光泽而发暗者8例; 红舌26例, 其中红而发暗者11例; 青舌52例, 在青舌中大部分为淡青色(29例), 5例舌质发青并挟有瘀血点或瘀血斑; 紫舌10例, 其中紫而有瘀血点者2例。由此可以看出, 乳腺增生患者, 青舌占多数。青为肝之色, 肝郁气滞, 失其条达, 使其舌由淡红转为青色, 紫舌乃青之甚, 暗舌乃青舌之最初变化, 在青舌中, 淡青舌占青舌的半数以上。

### 二、乳腺增生的脉象变化

以弦脉为主的脉象占多数(76例), 在弦脉中, 又以弦细脉为最多, 其中有17例患者的脉象是左为细脉, 右为弦细脉, 呈现木乘土的现象。以细脉为主的脉象22例, 其中部分患者为细滑脉。以弦脉为主的患者76例, 占患者总数的77.55%。弦为肝之脉, 从脉象也可以反映出乳腺增生以肝郁气滞占多数。木乘土位的脉象, 说明部分患者出现肝脾失调的证候。在非虚证的病例里, 细脉乃由于气滞、血行不畅而致。滑脉在乳腺增生的患者中, 可因气滞血瘀日久, 化热、化湿, 或因肝脾失调, 湿邪内阻而脉象细中带滑。

### 三、情志与乳腺增生的关系

有65例患者(占全组66.32%)发病与情志所伤有密切关系, 在这些患者中, 有的平时性情急躁爱生气, 有的性情郁闷, 常把不满的事憋在心里, 有的在生活中遇到精神创伤, 或在工作中心志不遂。曾有一女患者因亲属死亡, 悲伤过度, 此后便感两乳房痛, 逐渐发展, 就诊时两侧乳腺管明显增粗, 并呈颗粒状, 经

钼靶照相除外其他病变, 诊为乳腺增生。部分患者在发病后, 性情变得更容易郁怒生气。《外科正宗》曾云:“忧郁伤肝, 思虑伤脾, 积想在心, 所愿不得志者, 致经络痞涩, 聚结成核”。

### 四、乳腺增生与月经失调的关系

本文98例, 月经失调者22例, 占总数的22.45%, 其中8例表现月经周期提前, 或周期紊乱, 14例月经后衍, 最长者3个月行经一次。中医学认为, 月经周期后衍多属血瘀。气为血帅, 血为气母, 气行则血行, 气滞则血滞, 气滞血瘀不仅是月经失调的重要原因, 也是乳腺疾患的重要病因之一。

### 五、中西医结合治疗乳腺增生的体会

根据舌、脉、情志、月经的观察, 本组患者属气滞血瘀者占多数, 其病在肝, 久病及脾这一类型的乳腺增生占有相当大的比例。据此用桂枝茯苓汤合抑肝散加味治疗: 桂枝、云苓、丹皮、桃仁、芍药、当归、川芎、白术、黄芩、钩藤、枳实、甘草。桂枝茯苓汤是祛除瘀血的良好方剂, 用抑肝散抑木制肝, 使其疏达, 加用黄芩、钩藤、枳实而收清热、镇静、行气之功。

上述方剂治疗乳腺增生, 缓解症状较快, 一般在服药后一周左右, 乳胀、疼痛即可缓解, 单纯乳腺增生的体征消退较快, 囊性乳腺增生的扁平肿块消退较慢, 需服药3个月左右方可消除。为此笔者用上方合并小剂量、短时间的甲基睾丸素, 每日10mg, 只服10天, 肿块迅速减小。中药与小剂量激素合并应用, 克服了单纯性激素治疗引起的月经紊乱等副作用, 体征消失也较快, 并且通过中药的全身性调理, 不仅乳腺增生得到彻底的治愈, 而且月经周期也恢复正常, 并观察到, 服用桂枝茯苓汤合抑肝散加味后, 患者郁闷易怒的性情得到改善, 体力增强, 精力也感到旺盛, 目前这些病例都在进一步观察之中。

orange peel, *Perilla frutescens*, *Semen Lepidii apetalum* and *Cortex Mori albae*. To evaluate whether JQDCS has a strong bronchodilative effect or not, the peak expiratory flow rate (PEFR), heart rate (HR) and blood pressure (BP) were measured in eight male patients (20~60 years old) with chronic asthma. Comparative study of JQDCS given orally and single ephedrine administration was performed.

During the consecutive 3-day investigation, routine oral aminophylline or  $\beta_2$  receptor stimulant were ceased to use in all patients. By the use of single blind method patients received (at random) one of the following drugs at 8:00 A. M. (1) JQDCS granule, (2) ephedrine 36 mg in adjuvant particle, the amount of which was the same as that of JQDCS, (3) placebo. Drug was dissolved in boiling water. PEFR, HR and BP were measured prior and 15', 30', 60', 120' and 180' after medication. Another drug was then given on the second and third day. All parameters were re-measured as before.

PEFR ( $246 \pm 66$  L/min) showed no change except for that at 180' (increased by 10.8%,  $P < 0.05$ ) in the placebo group. A significant increase of mean PEFR at the above time interval by 7.1%, 20.3%, 29.0%, 40.3% and 37.6% respectively (comparing with premedicative determination  $298 \pm 96$  L/min,  $P < 0.01 \sim 0.05$ ) were shown in ephedrine administration, and by 12.6%, 23.9%, 30.3%, 41.1% and 61.0% respectively (as compared with the value of premedication  $236 \pm 68$  L/min, all  $P < 0.01$ ) in JQDCS administration. The improvement rate of PEFR at 180' in JQDCS group was significantly higher than that in ephedrine group (61.0% vs 37.4%,  $P < 0.05$ ). There was no change of BP, HR after placebo administration. BP increased slightly but significantly (8~10 mmHg of systolic pressure) at 30' and returned to normal at 180' after giving ephedrine orally. Also, a significant increase of HR, 6~10 beats/min, was shown from 60'~180' after ephedrine administration. JQDCS had the same effect on BP and HR as that of ephedrine. We conclude that JQDCS has a better and longer bronchodilative effect as compared with ephedrine without increasing side effect. (Original article on page 24)

### Clinical Study of Ligustrazini in Treating Chronic Cor Pulmonale

Peng Wei (彭伟), Duan Shengfu (段生福)

Dept. of Internal Medicine, Tongji Hospital, Tongji Medical University, Wuhan

Self-contrasted method was used in observing 49 patients with advanced cor pulmonale. They were divided into two groups, A and B groups (A group: control period followed by course of treatment; B group: vice versa). Before and after intravenous administration of ligustrazini (120 mg), pulmonary hemodynamic, right cardiac function, hemorheology and arterial blood gas were determined in these patients. After one course of treatment, A and B group showed that: Pap decreased by 6.84 and 6.73 mmHg respectively. PVR lowered for 87.08 and 71.34  $\text{dyn} \cdot \text{s} \cdot \text{cm}^{-5}$ , CO elevated for 1.05 and 1.23 L/min., HR reduced for 7.9 and 6.8 beats/min., Q-B interval shortened for 0.03 and 0.03 sec., B-Y interval prolonged for 0.03 and 0.05 sec., Q-B/B-Y ratio, Q-BI and B-YI improved,  $H_s$  elevated by 0.05 and 0.06  $\Omega$ ,  $\alpha$  time prolonged by 0.02 and 0.03 sec.; the whole blood viscosity (high) decreased for 1.36 and 1.20, whole blood viscosity (low) reduced for 4.27 and 4.19; plasma viscosity lowered for 0.66 and 0.43, RBC electrophoretic time shortened by 6.74 and 6.34 sec., hematocrit decreased for 6.92 and 3.75% respectively. These changes of parameters were significant in the course of treatment with ligustrazini ( $P < 0.05 \sim 0.01$ ), but not significant in the control period of treatment. Arterial blood gas changes were observed in 6 patients. After treatment with ligustrazini, results showed that the  $\text{PaCO}_2$  was significantly reduced from  $65.2 \pm 10.0$  to  $61.3 \pm 8.5$  mmHg ( $P < 0.05$ ). Except that, the pH,  $\text{PaO}_2$  and  $\text{SaO}_2$  did not significantly change. These results showed the ligustrazini was effective in "promoting the blood circulation and removing the blood stasis", namely, in dilating the pulmonary vessels, decreasing Pap and PVR, and improving right cardiac function as well as hemorheological quality in treating patients with cor pulmonale. (Original article on page 26)

### Relationship between Tongue Picture and Epithelial Cells of Tongue in Patients with Gastric Cancer

—An Analysis of 50 Cases

Qin Jihua (秦吉华), Jiang Yucheng (姜玉成)\*, et al

Shandong College of Traditional Chinese Medicine; \* Affiliated Hospital of Shandong Medical University, Jinan

In this paper, tongue picture and the smear of tongue fur in 50 patients with gastric cancer were observed. It was compared with those in 27 healthy persons. Cytology of the tongue picture mainly observes the keratinization of epithelial cells of the tongue and its morphology.

The result showed that most of the epithelial cells in the healthy persons were pro-keratotic, while those in the patients with gastric cancer were keratotic and hyperkeratotic. Many keratotic cells with smaller size and dark color could be seen. Different coated tongues were different in cytological picture of the tongue. About thick fur, there were many epithelial cells, leucocytes, bacteria and dirty background; about exfoliative fur, sparse epithelial cells and fairly numerous middle layer epithelial cells were seen.

The result also showed the keratinization of epithelial cells of tongue was relevant to the thickness and color of fur, but had nothing to do with the changes of the tongue proper. When the fur thickened, the level of keratinization of the cells increased, which was higher in yellowish fur than that of white fur.

The paper explores preliminarily on the cytological characteristics of the tongue picture in gastric cancer patients, and the pattern of cytological changes in different tongue pictures. (Original article on page 30)