

后,LC 只能向 CD4<sup>+</sup>Th<sub>2</sub> 细胞呈递抗原,而向 CD4<sup>+</sup>Th<sub>1</sub> 递呈抗原的功能受损。

随着对 DC 亚群功能特性和在移植免疫中作用机制的深入研究,以及转基因技术的日臻成熟,DC 细胞极有可能成为治疗移植排斥反应的重要工具和靶细胞。最大限度地发挥 DC 的耐受诱导潜能,将使非药物维持同种异体移植长期存活成为可能。

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· 经验交流 ·

腓肠神经营养血管蒂皮瓣修复摩托车排气管烫伤创面 15 例

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笔者单位收治摩托车排气管致烫伤的患者 15 例,应用腓肠神经营养血管蒂皮瓣修复小腿及足部创面,效果满意,现报告如下。

临床资料:本组患者男 12 例、女 3 例,年龄 12 ~ 36 岁。其中小腿下 1/3 烫伤 8 例,内踝 2 例,足跟部 5 例,均为Ⅲ度创面。以腓肠神经营养血管为血供基础,血管蒂长为 7 ~ 15 cm,平均 11.5 cm。腓肠神经的体表投影腓窝中点与外踝之间的连线为皮瓣的轴<sup>[1]</sup>,外踝上方 5 ~ 7 cm 与轴线交点为旋转点<sup>[2]</sup>,按缺损面积大小设计皮瓣。最大皮肤缺损坏死面积 10 cm × 8 cm,切取最大皮瓣面积 12 cm × 10 cm。采用逆行分离法,先在皮瓣近端作横切口,找到腓肠神经及其分支,锐性离断腓肠神经,切断并结扎小隐静脉,依神经走向确定皮瓣切取轴线。切取时带深筋膜,并与皮肤边缘缝合,以免深筋膜与皮肤脱离。完整切取皮瓣至旋转点,保留蒂宽 2 ~ 3 cm,经明道或暗道转移至缺损区,无张力缝合,供区全部以中厚皮片移植覆盖。其中 12 例全部成活,2 例术后

边缘有小水泡,1 例远端边缘坏死,经换药痊愈。随访 5 例,时间为术后 3 ~ 12 个月,外观和功能恢复良好,无破溃,半年后皮瓣区感觉有不同程度恢复。

讨论 随着摩托车的普及,车祸及意外导致被摩托车排气管烫伤人群的比例逐年上升,受伤部位多为小腿、内踝和足跟部,且常伤及骨质及跟腱,简单植皮修复难以达到满意效果。笔者针对创面情况设计了腓肠神经营养血管蒂皮瓣,Ⅰ期完成修复,勿须断蒂或皮瓣修薄等再次手术,具有操作简便、供瓣区稳定可靠的优点,适用于小腿中下段前侧及踝部和足部的软组织缺损的修复,外观也较为满意。

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