



心肌病的機轉

RESENT DEVELOPMENT IN THE PATHOGENETIC MECHANISMS OF CARDIOMYOPATHIES

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Following his training in pathology at King's College Hospital he was appointed Registrar in Morbid Anatomy at the Royal Post-graduate Medical School in London and Lecturer/ Honourary Consultant in 1967.

He took up the appointment at the National Heart Hospital in July 1972.

He has concentrated on cardiac pathology in general and cardiomyopathies in particular and has published well over one hundred articles on the subject.

His monograph "The Pathology of the Heart" is in its second edition.

He has the greatest experience numerically of analyses of endomyocardial biopsies obtained by biopptome.

Since 1969 he has devoted much time to teaching of this branch of pathology and has travelled to most parts of the world lecturing or presenting original papers at various Universities and Congresses.

He has acted as adviser to the U.S. Government and has made several site visits to various Institutes in the U.S.A., advising on cardiomyopathies.

He was also Adviser to the Medical Research Council of the East African Community.

Since 1976 he has chaired the Scientific Council on Cardiomyopathies of the International Society and Federation of Cardiology, which has declared, in collaboration with the World Health Organization, 1982 the Year of Tropical Cardiology of which he was World Convener.

In 1983 Dr. Olsen was a member of the WHO Expert Committee on Cardiomyopathies and acted as rapporteur. He has been appointed adviser to WHO on cardiovascular diseases for a four year period.

For the academic year 1970/71 Dr. Olsen worked at Mount Sinai Hospital in New York to establish a department of Cardiac Pathology.

最近對心肌病發生機轉的研究發展

雖然心肌病的定義是一種原因不明的疾病，但有證據顯示它和感染—免疫反應或內生性機轉有關，這些證據都是由活體心內膜心肌穿刺檢查和動物實驗中獲得的。

擴大型心肌病

在三個各別的研究發現，用活體心內膜心肌穿刺檢查檢查擴大型心肌病人，有45%有未被懷疑的心肌炎。而有一半的病人對Coxsackie B病毒抗體很高。研究細胞性免疫反應及防衛性壓制者T細胞的結果發現，支持感染—免疫反應機轉的論調，這種感染—免疫反應結果，造成神經元細胞數目的減少（正常人6412，病人4565）。

II、肥大型心肌病

研究人員把Trica注射入懷孕母鼠，並觀察其對於發育中胎鼠的影響，發現有廣泛性心肌纖維攪亂的情形，這和肥大型心肌病人用超顯微方法所見類似。這項結果，顯示可能內生性機轉對於肥大型心肌病及隱伏的甲狀腺機能過高症拌有一定角色。

III、限制型心肌病

唯一的理論認為心內膜心肌病和血流中15%的去顆粒性嗜酸性白血球有關，而同時也證明這和病人居地的地理分布無關。

去顆粒作用是感染、過敏或毒性反應的結果。這種結果導致嗜酸性白血球的Fc受體的暴露，並且增加和IgG或C_{3b}所覆蓋物體或寄生蟲的結合。心內膜心肌穿刺檢查因此可以提供早期診斷的線索。

推薦讀物

1. E.G.J. Olsen, The Pathology of the Heart, 2nd edition, Macmillan Press, 1980, London & Basingstoke.

