中英风湿病学讨论会

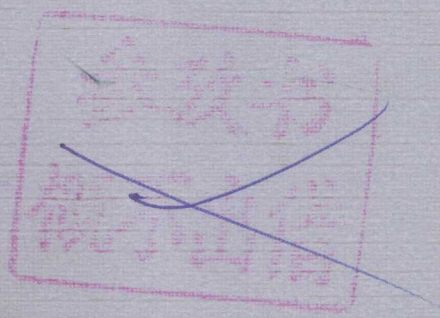
SINO-BRITISH SYMPOSIUM ON RHEUMATOLOGY

1982年3月17日—19日

March 17—19, 1982

北京，　　中国

Beijing, China



中华医学会　　Chinese Medical Association

英国普施公司　　The Boots Company Ltd.

NAME LIST OF THE BRITISH DELEGATION OF RHEUMATOLOGY

英国风湿病学代表团名单

Dr. J. Warwick Burkler 比勒医生 Director of Medical Sciences; also Special Lecturer in Clinical Pharmacology, University of Nottingham Medical School.	英国普施公司医学科学部主任，诺丁汉大学医学医学院临床药理学特别讲师
Mr. J. T. Steel 史蒂先生 Director of Public Relations The Boots Company Ltd.	英国普施公司海外运筹经理
Dr. Barbara Ansell 安塞尔医生 Consultant Rheumatologist, Clinical Research Centre, Harrow Division of Rheumatology and Juvenile Rheumatism Unit Taplow, Maidenhead, England	风湿病顾问医生，英格兰梅登黑德，泰普罗青少年风湿病科，哈罗临床研究中心风湿病室
Prof. Paul A. Bacon 培根教授 Professor of Rheumatology University of Birmingham, (Rheumatism Research Wing)	风湿病学教授，英格兰伯明翰大学风湿病研究部
Dr. Neil Cardoe 卡多医生 Consultant Rheumatologist, Norfolk and Norwich Hospitals England	风湿病顾问医生，英格兰诺佛克和诺威奇医院

Dr. K. D. Muirden 米尔登医生
President, South East Asia and Pacific Area League Against Rheumatism, and Consultant Rheumatologist,
University of Melbourne,
Department of Medicine
Melbourne, Australia

风湿病顾问医生，
墨尔本大学医学系，
东南亚和太平洋地区抗风湿联盟主席

Professor S.S. Adams 亚当斯教授
Head of Pharmaceutical Sciences (Research); also Special Professor of Pharmacology,
University of Nottingham

普施公司研究部药物科学研究部主任，
诺丁汉大学药理学特别教授

NAME LIST OF THE CHINESE DELEGATION OF RHEUMATOLOGY

中国风湿病学代表团名单

黄铭新教授 上海第二 上海第二医学院内科学教 教授，免疫学研究所所 长	Huang Ming-xin Professor of Medicine Director, Institute of Immunology, Shanghai Second Medical College, Shanghai
邓家栋教授 北京中国首都医科大学 副校长，内科学教授， 中华医学会内科学会主 任委员	Prof. Deng Jia-dong Professor of Medicine Vice-President, China Capital Medical College, Beijing President, Society of Inter- nal Medicine of CMA
杨国亮教授 上海第一医学院华山医 院皮肤科主任	Prof. Yang Guō-liang Professor of Medicine Director of the department of Dermatology Huashen Hospital Shanghai First Medical College Shanghai

郑家润医生 中国医学科学院皮肤病研究所主治医师	Zheng Jia-run Attending Physician, Institute of Dematology, Chinese Academy of Medical Sciences.
江绍基教授 上海第二医学院市立第三医院内科学教授兼内科主任	Prof. Jiang Shao-ji Professor of Medicine Shanghai Third Municipal Hospital Shanghai Second Medical College Shanghai
王季午教授 浙江医科大学校长，内科学教授	Prof. Wang Ji-wu Professor of Medicine President, Zhe Jiang Medical College Hangzhou

翁心植教授
北京第二医学院朝阳红十字医院副院长，内科学教授

Prof. Weng Xin-zhi
Professor of Medicine
Deputy Director, Chao Yang Red Cross Hospital
Beijing Second Medical College
Beijing

曾庆余医生
北京中国首都医科大学首都医院内科

Dr. Zeng Qing-yu
Capital Hospital, China Capital Medical College,
Beijing

张乃峥教授
中国首都医科大学首都医院，中国医学科学院临床医学研究所，内科学教授兼内科副主任

Prof. Zhang Nai-zheng
Professor of Medicine
Deputy Director, Department of Medicine
Capital Hospital, China Capital Medical College,
Institute of Clinical Medicine
Chinese Academy of Medical Sciences

总 日 程

Programme Summary

上 午 Morning 8:30—11:30	星 期 三 Wednesday 全体报告会 Plenary Session	星 期 四 Tuesday 全体报告会 Plenary Session	星 期 五 Friday 讨论病例 Case Discussion
Afternoon 2:00—5:00	全体报告会 Plenary Session	全体报告会 Plenary Session	全体讨论会 Panel Discussion

日 程 安 排

Programme

1982年3月17日，星期三

Wednesday, 17th March, 1982

8:30～11:30

开幕词

Openning Speech

1.前列腺素及有关物质在疼痛及炎症中的作用

S·S·亚当斯教授

Prostaglandins and related substances in Pain and inflammation

Prof. S. S. Adams

2.系统性红斑狼疮患者免疫学变化及其临床意义的探讨

黄铭新教授

A clinical analysis of immunologic changes in patients with systemic lupus erythematosus Porf. Huang Ming-Xin

3.类风湿性关节炎中关节损伤的机制—— 最新病理学研究

K·D·米尔登医生

The mechanism of joint destruction in rheumatoid arthritis—— recent pathological studies Br. K. D. Muirden

4.S_m 抗体与系统性红斑狼疮 张乃峥教授

Sm antibody and systemic lupus erythematosus

Prof. Zhang Nai-Zheng

14:00～17:00

1.类风湿关节炎是一全身性疾病 P·A·培根教授

Rheumatoid arthritis as a systemic disease

Prof. P. A. Bacon

2.白塞氏病310例研究报告　　杨国亮教授

Study on 310 cases of Behcet's disease　Prof. Yang Gao-Liang

3.临床试验中的事实和谬误　　J·W·毕勒医生

Facts and fallacies in clinical trials　Dr. J.W. Buckler

4.冷球蛋白血症和系统性红斑狼疮　　曾庆余医生

Cryoglobulinemia and systemic lupus erythematosus

Dr. Zeng Qing-Yu

1982年3月18日，星期四

Thursday, 18th March, 1982

8:30～11:30

1.风湿病学中的诊断问题　　N·卡多医生

Diagnostic problems in rheumatology　Dr. N. Cardoe

2.进行性系统性硬化病100例临床与免疫学研究

江绍基教授

Progressive systemic sclerosis, a clinical and immunological study　Prof. Jiang Shao-Ji

3.儿童慢性关节炎的表现类型　　B·M·安塞尔医生

Patterns of chronic arthritis in Childhood

Dr. B.M. Ansell

4.雷公藤总甙治疗类风湿性关节炎的初步研究

张乃峥教授　郑家润医生

Preliminary study of treatment of rheumatoid arthritis with total glycoside of tripterygium wilfordii Hook F

Prof. Zhang Nai-Zheng, Dr. Zheng Jia-run

14:00～17:00

1.淋巴细胞在类风湿性关节炎中的作用　P.A.培根教授

The role of lymphocytes in rheumatoid arthritis

Prof. P.A. Bacon

2.关节炎的外科治疗：内科医生的观点　N.卡多医生

The surgery of arthritis: a physician's view

Dr. N. Cardoe

3.儿童期罕见的结缔组织病　B.M.安塞尔医生

The rarer connective tissue disorders in childhood

Dr. B.M. Ansell

4.拔怒风（布洛芬）药理学及药理动力学综述

S.S.亚当斯教授

A review of the pharmacology and pharmacokinetics of ibuprofen

Prof. S.S. Adams

1982年3月19日，星期五

Friday, 19th March, 1982

8:30～11:30

病例讨论　　首都医院

Case Discussion　　Capital Hospital

14:00～17:00

全体讨论会

Panel Discussion

闭幕词

Closing Speech

目　　录

Contents

前列腺素及有关物质在疼痛及炎症中的作用

S·S· Adams

前列腺素及其有关物质不仅在某些生理情况下释放，而且在有组织损伤的病理状况下也可以释放，例如，在炎症和创伤部位有前列腺素释放。它们的直接前体是某些脂肪酸，例如象从细胞膜释放的花生四烯酸（arachidonic acid），从花生四烯酸转变成各种前列腺素的第一步是因环氧化酶（Cyclooxygenase）（前列腺素合成酶）系统的作用。非类固醇类抗炎剂的主要作用方式是抑制这一酶系统。

前列腺素及其有关物质与炎症和疼痛的发生密切相关。这种作用看来较少是由于直接作用，更多的是直接使组织对产生炎症和疼痛的其他介质更为敏感。

低浓度的前列腺素可以造成痛觉过敏状态——提高组织对各种产生疼痛刺激的敏感性。例如，在人和动物中都有充分的证据证实前列腺素具有加强组织胺和缓激肽注射产生疼痛的能力。

前列腺素及有关化合物也与炎症中某些细胞的因素有关，有些是趋化性的，因此影响细胞的移动。它们发生于相当数量的吞噬细胞中。

类风湿性关节炎病人的滑膜和滑膜液中存在较骨关节炎病人更多的前列腺素。这一事实可能具有重要意义。

近来发现了花生四烯酸的另一通路——脂肪氧化酶（Lipooxygenase）通路，并对此作了大量广泛的研究。脂肪氧化酶

通路产生一组生物活性物质——Leucotrienes。某些Leucotrienes有很强的趋化能力，日益增多的证据说明它们可能与前列腺素在炎症反应中的作用密切相关。

PROSTAGLANDINS AND RELATED SUBSTANCES IN PAIN AND INFLAMMATION

S. S. Adams
Research Department, The Boots Company Ltd.,
Nottingham, England.

Prostaglandins and related substances are released not only under certain physiological conditions but also in pathological situations where there is tissue damage, as for example at sites of inflammation and trauma. Their immediate precursors are certain fatty acids such as arachidonic acid which are released from cell membranes. The first stage of the conversion of arachidonic acid to various prostaglandins is due to the enzyme system cyclooxygenase (prostaglandin synthetase). The main mode of action of non-steroidal antiinflammatory agents is due to the inhibition of this enzyme system.

Prostaglandins and related substances are intimately involved in the development of inflammation and pain. These effects seem to be due less to a direct action than an ability to sensitise tissues to the inflammatory and pain-producing actions of other mediators. Low concentrations of prostaglandins can induce a state of hyperalgesia an increase in the sensitivity of tissues to various pain-producing stimuli. For example, there is ample evidence in man and animals that prostaglandins can potentiate the pain produced

by the injection of histamine and bradykinin.

Prostaglandins and related compounds may also be involved in some of the cellular events in inflammation, for some are chemotactic and can therefore influence cellular migration. They certainly occur in substantial amounts in macrophages.

It may be significant that prostaglandins are present in greater amounts in the synovium and synovial fluid of rheumatoid patients than in patients with osteoarthritis.

More recently another pathway from arachidonic acid the Lipoxygenase pathway - has been discovered and is currently being extensively investigated. The lipoxygenase pathway gives rise to a group of substances - the leucotrienes - which are biologically active substances. Some of the leucotrienes are highly potent chemotactic agents and there is increasing evidence that they may be closely involved with the prostaglandins in inflammatory reactions.