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- [7] Spatola CA, Scaini S, Pesenti-Gritti P, Medland SE, Moruzzi S, Ogliari A, Tambs K, Battaglia M. Gene-environment interactions in panic disorder and CO₂ sensitivity: effects of events occurring early in life. Am J Med Genet B Neuropsychiatr Genet, 2011, 156B: 79-88.
- [8] Freire RC, Nardi AE. Panic disorder and the respiratory system: clinical subtype and challenge tests. Rev Bras Psiquiatr, 2012, 34 Suppl 1:32-41.
- [9] Freire RC, Perna G, Nardi AE. Panic disorder respiratory subtype: psychopathology, laboratory challenge tests, and response to treatment. Harv Rev Psychiatry, 2010, 18:220-229.
- [10] Aikins DE, Craske MG. Sleep-based heart period variability in panic disorder with and without nocturnal panic attacks. J Anxiety Disord, 2008, 22:453-463.
- [11] Garcia-Rill E, Charlesworth A, Heister D, Ye M, Hayar A. The developmental decrease in REM sleep: the role of transmitters and electrical coupling. Sleep, 2008, 31:673-690.
- [12] Sakurai T. The neural circuit of orexin (hypocretin): maintaining sleep and wakefulness. Nat Rev Neurosci, 2007, 8:171-181.
- [13] Boughton CK, Murphy KG. Can neuropeptides treat obesity: a review of neuropeptides and their potential role in the treatment of obesity. Br J Pharmacol, 2012. [Epub ahead of print]
- [14] Girault EM, Yi CX, Fliers E, Kalsbeek A. Orexins, feeding, and energy balance. Prog Brain Res, 2012, 198:47-64.
- [15] Johnson PL, Molosh A, Fitz SD, Truitt WA, Shekhar A. Orexin, stress, and anxiety/panic states. Prog Brain Res, 2012, 198:133-161.
- [16] Johnson PL, Samuels BC, Fitz SD, Federici LM, Hammes N, Early MC, Truitt W, Lowry CA, Shekhar A. Orexin 1 receptors are a novel target to modulate panic responses and the panic brain network. Physiol Behav, 2012, 107:733-742.
- [17] O'Mahony JF, Ward BG. Differences between those who panic by day and those who also panic by night. J Behav Ther Exp Psychiatry, 2003, 34(3/4):239-249.
- [18] Singareddy R, Uhde TW. Nocturnal sleep panic and depression: relationship to subjective sleep in panic disorder. J Affect Disord, 2009, 112(1/3):262-266.

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·临床医学图像·

分泌型脑膜瘤

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Secretory meningioma

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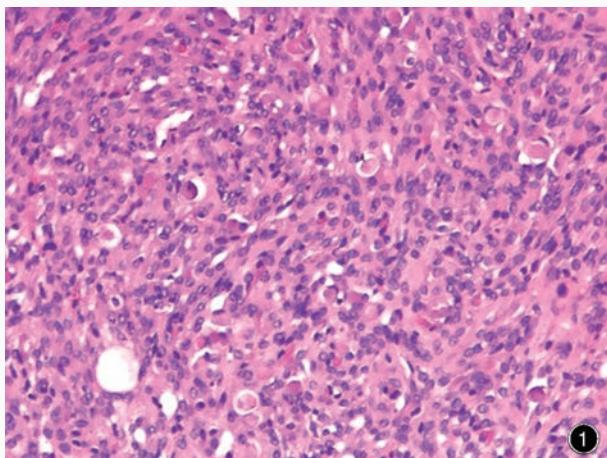
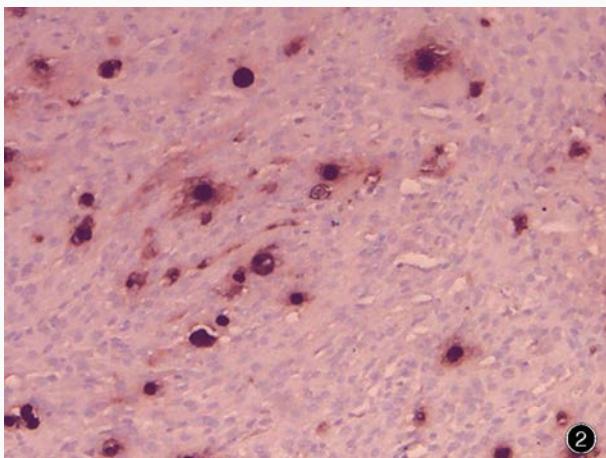


图1 光学显微镜观察显示呈嗜酸性的透明胞质内包涵体(假沙砾体) HE染色 低倍放大 图2 光学显微镜观察显示假沙砾体癌胚抗原表达阳性 免疫组织化学染色(EnVision二步法) 低倍放大

Figure 1 Light microscopy showed eosinophilic hyaline cytoplasmic inclusions (pseudosammoma bodies). HE staining low power magnified **Figure 2** Light microscopy revealed the pseudosammoma bodies were positive for carcinoembryonic antigen (CEA). Immunohistochemical staining (EnVision) low power magnified



含嗜酸性透明包涵体的脑膜瘤即假沙砾体亚型者,被定义为分泌型脑膜瘤。好发于额叶或蝶骨嵴,组织学特征表现为灶性上皮细胞分化,上皮性微腺腔内含过碘酸-雪夫(PAS)染色阳性的嗜酸性物质,即假沙砾体(图1);免疫组织化学染色癌胚抗原(CEA,图2)及其他上皮组织来源标志物和分泌物标志物呈不同程度阳性反应,其周围细胞角蛋白表达阳性。血清癌胚抗原表达水平可随肿瘤灶的切除和复发而降低或升高。分泌型脑膜瘤瘤周水肿明显。

(天津市环湖医院病理科阎晓玲供稿)