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摘要(中)	摘要 血液腫瘤病人依其病徵在臨床上會施予化學治療、放射治療、骨髓移植、周邊血幹細胞移植或臍帶血移植。不論是化學治療或移植前之療程對病人的骨髓造血機能都可能造成影響，為了解骨髓基質細胞在化學治療後或骨髓移植療程中受損，本研究抽取各類血液腫瘤病人不同時期的骨髓液，培養其中之骨髓基質細胞，以 MTT 測定法評估病人骨髓基質

細胞之細胞活性、生長速度、對常見的化學治療藥物之敏感性、抗氧化能力，分泌細胞激素之能力及凋亡相關訊息分子含量，並以正常人骨髓基質細胞做為對照組。結果顯示所有未經治療之血液腫瘤病人骨髓基質細胞之細胞活性均較正常人骨髓基質細胞明顯為差，其中 MDS 病人之細胞活性最差，且較所有其他類別之血液腫瘤病人骨髓基質細胞活性有顯著差異。除未經治療之 MM 病人骨髓基質細胞生長速度與正常人骨髓基質細胞無顯著差異外，未經治療之 AML, diffused large B cell lymphoma (DLBL), CML 及 MDS 病人骨髓基質細胞生長速度均較正常人骨髓基質細胞為慢且有顯著差異。所有未經治療之血液腫瘤病人骨髓基質細胞之 GSH 含量與 DT-diaphorase, glutathione S-transferase (GST), catalase, glutathion peroxidase (GP) 及 superoxide dismutase (SOD) 等酵素之活性均較正常人骨髓基質細胞明顯為差。所有未經治療之血液腫瘤病人骨髓基質細胞對維他命 K3 之敏感性均較正常人骨髓基質細胞為高且有顯著差異，其中 MDS 病人骨髓基質細胞對維他命 K3 最為敏感。未經治療之 AML, DLBL, CML 及 MDS 病人骨髓基質細胞對 Ara-C, daunomycin, doxorubicin, cyclophosphamide 及 vincristine 均明顯較正常人骨髓基質細胞敏感。除未經治療之 MM 及 MDS 病人骨髓液內及骨髓基質細胞分泌之 IL-6 含量較正常人之含量明顯為高，及未經治療之 MDS 病人骨髓液內 IL-1 β 之含量亦較正常人之含量明顯為高外，所有其他未經治療之血液腫瘤病人骨髓液內及骨髓基質細胞所分泌之 IL-1 α ，IL-1 β ，IL-6 及 IL-10 等之含量均較正常人之細胞激素含量明顯為低。病人骨髓基質細胞之生長速度與骨髓基質細胞之 P53, PP53 及 Bax 等蛋白之含量呈正相關，而與 Bcl-2 蛋白之含量呈負相關。本研究顯示，未經治療之各類血液腫瘤病人骨髓基質細胞之功能確實較正常人骨髓基質細胞功能為差，且明顯對化學治療用藥較正常人骨髓基質細胞敏感，此可能造成臨床上血液腫瘤病人在化學治療後或骨髓移植、周邊血幹細胞移植及臍帶血移植後因骨髓基質細胞受損而致造血機能不足。

摘要
(英)

Abstract The hematological malignant patients, based on their clinical symptoms, are treated by chemotherapy, radiotherapy, bone marrow transplantation, peripheral blood stem cell transplantation, or umbilical cord blood transplantation. Either the chemotherapy or the treatment before transplantation many affect the hematopoiesis of the patients. To investigate the damages of the bone marrow stromal cells during the chemotherapy or during the course of the transplantation treatment, we cultured the bone marrow stromal cells of the hematological malignant patients in different stages. The mitochondrial activity, the growing property, the sensitivity to drugs used in chemotherapy, the antioxidative ability, the cytokine secretion ability, and the quantity of the apoptosis-related proteins, of the bone marrow stromal cells are arrayed. Bone marrow stromal cells from normal person are used for comparison. The results indicated that the activities and the quantities of bone marrow stromal cells of the hematological malignant patients without therapy are worse than the bone marrow stromal cells from normal person in the mitochondrial activity, the quantity of GSH and the activities of antioxidated enzymes including DT-diaphorase, GST, catalase, GP and SOD, and the activities of bone marrow stromal cells of the MDS patients without therapy is the worst in

	<p>all hematological malignant patients. Only the AML, DLBL, CML and MDS patients without therapy are slower than normal person in the growing property of bone marrow stromal cells. All hematological malignant patients without therapy are more sensitive than normal person in the sensitivity to K3 of bone marrow stromal cells. MDS patients without therapy are most sensitive in the sensitivity to K3 of bone marrow stromal cell. All hematological malignant patients without therapy are more sensitive than normal person in the sensitivity to drugs used in chemotherapy including Ara-C, daunomycin, doxorubicin, cyclophosphamide and vincristine of bone marrow stromal cells. Beside the quantity of bone marrow fluid and stromal cells secreted IL-6 of MM and MDS patients without therapy and the quantity of bone marrow fluid IL-1 β of MDS patients without therapy are higher than normal person, other hematological malignant patients without therapy are lower than normal person in the quantity of bone marrow fluid and stromal cells secreted cytokine IL-1 α , IL-1 β , IL-6 and IL-10. The mitochondrial activity and the growing property of bone marrow stromal cells of the hematological malignant patients with the quantity of the proteins including P53, PP53 and Bax are positive correlation, but be negative correlation with the quantity of the Bcl-2 protein. The bone marrow stromal cells of the hematological malignant patients without therapy is clear worse than bone marrow stromal cells from normal person in the function, and more sensitive to drugs used in chemotherapy. The bone marrow hematopoiesis of the hematological malignant patient will be damaged during chemotherapy, bone marrow transplantation, peripheral blood stem cell transplantation, or umbilical cord blood transplantation in the clinical.</p>
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