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只要密切监护尚属安全，血清PRL的连续测定可以作为一项较可靠的监测指标。

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·简 报·

抗肌萎缩蛋白基因51号外显子的精确定位*

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关键词 抗肌萎缩蛋白基因；外显子；限制酶图谱

中图号 R746.2

抗肌萎缩蛋白基因是迄今发现的人类最大基因，长约2 300 kb，含有75个外显子[1]。对该巨大基因的研究是近年来医学分子生物学研究的一个热点。虽然抗肌萎缩蛋白基因Hind Ⅲ片段排序后就知道第51号外显子位于3.1 kb的第40号Hind Ⅲ片段中[2]，由于抗肌萎缩蛋白基因组DNA至今未被克隆，233bp的第51号外显子在3.1 kp Hind Ⅲ片段中的部位并不知道，也不知道它两侧的DNA结构。51号外显子位于抗肌萎缩蛋白基因缺失热区，是探讨假肥大型肌营养不良症机制的重点区域。因此对51号外显子的精确定位和分析就显得特别重要。

我们用cDMD 8探针，从人X染色体噬菌体文库中筛选出ZF-801克隆，经Southern杂交鉴定（探针cDMD 8）该克隆含有3.1 kb Hind Ⅲ杂交片段，提示含有第51号外显子。用EcoRI、Hind Ⅲ和kpnI部分酶切该克隆DNA，经与λ噬菌体末端顺序互补的12碱基片段ON-L和ON-R标记探针杂交，采用我们实验室建立起来的快速限制酶图谱分析法，首次

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COMPLICATIONS AND TREATMENT OF LIMB LENGTHENING AND SHORTENING OPERATION

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Thirty three patients with unequal leg-length had been operated in our hospital from 1977 to 1984. The procedures included femoral and tibial lengthening, innominate osteotomy, arrest of epiphyseal growth and shortening of opposite femur. There were 52 episodes of complications such as neurologic injury, delayed union, refracture and intramedullary pin broken. The overall complication rate was high. The causes of each complication were analyzed and the protective and treatment measures were proposed.

Key words leg-length disorepancy: leg lengthening; innominate osteotomy; complication

（上接第19页）

绘制了抗肌萎缩蛋白基因第51号外显子及两侧DNA的精细限制酶图谱。在13 kb插入片段中，有3个kpnI切点，4个EcoRI切点，5个Hind Ⅲ切点。图谱上第51号外显子的3.1 kb Hind Ⅲ片段中，只有一个kpnI切点，位于3.1 kb Hind Ⅲ片段的中央。由于已证实克隆ZF-801的3.1 kb Hina Ⅲ片段中含有51号外显子，在51号外显子中有一个kpnI切点（将233 bp的51号外显子分为99 bp和134bp），而3.1 kb Hind Ⅲ片段中只有一个kpnI切点，故可把51号外显子确切定位在3.1kb Hind Ⅲ片段的中央。根据这一定位，我们成功地测定了邻近51号外显子的50和51号内含子的核苷酸顺序，发现了几个核苷酸的重复顺序，它们可能是导致抗肌萎缩蛋白基因DNA断裂和缺失结构的原因，该发现为阐明假肥大型肌营养不良症的发病机制提供了资料。

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THE LEVELS OF THE MATERNAL SERUM PRL AND E_2 AND THEIR RELATIONSHIP DURING PREGNANCY IN NORMAL WOMEN AND IN THE WOMEN WITH PROIACTINOMA

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This study comprised of 180 normal pregnancies and 8 patients with prolactinoma who became pregnant after CB-154 treatment. The results are as follows: 1) Serum PRL in both groups was gradually elevated till the third trimester gestation. The PRL concentrations were significantly higher in prolactinoma group than those in normal group during 6th-16th weeks of gestation. 2) Serum E_2 levels increased with developing of gestation and no statistical differences were observed between the two groups. 3) Significant correlations were found between serum PRL, E_2 levels and the weeks of gestation, respectively. 4) The correlation between serum PRL and E_2 concentration was significant only in the second trimester of normal group whereas it was significant in first trimester in prolactinoma group. These results suggested that serum PRL and E_2 concentrations were increasing gradually during the whole period of gestation, but their correlation was significant only in some stages of gestation. It seems that E_2 was the main stimulator of PRL-secretion, however it was not the only modulator during pregnancy. That the serum levels of PRL and E_2 showed no remarkable differences between two groups indicats that prolactinoma does not affect E_2-production in the placental and that PRL secretion is autonomous. Hence, we deduce that women with prolactinoma would be well being during their pregnancy and that periodic PRL assay is one of the reliable monitoring index.

Key words normal pregnant women; serum PRL; E_2; gestational prolactinoma; weeks of gestation