

other factors caused by the increase in lung weight , is the direct cause of the elevated lung index . Experimental observations , the model rats lung index 14d , 28d reduce still significantly higher than the normal group , a significant difference , $P < 0.01$. Chemical fiber capsule after treatment 7d ~ 28d lung index decreased significantly compared with the model group differences , $P < 0.01$. That the Chemical fiber capsule in the early and late stages of pulmonary fibrosis inhibited index increased , Chemical fiber capsule pulmonary inflammatory infiltration and edema , fibrosis also lessens . Because interstitial lung existence a large number of fibroblasts , a restrictive ventilatory defect , showed vital capacity , total lung capacity decreased 1S forced expiratory volume percentage of normal or increased lung capacity^[3,4] . MVV (maximum voluntary ventilation) is the maximum respiration per unit of time , which reflects the respiratory dynamic function is to determine the ventilation function in more meaningful an indicator ; FVC (forced vital capacity) for the fastest deep inspiration the exhaled gas , is closely related with the MVV , MVV, FVC decreased pulmonary fibrosis . The experimental results show that the indicators of pulmonary fibrosis in rat lung function compared with normal group there are significant differences , which MVV, FVC comparison with the same period in the normal group ($P < 0.05$ or $P < 0.01$) . 0.3s forced expiratory volume in FVC ratio , 7d with the normal group no difference , 14d, 28d is significantly higher , and there are significant differences of the normal group , $P < 0.05$. This prompted restrictive ventilatory dysfunction similar to human pulmonary fibrosis in rats lung function changes .The kidney and activating circulation method (chemical fiber capsule)after treatment , lung function indicators improved markedly significant difference compared with the model group , $P < 0.05$ or $P < 0.01$, The kidney and activating circulation method (chemical fiber capsule) can effectively improve the abnormal lung function after lung fibrosis , indicating that the kidney and activating circulation method in the treatment of pulmonary fibrosis technology played a benefit lung qi essentially proceed adjustment lung qi of the body from the state , thereby assisting role^[5] righteousness . The treatment is followed this principle to cure the disease , and therefore obtain a better therapeutic effect .

Reference.

- [1] Hubbard R, Johnston I. Ibritton I. Survival in patients with cryptogenic fibrotic alveolitis: a population-based cohort study [J]. *Chest*, 1998, 113(2):396-400.
- [2] Mjapel DW, Hunt WG, Utton R, et al. Idiopathic pulmonary fibrosis survival in population based and hospital based cohorts [J]. *Thorax*, 1998, 53(6):469-476.
- [3] Gay SE, Kazerooni EA, Toews GB, et al. Idiopathic pulmonary fibrosis predicting response to therapy and survival [J]. *Am J Respir Crit Care Med*, 1998, 157(4): 1063-1072.
- [4] Thall RS, Barton RW, Damato DA, et al. Differential cellular analysis of bronchoalveolar fluid obtained at various stages during the development of Bleomycin induced pulmonary fibrosis in the rat [J]. *Am Rev Respir Dis*, 1982, (126): 488.
- [5] Huinai wang, Xiaoya wang, Chongfang Shen , et al. Deficiency of lung qi and lung function changes the initial exploration [J]. *Journal of TCM*, 1983, (2): 62.

Progress In Etiology Of Ectopic Pregnancy

HAN Yan-hua, ZHANG Xue -zhi, WANG Min

First Affiliated Hospital of Heilongjiang Chinese Medical University, Haerbin, China

Abstracts: In recent years, the rate of EP increases and the domestic and foreign reports vary widely with the rate in foreign literature 1 : 50 ~ 1 : 303 and the rate in domestic literature 1 : 43 ~ 1 : 50^[1]. With the determination the high sensitivity of HCG and the clinical applications

of transvaginal ultrasound and laparoscopy make it possible of early diagnosis of EP. Here, the EP etiology are reviewed in order to provide preventive measures.

Key words: Ectopic pregnancy; Epidemic factor

Amphicytula implanting outside the uterus cavity is called ectopic pregnancy (EP), commonly known as ectopic pregnancy. EP is divided into different types according to different parts that the amphicytula is fertilized: tubal pregnancy, ovarian pregnancy, abdominal pregnancy, broad ligament pregnancy, cervical pregnancy. Tubal pregnancy, which is the most common, accounting for about 95% of EP^[2]. EP is a common gynecologic acute abdominal disease and the incidence rate is about 2%, which the total number of maternal mortality accounts for about 9% to 10%^[3].

1. Pelvic inflammatory disease and EP

Pelvic inflammatory disease is one of the most common factors of EP, Parazzini^[4] reported that Pelvic inflammatory disease can increase the risk of EP 2.7 times. Luo Yan's^[5] retrospectively analysis of 56 cases of EP patients was that 67.86% patients suffered from pelvic inflammatory disease and pelvic inflammatory disease is the first factor in the pathogenesis of EP. Wang Xueyun^[6] summarized that 50.45% patients had history of pelvic infection by analyzing 456 cases of EP. It is reported that about 50% EP patients were caused by inflammation, especially sexually transmitted diseases, followed by the history of uterine cavity operation^[7]. As the most common interference factors of fertilized eggs of normal operation, chronic salpingitis, one of the pelvic inflammatory disease, is the main cause of tubal pregnancy. Wei Xiaoying^[8] thought the most basic high risk factors of EP is salpingitis. Now the mechanism of increasing EP incidence is introduced. At first, the pathogen that can cause sexually transmitted disease pathogens, such as *Neisseria gonorrhoeae* and *Chlamydia trachomatis*, leads to the tubal mucosa by involving the oviduct mucous membrane, which results in the fertilized egg in the fallopian tube obstruction in the other places by causing oviduct mucous membranethe crow-foot cracks adhesion, the lumen to be narrow, or impairs cilia function; Next, the infection after abortion or childbirth, can causes tubal inflammation through the lymph and blood transmission, which leads to that fertilized egg runs obstructedly because of adhesion around the fallopian tube, twist, luminal stenosis or wriggle normally; Besides, after the *Mycobacterium tuberculosis* infects reproductive tract, the fallopian tube muscle wall happens nodular hyperplasia, consequently, the fertilized egg runs obstructedly.

2. Surgery and EP

2.1 Abdominal and pelvic surgery

Hanyu^[9] had a study aimed at 337 cases of tubal pregnancy and 893 cases, and the research indicated that perforated appendicitis are risk factors for ectopic pregnancy. Due to perforation of the appendix which causes appendix abscess will involve the fallopian tubes and will induce inflammatory exudation and (or) damage all of which can block fallopian tubes. Also Michalas^[10] study has confirmed that the risk of ectopic pregnancy with appendectomy increase by 1.8 times. In addition, it has no effect on the risk of tubal pregnancy with other abdominal surgery. But for pelvic surgery, according to the research reports of Michalas, the risks of tubal pregnancy increases by 2.9 times and 5.9 times with surgeries of Ovarian cystectomy and tubal plasty. The incidence of EP markedly increases with the number of pelvic surgeries. We can see from above that the fallopian tube operation and postoperative treatment will directly affect the anatomy of the fallopian tubes, resulting in the occurrence of ectopic pregnancy.

2.2 Cesarean section

Lin Xuemei^[11] analysed 228 cases of ectopic pregnancy and found 15 cases of ectopic pregnancy after cesarean section, which accounted for 6.58%. With the rise of cesarean section in recent years, the incidence of ectopic pregnancy after cesarean section also increases year by year. Cesarean section can cause injury, pelvic adhesions or endometriosis which cause tubal adhesions around the ovaries, the narrow and movement disorders, thereby increasing the risk of ectopic pregnancy.

2.3 After abortion

Abortion or curettage after medical abortion, vaginal bleeding after abortion and other factors associated with infection will cause damage and inflammation of endometrium which is not conducive to embryo implantation, being a combinative factor of ectopic pregnancies. Therefore, the more times that you conceive, the greater the likelihood of ectopic pregnancy. Therefore abortion emphasizes strict aseptic and proficient operation.

2.4 EP history

It has a higher probability of ectopic pregnancy with a EP history. Generally speaking, about 1/3 of patients with a history of EP will recurrence ectopic pregnancy. This is mainly due to one side, conservative surgery of tubal pregnancy can cause partial blockage of pelvic or tubal inflammation adhesions, on the other hand, ectopic pregnancy itself is caused by the inflammation and the pelvic inflammatory and the annex inflammation is irreversible, causing blockage of fallopian tube and uterine lumen inflammatory adhesions causing ectopic pregnancy.

2.5 The factor after tubal ligation or recanalization

As Fische RJ reports, the incidence of ectopic pregnancy after tubal recanalization was 8.7%^[12]. In 1977, Bronson pointed out that ectopic pregnancy account for a considerable amount occurred in the surgery after tubal recanalization. After the ampulla tubae uterinae anastomosis, the lumen is rough, sperm can pass through, but the narrow after operation will affect the transportation of oosperm, so ectopic pregnancy has a high incidence. In 1982 Causland^[13] observed that if ampulla of uterine tube is ligated, the tubal wall will have fibroblast proliferation and if the ligation fails, it will occur ectopic pregnancy. However, if the damage in the fallopian tube near uterine segment (interstitial portion or isthmus), it tends to make the oviduct epithelial hyperplasia and invasive tubal isthmus or the myometrium of uterine horn to different depths, sometimes extend to serosa forming tubal abdominal fistula or uterine abdominal fistula, allowing the sperm into the peritoneal cavity to combine with the recent ovulation. When the embryo enters the fallopian tube, ectopic pregnancy occurs. So, when perform a ligation surgery, the performer must choose the position in isthmus reducing the incidence of postoperative ectopic pregnancy.

3. IUD and EP

There is not a unified opinion on whether IUD can increase the EP incidence or not. The classic theory considers that the intrauterine non-bacterial inflammatory caused by foreign body reaction after application of intrauterine device can produce the accumulation of white cells and macrophage, then change the intrauterine environment and hinder the nidation, meanwhile, the white blood cell and macrophage can swallow sperms so that the number of sperm arriving at the fallopian tube will be decreased, then the chance of fertilization will reduce, however, it can not completely prevent the egg from fertilizing and implanting in the fallopian tube. Once the woman with the device conceived, relatively the opportunity of EP will increase. The prospective study of 6236 women with IUD in 13 provinces of China and the epidemiological investigation of 10840 women in Beijing indicate that IUD itself does not increase the incidence of EP, if the woman conceives after failure of contraception, the more chance of EP will get^[11]. Luo Yan^[5] analysed retrospectively that the IUD was accounted for the fourth etiological factors of EP in 56 cases of EP patients. The IUD women's fallopian tube mucosa was observed by the electron microscope, which found the ciliated cells decreased significantly, secretory cells increased, and there was a lot of leukocyte infiltration^[14]. Liu Chunmei^[15] thought IUD did not increase the risk of EP through the multi-tache antifertility mechanism of IUD.

4. Assisted reproductive technology (IVF-ET) and EP

In recent years, as the application of assisted reproductive technology, the tubal pregnancy rate is increasing. In 1998, the United States reported the tubal pregnancy rate is 2.8% for the application of assisted reproductive technology^[11]. It was reported that the EP rate after IVF-ET is about 5%, which is higher incidence than the general causes^[16]. It is worthy of further study Whether this incidence caused by IVF-ET itself or not, because the women applied IVF-ET mostly effect the tubal lesion or pelvic inflammatory disease, which are the high risk factors of EP.

5. Tubal hypoplasia or dysfunction and EP

Fallopian tube is too long, muscular developed differently, mucociliary lacks, both fallopian tubes, diverticulum or side umbrella, which can cause tubal pregnancy. The function of fallopian tube is regulated by estrogen and progesterone, if the regulatory failure, the normal operation of fertilized eggs will be affect.

6. Mental factors

The modern life appear quick pace and high pressure, people's spiritual is too nervous, the incidence of ectopic pregnancy caused by mental factors showed an increasing trend. Psychological stress can make tubal spasm, abnormal motility, so interfere with the delivery and implantation of the fertilized egg, and also can make neuroendocrine disordered, Luteal leads to low serum progesterone level, To make tubal dysfunction, lead to ectopic implantation of the fertilized egg and cause ectopic pregnancy

7. Others

Uterine fibroids, pelvic masses or ovarian tumor oppress fallopian tube to become slender and tortuous, it may impede fertilized eggs passed and cause ectopic pregnancy. The oviduct of Endometrial alternative parts which get from the Endometriosis also plants for the fertilized egg, Endometrial tissue may invade interstitial tubal too, so form Interstitial thickening, Stenosis or obstruction which can cause to tubal pregnancy. Saraiya etc adopt experimental study on human and animal to indicate that the occurrence of ectopic pregnancy may be caused by smoking through one or several chemical mechanisms work: (1) Delay ovulation; (2) change the initiative of the fallopian tubes and uterus; (3) change the immunity.

In conclusion, the incidence of EP is mainly related with the infection, pelvic operation, in addition, the fallopian tube dysplasia or dysfunction, mental factors, Myoma of uterus, pelvic tumor or ovarian cancer, endometriosis, smoking also have a certain relationship with the occurrence of EP. As for the relationship between application of IUD, assisted reproductive technology and EP still needs further study. The reason which consists of one or more factors of EP is complex. Therefore, the high-risk women suspected pregnancy should be alert to EP, so that EP can diagnosed more effectively and earlier.

References

- [1] Liu ai-fang, zhou shan-ying. Etiology and diagnosis and treatment of ectopic pregnancy. [J]. lab med clin. 2010, 7(5) : 476.
- [2] Le Jie. Obstetrics and Gynecology [M]. 5 edition. Beijing: People's Medical Publishing House, 2004: 104.
- [3] Ou jun, wu xiao-ke, zhou shan-ying. Current treatment of ectopic pregnancy [J]. Chinese Journal of Practical Gynecology and Obstetrics, 2003, 19(5) : 309.
- [4] Parazzini F, Tozzi L, Ferraroni M, et al. Risk factors for ectopic pregnancy: an italian case-control study. Obstet Gynecol, 2002, 80: 821-826.
- [5] Luo Yan. The discuss of Ectopic pregnancy etiology and the prevention and treatment of Ectopic pregnancy [J]. Journal of Clinical and Experimental Medicine, 2008, 7(6): 136.
- [6] Wang Xueyun. Analysis of etiology and clinical treatment of ectopic pregnancy. [J]. China Medical Herald, 2010, 7(8): 37-38.
- [7] Wu Lianfang. The change tendency of obstetric hemorrhage etiology and the prevention and treatment of obstetric hemorrhage [J]. Chinese Journal of Obstetrics and Gynecology, 2005, 40(11): 791-792.
- [8] Wei Xiaoying. The study on risk factors of ectopic pregnancy [J]. Guangdong medicine, 2005, 8(26): 1124-1125.
- [9] Hanyu NI, Daling JR, Joseph CHU, et al. Previous abdominal surgery and tubal pregnancy. Obstet Gynecol, 2000, 75: 919-922.
- [10] Michalas S, Minaretzis D, Tsionou CH, et al. Pelvic surgery, reproductive factors and risk of ectopic pregnancy.
- [11] Lin xue-mei. Etiology and early diagnosis of ectopic pregnancy. [J]. International Medicine & Health Guidance, 2006, 12(1) : 27.

- [12] Li ping, sha ai-guo, zhang ling-hao. Magnifying glass microscope after surgery for tubal sterilization recanalization. [J]. Foreign Medical Journal of Obstetrics and Gynecology Volume, 1997, 24(6) : 366.
- [13] Mc-Canslaud A1 Endosalpingiosis following laporoscopie tubal coagulat ionas an et iologie factor of ect opic pregnancy[J]1 Am J Obstet Gyneco, 1982,143: 12.
- [14] Zheng Huaimei. Obstetrics and Gynecology[M].3 edition. Beijing: People's Medical Publishing House, 1992:100.
- [15] Liu Chunmei. New advance in etiology and treatment of ectopic pregnancy (review)[J]. Maternal and child health, 2010, 1:107-108.
- [16] Strandell A, thornburn J, Hamberger L. Risk factors for ectopic pregnancy in insisted reproduction, Fertil Steril, 1999; 71(2):282-286.
- [17] Cao ze-yi Journal of Obstetrics and Gynecology[M]. Beijing: People's Health Publishing House, 2003:13151.
- [18] Saraiya M, Berg CJ, Kendrick JS , et al 1 Am J Obstet Gynecol, 1998, 178: 493- 4981.

The development of traditional Chinese Herbal Medicine treatment for the ovarian cancer: A systematic review

Feng Juan Han, Dong Yan Cai, Sai Kong, Xiao Ke Wu

Heilongjiang University of Traditional Chinese Medicine, Heilongjiang Harbin, China

Abstract: A systematic review was conducted to the effect and safety of traditional Chinese medicinal herbs (TCMHs) (one formulation) in the treatment of ovarian cancer. Three independent researchers searched the China Journals Full-text Database and 7 English databases. During the research we only included in the studies of randomized controlled trials.

Keyword: traditional Chinese Herbal Medicine treatment, ovarian cancer, systematic review

1. Introduction

Description of the condition

Ovarian cancer is the sixth most common cancer of women (Ferlay 2002). Each year, worldwide, during the 200,000 diagnosed patients 125,000 women will die, which is equal to an annual incidence of 6.6 cases per 100,000 women, an annual mortality rate of 4.0 deaths per 100,000 and a cumulative lifetime risk of 0.5% (GLOBOCAN 2002). The median age of the ovarian cancer diagnosed is 63 years. A woman's risk of developing cancer of the ovary by age 75 years varies between the countries, ranging from 0.5% to 1.6%, corresponding to an age-standardized rate of 5 to 14 cases per year in 100,000 women (IARC 2002). While, the main dead reason of gynaecological cancer due to the ovarian cancer in Europe. Only a third of women are alive beyond five years after diagnosed ovarian cancer (Sant 2003). That is because most of women with ovarian cancer are diagnosed at an advanced stage and the surgical cure is usually impossible (Jemal 2008). While for Chinese people, some research suggest that ovarian cancer is the most easily location for tumor. The benign and malignant ratio is 4:1, that is the incidence of malignant ovarian cancer accounts for 20% of the women's gynaecological malignant tumor. Recent years because early ovarian cancer couldn't be found, it has the first mortality rate, Which is more than the sum of the cervical and corpus cancer. From 1995 to 1997 the incidence of malignant ovarian cancer accounts for 4.6% of all malignant tumor in Beijing city. Which rose by 45% from 1991 to 2000 in Shanghai urban and 26% from 1991 to 2005 in Hong Kong (He 2009) .

Due to the often asymptomatic nature of the early stages of the disease, almost 70% of the women with common epithelial ovarian cancer are not diagnosed until the disease is at the