

早发型重度子痫前期终止妊娠对母婴预后的影响分析

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摘要 目的 探讨早发型重度子痫前期终止妊娠时机对母婴预后结局的作用,为临床实践提供指导。方法 从2007年1月至2010年12月期间在我院妇产科分娩并为重度子痫前期患者中随机选取135例作为研究对象。按终止妊娠时间分为两组,A组<32周,32周≤B组≤34周。对两组均终止妊娠,比较两组间血压状况、尿蛋白、血小板、凝血、眼底状况及胎儿监护。结果 A组的胎盘早剥、子痫和肾功能损害的发生率略高于B组,然而差异均无统计学意义($P>0.05$)。A组的新生儿窒息率、新生儿呼吸窘迫综合征发生率、围产儿死亡率等3个指标均明显高于B组,且卡方检验显示,两组比较差异有显著性($P<0.05$)。结论 对于终止妊娠的时间、方式应根据患者的状况进行综合考虑。无论选择何时终止妊娠或治疗,都应该综合考虑母婴两方面的状况,密切进行监护,尽量获得良好的结局。

关键词 早发型重度子痫前期 终止妊娠 母婴结局

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The Effect of Pregnancy Termination in Early Onset Severe Preeclampsia on Maternal and Neonatal Prognosis

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ABSTRACT Objective: To investigate the effect of pregnancy termination in early onset severe preeclampsia on the perinatal outcomes, and to provide guidance for clinical practice. **Methods:** 135 severe pre-eclampsia patients who gave birth in our hospital from January 2008 to December 2010 were selected in the study. All patients were divided into two groups according to pregnancy termination times, group A <32 weeks, and 32 weeks ≤ group B ≤ 34 weeks. Compare the blood pressure, urine protein level, thrombocyte, eyeground changes and fetus monitor. **Results:** The incidence of placental abruption, eclampsia, and renal dysfunction were slightly higher in group A than group B, however, there was no significant difference ($P>0.05$). The incidence of asphyxia, neonatal respiratory distress syndrome, perinatal mortality were significantly higher in group A than in group B, and the chi-square test showed the difference was significant ($P<0.05$). **Conclusion:** The time and ways for termination of pregnancy should be chosen based on the patient's condition. The mother and child situation should be considered whenever to terminate the pregnancy. Close monitoring was necessary to get a good outcome.

Key words: Early onset severe preeclampsia; Termination of pregnancy; Prognostic outcome

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前言

重度子痫前期属于妊娠期高血压疾病,是妊娠期严重威胁母婴健康和生命安全的疾病之一^[1]。目前,终止妊娠时治疗该病的唯一有效方法。然而对于早发型重度子痫前期,过早的终止妊娠会降低婴儿的存活率与增加并发症的发生率,而过度延长孕周则会增加孕产妇并发症发病率^[2,3]。故如何选择合理的终止妊娠时机,提高母婴结局,是目前在临床治疗中面对的十分棘手的问题。因此,探索早发型重度子痫前期终止妊娠时机对于该病的预后具有重要作用。为此,本研究对近年来我院收治的早发型重度子痫前期患者的临床诊断与治疗资料进行了全面分析,获得了一些有价值的信息,现报道如下。

1 资料与方法

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1.1 临床资料

本课题选取2007年1月至2010年12月在我院妇产科分娩并为重度子痫前期患者135例作为研究对象。患者年龄20~42岁,平均 34.8 ± 5.6 岁。其中初产妇37例,经产妇98例。终止妊娠孕龄25~34周,平均 31 ± 6 周。所有患者均符合《妇产科学》第6版诊断标准。按照终止妊娠时间的孕周将所有患者分为A、B两组:其中A组<32周,共62例,含双胎4例;B组 $32\leq$ 孕周 ≤ 34 周73例,其中含双胎7例。两组在患者年龄、胎数、疾病严重程度等方面差异无显著性。

1.2 治疗方法

根据孕产妇和胎儿的状况选择合理的治疗和终止妊娠方式。针对不同患者采用不同的处理方式:如果孕产妇无严重并发症与合并症,入院后采取左侧卧位,定时吸氧,进行解痉、降压治疗,缓解孕产妇的低蛋白血症,改善胎盘血流灌注状况,促进胎儿宫内的生长发育;根据患者状况进行扩容、利尿等治疗^[4]。对有严重并发症及合并症的患者,入院经积极抢救、对症治疗后,及时终止妊娠。

1.3 观察指标及终止妊娠标准

对患者的血压状况、尿蛋白、血小板、凝血、眼底状况及胎儿监护进行观察、测定。其中每天定量检测患者尿蛋白,每3天行一次24小时动态定量检测;患者血小板计数、凝血功能、肝酶水平、血清肌酐等指标每周监测一次;每天进行3次胎动计数,每3d进行1次无应激试验,每周B超检测子宫的胎盘血流、胎儿状况和羊水2次^[5]。终止妊娠的指征包括:妊娠已满34周,血压持续上升或出现子痫,病情进一步恶化或无法控制;出现胎盘早剥、胎儿窘迫等严重并发症;B超显示胎儿舒张末期脐带血流呈反方向,或胎心监护显示晚期减速或重度变异减速。

1.4 统计学方法

本研究所有统计数据均采用SPSS17.0统计软件进行处理,组间定量比较采用t检验,定性资料比较采用卡方检验。以 $P < 0.05$ 作为统计分级水平。

2 结果

2.1 孕产妇状况及并发症情况

两组的孕产妇和并发症情况见表1。两组孕产妇均没有出现死亡,<32周组的剖宫产率、胎盘早剥、子痫和肾功能损害的发生率相当,其中<32周组的剖宫产率略低于B组,而胎盘早剥、子痫和肾功能损害的发生率略高于B组,然而差异均无统计学意义($P > 0.05$)。

表1 两组孕产妇状况及并发症

Table 1 Maternal conditions and complications of two groups

Groups	Samples	Cesarean section rate	Placental abruption	Eclampsia	Damage to renal function
Group A	62	47	9	13	12
Group B	73	59	6	9	8

2.2 两组围产儿情况

两组的围产儿状况详见表2,<32周组的新生儿窒息率、新生儿呼吸窘迫发生率与围产儿死亡率等3个指标均明显高于

B组,且卡方检验显示 $P < 0.05$,两组之间差异有统计学意义。这表明终止妊娠过早的新生儿结局更差。

表2 两组的围产儿状况

Table 2 Perinatal condition of two groups

Groups	Samples	Asphyxia	Neonatal respiratory distress syndrome	Perinatal mortality
Group A	62	20	32	26
Group B	73	12	15	5

3 讨论

早发型重度子痫前期是妊娠期高血压疾病之一,对母儿结局具有重要影响,严重影响到孕产妇和婴儿的健康。目前该病的发病原因和机理尚不清楚。该病的基本病理生理变化为全身小动脉痉挛,从而导致各系统脏器灌流减少。主要临床特点为明显的各终末器官受累具有不平衡性和一触即发的多系统受累^[6,7]。早发型重度子痫前期具有发病早、病程进展快等特点,并常有严重并发症,较早发生多脏器功能受损,对孕产妇和胎儿的生命和健康构成严重威胁。

终止妊娠是唯一能够彻底治愈子痫前期的方法。然而终止妊娠时间的把握对于防止母体终末器官严重受损及降低围产儿死亡率均具有极其重要的意义。有关研究显示,过早的终止妊娠,会造成围产儿较差的预后,而过多的延长妊娠时间,又会对孕产妇的健康构成很大威胁^[8-10]。因此对于终止妊娠的时间以及方式的选择应综合考虑患者的病情、孕周、胎儿成熟度、胎儿发育等状况。而对于病情较为稳定,没有发生严重并发症的患者在严密监护观察下,实施期待治疗措施,至34周再进行终止妊娠^[11,12]。如果在观察过程中出现孕产妇病情加重或宫内窘迫等严重并发症,则直接实施剖宫产手术终止妊娠。对于入院

时就患有子痫,病情较严重或伴有心衰、胎盘早剥等严重并发症的孕产妇,在进行积极抢救治疗后,立即终止妊娠。

本研究结果显示,A组的新生儿窒息率,新生儿呼吸窘迫综合征发生率,围产儿死亡率等3个指标均明显高于B组。而胎盘早剥、子痫和肾功能损害的发生率略高于B组,然而差异均无统计学意义($P > 0.05$)。研究结果与相关研究相符^[13]。

总之,由于目前对早发型重度子痫前期的研究较少,其终止妊娠时机的把握及终止妊娠方式的选择尚需更多的研究来确定、证实。然而在临床中,无论选择何时终止妊娠或治疗,都应该综合考虑母婴两方面的状况,密切进行监护,尽量获得良好的结局。

参考文献(References)

- [1] Withagen M, Wallenburg H, Steegers, et al. Morbidity and development in childhood of infants born after temporizing treatment of early onset pre-eclampsia [J]. BJOG, 2005,112(7):910-914
- [2] Le Jie. Editor-in-chief. Obstetrics and Gynaecology[M]. The sixth Edition. Beijing: People's Medical Publishing House, 2004: 97-104
- [3] Gao Lan, Liang Hong, Wei Xiu-qing, et al. A clinical analysis of gestational diabetes with early onset severe preeclampsia pregnancy termination timing to the prognosis of maternal and fetal [J]. Sichuan Medical

- Journal, 2011, 32(2): 195-197
- [4] Chen Guo-wei, Tang Yi-zhong, Chen Jiang-hong, et al. Perinatal outcome of different onset gestation ages and different termination times of pregnancy in early onset severe preeclampsia [J]. The journal of Practical medicine, 2009, 25(3): 389-391
- [5] 杨孜, 王伽略, 黄萍, 等. 重度子痫前期临床发病类型及特点与围产结局的关系[J]. 中华妇产科杂志, 2006, 41(5): 302-306
Yang Mei, Wang Jia-lve, Huang Ping, et al. Study on different onset patterns and perinatal outcomes in severe preeclampsia [J]. Chinese Journal of Obstetrics and Gynecology, 2006, 41(5): 302-306
- [6] 钱卫, 周倩, 刘嫔兰, 等. 早发型与晚发型重度子痫前期的临床表现及母婴结局的对比分析 [J]. 现代生物医学进展, 2011, 11(13): 2461-2465
Qian Wei, Zhou Qian, Liu Jing-lan, et al. Comparative Analysis of Clinical Manifestations and Maternal and Neonatal Outcomes of Pregnant Women with Early- and Late-Onset Severe Pre-eclampsia [J]. Progress in Modern Biomedicine, 2011, 11(13): 2461-2465
- [7] 王桂锋, 王晓红, 尹国武, 等. miR-19a 在正常妊娠及重度子痫前期患者胎盘中的表达[J]. 现代生物医学进展, 2011, 11(12): 2335-2337.
Wang Gui-feng, Wang Xiao-hong, Yin Guo-wu, et al. Expression of MiR-19a in Placentas From Women with Preeclampsia and Normal Pregnancy [J]. Progress in modern Biomedicine, 2011, 11 (12): 2335-2337
- [9] Bassaw B, Khan A, Ramjohn M, et al. Pregnancy outcome in early-onset severe pre-eclampsia in Trinidad [J]. Int J Gynaecol Obstet, 2012, 116(1): 78-80.
- [10] Jasovi Ć -Siveska E, Jasovi Ć V. Prediction of mild and severe preeclampsia with blood pressure measurements in first and second trimester of pregnancy[J]. Ginekol Pol, 2011, 82(11):845-850
- [11] Ozkan H, Cetinkaya M, Koksall N, et al. Maternal preeclampsia is associated with an increased risk of retinopathy of prematurity [J]. J Perinat Med, 2011, 39(5):523-527
- [12] Hradecky L, Subrt I, Ulcova-Gallova Z. Urgent termination of pregnancy in pre-eclampsia and panel of antiphospholipid antibodies[J]. Am J Reprod Immunol, 2009, 62(6):412-417
- [13] Kobayashi T, Tokunaga N, Sugimura M, et al. Predictive values of coagulation /fibrinolysis parameters for the termination of pregnancy complicated by severe preeclampsia [J]. Semin Thromb Hemost, 2001, 27(2): 137-141

(上接第 4101 页)

- Qiu Min-jian, Hu Hong-jie, Chang jin-hua. B, intra-arterial thrombolytic therapy in acute meningeal vascular type of neurosyphilis large areas of cerebral infarction in 1 case [J]. Journal of Emergency Medicine, 2011, 20 (5): 497-500
- [18] Khasani S, Ramee SR, Felberg RA. Therapy of postoperative stroke: report of intra-arterial thrombolysis of a hyperacute embolic stroke 5 days following CABG [J]. Catheter Cardiovasc Interv, 2001, 54(3): 339-341
- [19] Kono K, Ito Y, Miyazaki Y, et al. Combination of percutaneous balloon angioplasty and aggressive medical intervention improves symptomatic basilar artery stenosis with a tortuous access route: case report [J]. No Shinkei Geka, 2010, 38(10):933-937
- [20] 徐浩文, 李明华, 管生, 等. 超选择动脉溶栓治疗 80 岁以上脑梗死的安全性及疗效评估 - 两中心研究 [J]. 中华神经医学杂志, 2011, 10 (5):441-444
Xu Hao-wen, Li Ming-hua, Guan Sheng, et al. Supersselective intra-arterial thrombolytic therapy in the safety and efficacy assessment of cerebral infarction in more than 80 years of age - the two-center study [J]. Chinese Journal of Neurology, 2011, 10 (5): 441-444
- [21] Del Zoppo GJ, Pessin MS, Mori E. Thrombolytic intervention in acute thrombotic and embolic stroke [J]. Z Kardiol, 1993, 82 Suppl 2: 89-104
- [22] Imai K, Mori T, Izumoto H, et al. MR imaging-based localized intra-arterial thrombolysis assisted by mechanical clot disruption for acute ischemic stroke due to middle cerebral artery occlusion[J]. AJNR Am J Neuroradiol 2011, 32(4):748-752
- [23] 胡新建. 尿激酶、低分子肝素治疗早期脑梗塞及预防复发[J]. 中国现代医药杂志, 2006, 7(03):15-16
Hu Xin-jian. Low molecular weight heparin in the treatment of early cerebral infarction and prevention of recurrence [J]. Modern Chinese Medicine, 2006, 7 (03):15-16
- [24] Yamaguchi T, Mori E, Minematsu K, et al. Alteplase at 0.6 mg/kg for acute ischemic stroke within 3 hours of onset: Japan alteplase clinical trial (J-ACT)[J]. Stroke, 2006, 37: 1810