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子宫动脉栓塞术对于难治性子宫下段瘢痕妊娠的影响分析

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摘要 目的:探讨子宫动脉栓塞术对于难治性子宫下段瘢痕妊娠的影响。**方法:**回顾性分析 2009 年 8 月至 2013 年 4 月经我院收治的 85 例难治性子宫下段瘢痕妊娠患者,其中 41 例行子宫动脉栓塞术治疗(观察组),44 例行孕囊穿刺术治疗(对照组)。记录两组患者术中出血量、住院时间、转经时间、 β -HCG 下降至正常时间及激素水平,并比较两种治疗方法的效果。**结果:**观察组与对照组痊愈率分别为 92.68%和 90.91%,两组治疗效果比较无显著性差异($P>0.05$)。与对照组比较,观察组术中出血量显著降低、住院时间及 β -HCG 下降至正常时间均显著缩短($P<0.05$);但两组治疗前后激素水平变化比较无显著性差异($P>0.05$)。术后随访 1-3 个月,观察组患者转经时间为 (32.18 ± 11.46) d,显著低于对照组的 (50.03 ± 8.04) d,两组比较差异有统计学意义($P<0.05$)。**结论:**子宫动脉栓塞术有效性和安全性更高,与孕囊穿刺术比较能减少术中出血量,缩短住院时间、转经时间及 β -HCG 下降至正常时间。

关键词:动脉栓塞术;孕囊穿刺术;瘢痕妊娠

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Analysis of Uterine Artery Embolization for Patients with Refractory Lower Uterine Segment Scar Pregnancy

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ABSTRACT Objective: To discuss the analysis of uterine artery embolization for patients with refractory lower uterine segment scar pregnancy. **Methods:** From August 2009 to April 2013, 85 patients with refractory lower uterine segment scar pregnancy in our hospital were retrospective analyzed, including 41 uterine artery embolization (observation group) and 44 gestational sac puncture (control group). The amounts of blood loss during operation, the hospitalization times, the times for menstrual recovery, the times for β -HCG return to normal and the levels of hormones in the two groups were documented. And the curative effects in the two groups were compared. **Results:** The recovery rate in observation group and control group were 92.68% and 90.91%, respectively, with no significant difference between two groups of treatment effect comparison. Compared with the control group, the amounts of blood loss decreased significantly, the hospitalization times and the times for β -HCG return to normal were significantly shortened in observation group ($P<0.05$); but the levels of hormones between the two groups was no significant difference ($P>0.05$). The patients were followed up for 1 to 3 months, the times for menstrual recovery in observation group $(32.18 \pm 11.46 \text{ d})$ were significantly less than the control group $(50.03 \pm 8.04 \text{ d})$ ($P<0.05$). **Conclusion:** Compared with gestational sac puncture, uterine artery embolization's efficacy and safety is more higher, and uterine artery embolization can reduce the amounts of blood loss, shorten the time of hospitalization, the time for menstrual recovery, and the time for β -HCG return to normal.

Key words: Uterine artery embolization; Gestational sac puncture; Scar pregnancy

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前言

难治性子宫下段瘢痕妊娠是指受精卵着床于既往剖宫产后子宫瘢痕处的异位妊娠,近年来,瘢痕妊娠的发生率随着剖宫产率的上升而增加。由于剖宫产后子宫瘢痕处肌壁较薄弱,妊娠后易出现子宫破裂及阴道大出血等并发症,最终导致切除子宫,不仅使患者失去生育功能,还有可能对患者生命安全造成危害^[1]。由于瘢痕妊娠是临床上较为罕见的病种,亦无统一标

准的治疗方法,目前对该病的治疗方法主要有药物治疗和手术治疗^[2]。但究竟治疗方法的有效性和安全性更高,可最大限度的减少阴道出血量及缩短血清 β -HCG 下降至正常时间等,目前文献报道不一^[3]。本研究着重比较了子宫动脉栓塞术和孕囊穿刺术治疗难治性子宫下段瘢痕妊娠的有效性和安全性,现报道如下。

1 资料与方法

1.1 一般资料

选择 2009 年 8 月至 2013 年 4 月经我院收治的 85 例难治性子宫下段瘢痕妊娠患者,纳入标准^[4]:全部患者均经 B 超确

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诊,妊娠小于10周,有剖宫产史且均为子宫下段横切口;排除标准^[5]:有用药禁忌症、严重肝肾疾病、妊娠滋养细胞疾病及其他异位妊娠的患者。其中41例行子宫动脉栓塞术治疗(观察组),44例行孕囊穿刺术治疗(对照组)。

1.2 治疗方法

观察组采用子宫动脉栓塞术治疗,局部麻醉后,采用Seldinger术于患者右侧股动脉经皮穿刺血管,与双侧子宫动脉引入导丝导管,给予甲氨蝶呤片25 mg,应用新鲜明胶海绵颗粒栓塞。栓塞术后24h内行清宫术;对照组采用孕囊穿刺术治疗,肌内注射甲氨蝶呤(1 mg/kg)和四氢叶酸(0.1 mg/kg),第4天后采用K-ops1035型穿刺针于子宫壁最薄处刺入行孕囊穿刺术。

1.3 观察指标

记录两组患者术中出血量、住院时间、转经时间、 β -HCG

下降至正常时间,于术前、术后第一个月的月经第3-5日采集两组患者血清,采用放射免疫法检测血清FSH、LH和E2水平。

1.4 临床效果评定标准^[6]

痊愈:终止妊娠,血清 β -HCG下降至正常水平,月经恢复。

1.5 统计学方法

采用SPSS14.0统计学软件对数据进行分析,计量资料以均数 $\pm$ 标准差表示,组间比较采用t检验,计数资料采用卡方检验,以 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者一般资料比较

两组患者年龄、产次、孕周、停经时间及 β -HCG水平比较无显著性差异($P>0.05$),见表1。

表1 两组患者一般资料比较

Table 1 The comparison of general data between two groups

组别 Group	年龄(岁) Age(year)	产次(次) Delivery (n)	孕周(周) Gestaional (week)	停经时间(d) Menopause time (d)	β -HCG (umol/L)
观察组 (Observation group)	27.41 $\pm$ 3.35*	1.36 $\pm$ 0.41*	6.89 $\pm$ 1.17*	50.16 $\pm$ 12.58*	9418.47 $\pm$ 1258.96*
对照组 (Control group)	28.33 $\pm$ 3.51	1.24 $\pm$ 0.37	7.05 $\pm$ 1.20	48.43 $\pm$ 12.39	9533.52 $\pm$ 1246.28

注:与对照组比较,* $P<0.05$

Note: compared with control group, * $P<0.05$

2.2 临床效果

85例患者均取得满意的临床效果,其中观察组痊愈38例,痊愈率为92.68%,3例患者因合并子宫血管畸形,刮宫时出现大出血而转行全子宫切除术;观察组痊愈40例,痊愈率为90.91%,4例患者妊娠大于8周,术后因绒毛活性较高而出现阴道大出血转行子宫病灶切除术。两组患者临床效果比较无显著性差异($P>0.05$)。

2.3 两组患者临床情况比较

观察组患者术中出血量、住院时间及 β -HCG下降至正常时间均显著低于对照组,差异有统计学意义($P<0.05$),见表2。术后对患者进行随访1-3个月,结果发现观察组患者转经时间为(32.18 $\pm$ 11.46)d,显著低于对照组的(50.03 $\pm$ 8.04)d,两组比较差异有统计学意义($P<0.05$)。

表2 两组患者临床情况比较

Table 2 The comparison of clinical situations between two groups

组别 Group	例数 Number	出血量(ml) Amounts of blood loss(ml)	住院时间(d) Hospitalization times (d)	β -HCG下降至正常时间(d) Times for β -HCG return to normal (d)
观察组(observation group)	41	65.29 $\pm$ 30.18*	20.14 $\pm$ 6.25*	22.85 $\pm$ 3.26*
对照组(control group)	44	148.72 $\pm$ 76.30	29.58 $\pm$ 4.91	50.17 $\pm$ 5.51

注:与对照组比较,* $P<0.05$

Note: compared with control group, * $P<0.05$

2.4 两组患者血清 β -HCG下降速度比较

观察组患者血清 β -HCG下降速度明显快于对照组,其中在第2、3周时,观察组患者血清 β -HCG相对水平显著低于对照组,差异有统计学意义。见图1。

2.5 两组患者治疗前后激素水平变化情况比较

两组患者治疗前后FSH、LH和E2水平比较,差异无统计

学意义($P>0.05$),见表3。

2.6 两组患者术后不良反应比较

观察组术后出现2例高热,5例出现下腹疼痛,发生率为17.07%;对照组术后3例口腔溃疡,4例出现白细胞减少,发生率为15.91%,两组不良反应发生率比较无显著性差异($P>0.05$)。

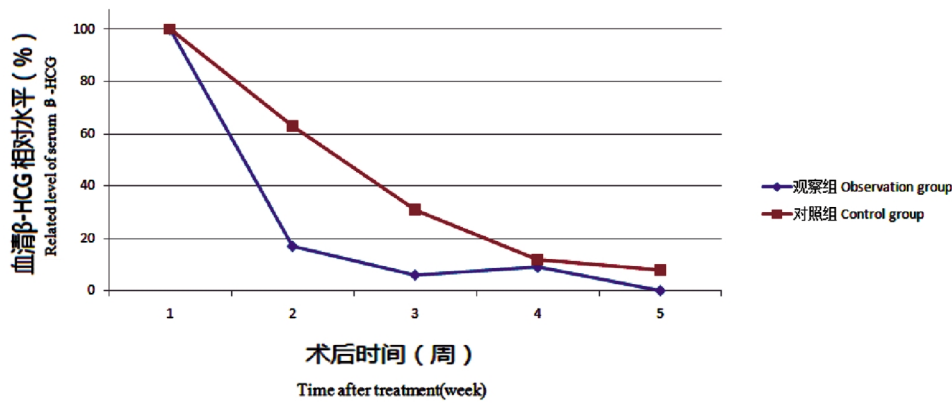


图1 两组患者血清β-HCG下降速度曲线

Fig.1 Rate of decline curve of serum β-HCG in two groups

注:与对照组比较,*P<0.05

Note: compared with control group, *P<0.05

表3 两组患者治疗前后激素水平变化情况比较

Table 3 The comparison of levels of hormones before and after treatment between two groups

组别 Group	FSH(IU/L)		LH(IU/L)		E ₂ (pg/mL)	
	治疗前 Before the treatment	治疗后 After the treatment	治疗前 Before the treatment	治疗后 After the treatment	治疗前 Before the treatment	治疗后 After the treatment
观察组 (Observation group)	13.48± 4.48	14.16± 4.49*	14.05± 4.52	14.22± 4.03*	204.27± 80.15	206.09± 78.42*
对照组 (Control group)	13.51± 4.50	15.18± 4.52*	13.76± 4.25	14.39± 4.71*	204.15± 90.13	201.28± 79.06*

注:与治疗前比较,*P>0.05

Note: compared with control group, *P<0.05

3 讨论

难治性子宫下段瘢痕妊娠是临床上异位妊娠中较为罕见的一种,近年来,随着剖宫产率的增加,瘢痕妊娠的发病率也显著上升^[7]。其病理机制目前尚未阐明,有报道,这可能与瘢痕处肌壁变薄,瘢痕愈合存在缺陷(存在微小裂隙)有密切关系^[8,9]。因此,确诊后须立即终止妊娠,杀灭胚胎,保留患者生育功能;以清除病灶、排出妊娠囊和最大限度减少阴道出血量为治疗原则^[10]。孕囊穿刺术治疗瘢痕妊娠临床疗效确切,不良反应少,适合须保留生育功能的患者;但对于妊娠大于8周,绒毛活性较高的妇女,须谨慎使用^[11]。另外,应用孕囊穿刺术治疗后,血清β-HCG下降速度缓慢,且易出现大出血,增加二期手术的风险。而子宫动脉栓塞术不仅可以有效控制阴道大出血、杀灭胚胎、保留生育功能,还能够同时多次行清宫术^[12,13]。

本研究比较了上述两种方法的有效性和安全性,结果发现,观察组痊愈率为92.68%,本组患者术中出血量、住院时间及β-HCG下降至正常时间均显著低于对照组。说明与孕囊穿刺术治疗方法比较,子宫动脉栓塞术能减少术中出血量,缩短住院时间、及β-HCG下降至正常时间,提高子宫动脉栓塞术的有效性^[14]。术后对患者进行随访1-3个月,结果显示行子宫动脉栓塞术的患者转经时间更短,且治疗前后FSH、LH和E₂水平无明显变化,均维持在正常水平。说明子宫动脉栓塞术对患者

卵巢内分泌功能无不良影响^[15]。且观察组患者血清β-HCG下降速度较对照组快,其中在第2、3周时,观察组患者血清β-HCG相对水平显著低于对照组。可见采用子宫动脉栓塞术治疗难治性子宫下段瘢痕妊娠患者疗效更为确切^[16]。子宫动脉栓塞术的不良反应是指栓塞后由于局部组织缺血而引起的相关反应,如:发热、疼痛等,一般不需特殊处理均可自行缓解^[17,18]。本研究中41例行子宫动脉栓塞术治疗的患者,有2例出现高热,5例出现下腹痛,发生率为17.07%,无严重并发症发生。以上症状均在对症治疗后4d全部消失。可见,子宫动脉栓塞术的不良反应该较少、程度较轻,亦表明该方法具有较高的安全性^[19,20]。

综上所述,子宫动脉栓塞术有效性和安全性更高,与孕囊穿刺术比较能减少术中出血量,缩短住院时间、转经时间及β-HCG下降至正常时间,对患者卵巢内分泌功能无不良影响。

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