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妊娠晚期合并急性胰腺炎患者的手术时机对妊娠结局的影响分析*

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摘要 目的:研究妊娠晚期合并急性胰腺炎(APIP)患者的手术时机对妊娠结局的影响。**方法:**回顾性分析我院2016年7月到2018年6月诊治的35例APIP患者的临床资料,依照不同手术时机分成急诊手术组19例及延期手术组16例。观察和比较两组患者的手术时间、住院时间、下床时间、妊娠结局及并发症的发生情况。**结果:**急诊手术组的手术时间、住院时间及下床时间均明显短于延期手术组($P<0.05$),产妇出现早产、剖宫产、死胎引产的不良结局发生率(15.79%)明显低于延期手术组(50.00%, $P<0.05$),围产儿发生窒息、畸形、死亡的不良结局发生率(21.05%)显著低于延期手术组(62.50%, $P<0.05$),产妇的术后并发症发生率(5.26%)明显低于延期手术组(31.25%, $P<0.05$)。**结论:**对已确诊的妊娠晚期合并急性胰腺炎患者实施急诊手术能够显著降低妊娠晚期合并急性胰腺炎产妇及其围产儿发生不良结局的可能性,同时有效促进产妇的术后恢复并降低并发症发生率。

关键词:妊娠晚期;急性胰腺炎;手术时机;妊娠结局

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Analysis of the Impact of Operation Time on the Pregnancy Outcome of Acute Pancreatitis patients in the Third Trimester of Pregnancy*

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ABSTRACT Objective: To study the impact of operation time on the pregnancy outcome in acute pancreatitis 35 patients in the third trimester of pregnancy (APIP). **Methods:** The diagnosis and treatment of 35 cases with APIP in our hospital from July 2016 to June 2018 were retrospectively analyzed. They were divided into the emergency operation group (19 cases), and the delayed operation group (16 cases) according to different operative timing. The operation time, the time of getting out of bed, hospitalization time, pregnancy outcome and neopathy of the two groups were analyzed and compared. **Results:** The operation time, time of getting out of bed and hospitalization time of emergency operation group were evidently shorter than those in the delayed operation group ($P<0.05$). The incidence of adverse outcomes of premature delivery, cesarean section and stillbirth induction (15.79%) was apparently lower in the emergency operation group than that in the delayed operation group (50.00%, $P<0.05$). The incidence of asphyxia, deformity and death of perinatal infants in emergency operation group (21.05%) was visibly lower than that in delayed operation group (62.50%, $P<0.05$). The incidence of postoperative complications in the emergency operation group (5.26%) was distinctly lower than that of the delayed operation group (31.25%, $P<0.05$). **Conclusion:** Emergency surgery for sufferers with acute pancreatitis in the third trimester of pregnancy can prominently reduce the possibility of adverse outcomes in parturients with acute pancreatitis in the third trimester of pregnancy and their perinatal infants, and effectively promote the recovery of postoperatively and reduce the incidence of neopathy complications.

Key words: Late pregnancy; Acute pancreatitis; Operation timing; Pregnancy outcome

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前言

妊娠晚期合并急性胰腺炎 (Acute pancreatitis in pregnancy, APIP)多由妊娠晚期出现,可能是由于妊娠期呕吐、子宫增长压

迫胰腺管使其内部压强升高或者孕妇伴有高血压等原因导致胰腺消化酶被不正常激活开始消化自身的胰腺组织^[1-3]。该病多为骤然发作,起病急且病情相对较为严重,甚至威胁孕妇及胎儿的生命^[4-5]。针对该病的治疗多采用手术方式直接控制病情,

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但妊娠后期患者病情相对更为复杂危重,极易引发多种并发症^[6,7],选择适当的手术时机对 APIP 患者至关重要。目前,临床上对于 APIP 患者手术时机的选择上仍存在一些争议,本研究选择我院收治的 35 例 APIP 孕妇作为研究对象,依照不同手术时机分成急诊手术组 19 例及延期手术组 16 例,通过比较其手术时间、下床时间、住院时间、妊娠结局及预后并发症情况,旨在明确 APIP 孕妇的最佳手术时机。现报道如下:

1 材料与方法

1.1 一般资料

回顾性分析我院 2016 年 7 月到 2018 年 6 月诊治的 35 例 APIP 患者的临床资料,依照不同手术时机将其分成急诊手术组 19 例及延期手术组 16 例。纳入标准:① 孕妇均处于妊娠晚期;② 年龄 21-39 岁;③ 在我院建立病例档案,孕妇及家属均同意接收参与此次研究。排除标准:① 伴有严重妊娠期合并疾病;② 伴有其它血、脑、心、肝、肾等器官或系统方面的器质性的病变;③ 伴有沟通障碍类疾病。对照组年龄 21-38 岁,平均年龄为(29.83± 7.61)岁,孕周为 33-40 周,平均孕周(38.26± 1.74)周;观察组年龄 22-39 岁,平均年龄为(29.77± 7.85)岁,孕周为 34-40 周,平均孕周(38.37± 1.49)周。两组在年龄、妊娠周期等方面无统计学差异($P>0.05$),具有可比性。

1.2 治疗方法

全部患者入院后实施血液、尿液常规检查,通过超声波检

查确定胰腺水肿情况,实时监测产妇及胎儿的具体状况。术前,两组产妇禁食减轻胃肠道压力,对产妇进行补液与补充营养成分,联合使用抗生素进行感染预防,同时将产妇出现的水电解质失衡现象予以纠正,并采用静滴硫酸镁(上海旭东海普药业有限公司,国药准字 H31020666,10 mL: 2.5 g× 5)进行保胎。急诊手术组产妇在常规检查与护理保胎后,在入院确诊后的 12 h 内实施手术。延期手术组产妇在常规检查与护理保胎后,在入院确诊后的 24 h 后实施手术。比较两组产妇及其围产儿术中、术后状况及妊娠结局的相关资料。

1.3 观察指标

(1)两组产妇的手术时间、住院时间、下床时间;(2)比较两组产妇的妊娠结局:具体指产妇早产、剖宫产、死胎引产以及胎儿窒息、畸形、围产儿死亡;(3)分析两组产妇的术后并发症情况(具体包括:出血,胰瘘,创口感染)。

1.4 统计学分析

应用统计软件 spss19.0 进行数据统计,计数资料采用[例(%)]来表示,组间比较采用 χ^2 检测;计量资料采用($\bar{x} \pm s$)表示,组间比较采用 t 检验,以 $P<0.05$ 为差异具有统计学意义。

2 结果

2.1 两组产妇手术情况的比较

急诊手术组的手术时间、住院时间及下床时间明显短于延期手术组,两组比较差异存在统计学意义($P<0.05$)。见表 1。

表 1 两组产妇手术情况比较($\bar{x} \pm s$)

Table 1 Comparison of the operation of two groups of parturients

Groups	Amount(n)	Operation time/min	Hospitalization time/d	Out of bed time/d
Emergency operation group	19	67.28± 11.39	14.43± 5.79	2.17± 1.24
Delayed operation group	16	97.43± 13.61	21.65± 6.07	3.86± 1.59
<i>P</i>		0.000	0.001	0.001

2.2 两组产妇的妊娠结局比较

急诊手术组产妇出现早产、剖宫产、死胎引产的不良结局发生率(15.79 %)明显低于延期手术组(50.00 %, $P<0.05$);急诊

手术组围产儿发生窒息、畸形、死亡的不良结局发生率(21.05 %)显著低于延期手术组(62.50 %, $P<0.05$)。见表 2、表 3。

表 2 两组产妇结局比较[例(%)]

Table 2 Comparison of the maternal outcomes between two groups[n(%)]

Groups	Amount(n)	Premature delivery	Cesarean section	Stillbirth induction	Total incidence
Emergency operation group	19	1(5.26)	2(10.53)	0(2.04)	3(15.79)
Delayed operation group	16	3(18.75)	4(25.00)	1(6.25)	8(50.00)
<i>P</i>					0.030

表 3 两组围产儿结局比较[例(%)]

Table 3 Comparison of the perinatal infant outcome between two groups[n(%)]

Groups	Amount(n)	Asphyxia	Deformity	Perinatal death	Total incidence
Emergency operation group	19	3(15.79)	1(5.26)	0(0.00)	4(21.05)
Delayed operation group	16	7(43.75)	1(6.25)	2(12.50)	10(62.50)
<i>P</i>					0.013

2.3 两组产妇术后并发症发生情况的比较

急诊手术组产妇的术后并发症发生率(5.26 %)明显低于延

表 4 两组产妇产后并发症情况比较[例(%)]

Table 4 Comparison of the incidence of postoperative complications between two groups of parturients[n(%)]

Groups	Amount(n)	Hemorrhage	Pancreatic fistula	Wound infection	Complications incidence
Emergency operation group	19	0(0.00)	0(0.00)	1(5.26)	1(5.26)
Delayed operation group	16	1(6.25)	1(6.25)	3(18.75)	5(31.25)
<i>P</i>					0.042

期手术组(31.25 %), 两组比较差异存在统计学意义($P < 0.05$)。详见表 4。

3 讨论

急性胰腺炎是孕产妇在妊娠期间相对较常出现的一类急腹症, 高发于妊娠晚期^[8]。这主要是由于随着胎儿增长子宫不断增大以及妊娠期呕吐等使患者腹腔内压强增大^[9,10]。同时, 患者妊娠期内常摄入更多的蛋白质与脂肪, 肝脏、肠胃、胆囊、胰腺等脏器承受较大的代谢负荷, 也会使得胰管内部压强增大^[11,12]。妊娠期肠道对脂肪酸具有更强的吸收能力直接导致脂肪在孕产妇体内进行大量储存, 研究证明腹膜后出现大量的脂肪堆积能够显著增加胰腺出现炎症甚至坏死的可能性^[13,14]。

APIP 发生后患者会出现明显的脱水反应, 进而直接影响患者自身与胎盘之间的血液循环^[15]。胎盘的毛细血管中沉积了较多的纤维蛋白, 与炎症反应造成凝聚的血细胞聚集在毛细血管内, 使管腔内出现栓塞, 胎盘血液的正常流通被阻断^[16,17]。妊娠晚期患者随时面临生产的可能, 因此对 APIP 患者实施手术时机的选择意义重大。有医学工作者认为及时对 APIP 患者实施手术能够有效提高胎儿的成活率, 减少产妇的痛苦^[18]。也有人持相反意见, 他们认为过早开展手术治疗极易造成妊娠后期流产或对胎儿造成不可逆的损伤^[19,20]。

本研究显示实施急诊手术的患者的手术时间、住院时间及下床时间明显短于实施延期手术的患者。这主要是由于后期胆汁酸分泌量逐渐增多并累积, 孕期的激素调节是胆管的收缩和舒张能力明显降低, 胆道系统出现胆汁淤积无法正常分泌且妊娠后期产妇产后子宫逐渐增长, 进一步压迫胰腺从而使胰腺位置不宜开展手术操作, 实施手术时必须更加小心。深入实施手术时极有可能对周围组织及胰管造成严重的损伤, 因此术后需要更多的恢复时间。此外, 实施急诊手术产妇出现早产、剖宫产、死胎引产的不良结局发生率是、围产儿发生窒息、畸形、死亡的不良结局发生率及产妇的并发症均明显低于实施延期手术的产妇, 主要是由于在确诊后实施急诊手术能够在病情未发生恶化之前尽快缓解腹腔压力, 减少腹腔液体渗出, 进而稳定患者的病情并减少并发症的发生。而延期手术容易使患者胎盘的淤塞随时间延长愈加严重, 机体与胎盘之间的血液和物质循环不畅, 患者胰管和胆管内的阻塞在短时间内出现迅速累积, 病情急剧恶化造成产妇及围产儿的不良结局, 并增加术后并发症。综上所述, 对已确诊的妊娠晚期合并急性胰腺炎患者实施急诊手术能够显著降低妊娠晚期合并急性胰腺炎产妇及其围产儿发生不良结局的可能性, 同时有效促进产妇的术后恢复并降低并发症发生率。

参考文献(References)

- [1] 樊书娟, 向俊西, 肖谧, 等. 妊娠合并急性胰腺炎对妊娠结局及新生儿的影响[J]. 中国当代儿科杂志, 2018, 20(04): 274-278
Fan Shu-juan, Xiang Jun-xi, Xiao Mi, et al. Influence of acute pancreatitis in pregnancy on pregnancy outcomes and neonates [J]. Chinese Journal of Contemporary Pediatrics, 2018, 20(04): 274-278
- [2] 付华, 胡岗, 吴华, 等. 妊娠合并急性胰腺炎 20 例分析[J]. 吉林医学, 2018, 39(03): 528-529
Fu Hua, Hu Gang, Wu Hua, et al. Analysis of 20 cases of acute pancreatitis during pregnancy[J]. Jilin Medical Journal, 2018, 39(03): 528-529
- [3] 侯婷, 傅晓冬. 91 例妊娠合并急腹症的临床分析 [J]. 世界最新医学信息文摘, 2018, 18(19): 7-8
Hou Ting, Fu Xiao-dong. Clinical analysis of 91 cases of pregnancy complicated with acute abdomen [J]. World Latest Medicine Information, 2018, 18(19): 7-8
- [4] 郝春燕. 妊娠合并急性胰腺炎严重并发症的防治效果分析[J]. 临床医药文献电子杂志, 2018, 5(07): 54
Hao Chun-yan. Prevention and treatment of severe complications in pregnancy with acute pancreatitis [J]. Journal of Clinical Medical Literature, 2018, 5(07): 54
- [5] 贺芳, 唐小林, 龚景进, 等. 妊娠合并胰腺炎临床特点 40 例分析[J]. 中国实用妇科与产科杂志, 2017, 33(11): 1174-1177
He Fang, Tang Xiao-lin, Gong Jing-jin, et al. Analysis of clinical characteristics of 40 cases of pregnancy combined with pancreatitis [J]. Chinese Journal of Practical Gynecology and Obstetrics, 2017, 33(11): 1174-1177
- [6] 丁文静, 仇希雯, 王子莲. 妊娠合并急性胰腺炎 34 例临床分析[J]. 中华产科急救电子杂志, 2017, 6(02): 112-117
Ding Wen-jing, Qiu Xi-wen, Wang Zi-lian. Clinical analysis of 34 cases of acute pancreatitis with pregnancy [J]. Chinese Journal of Obstetric Emergency, 2017, 6(02): 112-117
- [7] 骆文君, 李春花, 林辉, 等. 营养支持在妊娠合并急性胰腺炎中的应用及疗效初步评价 [J]. 第三军医大学学报, 2017, 39(13): 1400-1403
Luo Wen-jun, Li Chun-hua, Lin Hui, et al. Application and preliminary evaluation of nutritional support in acute pancreatitis of pregnancy [J]. Journal of third military medical university, 2017, 39(13): 1400-1403
- [8] 魏晓艳. 妊娠合并急性胰腺炎的临床特点分析[D]. 郑州大学, 2017
Wei Xiao-yan. Analysis of clinical characteristics of acute pancreatitis associated with pregnancy[D]. Hippocampus, 2017
- [9] 冯翠平, 郑郑, 潘晓玉. 妊娠合并急性胰腺炎 16 例临床诊治分析[J]. 中日友好医院学报, 2018, 32(03): 135-138
Feng Cui-ping, Zheng Zheng, Pan Xiao-yu. Clinical analysis of 16 cases of acute pancreatitis during pregnancy [J]. Journal of China-

- Japan Friendship Hospital, 2018, 32(03): 135-138
- [10] 姜孔娣, 王学峰, 高斌, 等. 妊娠合并急性胰腺炎对妊娠结局的影响分析[J]. 淮海医药, 2015, 33(06): 558-559
- Jiang Kong-di, Wang Xue-feng, Gao Bin, et al. Influence of pregnancy with acute pancreatitis on pregnancy outcome [J]. Journal of Huaihai Medicine, 2015, 33(06): 558-559
- [11] 淦蓓. 合并急性胰腺炎产妇妊娠结局的影响分析 [J]. 当代临床医刊, 2015, 28(05): 1647-1648
- Gan Bei. Analysis of pregnancy outcome in pregnant women with acute pancreatitis [J]. The Medical Journal of Thepresent Clinical, 2015, 28(05): 1647-1648
- [12] 代鸣, 邹志梅, 李华丽, 等. 妊娠合并急性胰腺炎严重并发症的防治[J]. 国际妇产科学杂志, 2015, 42(05): 546-548
- Dai Ming, Zou Zhi-mei, Li Hua-li, et al. Prevention and treatment of severe complications of pregnancy complicated with acute pancreatitis [J]. Journal of International Obstetrics and Gynecology, 2015, 42(05): 546-548
- [13] 赵昊云, 张秦, 吴元赭. 妊娠合并急性胰腺炎的高危因素及预后评估[J]. 医学研究生学报, 2015, 28(01): 64-66
- Zhao Hao-yun, Zhang Qin, Wu Yuan-zhe. High risk factors and neopathy of acute pancreatitis in pregnancy [J]. Journal of Medical Postgraduates, 2015, 28(01): 64-66
- [14] 刘洪娟, 金玄, 张洪印. 中晚期妊娠合并非产科急腹症手术时机选择的探讨[J]. 中国妇幼保健, 2016, 31(24): 5347-5348
- Liu Hong-juan, Jin Xuan, Zhang Hong-yin. The Timing of the Operation in Non- obstetric Acute Abdominal Diseases in the Last Two Trimesters of Pregnancy [J]. Maternal & Child Health Care of China, 2016, 31(24): 5347-5348
- [15] 张春礼, 贾晓慧, 孙德利. 剖宫产术中行腹腔镜胰腺探查引流术治疗妊娠晚期并发急性胰腺炎 17 例效果分析 [J]. 中国临床新医学, 2016, 9(11): 988-990
- Zhang Chun-li, Jia Xiao-hui, Sun De-li. The clinical effect of laparoscopic pancreatic exploration and drainage in the treatment of late-term pregnancy complicated with acute pancreatitis after caesarean section: a report of 17 cases [J]. Chinese Journal of New Clinical Medicine, 2016, 9(11): 988-990
- [16] 吴亚玲. 妊娠合并急性胰腺炎 20 例回顾性分析[J]. 实用医技杂志, 2016, 23(11): 1223- 1225
- Wu Ya-ling. Retrospective analysis of 20 cases of acute pancreatitis with pregnancy[J]. Journal of Practical Medical Techniques, 2016, 23 (11): 1223-1225
- [17] 吴宸, 彭方兴, 罗亮, 等. 妊娠晚期合并高脂血症性重症急性胰腺炎治疗分析[J]. 现代医药卫生, 2016, 32(04): 578-580
- Wu Chen, Peng Fang-xing, Luo Liang, et al. Treatment of severe acute pancreatitis complicated with hyperlipidemia in the third trimester of pregnancy [J]. Journal of Modern Medicine & Health, 2016, 32(04): 578-580
- [18] 王妮, 张青松, 王倩倩, 等. 妊娠晚期急性胰腺炎 16 例临床分析[J]. 中国妇产科临床杂志, 2016, 17(04): 353-355
- Wang Ni, Zhang Qing-song, Wang Qian-qian, et al. Clinical analysis of 16 cases of acute pancreatitis in the late pregnancy [J]. Chinese Journal of Clinical Obstetrics and Gynecology, 2016, 17(04): 353-355
- [19] 张莉. 妊娠合并急性胰腺炎的危险因素及临床诊治分析 [J]. 空军医学杂志, 2016, 32(03): 189-191+ 195
- Zhang Li. Risk factors and clinical diagnosis and treatment of acute pancreatitis during pregnancy[J]. Medical Journal of Air Force, 2016, 32(03): 189-191+ 195
- [20] 胡鹏, 邓文宏, 余佳, 等. 妊娠合并急性胰腺炎的临床诊治进展[J]. 海南医学, 2016, 27(18): 3013-3016
- Hu Peng, Deng Wen-hong, Yu Jia, et al. Current progress in clinical diagnosis and treatment on acute pancreatitis in pregnancy[J]. Hainan Medical Journal, 2016, 27(18): 3013-3016

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- [27] Kim JW, Choo KS, Jeon UB, et al. Diagnostic performance and radiation dose of lower extremity CT angiography using a 128-slice dual source CT at 80 kVp and high pitch[J]. Acta Radiol, 2016, 57(7): 822-828
- [28] Li K, Gomez-Cardona D, Hsieh J, et al. Statistical model based iterative reconstruction in clinical CT systems. Part III. Task-based kV/mAs optimization for radiation dose reduction [J]. Med Phys, 2015, 42(9): 5209-5221
- [29] 唐世昌, 吴晶涛, 朱庆强, 等. 下肢动脉成像低管电压设置结合个体化对比剂应用的临床研究 [J]. 临床放射学杂志, 2015, 34(7): 1159-1163
- Tang Shi-chang, Wu Jing-tao, Zhu Qing-qiang, et al. The Application of Lower Extremity Arteries CT Angiography in Low Tube Voltage Setting Combined with Personalized Contrast Media [J]. Journal of Clinical Radiology, 2015, 34(7): 1159-1163
- [30] He G, Liu X, Liu Y, et al. Dose study of electrocardiogram automatic tube current modulation technology in prospective coronary computed tomography angiography scans of overweight patients[J]. Exp Ther Med, 2015, 9(6): 2384-2388