

吴传妹,李智贤,刘军杰,钟丹妮,田桂湘,丁雪明,韦柳,王斯达:多普勒超声评价新生儿脑室周围-脑室内出血[J].中国医学影像技术,2013,29(3):339-343

多普勒超声评价新生儿脑室周围-脑室内出血

Doppler ultrasonographic assessment of neonatal periventricular-intraventricular hemorrhage

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作者	单位	E-mail
吴传妹	广西医科大学第一附属医院超声诊断科,广西 南宁 530021	
李智贤	广西医科大学第一附属医院超声诊断科,广西 南宁 530021	gxydlzx@163.com
刘军杰	广西医科大学第一附属医院超声诊断科,广西 南宁 530021	
钟丹妮	广西医科大学第一附属医院新生儿科,广西 南宁 530021	
田桂湘	广西医科大学第一附属医院超声诊断科,广西 南宁 530021	
丁雪明	广西医科大学第一附属医院超声诊断科,广西 南宁 530021	
韦柳	广西医科大学第一附属医院超声诊断科,广西 南宁 530021	
王斯达	广西医科大学第一附属医院超声诊断科,广西 南宁 530021	

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中文摘要:

目的:探讨不同程度脑室周围-脑室内出血(PIVH)新生儿大脑中动脉(MCA)的血流动力学变化。方法:对321名出生1周内新生儿行颅脑超声检查,测定双侧MCA的收缩期峰值流速(Vs)张期末流速(Vd)及阻力指数(RI)。根据结果将新生儿分为对照组(83名)、PIVH I级组(90例)、II级组(106例)、III级组(21例)和IV级组(21例),分析各组间MCA的血流动力学变化特点。结果:各组新生儿出生后1周内Vs均随着日龄增加而增高。PIVH I级组新生儿3天内Vs明显低于对照组和PIVH II级组($P < 0.05$),高于PIVH III、IV级组($P < 0.05$);PIVH II级组新生儿7天内Vd明显高于其他各组($P < 0.05$);PIVH III、IV级组新生儿7天内Vs及3天内Vd显著低于对照组和PIVH I、II级组($P < 0.05$),PIVH III、IV级组间比较血流参数差异无统计学意义($P > 0.05$)。各组间RI差异无统计学意义($P > 0.05$)。结论:多普勒超声可动态监测PIVH患儿MCA血流动力学变化。

英文摘要:

Objective: To assess the hemodynamics of middle cerebral artery (MCA) in different grades of neonatal periventricular-intraventricular hemorrhage (PIVH) with Doppler ultrasonography. **Methods:** Totally 321 newborns who underwent routine cerebral ultrasonography were divided into control group ($n=83$), grade I PIVH group ($n=90$), grade II PIVH group ($n=106$), grade III PIVH group ($n=21$) and grade IV PIVH group ($n=21$). The hemodynamics of MCA were detected, including bilateral velocity systolic (Vs), velocity diastole (Vd) and resistance index (RI), and hemodynamic changes of in each group were compared and analyzed. **Results:** Within 1 week after delivery, there was a linear increase of Vs with the increasing of age. Vs of 3 days in grade I PIVH group was lower than the control group and grade II PIVH group (both $P < 0.05$), but higher than that in grade III and IV PIVH groups (both $P < 0.05$). Vs of 7 days and Vd of 3 days in grade II PIVH group were significantly higher than those in other PIVH groups (all $P < 0.05$). Vs of 7 days and Vd of 3 days in grade III, IV PIVH groups were lower than those in grade I, II PIVH groups and control group (all $P < 0.05$). The difference of blood flow velocity of MCA had no significant difference between grade III and IV PIVH group (all $P > 0.05$). There was no significant difference of RI among all groups (all $P > 0.05$). **Conclusion:** Doppler ultrasonography can monitor the progression of neonatal PIVH.

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