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[1]刘晓洁,韩磊,韩健,等.子痫前期孕妇凝血功能及血小板变化的研究[J].第三军医大学学报,2014,36(09):962-965.

Liu Xiaojie, Han Lei, Han Jian, et al. Changes of coagulation ability and platelet parameters in women with pre-eclampsia and their clinical relevance[J].J Third Mil Med Univ,2014,36(09):962-965.

子痫前期孕妇凝血功能及血小板变化的研究(PDF)分享本期目录/Table of Contents

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Title: Changes of coagulation ability and platelet parameters in women with

pre-eclampsia and their clinical relevance

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探讨妊娠不同时期子痫前期 (pre-eclampsia, PE) 孕妇的凝血功能和血小板 摘要: 目的 纳入2011年11月至2013年10月住院分娩持续随 的变化规律及临床意义。 方法

> 访观察的孕妇共84例, 其中轻度PE 24例、重度PE 19例、正常孕妇41例, 观察并分析3 组孕妇凝血指标[纤维蛋白原含量(FIB)、凝血酶时间(TT)、部分凝血活酶时间 (APTT)、D-二聚体(D-D)、凝血酶原时间(PT)]及血小板指标[血小板计数(PLT)、

血小板分布宽度(PDW)、血小板平均体积(MPV)、血小板的平均压积

(PCT)] ①凝血指标中,PE组较正常孕妇的孕晚期FIB减少(P< (P>0.05) , 但孕早期差异不明显 (P>0.05) : 3组孕妇孕晚期APTT较孕早期明显缩短 (P=0.05) : 3组孕妇孕晚期APTT较孕早期明显缩短 (P=0.05) <0.05)。②血小板指标中,3组孕妇孕晚期较孕早期PLT总数下降、MPV增大,差异有

子痫前期孕晚期血液有"超高凝状态",可能为多器官功能衰竭的病理基础

统计学意义 (P < 0.05)。③重度PE组的TT、D-D升高较其他组明显 (P < 0.05)。

之一: 伴血浆D-D明显升高时,可作为子痫发生的预警。

To identify the profiles of coagulation ability and plasma platelet Abstract:

> content in the first and third trimester women with pre-eclampsia (PE), and investigate their clinical significance. Methods Totally 84 gravidas, including 24 diagnosed as mild PE and 19 as severe PE who gave birth in our

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department from November 2011 to October 2013 and were continuously followed up were enrolled in this study. Another 41 matched pregnant women hospitalized at the same period served as control. Their gestation ages, pregnancy weeks, coagulation indexes, such as fibrinogen (FIB), thrombin time (TT), activated partial thromboplastin time (APTT), D-dimer (D-D), and prothrombin time (PT), and platelet parameters, including plasma platelet count (PLT), platelet distribution width (PDW), mean platelet volume (MPV) and plateletcrit (PCT) were collected and retrospectively analyzed. Results The PE women at the third trimester had significantly decreased FIB than the normal control at the same trimester, but no such change was seen in those at the first trimester (P>0.05). All women had obviously shorter APTT at the third than the first trimester (P<0.05). All patients at the third trimester appeared lower PLT and increased MPV than them at the first trimester (P<0.05). The severe PE patients also had longest TT, and highest D-D (above 2 000 $\mu g/L$) than the other groups (P<0.05). Conclusion The PE patients at the third trimester present at a super-hypercoagulable state, which might be the pathological cause of multiple organ failure. The obvious increase of D-D is an early warning of eclampsia.

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