

论著

改良的腹膜侧后入路的剖宫产子宫切除术在妊娠晚期穿透性胎盘治疗中的应用

刘巧姝, 张静, 张卫社, 董美莲, 吴新华

中南大学湘雅医院妇产科, 长沙 410008

摘要: 目的: 探讨改良的腹膜侧后入路的剖宫产子宫切除术在妊娠晚期穿透性胎盘治疗中的应用。方法: 回顾性分析中南大学湘雅医院2008年1月至2011年12月收治的孕龄 ≥ 34 周且为同一术者完成的8例穿透性胎盘剖宫产子宫切除病例的临床资料,按病例配对的原则,将病例分为改良的腹膜侧后入路手术组(改良组, $n=4$)和常规手术组($n=4$),比较术中出血量、输浓缩RBC量及手术并发症的发生情况。结果: 改良组出血量为(2280 ± 687) mL,明显少于常规组的(6150 ± 2023) mL($P < 0.05$);改良组输浓缩RBC量为(4.5 ± 2.1) U,亦明显少于常规组的(11.7 ± 8.9) U($P < 0.05$)。改良组无凝血功能障碍和输尿管损伤的发生;而常规组分别有2例($P < 0.05$)和1例($P < 0.05$)。两组均有2例发生膀胱侵蚀裂伤。结论: 穿透性胎盘患者术中出血严重,改良的腹膜侧后入路的剖宫产子宫切除术可减少患者术中出血量及输血量,降低手术并发症的发生率。

关键词: 改良的剖宫产子宫切除术 穿透性胎盘 妊娠晚期

Modified cesarean hysterectomy for placenta previa percreta in the third trimester via peritoneum lateral approach

LIU Qiaoshu, ZHANG Jing, ZHANG Weishe, DONG Meilian, WU Xinhua

Department of Obstetrics and Gynecology, Xiangya Hospital, Central South University, Changsha 410008, China

Abstract: Objective: To investigate the application of modified cesarean hysterectomy for placenta previa percreta in the third trimester via peritoneum lateral approach.

Methods: Data of 8 patients at 34 weeks or more gestation, who underwent cesarean hysterectomy for placenta previa percreta in Xiangya Hospital, Central South University, between January 2008 and December 2011, were analyzed retrospectively. The patients were divided into a modified cesarean hysterectomy by peritoneum lateral approach group (modified group, $n=4$) and a conventional cesarean hysterectomy group (conventional group, $n=4$), according to the principles of the case-control and the operation performed by the same doctor. The incidence of blood loss, the number of transfusions of RBC, and the occurrence of complications were compared between the 2 groups.

Results: The blood loss in the modified group and the conventional group was (2280 ± 687) mL and (6150 ± 2023) mL, and the number of transfusions of RBC was (4.5 ± 2.1) U and (11.7 ± 8.9) U, respectively. There was no coagulation disorder and ureteral injury in the modified group whereas there were 2 disorders and 1 injury in the conventional group. Two patients with bladder laceration were observed in the 2 groups.

Conclusion: Large amounts of bleeding will be onset in the placenta previa percreta. Modified cesarean hysterectomy for placenta previa percreta can reduce the blood loss and the incidence of related complications in the operation.

Keywords: modified cesarean hysterectomy placenta percreta third trimester of pregnancy

收稿日期 2013-01-11 修回日期 网络版发布日期

DOI: 10.3969/j.issn.1672-7347.2013.06.011

基金项目:

通讯作者: 张卫社, Email: 1471674914@qq.com

作者简介: 刘巧姝, 硕士研究生, 主要从事围产医学研究。

作者Email: 1471674914@qq.com

参考文献:

1. Héquet D, Ricbourg A, Sebbag D, et al. Placenta accreta: screening, management and complications [J]. Gynecol Obstet Fertil, 2013, 41(1): 31-37.
2. Steins Bisschop CN, Schaap TP, Vogelvang TE, et al. Invasive placentation and uterus preserving treatment modalities: a systematic review [J]. Arch Gynecol Obstet, 2011, 284(2): 491-502.
3. Aggarwal R, Suneja A, Vaid NB, et al. Morbidly adherent placenta: a critical review [J]. J Obstet

扩展功能

本文信息

Supporting info

PDF(2578KB)

[HTML全文]

参考文献[PDF]

参考文献

服务与反馈

把本文推荐给朋友

加入我的书架

加入引用管理器

引用本文

Email Alert

文章反馈

浏览反馈信息

本文关键词相关文章

改良的剖宫产子宫切除术

穿透性胎盘

妊娠晚期

本文作者相关文章

刘巧姝

张静

张卫社

董美莲

吴新华

PubMed

Article by LIU Qiaoshu

Article by ZHANG Jing

Article by ZHANG Weishe

Article by DONG Meilian

Article by WU Xinhua

Gynaecol India, 2012, 62(1): 57-61.

4. Finberg HJ, Williams JW. Placenta accreta: prospective sono-graphic diagnosis in patients with placenta previa and prior cesarean section [J] . J Ultrasound Med, 1992, 11(7): 333-343.
5. Sumigama S, Itakura A, Ota T, et al. Placenta previa increta/percreta in Japan: a retrospective study of ultrasound findings, management and clinical course [J] . J Obstet Gynaecol Res, 2007, 33(5): 606-611.
6. Zížka Z, Beitlová P, Hubka P. Accuracy of placenta accreta ultrasound prediction in clinical work [J] . Ceska Gynekol, 2012, 77(6): 498-501.
7. Cali G, Giambanco L, Puccio G, et al. Morbidly adherent placenta: evaluation of ultrasound diagnostic criteria and differentiation of placenta accreta from percreta [J] . Ultrasound Obstet Gynecol, 2013, 41(4): 406-412.
8. Woodring TC, Klauser CK, Bofill JA, et al. Prediction of placenta accreta by ultrasonography and color Doppler imaging [J] . J Matern Fetal Neonatal Med, 2011, 24(1): 118-121.
9. Palacios J, Jaraquemada M, Bruno C. Gadolinium-enhanced MR imaging in the differential diagnosis of placenta accreta and placenta percreta [J] . Radiology, 2000, 216(2): 610-611.
10. Derman AY, Nikac V, Haberman S, et al. MRI of placenta accreta: a new imaging perspective [J] . AJR Am J Roentgenol, 2011, 197(6): 1514-1521.
11. Lim PS, Greenberg M, Edelson MI, et al. Utility of ultrasound and MRI in prenatal diagnosis of placenta accreta: a pilot study [J] . AJR Am J Roentgenol, 2011, 197(6): 1506-1513.
12. Pelosi MA. Cesarean hysterectomy for placenta previa accreta, increta, and percreta: a strategic approach to minimize surgical hemorrhage [J] . Prim Care Update Ob Gyns, 1998, 5(4): 187.
13. Pri-Paz S, Devine PC, Miller RS, et al. Cesarean hysterectomy requiring emergent thoracotomy: a case report of a complication of placenta percreta requiring a multidisciplinary effort [J] . J Reprod Med, 2012, 57(1/2): 58-60.
14. Pelosi MA 3rd, Pelosi MA. Modified cesarean hysterectomy for placenta previa percreta with bladder invasion: retrovesical lower uterine segment bypass [J] . Obstet Gynecol, 1999, 93(5 Pt 2): 830-833.
15. Yanagisawa T, Furuta A, Egawa S, et al. A case report of placenta percreta with bladder invasion [J] . Hinyokika Kyo, 2012, 58(6): 283-286.
16. Sijanović S, Rubin M, Topolovec Z. Placenta previa percreta with bladder invasion [J] . Med Glas (Zenica), 2011,8(1): 66-68.
17. Matsubara S. Bladder-opening technique for hysterectomy for placenta previa percreta [J] . Arch Gynecol Obstet, 2011, 283(6): 1427-1428.
18. Matsubara S. Caesarean hysterectomy for placenta praevia accreta: Filling the bladder technique to identify an appropriate bladder separation site [J] . J Obstet Gynaecol, 2013, 33(2): 163-164.

本刊中的类似文章

1. 张静, 刘巧姝, 张卫社, 董美莲, 吴新华, 伍招娣. 选择性血管阻断技术在妊娠晚期穿透性胎盘治疗中的应用价值 [J]. 中南大学学报(医学版), 2013,38(5): 532-536