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超声监测在早孕电吸人工流产手术中的应用价值

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Application of Ultrasonic Monitoring in Induced Abortion During the First Trimester

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摘要

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摘要 目的 评估超声监测在早孕电吸人工流产手术中的应用价值。方法 以110例早孕需要行电吸人工流产手术的患者为研究对象, 所有人工流产手术均按常规进行, 当临床医师认为按常规可以结束时进行超声检查, 如超声提示宫腔内有残留组织, 再次刮宫至超声示内膜线清晰, 所有再刮出的组织送病理, 纳入研究组; 如超声提示宫腔吸净, 则手术结束, 纳入对照组。结果110例患者中, 28例(25.5%)纳入研究组, 其中11例(39.3%)刮出组织中有滋养细胞或绒毛, 内有3例为平滑肌组织中存在滋养细胞或绒毛; 6例为蜕膜样组织; 11例为分泌期子宫内膜。82例(74.5%)纳入对照组, 其中1例出现人工流产不全。人工流产不全发生率为0.9%。研究组患者的平均手术时间、术前探宫腔深度和术中进出宫腔次数分别为(20.6±2.1)min、(10.6±1.3)cm和(5.6±2.0)次, 明显高于对照组的(11.5±3.5)min、(9.7±1.1)cm和(3.8±1.2)次(P均<0.01); 在术后3周血清人绒毛膜促性腺激素(P=0.51)、孕酮(P=0.61)和子宫内膜厚度(P=0.57), 及月经恢复时间(P=0.08)和经量(P=0.44)等方面差异无统计学意义。结论术中超声监测有助于降低常规早孕电吸人工流产手术中不全流产发生率, 不会导致子宫内膜的过度伤害。孕周(宫腔深度)大的患者更需要术中超声监测。

关键词:

Abstract: Objective To evaluate the value of ultrasonic monitoring in induced abortion during the first trimester. Methods Totally 110 healthy women with a singleton pregnancy between 9 and 11 gestational weeks were enrolled. All the procedures of induced abortion were performed routinely. Ultrasonography was performed when the procedure of induced abortion was completed. Patients with normal ultrasonographic results were assigned in the control group, while patients with abnormal ultrasonographic findings were enrolled in the study group, in which these patients underwent further operations until the ultrasonography showed clear endometrial line. All the resected tissue in the study group were sent for pathological examinations. Results Of these 110 patients, 28 (25.5%) entered study group and 82 (74.5%) entered control group. In the study group, trophoblastic cell or chorion was found in the resected tissue in 11 patients (39.3%), in which 3 had trophoblastic cell embedded in smooth muscular tissue, 6 had pathologic deciduas, and 11 had pathologic secretory endometria. In this control group, 1 patient (0.9%) had retained products of conception. The operation duration [(20.6±2.1)min vs. (11.5±3.5)min, P<0.01], depth of cavity of uterus [(10.6±1.3)cm vs. (9.7±1.1)cm, P<0.01], and frequency of entering cavity of uterus [(5.6±2.0)times vs. (3.8±1.2)times, P<0.01] were significantly different between these two groups, while no such difference was noted in terms of β-HCG, progesterone, and the thickness of endometrium 3 weeks after operation, recovery time of menstruation, and menstrual blood volume (P>0.05).

Conclusions Ultrasonic monitoring in induced abortion during the first trimester can decrease the incidence of retained products of conception and will not induce endometrial damage. It is especially useful for women whose fetuses were at older gestational ages.

Keywords:

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