

[1]蔡大芬,陈红,陈玉环,等.洗涤式自体血液回输在异位妊娠术中的临床应用[J/CD].中华妇幼临床医学杂志(电子版),2014,(02):226-233.

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洗涤式自体血液回输在异位妊娠术中的临床应用(PDF)

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Title: Clinical Application of Abstergent Autologous Blood Transfusion in Ectopic Pregnancy Surgery

作者: [蔡大芬](#); [陈红](#); [陈玉环](#); [鲍引娣](#)
430071, 武汉大学中南医院妇产科(蔡大芬、陈红); 孝感市中心医院妇产科(陈玉环、鲍引娣)

Author(s): [Cai Dafen](#); [Chen Hong](#); [Chen Yuhuan](#); [Bao Yindi](#).
Department of Obstetrics and Gynecology of Zhongnan Hospital of Wuhan University, Wuhan 430071, Hubei Province, China.

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摘要: 目的 探讨洗涤式自体血液回输在异位妊娠致腹腔内出血手术治疗中的安全性与有效性。方法 选择2009年1月至2012年12月在湖北省孝感市中心医院妇产科就诊并确诊为异位妊娠的45例患者为研究对象,其年龄为17~42岁。分别接受急诊全身麻醉腹腔镜下患侧输卵管切除术,腹腔镜下患侧卵巢异位妊娠病灶切除+卵巢修补术或经腹患侧子宫角部楔形切除术。45例异位妊娠患者于术中采用洗涤式自体血液回输,观察其输血时有无不良反应,并动态监测患者术前和术后第2天血常规[红细胞(RBC)、白细胞(WBC)、血红蛋白(Hb)、红细胞压积(HCT)和血小板(PLT)]及凝血功能[凝血酶原时间(PT)及其衍生出的国际标准化比值(INR)、部分凝血活酶时间(APTT)和纤维蛋白原(FIB)]水平变化,并进行统计学分析(本研究遵循的程序符合湖北省孝感市中心医院人体试验委员会制定的伦理学标准,得到该委员会批准,并征得受试对象的知情同意)。结果 本组45例患者中,术中腹腔内出血量为500~3 000 mL,经血液回收机回收洗涤后回输自体血最多为1 900 mL,最少为300 mL。术前和术后第2天RBC、WBC、Hb、HCT和PLT比较 [(2.48±0.49)×10¹²/L vs. (3.81±0.35)×10¹²/L,(12.01±3.71)×10⁹/L vs. (7.88±3.93)×10⁹/L,(69.41±9.49)g/L vs. (79.01±8.83)g/L,0.26±0.04 vs. 0.34±0.08,(125.98±54.31)×10⁹/L vs. (171.34±59.69)×10⁹/L],差异均有统计学意义(t=-2.346,2.683,3.104,2.712,2.695;P<0.05);术前和术后第2天凝血功能(PT、INR、APTT、FIB)比较 [(11.98±0.99)s vs. (12.08±1.01)s,1.27±0.05 vs. 1.26±0.06,(34.98±5.96)s vs. (35.13±4.37)s,(2.49±0.41)g/L vs. (2.51±0.39)g/L],均差异无

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统计学意义($t = 1.963, 1.622, 1.653, 1.882; P > 0.05$)。无一例患者输自体血时发生输血反应。结论 异位妊娠术中采用洗涤式自体血液回输安全、有效,既可节约血源,又可降低输注异体血的风险。

Abstract: Objective To investigate the safety and effectiveness of clinical application of abstergent autologous blood transfusion in ectopic pregnancy surgery. Methods Between January 2009 and December 2009, abstergent autologous blood transfusion was done in 45 cases admitted in Central Hospital of Xiaogan who were diagnosed as ectopic pregnancy which fulfilled the set criteria. They accept emergency laparoscopic bilateral salpingectomy, general anesthesia with ovaries ovarian ectopic pregnancy lesion resection with repair and lateral angle of the uterus wedge resection. The side effects, preoperative and postoperative blood routine indexes [red blood cell(RBC), white blood cell (WBC), hemoglobin(Hb), haematocrit(HCT), and platelet(PLT)] and coagulation function examination [prothrombin time(PT), international normalized ratio(INR), activated partial thromboplastin time(APTT), fibrinogen(FIB)] were analyzed. The study protocol was approved by the Ethical Review Board of Investigation in Central Hospital of Xiaogan. Informed consent was obtained from all participants. Results In 45 cases of patients, intraoperative intraperitoneal bleeding amount were 500-3 000 mL, and the autologous blood transfusion volume varied from 300-1 900 mL. There had statistically significant differences between pre operation and post operation on levels of RBC, WBC, Hb, HCT and PLT [$(2.48 \pm 0.49) \times 10^{12} /L$ vs. $(3.81 \pm 0.35) \times 10^{12} /L$, $(12.01 \pm 3.71) \times 10^9/L$ vs. $(7.88 \pm 3.93) \times 10^9/L$, $(69.41 \pm 9.49) g/L$ vs. $(79.01 \pm 8.83) g/L$, 0.26 ± 0.04 vs. 0.34 ± 0.08 , $(125.98 \pm 54.31) \times 10^9/L$ vs. $(171.34 \pm 59.69) \times 10^9/L$; $t = 2.346, 2.683, 3.104, 2.712, 2.695; P < 0.05$]. And There had no statistically significant differences between pre operation and post operation on levels of PT, INR, APTT and FIB [$(11.98 \pm 0.99) s$ vs. $(12.08 \pm 1.01) s$, 1.27 ± 0.05 vs. 1.26 ± 0.06 , $(34.98 \pm 5.96)s$ vs. $(35.13 \pm 4.37) s$, $(2.49 \pm 0.41) g/L$ vs. $(2.51 \pm 0.39) g/L$; $t = 1.963, 1.622, 1.653, 1.882; P > 0.05$). No autologous blood transfusion complications occurred in all cases. Conclusions Intra operative autotransfusion with this very simple, affordable and easily available technique is feasible and practical and its use should be encouraged.

参考文献/REFERENCES
