

[1]侯倩男 常林利 周辉.凶险型前置胎盘中胎盘主体附着位置对母体预后的影响[J/CD].中华妇幼临床医学杂志(电子版),2014,(01):83-86.

Hou Qiannan,Chang Linli,Zhou Hui..Maternal Outcomes of Placental Position in Placental Previa Patients with Scar Uterine [J/CD].Chinese Journal of Obstetrics & Gynecology and Pediatrics (Electronic Edition),2014,(01):83-86.



## 凶险型前置胎盘中胎盘主体附着位置对母体预后的

《中华妇幼临床医学杂志(电子版)》[ISSN:1673-5250/CN:11-9273/R] 卷: 期数: 2014年01期 页码: 83-86 栏目: 论著 出版日期: 2014-03-20

Title: Maternal Outcomes of Placental Position in Placental Previa Patients with Scar Uterine

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关键词: 凶险型前置胎盘; 瘢痕子宫; 胎盘植入; 产后出血

Keywords: Pernicious placenta previa; Scar uterus; Placental accrete; Massive hemorrhage

分类号: -

DOI: -

文献标识码: -

摘要: 目的 探讨凶险型前置胎盘中胎盘主体附着位置对母体预后的影响。方法 选取2011年9月至2012年8月于成都市妇女儿童中心医院行剖宫产时诊断为凶险型前置胎盘的13例患者的临床病历资料为研究对象。按照胎盘主体附着位置的不同,将其分为前壁组( $n=9$ ,胎盘主体附着于子宫前壁)和后壁组( $n=4$ ,胎盘主体附着于子宫侧壁及后壁)。13例受试者的年龄为20~42岁,孕龄为 $34^{+1}$ ~ $37^{+6}$ 孕周,距前次剖宫产时间为3~14年。两组患者的年龄、孕龄等一般资料比较,差异无统计学意义( $P>0.05$ ) (本研究遵循的程序符合成都市妇女儿童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,分组征得受试对象的知情同意,并与之签署临床研究知情同意书)。两组患者术前均经彩色多普勒超声、MRI提示为瘢痕子宫、完全性前置胎盘伴不同程度胎盘植入,并于剖宫产分娩时确诊。对两组患者剖宫产术中出血量、子宫切除率及术后并发症发生率的情况进行统计学分析。结果 前壁组术中出血量( $850\sim 7055$  mL)较后壁组多( $350\sim 1200$  mL),且差异有统计学意义( $P<0.01$ )。前壁组患者中,全子宫切除率为 $55.56\%$  ( $5/9$ ),后壁组为 $25.00\%$  ( $1/4$ );后壁组中术后无一例发生并发症。结论 胎盘主体附着于子宫前壁(跨越前次手术瘢痕处)的中央型前置胎盘,若术前经彩色多普勒超声及MRI提示胎盘主体位于子宫前壁,完全覆盖宫颈内口,并伴有前壁下段及瘢痕处植入者,为实际意义上的凶险型前置胎盘,可导致严重产后出血的发生。

Abstract: Objective To discuss the effects of placental position in placental previa patients with scar uterine on maternal outcomes. Methods The study was conducted on

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13 patients underwent cesarean section at the Chengdu Women and Children's Center Hospital from September 2011 to August 2012. They were divided into two groups according to different the location of the main part of the placenta, observation group (n =9, placenta was located in the anterior portion of the uterus) and posterior group (n =4, placenta was located in the posterior portion of the uterus). There had no significant differences of age and gestational weeks between two groups (P >0.05). The study protocol was approved by the Ethical Review Board of Investigation in Chengdu Women's and Children's Central Hospital. Informed consent was obtained from all participates. The accurate diagnosis were made in all most cases from the ultrasound and magnetic resonance imaging (MRI). The bleeding amount during operation, hysterectomy and postoperative complications between two groups were analyzed. Results The bleeding amount during operation were 850 ± 7055 mL and 350 ± 1200 mL in observation group and control group, respectively, with significant difference (P <0.01). The rate of hysterectomy in observation group and control group were 55.56%(5/9) and 25.00%(1/4), respectively. Conclusions Sonographic determination and MRI of the placental position in the anterior portion where its location beneath the uterine incision is very important to predict maternal outcomes in placenta previa patients with scar uterine, and such cases, close attention should be paid for massive hemorrhage.

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#### 参考文献/REFERENCES

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备注/Memo: 收稿日期: 2013-09-20 修回日期: 2014-01-02

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