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胎儿超声心动图诊断卵圆孔血流受限或提前闭合及转归分析

Fetal echocardiography in diagnosis and prognosis of foramen ovale restriction or closure

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英文关键词: [Fetus](#) [Echocardiography](#) [Foramen ovale](#) [Prognosis](#)

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中文摘要:

目的 探讨胎儿超声心动图对诊断孕中晚期胎儿卵圆孔(FO)血流受限或提前闭合(R/C)和判断预后的价值。方法 1000名孕妇接受产前检查,经超声心动图诊断6胎为孕中晚期FO R/C,对其进行危险评估。对引产及出生后死亡胎儿行大体解剖、病理检查,出生后存活胎儿行超声随访。结果 产前超声心动图明确诊断6胎FO R/C,孕早期畸形筛查心脏均未见异常。胎儿超声心动图显示4胎不伴有心外畸形及浆膜腔积液,生后1个月左右复查经胸超声心动图,心脏比例恢复正常。2胎合并心包积液或腹腔积液,1胎终止妊娠,另1胎出生1天后死亡,尸检大体标本均显示FO近闭合,伴有胸腹腔积液或心包积液。结论 一旦孕中晚期超声心动图发现胎儿FO R/C,如未合并其他心内或心外畸形及浆膜腔积液提示胎儿预后良好,应尽早提前分娩;如伴大量心包积液、腹腔积液或其他心脏畸形,提示预后不佳。

英文摘要:

Objective To discuss the value of fetal echocardiography in diagnosis and prognosis of premature closure or restriction of foramen ovale in late pregnancy. **Methods** One thousand pregnant women received prenatal echocardiograph, and 6 fetuses were diagnosed as foramen ovale restriction or closure. Assessment of risks was performed. Autopsy was performed on dead fetuses, and the survive ones were followed-up with ultrasound after birth. **Results** Six fetuses were diagnosed as foramen ovale restriction or closure with ultrasonography, and the heart was normal in early pregnancy screening. Echocardiography showed 4 fetuses had no extracardial abnormalities nor dropsy of serous cavity, and TTE displayed that cardiothoracic ratio returned to normal level 1 month after birth. The other 2 fetuses had pericardium effusion, ascites or pleural fluids, 1 died 1 day after birth, the other was terminated pregnancy after the diagnosis. Autopsies showed both of them had foramen ovale nearly closed associated with pericardium effusion, ascites or pleural fluids. **Conclusion** Cardiac or extra-cardiac malformation should be further excluded using ultrasound in fetuses with premature closure or restriction of foramen ovale in late pregnancy. Early delivery is suggested when the gestational age is suitable and the hung is mature, which usually means a good prognosis. If the fetuses associated with pericardium effusion, ascites or pleural fluids, or other cardiac or extra-cardiac abnormalities, the prognosis is bad.

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