继发性中晚期腹腔妊娠诊断和治疗
——附一例病例报道

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[摘要]　目的：探讨继发性中晚期腹腔妊娠的诊断以及治疗方案。方法：回顾性地分析和总结我院收治的1例继发性中晚期腹腔妊娠的诊断及治疗方案。结果：该病例经磁共振成像（MRI）检查明确诊断，同时成功予以手术治疗。结论：继发性中晚期腹腔妊娠非常罕见，临床症状不典型，早期诊断较困难，MRI是一种有效的诊断方法，手术是最重要的治疗方式。

[关键词]　腹腔妊娠；诊断；治疗；磁共振成像
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1　前言

腹腔妊娠是指妊娠位于输卵管、卵巢及阔韧带以外的腹腔内，是一种罕见而严重的异位妊娠，其发生率为1∶15 000次分娩[1]。分原发性和继发性两种，以后者多见。腹腔妊娠对母婴威胁极大，孕妇死亡率为5 %，胎儿存活率为0.1 %。处理上较困难而危险，确诊后立即手术治疗。

2　临床资料

患者女，23岁，主诉：停经6月余，胎动2月余，可疑腹腔妊娠2 D。查体：体温36.9 ℃，心率100次/min，血压109/71 mmHg，呼吸18次/min，神清，无贫血貌，心肺听诊未闻及异常，腹膨隆，腹部无压痛、反跳痛、肌紧张，无阴道流血流液。产科检查：子宫轮廓显示不清，宫高25 cm，腹围101 cm，胎心率151次/min。实验室检查：Hb：127 G/L，肝肾功离子等检查均正常，TPPA+RPR：梅毒螺旋体抗体阳性反应，梅毒快速血浆反应素阳性反应（1∶1）。胎儿三维彩超：母体腹腔可见胎儿影像，胎儿结构显示极不清楚，母体子宫上方可见胎盘影像，范围约12.3 cm×6.6 cm，胎儿胎头轮廓完整，脑中线居中，双侧脑室未见明显扩张。两侧丘脑及脉络丛可见。透明隔腔可见。小脑半球形态无明显异常，小脑延髓池无明显增大。母体腹腔可见少量液体，深度约为1.3 cm。提示：异位妊娠，考虑腹腔妊娠。停经30余天于医院测尿HCG（+），停经50余天行彩超检查提示双角子宫，右侧宫内妊娠可能性大。孕早期1月余出现恶心等早孕反应，3个月后好转。孕前3个月因少量阴道流血，行保胎治疗3个月。孕4个月始觉胎动，活跃至今。2 d前外院超声提示胎儿显示不满意，复查超声提示：不除外异位妊娠（残角子宫妊娠或腹腔妊娠），遂就诊于我院，胎儿三维彩超提示：异位妊娠，考虑腹腔妊娠。盆腔MR提示：腹腔内见胎儿影像，横位，单胎，胎盘与大网膜关系密切，建议立即手术终止妊娠。行经腹异位妊娠病灶切除术+双侧输卵管整形修复术，术中见：于宫外腹腔内可见一胎儿，长约38 cm，未见明显羊水，胎膜略黄染，取出一外观无畸形男死婴，胎盘起源于左侧输卵管伞端，小部分附着于大网膜，右侧输卵管伞端闭锁，子宫稍大，略饱满，宫底部略凹陷，表面散在粘连束带。双侧卵巢未见明显占位性改变。患者于10 d

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后出院。

3 讨论

腹腔妊娠是指位于子宫、输卵管、卵巢及阔韧带以外的腹腔内妊娠[1,2]。腹腔妊娠占异位妊娠的1 %[3]。异位妊娠占妊娠总数的1 %～2 %，其中95 %发生在输卵管部。不同文献报道腹腔妊娠的发病率在1∶10 000~1∶30 000[3,4]。中晚期腹腔妊娠(AAP)定义为在母亲腹腔妊娠并且胎儿存活或者有迹象表明曾经存活和生长超过20孕周[5~8]。Nkus等人回顾性分析了163例AAP患者发现其发生率占总分娩数的1/8 099，非工业化国家发生率比工业化国家多19 %[9]。AAP分为原发和继发两种类型。原发性AAP是指受精卵直接种植在腹腔。非常罕见。截至2007年，国外文献报道的原发性AAP只有24例[10]。继发性AAP是指受精卵一开始种植在输卵管或是子宫后来因为流产或者输卵管或子宫破裂转移到产妇腹腔并继续生长[11,12]。这种情况常发生于宫外输卵管妊娠破裂后腹腔再植[13]，通常会有输卵管或者卵巢损伤。在此例报道中，超声提示腹腔少量游离液体，术中所见胎盘起源于左侧输卵管伞端，小部分附着于大网膜，高度提示输卵管伞部妊娠破裂继发种植于大网膜。非常可能是一例继发性AAP。

AAP诊断非常困难，主要依靠病史，生化检查和影像学检查。以下几点可以提示腹腔妊娠的可能性：孕早期轻度腹痛的病史，妊娠期持续腹痛，胎儿横位或臀位，先兆子痫，产妇腹腔积液以及超声提示的羊水减少[14]。产妇α-甲胎蛋白异常增高可以提示腹腔妊娠。原因可能是由于大量羊水转移到产妇体循环中导致α-甲胎蛋白异常增高。超声是目前诊断早期腹腔妊娠的主要手段，但是超声检查通常无法显示异位妊娠与周围组织的关系，而且对中晚期腹腔妊娠的诊断意义可能不大[13]，其他放射线检查如磁共振成像(MRI)，CT扫描对孕晚期诊断有帮助，尤其是MRI对于软组织显示良好，对于术前判断异位妊娠位置、与周围组织关系、盆腔腹膜粘连情况有很大帮助[15~17]。因为其高分辨率能够提供胎盘植入区域定位以及血管供应。即便如此，腹腔妊娠的漏诊率和误诊率非常高，检出率只有45 %[7]，对于临床医师来说，对腹腔妊娠的高度警惕感可以帮助减少腹腔妊娠的漏诊或误诊，提高临床诊断率。本例患者行超声检查，提示腹腔妊娠可能性，后行MRI确诊。腹腔妊娠通常会有典型的持续性腹痛和/或胃肠道症状[18]，但是患者没有任何症状。这可能是因为患者此前在不同医院就诊，此次入院没有察觉。

腹腔妊娠产妇死亡率大概是5/1 000，是异位妊娠的7倍，正常分娩的90倍[19]，幸存新生儿围产期死亡率为40 %～95 %[20]。由于怀孕的腹部位置先天性畸形的发生率估计为30 %～90 %[21]，也有报道称腹腔妊娠的胎儿畸形率高达40 %，只有50 %婴儿能够活到一周[17,22]。随后研究发现这些婴儿中有21.4 %婴儿有不同程度的变形和畸形[22]。所以一经确诊腹腔妊娠，应及时手术终止妊娠。AAP处理的争论点在于对胎盘的处理[7]。切除胎盘可能会导致不可控制的出血[23]，对临近组织结构也会造成损伤，其中不可控制出血是导致产妇死亡最重要的也是唯一的并发症[13]；而原位保留可能导致继发出血，脓肿形成，粘连，凝血障碍，持续先兆子痫以及闭乳[24]，需要二次手术和长期随访。如何选择主要取决于能否彻底结扎供应胎盘的产妇动脉[21]以及胎儿与周围脏器关系等，此患者术前进行MRI检查，提示胎儿与大网膜关系密切，所以采用经腹手术方法；手术过程中顺利结扎滋养动脉，完整取出胎盘，患者于6 d后康复出院。如果无法切除胎盘可以使用非手术处理，包括选择性胎盘动脉栓塞[25~27]，注射甲氨蝶呤[28~30]。Moores[31]、Mesogitis[32]等人报道通过超声引导下胎儿心腔内注射钾氯化物堕胎并利用血管造影进行选择性栓塞胎盘血管，这一微创技术安全有效，并可重复进行，也可以用来减少开放手术过程中出血[25~27]。

综上所诉，AAP是一种非常罕见但是极其危险的异位妊娠，作为妇产科医生一定要对其有充分的认识并保持警惕。超声以及MRI有助诊断。一经确诊，应及时手术终止妊娠。

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Diagnosis and treatment for one case with advanced abdominal pregnancy

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[Abstract] Objective: To explore the diagnosis and treatment of advanced abdominal preg-

nancy. Methods：A retrospective analysis and summary were performed about 1 case of advanced abdominal pregnancy diagnosis and treatment in our hospital. Results：The case was diagnosis by MRI，and surgical treatment was successful. Conclusion：Abdominal pregnancy is not a typical clinical symptom and early diagnosis is difficult，MRI is an effective diagnosis. Surgery is the most important treatment.
[Key words] abdominal pregnancy；diagnosis；treatment；MRI

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age is 29.1 years，Uighur women accounts for 90.65 %， the culture degree is junior high school education level and below accounts for 72.07 %，unemployed and farmer accounts for 82.36 %（of which accounts for 47.30 % unemployed），first marriage（56.12 %），remarried（37.19 %）. Two times or more pregnancies（69.68 %），316 HIV infected women didn't stop pregnancy after knowing their HIV infected status，accounts for 14.01 %；the ratio of terminal pregnancy in the second pregnancy is significantly higher than the first pregnant women，（x^2= 141.14，P=0.000）.shows the presence of unwanted pregnancy. The research suggest that we should strengthen counseling and services and contraception for HIV-infected women，and help women grasp more pregnancy knowledge，than give correct choice to reduce the incidence of unwilling pregnancy.
[Key words] HIV infected pregnant women；unwilling pregnancy；reproductive health