

孕期中西医结合防治夫妇 ABO 血型不合对胎儿及新生儿的影响

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内容提要 经孕期中西医结合防治结果,本次93例妊娠中,仅6例发生流产,占6.45%;早产1例,占1.08%;足月产86例,占92.47%;获得87名健儿。与以往妊娠275次中219次流产、21次早产、35次足月产、存活11例中有6例核黄疸后遗症的情况对比,流产、早产明显减少,胎儿及新生儿死亡率也明显降低。

夫妇 ABO 血型不合妇女,孕期常发生流产、早产、死胎及新生儿溶血。为了解此情况对胎儿及新生儿的影响,我院自 1978~1982 年 5 月,对有流产、习惯性流产、胎死宫内、新生儿死亡及新生儿溶血小儿核黄疸后遗症病史的 93 例夫妇 ABO 血型不合的孕妇,进行了调查和孕期中西医结合治疗,收到较好疗效,报道如下。

一 般 资 料

一、年龄分布:25岁者1例,26~30岁者46例,31~42岁者46例。

二、既往妊娠分娩史及婴儿存活数:93例孕妇中,以往共妊娠275次,有流产史者82例,习惯性流产史者51例,其中1例曾流产8次,共流产219次;早产者13例,共早产21次,无存活儿;足月产28例,共分娩35次,10例足月妊娠胎死宫内,7例新生儿死亡,原因不明,7例新生儿死于ABO溶血,只存活11儿,其中6例有核黄疸后遗症,只5例健儿。

三、孕期诊断:93例孕妇,均在孕早期检查夫妇血型,孕妇O型者57例,A型者12例,B型24例;丈夫A型40例,B型35例,AB型18例。夫妇间木瓜酶试验和间接抗人球蛋白试验,其中任何一项化验阳性即可诊断。93例孕妇均诊断为夫妇间ABO血型不合。溶

血素测定结果:35例为1:4,58例为1:8(此项化验1:8或以上则可疑ABO溶血)。木瓜酶效价,只做38例,其中18例为1:16,15例为1:32,3例为1:64,2例为1:128(一般木瓜酶效价如为1:512或以上可疑ABO溶血)。

治 疗 方 法

本文93例采用健脾养肝益肾方法进行治疗,方以当归芍药散加减:当归10g 白芍10g 川芎6g 茯苓10g 白术10g 木香6g 益母草6g 菟丝子10g 枸杞子10g。隔日一剂,孕期全程均服药,配合维生素C及维生素E治疗,16例先兆流产患者,因有习惯性流产史,住本院保胎,加用黄体酮治疗。

结 果

93例孕妇今昔妊娠分娩情况对比,结果6例发生流产,发生率为6.45%,而既往275次妊娠中发生流产219次,流产率为79.63%($P<0.01$)。本次早产1例,早产率1.08%,以往早产21次,早产率为7.64%($P<0.05$)。本次足月产86例,占92.47%,以往只35次足月分娩,占12.73%($P<0.01$)。本次分娩成活87儿,成活率93.55%,以往只成活11儿,成活率为4%($P<0.01$)。根据以上情况从下述三方面观察分析:

一、新生儿成活情况：本次 93 例妊娠中，1 例早产，86 例足月产，87 个新生儿，成活率 93.55%，比以往提高 23.38 倍。

二、流产情况：93 例孕妇治疗后 6 例发生流产，流产率为 6.45%，较以往降低 12.34 倍，说明治疗效果非常显著。1 次流产史者 15 例，此次妊娠未发生流产；2 次流产史者 16 例，此次妊娠有 5 例发生流产，流产率为 31.25%，3 次及 3 次以上流产史者 51 例，此次妊娠，只 1 例发生流产，流产率为 1.96%。

三、新生儿溶血情况：母儿血型分别为：母 O 型 57 例，A 型 12 例，B 型 24 例；儿 O 型 18 例，A 型 25 例，B 型 34 例，AB 型 10 例。母儿血型相同者 23 例，O 型 18 例，A 型 3 例，B 型 2 例。除 23 例儿母血型相同外，64 例新生儿中有 4 例发生 ABO 溶血性黄疸，其发生率为 6.25%，均未用换血治疗以药物治愈，一年后随访孩子均健康。既往史明确的 18 个新生儿中，有 7 例因 ABO 溶血死亡，6 例发生核黄疸后遗症，ABO 溶血性黄疸发生率为 72.22% ($P < 0.01$)。

讨 论

一、本次妊娠的预后与以往流产次数的关系，以往 1 次流产史者，此次妊娠未发生流产，2 次流产史者，流产率为 31.25%，3 次及 3 次以上流产史者，流产率为 1.96%，说明本次妊娠再次流产的发生率与以往流产次数的关系不大。均比渡边^[1]及八神^[2]二氏所调查结果分别为流产 1 次者，再次妊娠流产率为 20.1% 及 32%，流产 2 次者，再次妊娠流产率为 61.2% 及 57.3%，流产 3 次者，再次妊娠流产率为 85.4% 及 72.7% 为低，这可能与治疗有关。

二、关于新生儿溶血的产前预报，对 ABO 血型系统比较困难，本文 87 例新生儿中有 64 例母儿血型不同，其中只有 4 例发生 ABO 溶血，其母于孕期夫妇间溶血素皆为 1:8，木瓜酶效价皆为 1:16，而本文另一例孕期夫妇间木瓜酶效价为 1:128，但新生儿未发生溶血。且生后母儿血型相同者，孕期夫妇间检查有 ABO

血型不合情况。这可能与 Vincent^[3]论及一部分人的血清中含有抗 A 或抗 B 的抗体，并提到胎儿有保护性机制及个体差异有关，说明产前预报是较困难的，如孕期夫妇间 ABO 血型免疫学化验为阴性，则可除外 ABO 溶血对胎儿及新生儿的影响。

三、孕期夫妇间存在 ABO 血型不合，如何使胎儿免受影响，目前尚无有效办法，岛田氏^[4]采用巴比妥类药物用于预产期前二周，预防新生儿溶血。本文病例因有流产史，需要妊娠早期治疗，采用中药当归芍药散加减方剂及西药综合治疗，使流产、胎死宫内、新生儿溶血、新生儿死亡均有明显降低。

四、当归芍药散《中医常用方药》^[5]中记载治疗妊娠腹痛绵绵，此方有松弛子宫及改善子宫血液循环的作用。本文治疗中针对 ABO 血型不合的特点，利用当归、川芎、益母草的养血、活血、化瘀的作用。

关于益母草用于产前，傅氏^[6]用于孕期治疗妊娠小便下血病名胎漏中，说明即使有先兆流产也非禁用。刘氏^[7]曾提到益母草专治胎前产后诸症，本文 93 例治疗中，都配有此药。

维生素 E 在本文治疗中，有促进黄体素的作用，从而增加了胎盘氧的交换及葡萄糖的利用，此外维生素 E 是一种细胞的生理抗氧化剂，它对红细胞膜的完整性具有重要作用，本文孕期连续服用此药，效果较好。

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Abstracts of Original Articles

Hordeum Dislichon — Its Effects on Serum Prolactin and Its Trial Experiment on Patients with Galactorrhea

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The influence of Hordeum Dislichon (HD, a traditional Chinese drug effective in suppressing physiologic lactation) on serum prolactin (PRL) in various physiologic and pathologic conditions was tested. In normal subjects the rise in the sleep-associated PRL and the peak of PRL response to metoclopramide (MCP) were markedly suppressed by HD. In 9 cases of galactorrhea with normal basal PRL ($<30\text{ng/ml}$), eight experienced partial or complete suppression of lactation. In 6 cases of galactorrhea with basal PRL above 30ng/ml ($52\pm11\text{ng/ml}$), five showed improvement in lactation, but the serum PRL level did not decrease, nor did the response to MCP. Out of 18 cases of amenorrhea-galactorrhea syndrome, 17 cases were accompanied with hyperprolactinaemia (serum PRL $532\pm118\text{ng/ml}$), only 2 cases had diminution of galactorrhea and 2 cases had temporary return of menstruation. Side-effects such as headache and constipation were observed during HD treatment. (Original article on page 134)

Treatment and Prevention of ABO Incompatibility During Pregnancy with TCM-WM and Its Effect on Fetus and Newborns

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From 1978 to 1982, 93 pregnant women who showed ABO incompatibility with their husbands had been treated with Chinese traditional and western medicine combined. Method of treatment: in combination with "Pulvis of Radix Angelicae Sinensis and Radix Paeoniae", vitamin C 100 mg and vitamin E 10 mg t.i.d. were given during the whole course of pregnancy. Among them, 16 cases who had history of habitual abortion were hospitalized and given progesterone in addition.

Results: Among the 93 cases, abortion occurred only in 6 cases (6.45%) and there were 1 premature birth (1.08%) and 86 term deliveries (92.47%) with 87 normal and healthy babies born.

Whereas previously, of 275 pregnancies there were 219 abortions, 21 premature births and 35 term deliveries with only 11 living babies and out of which, 6 had the sequelae of kernicterus. This showed that TCM and WM combined can prevent ABO hemolysis, reducing the rates of abortion, premature birth and mortality of fetus and newborns markedly. (Original article on page 137)

The Mechanism of Treating Infant Adenovirus Pneumonia with A Huo Xue Hua Yu Herbal Mixture

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In the past seven years, 645 cases of infant adenovirus pneumonia have been treated with Chinese herbal medicine and western medicine combined. The herbs used are those with the action of Huo Xue Hua Yu — invigorating blood circulation and eliminating blood stasis. The mortality rate was reduced from 30% to 5.66%. The most outstanding feature of these patients was the so called "hemostasis" consisting of microcirculatory changes in nail fold, hemorheological changes and DIC. All of these pathophysiological changes improved after treatment. It was assumed that the "hemostasis" in traditional Chinese medicine might be the clinical expression of general microcirculatory disturbances. The electronic microscopic observation on early ARDS in animal provided further support to this hypothesis. The ARDS was induced by thiourea in hamsters.

After the administration of the herbal mixture, it was found that: (1) the edema diminished; (2) the pulmonary microcirculation improved with the V/Q ratio and shunt amount readjusted; (3) the damage of alveolar capillaries induced by lysosomal enzymes decreased; (4) pulmonary capillary constriction was prevented; (5) the injured surface was restored after the blood cells, fibrin and protein were cleared from the alveoli.

The theory of hemostasis and the therapeutic principle and methods for hemostasis were discussed on the basis of modern medical concepts. (Original article on page 139)