腹腔镜在中西医结合治疗宫外孕中的应用

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内容提要　中西医结合非手术治疗宫外孕84例，腹腔镜直视下观察异位妊娠部位、病变发展阶段，治疗均告成功。治疗后腹腔镜随访20例，亚急性期的输卵管通畅率比包块形成期高，腹腔镜对宫外孕早期诊断、鉴别诊断、中西医结合治疗及随访极为重要，也有助于病因、预后及本病进一步探讨。

宫外孕是妇科最常见急腹症，其发生率高低不一，多见于不孕妇女，且96%以上发生于输卵管内，有输卵管炎史、输卵管及其他下腹部手术史，宫外孕史等更易发生输卵管妊娠。宫外孕有时来势急骤，内出血过多可危及患者生命。以往西医主张早诊断，早手术切除患侧输卵管或输卵管与同侧卵巢。1958年以来，山西医学院第一附属医院用中西医结合非手术方法治疗宫外孕取得很好成绩。我院自1960年起也开始试用中西医结合治疗宫外孕，疗效逐年提高，特别是1980年至1983年用腹腔镜确诊宫外孕133例，中西医结合非手术治疗84例，疗效较前有了提高。

检查对象选择

1. 凡疑似宫外孕病例，而无腹腔镜检查之禁忌者均可检查。

2. 中西医结合非手术治疗宫外孕病例的随访。

临 床 资 料

一、一般资料

1. 年龄分布：24～46岁，平均30.76岁。

2. 既往史：结核史6人，均已痊愈。手术史剖腹产6人，阑尾切除8人（阑尾穿孔腹膜炎1人），卵巢一侧切除1人。宫外孕史3人。

3. 月经史：周期5～7/20～27天13人，5～8/28～30天69人，5～7/30～40天2人。经量正常者74人，量少3人，量多7人。

4. 生育史：未孕育者35人。已孕育者49人，其中1胎37人，2胎10人，3胎2人。人工流产史35人，自然流产史1人。

5. 带环史：84例有带环宫外孕35例，占41.67%，带环时间与发生宫外孕关系见表1。据我院待发表资料中宫内节育器避孕与未采用避孕方法者其宫外孕危险性相似，宫内节育器失败而妊娠时，宫外孕危险性增加。

表1　带环时间与发生宫外孕关系

	月					年							合计
时　间	0.5	1	2	5	6	1	2	3	4	6	7	10	—
例　数	1	2	2	1	3	5	4	4	7	4	1	1	35

二、疑似宫外孕202例镜检结果

腹腔镜确诊宫外孕133例，排除宫外孕明确诊断69例。

能分清输卵管妊娠部位84例：壶腹部43例，壶腹部峡部之间22例，峡部12例，伞端4例，间质部2例。卵巢1例。

不能确切肯定输卵管妊娠部位49例：1. 可见患侧输卵管部分峡部，其余被血肿包裹。2. 患侧输卵管全部被血肿与周围组织粘连遮盖。3. 患侧输卵管卵巢与血肿、大网膜或肠曲粘连甚至盆腔完全被大网膜封闭。4. 输卵管外形正常，病理证实为输卵管妊娠。

三、并发症

本组有1例气腹失败而引起腹膜外皮下气肿，作脐下1^{+}cm皮肤及皮下脂肪、腹直肌筋膜、腹膜切开。然后置入套管进行充气镜检观

察。

四、分型

根据腹腔镜观察输卵管妊娠病变和病程发展阶段指导中西医结合非手术治疗分型。

分型标准

1. 亚急性期：患侧输卵管妊娠部位清晰可见，伞端游离或伞端未封闭，但粘有少量血块，陶氏窝可有游离血液或血块。

2. 包块形成期：输卵管或输卵管卵巢部分或全部被血肿包裹，或被周围组织大网膜，肠曲粘连、复盖。

五、治疗

亚急性期(50例)：中药活血化瘀加天花粉针剂。中药主方：丹参 9～15g　赤芍 9～15g　桃仁 9～15g　三棱 6g　莪术 6g　半夏 6g　陈皮 6g。

包块形成期(34例)：原则上病灶稳定，用中药活血化瘀为主：丹参 15g　赤芍 15g　桃仁 15g　三棱9g　莪术9g　牛膝 9g。酌加软坚消痞之品如海藻 9g　皂角刺 9～15g　穿山甲 9g　王不留行 9g。中药均为水煎服，每日一剂。

如尿绒毛膜促性腺激素(HCG)或血 HCG 阳性，必须用天花粉针剂杀灭存活的滋养叶细胞，天花粉无效或有过敏反应再改用氨甲喋呤(MTX)5mg 每日三次，总量 90～100mg。肾功能损害忌用，注意消化系统、骨髓抑制等毒性反应，并有特别记录及化验观察，用药过量可用甲酰四氢叶酸钙解毒。我院疗效：HCG 转阴时间天花粉 5～7 天，MTX约 14 天。MTX 不是常规使用药物。

本组 84 例均治愈，疗程 3 月左右。

六、腹腔镜鉴别疑似宫外孕 202 例中排除宫外孕明确诊断 69 例：先兆流产 10 例，不全流产 4 例，完全流产 13 例，子宫后壁憩室妊娠 1 例，月经失调 9 例，多囊卵巢 1 例，卵巢囊肿 1 例，浆膜下肌瘤 1 例，黄体破裂 4 例，血体出血 1 例，内膜异位 10 例，卵巢内膜异位腺囊肿 7 例，卵巢内膜异位腺囊肿破裂 1 例，慢性附件炎 3 例，急性输卵管炎 1 例，慢性阑尾炎 1 例，阑尾术后粘连 1 例。

七、治疗后腹腔镜随访

中西医结合非手术治疗宫外孕，疗程 3 个月左右，原接受第二次腹腔镜检查患者，因多种因素如对镜检随访有顾虑或已生育者、或随访时间未到等，故先后仅随访了 20 例，未生育者占 18 例，其中亚急性期 10 例，包块形成期10例。随访结果见表 2、表 3。

表 2　20 例腹腔镜随访结果(例)

镜检结果	亚急性期	包块形成期	总例数
正常盆腔	6	2	8
内膜异位	4	1	5
患侧输卵管轻度积水	0	4	4
患侧输卵管卵巢囊肿	0	1	1
患侧输卵管与阔韧带后叶疏松粘连	0	1	1
患侧输卵管与盆底轻度疏松粘连	0	1	1
合　　计	10	10	20

表 3　20 例腹腔镜随访输卵管通畅情况(例)

患侧输卵管	亚急性期	包块形成期	总例数
通　　畅	9	4	13
不　　通	1	6	7
通畅率	90%	40%	65%

讨　论

腹腔镜诊断宫外孕，由于直视观察到异位妊娠部位，一般诊断很明确，手术治疗 49 例是已生育妇女，或有合并症如肌瘤、内膜异位症等。术后标本病检证实无误。

镜检发现 8 例十分早期输卵管妊娠完全流产，输卵管外形正常，其中 2 例伞端粘有少量血块。从后穹窿吸出或取出血块伴组织物送病理，找到绒毛组织或完整胚囊。1 例因腹腔内积血 700ml，双侧输卵管外形正常，表面稍充血，未找到妊娠依据，病人愿意绝育，故为慎重计，剖腹切除双侧输卵管，病理报告为一侧输卵管妊娠。因此腹腔内有游离血液，排除其他脏器出血的育龄妇女，即使输卵管正常，尚需考虑极早期输卵管妊娠完全流产。

镜检见陈旧性包块型宫外孕 4 例，大网膜封闭盆腔，内生殖器无法观察，结合病史与体

征诊断宫外孕，经中西医结合治疗，疼痛与包块消失。另 3 例盆腔痞块待查，病史不清（不包括在 202 例内），见附件被大网膜及结肠包裹，未见血液，当时误诊为卵巢内膜腺囊肿，手术诊断为陈旧性宫外孕。因此镜检对异常情况判断，需要依靠病史、病理以及腹腔镜观察熟练程度作出诊断与鉴别诊断。

明确其他诊断 69 例，入院时有停经，阴道流血，腹痛，附件痞块等二种以上症状。4 例黄体破裂，停经 30～40 天，有阴道流血，剧烈腹痛伴昏厥史。1 例外地患者，停经 45 天刮宫后不规则阴道出血近一年，疑绒癌，来本院就诊刮宫病理报告为混合性宫内膜，血 HCG 持续阳性。镜检发现为罕见子宫后壁憩室妊娠，作楔形切除，病理证实。1 例为内膜异位症破裂。6 例早期先兆流产，腹痛甚，宫颈有举痛等，酷似宫外孕，应用腹腔镜作鉴别诊断，分别给予病因或对症治疗。

中西医结合治愈宫外孕 84 例后腹腔镜随访 20 例，观察到输卵管外形及其周围组织关系，同时用美蓝测试输卵管通畅程度，亚急性期输卵管通畅率比包块形成期输卵管通畅率高，$P<0.01$，有显著性差异。正常盆腔 8 例，亚急性期占 6 例。输卵管积水，仅包块形成期有 4 例。治疗前后镜检发现影响输卵管通畅率，甚至输卵管积水、盆腔粘连等病理变化，与伞端封闭，血肿形成，病程发展严重程度有关。1例输卵管峡部妊娠破裂口 1^{+}cm，被组织物堵住，未形成血肿包块，镜检随访，输卵管通畅，修复良好。

希望生育者，随访测试输卵管通畅与否，少量粘连又可通过腹腔镜作分解术，不必剖腹，本组有 4 例随访后旋即孕育。

要求复孕者，镜检随访可充分估计有无手术价值。1 例陈旧性宫外孕，保守治疗后不孕，做过一次输卵管造口与粘连分解术无效，在第二次手术前，镜检肯定有再次手术价值，手术成功，现已足月分娩，母婴健康。另 1 例镜检见患侧输卵管积水，健侧输卵管峡部扭曲，双侧均与阔韧带粘连，保守治疗后 7 月未孕，作一侧输卵管造口与粘连分解术，术后 3 月已孕。

镜检直接观察异位妊娠部位，病变发展阶段，并与中西医结合非手术治疗分期（分型）联系起来，治疗 84 例均告成功，与以往相比，疗效提高，疗程缩短，除了治疗经验有所积累外，其重要原因，腹腔镜能早期诊断，明确定位、分期，准确、及时地选择治疗方法。因此本院目前对疑似宫外孕患者，已常规作腹腔镜检查，它对指导中西医结合治疗宫外孕极为重要，也有助于病因、预后及本病进一步探讨。

典型宫外孕，不必再作腹腔镜检查，病人休克或在休克前期切忌无谓干扰，操作要求轻、稳，以免刺破痞块，加重出血。本组虽未发生严重并发症，但文献报道有纵膈气肿、空气栓塞、脏器损伤、出血等，严重者可危及生命，因此必须严格掌握手术指征，在遵守操作常规条件下，腹腔镜是较安全、可靠的诊断工具。

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The Role of Laparoscopy in the Non-Operative Treatment of Ectopic Pregnancy by TCM-WM

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From 1980～1983, of 202 cases of suspected ectopic pregnancy examined by laparoscopy, 133 proved to be early ectopic with or without hematomas. Laparoscopy clearly showed the site of ectopic pregnancy as well as the stage of development of the disease which helped much in the clinical staging and planning of the treatment tegime. All the cases that received the treatment were cured.

Twenty cases were given a follow-up examination 3 or more months after treatment. It was found that sub-acute cases of bleeding gave better results than those with hematocele — the majority of the cases showing normal pelvic findings with patent tubes belonged to the subacute cases, while all the hydrosalpinxs found resulted from the cases with hematoma formation ($P<0.01$).

Mild or filmy adhesions were separated during the laparoscopic procedure. Pregnancy followed in quite a few cases. The results showed that early diagnosis and prompt adequate treatment gave the best results. It was concluded that in a conservative treatment of ectopic pregnancy using TCM-WM, laparoscopy played a very important role: it enabled the attending gynecologist to establish the diagnosis at a very early stage of the disease, provided clear and concise documentation, helped proper treatment and protocol planning and thus gave very good prognoses to complication of pregnancy, which is sometimes very dangerous.

For those who require tuboplasty, laparoscopic assessment prior to surgery is essential. With the accumulation of more cases it is hoped that laparoscopy will also help to clarify the etiological factors of extra-uterine pregnancy.

(Original article on page 211)

TCM Treatment of Threatened Abortion — A Clinical Analysis of 62 Cases

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This paper reports the planned treatment of threatened abortion based on TCM diagnosis. Of the 62 cases under discussion, including 33 who had had case histories of abortion (28 cases of which got conceived again within one year after abortion), 31 came under the category of Pi Shen Yang Xu (PSYX 脾肾阳虚, deficiency of vital energy in the spleen and kidney), 28 under the category of Gan Shen Yin Xu (GSYX 肝肾阴虚 , deficiency of essence in the liver and kidney), and 3 under the category of Qi Xue Liang Xu (QXLX 气血两虚 , deficiency of both energy and blood).

As a result of the treatment, 57 cases (91.9%) proved to be successful, while 5(8.1%) were failures. A gynecological examination disclosed that patients under the category of PSYX recovered completely or showed definite signs of recovery, with such symptoms as vaginal bleeding, lumbodynia, tenesmus, abdominal pain, abnormal pulse-manifestation and coating on the tongue either vanishing or clearly indicating a turn for the better. Furthermore, the patients in question were found without exception to have maintained their ability of normal pregnancy and delivery. The results, however, were not so satisfactory for the categories of GSYX and QXLX. In spite of the treatment, 4 (14.3%) of the 28 cases under the former category and 1 (33.3%) of the latter category met with failure, resulting unfortunately in spontaneous abortion.

The authors of this paper hold, therefore, that the planned treatment based on TCM diagnosis for threatened abortion has theoretical as well as practical value to the prophylaxis and treatment of threatened abortion and the determination of the indication of continuing pregnancy. Some suggestions were also made by the authors.

(Original article on page 214)

Evaluation of Clinical Efficacy of Aconitic Injection in Asthenia Patients Suffering from Sick Sinus Syndrome and Its Mechanism

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Clinical efficacy and the mechanism of Aconitic injection were evaluated in 13 asthenia patients suffering from sick sinus syndrome. Aconitic intravenous injection was administrated at a dose of 12g per day for 2 to 4 weeks. Clinical symptoms of both cardiac and cerebral ischemia were found improved after therapy, and the severity of arrhythmias was relieved as well by EKG monitoring. The heart rate at rest increased from 51 ± 5 to 56 ± 4 beats/min ($P<0.05$), whereas during exercise, it increased from 60 ± 7 to 74 ± 7 beats/min ($P<0.001$).

The sinus node recovery time (SNRT) was assessed by transesophageal atrial pacing. The maximum SNRT was significantly shortened from $3,138\pm1,139$ ms to $2,149\pm988$ ms ($P<0.05$) after therapy. The maximum SNRT after sympathetic and parasympathetic blocking was also significantly shortened from $3,352\pm1,196$ ms to $2,135\pm947$ ms ($P<0.01$). The shortening value of patients with Yang deficiency was significantly larger than those with Ying deficiency (648 ± 408 ms vs 310 ± 159 ms, $P<0.001$).

The value of PEP/LVET was found decreased from 0.320 ± 0.026 to 0.297 ± 0.024 ($P<0.001$) by the measurement of STI.The results indicate that the so called warming Yang Chinese herb Aconitum appears to improve the functions of sinus node and cardiac performance in asthenia patients with sick sinus syndrome, and the stimulation of beta adrenergic receptor was considered one of the mechanisms of action.

(Original article on page 219)