

• 实验研究 •

紫杉醇与多烯紫杉醇对小鼠 卵巢储备能力的影响

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【摘要】 目的: 探索多次重复小剂量紫杉醇与多烯紫杉醇对小鼠卵巢储备功能的影响。方法: 30只昆明雌性小鼠随机分组, 即对照组(生理盐水0.2 ml/d × 20 d)、紫杉醇组[紫杉醇注射液 6.0 mg/(kg·d) × 20 d]、多烯紫杉醇组[多西他赛注射液 1.5 mg/(kg·d) × 13 d], 每组10只, 用药期间每日观察小鼠的一般情况、动情周期, 用药结束后观察小鼠血清FSH、E₂水平、卵巢质量、形态结构和各级卵泡数的变化。结果: 用药结束后紫杉醇组FSH水平(54.59 ± 12.73 pg/ml)高于对照组(31.85 ± 9.82 pg/ml), E₂水平(27.39 ± 9.36 pg/ml)低于对照组(55.26 ± 13.41 pg/ml), 差异有统计学意义(P < 0.05); 而多烯紫杉醇组FSH(33.27 ± 5.91 pg/ml)、E₂(49.56 ± 3.57 pg/ml)变化较对照组不明显, 差异无统计学意义(P > 0.05); 紫杉醇组FSH、E₂水平变化较多烯紫杉醇组差异有统计学意义(P < 0.05)。紫杉醇组小鼠的总卵泡数(598 ± 159个)和卵巢质量(7 ± 2 mg)与对照组小鼠(1 243 ± 137个, 27 ± 6 mg)比较, 差异均有统计学意义(P < 0.05); 多烯紫杉醇组小鼠的总卵泡数(1 143 ± 130个)和卵巢质量(22 ± 5 mg)与对照组小鼠比较, 差异均无统计学意义(P > 0.05); 小鼠的总卵泡数和卵巢质量组间差异均有统计学意义(P < 0.05)。结论: 多次重复小剂量紫杉醇与多烯紫杉醇对卵巢储备功能均有不同程度的影响, 其中紫杉醇影响更为严重。

关键词: 紫杉醇; 多烯紫杉醇; 卵巢储备功能; 化疗; 小鼠

中图分类号: R711.75

文献标识码: A

文章编号: 0253-357X(2014)05-0349-05

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Effects of Paclitaxel and Docetaxel on Ovarian Reserve Capacity in Mice

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【ABSTRACT】Objective: To study the effect of repeated small doses of paclitaxel and docetaxel on the ovarian reserve. **Methods:** Thirty female KM mice were randomly divided into three groups: control group (NS 0.2 ml/d, for 20 d, i.p), paclitaxel group [6.0 mg/(kg·d), for 20 d, i.p], and docetaxel group [1.5 mg/(kg·d), for 13 d, i.p]. Body weight, estrous cycle daily during treatment, and FSH, E₂ levels in serum, ovarian weight, histopathology, the number of follicles after treatment were measured, then those indicators were compared among the three groups. **Results:** After treatment, there were significant differences between paclitaxel group and control group in serum levels of FSH and E₂ (54.59 ± 12.73 pg/ml vs 31.85 ± 9.82 pg/ml and 27.39 ± 9.36 pg/ml vs 55.26 ± 13.41 pg/ml), $P < 0.05$ for both comparisons. But there were no significant differences of serum FSH (33.27 ± 5.91 pg/ml) and E₂ (49.56 ± 3.57 pg/ml) levels in docetaxel group compared with those of control group. There were significant differences between paclitaxel group and docetaxel group in both FSH and E₂ levels in serum. There were significant differences between paclitaxel group and control group in two levels as follows: the total number of follicles (598 ± 159 vs 1243 ± 137) and the weight of ovaries (7 ± 2 mg vs 27 ± 6 mg). But there were no significant differences in the total number of follicles (1143 ± 130) and the weight of ovaries (22 ± 5 mg) in docetaxel group compared with those of control group. There were significant differences between paclitaxel group and docetaxel group in the total number of follicles and the weight of ovaries. **Conclusion:** Repeated small doses of paclitaxel and docetaxel impact the ovarian reserve function in different extent, the effect of paclitaxel was more serious.

Key words: paclitaxel; docetaxel; ovarian reserve function; chemotherapy; mice

两种啤酒花浸膏对雄性小鼠生殖毒性的研究

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【摘要】目的: 观察2种不同厂家啤酒花浸膏(hops extract)对雄性小鼠生殖功能的作用。方法: 成年小鼠随机分为A组和B组, 分别灌胃给予A、B厂家的啤酒花浸膏连续20 d, 均设3个剂量亚组: 按国家规定的人嗜酒标准的1倍剂量(低剂量组)、10倍剂量(中剂量组)和100倍剂量(高剂量组)给予以玉米油为溶剂的啤酒花浸膏; 另设溶剂对照组, 每亚组5只动物。观察小鼠附睾尾精子数量、精子存活率、活动精子数、精子畸形率、生精小管直径, 测定血清中睾酮(T)、双氢睾酮(DHT)和雌二醇(E₂)的含量以及观察肝、脾、肾、睾丸、附睾等器官的病理改变。结果: 2种不同啤酒花浸膏灌胃组小鼠的精子畸形率均较对照组高, 睾丸的脏器系数均高于对照组, 血清T、DHT和E₂含量均低于对照组, 差异有统计学意义。HE染色结果显示摄入各剂量啤酒花浸膏小鼠对睾丸、附睾组织结构无明显影响。结论: 高剂量组的两种不同啤酒花浸膏对小鼠的精子均有致畸作用, 并可使血清T、DHT和E₂含量降低。

关键词: 啤酒花浸膏; ICR 小鼠; 生殖毒性

中图分类号: Q492.4

文献标识码: A

文章编号: 0253-357X(2014)05-0354-06

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本研究为上海市实验动物创新行动计划(11140901300)和上海市研发公共服务平台(13DZ2291300)资助基金项目

Study on Reproductive Toxicity of Hops Extracts to Male Mice

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【ABSTRACT】 Objective: To observe the effect of two different manufacturers hops extracts on reproductive function of male mice. **Methods:** Adult mice were fed hops extracts by oral administration for 20 d, and were divided into the following groups, low dose A (0.05 mg/kg), middle dose A (0.50 mg/kg), high dose A (5.00 mg/kg) (give hops extract A), low dose B (0.075 mg/kg), middle dose B (0.750 mg/kg), high dose B (7.500 mg/kg) (give hops extract B). The epididymal sperm count, sperm viability, activities sperm count, sperm deformity rate, seminiferous tubule diameter were observed, serum testosterone (T), dihydrotestosterone (DHT) and estradiol (E₂) concentrations were detected and the pathological examination of the liver, spleen, kidney, testis, epididymis and other organs was performed. **Results:** The sperm abnormality rate of mice fed on two different hops extracts was higher than that in the control, testis organ coefficient was higher, serum T, DHT and E₂ levels were lower than those of the control, and there were no significant toxicity effects on the testis and epididymis for each dose group. **Conclusion:** The two different hops extracts which doses are higher than the alcohol dose have teratogenic effects on mouse sperm and reduce the level of serum T, DHT and E₂ at the same time.

Key words: hops extract; ICR mice; reproductive toxicity

• 临床研究 •

辅助生殖技术受孕单绒毛膜双羊膜囊 双胎妊娠特殊并发症的分析

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【摘要】 目的: 探讨辅助生殖技术(ART)受孕单绒毛膜双羊膜囊(MCDA)双胎妊娠特殊并发症及胎儿的结构异常发生情况。方法: 回顾性分析2010.06~2013.09期间由ART受孕在本院产检及分娩的44例MCDA双胎妊娠患者的临床资料(ART受孕组), 分析MCDA双胎的特殊并发症及胎儿结构异常, 并与同期的自然受孕的MCDA双胎组(自然受孕组, $n=360$)进行比较。结果: ART受孕组母体平均年龄及BMI均较自然受孕组明显增高($P<0.01$), 组间初产妇比例无统计学差异($P>0.05$)。MCDA双胎妊娠中双胎输血综合征(TTTS) 81例, 占20.0%; 选择性宫内生长受限(sIUGR) 47例, 占11.6%, 双胎反向动脉灌注序列(TRAPS)10例, 占2.5%; 胎儿结构异常25例, 占6.2%。ART受孕组与自然受孕组MCDA双胎特殊并发症及胎儿结构异常的发生风险无统计学差异($P>0.05$)。结论: ART受孕对MCDA双胎妊娠特殊并发症及胎儿结构异常的发生无明显影响。

关键词: 辅助生殖技术(ART); 单绒毛膜双羊膜囊(MCDA)双胎; 胎儿结构异常; 双胎输血综合征(TTTS); 选择性宫内生长受限(sIUGR); 双胎反向动脉灌注序列(TRAPS)

中图分类号: R714.51

文献标识码: A

文章编号: 0253-357X(2014)05-0360-03

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Specific Complications of Monochorionic Diamniotic Twin Pregnancy Conceived by Assisted Reproductive Technology

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【ABSTRACT】 Objective: To explore the specific complications and fetal structural abnormalities of monochorionic diamniotic twin pregnancy conceived by assisted reproductive technology (ART). **Methods:** Retrospective analysis of 44 cases of monochorionic diamniotic twin pregnancies admitted with ART in our hospital between June 2010 to September 2013 was performed for this study. The MCDA twin specific complications and fetal structural abnormalities were analyzed and compared with conceived spontaneously (SC group, $n=360$) MCDA twin pregnancies. **Results:** The mean age and average body mass index (BMI) of pregnant women were found to be higher in ART group than those in SC group ($P<0.01$). The proportions of primiparous women were similar ($P>0.05$). In monochorionic twin pregnancies, there were 81 cases with twin to twin transfusion syndrome (TTTS, 20.0%), 47 with selective intrauterine fetal growth restriction (sIUGR, 11.6%), 10 with twin reversed arterial perfusion sequence (TRAPS, 2.5%) and 25 with fetal structural abnormalities (6.2%). The incidences of specific complications and fetal structural abnormalities showed no significant difference between ART group and SC group ($P>0.05$). **Conclusion:** ART conception does not increase the risk of specific complications and fetal structural abnormalities in MCDA twin pregnancy.

Key words: assisted reproductive technology (ART); monochorionic diamniotic (MCDA) twin pregnancy; fetal structural abnormality; twin to twin transfusion syndrome (TTTS); selective intrauterine fetal growth restriction (sIUGR); twin reversed arterial perfusion sequence (TRAPS)

黄体酮阴道缓释凝胶在IVF/ICSI-ET周期 作为黄体支持的临床结局

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【摘要】 目的: 探讨新鲜胚胎移植周期黄体酮阴道缓释凝胶作为黄体支持的临床效果。方法: 回顾性分析接受 IVF/ICSI 助孕的行新鲜胚胎移植患者的临床资料, 统计分析 3 193 个周期采用黄体酮阴道缓释凝胶行黄体支持(A组)者的临床妊娠率和活产率, 并与肌肉注射黄体酮行黄体支持的813个周期(B组)进行比较, 同时进一步按长、短、拮抗剂方案进行分层分析。结果: 活产率 A 组为 34.3%, B 组为 34.9%, 组间无统计学差异($P>0.05$), 临床妊娠率和流产率组间也均无统计学差异($P>0.05$)。活产率分层分析显示, 长方案 A 组为 40.0%, B 组为 40.3%; 短方案 A 组为 25.9%, B 组为 28.3%, 拮抗剂方案 A 组为 28.3%, B 组为 28.8%, 两两比较均无统计学差异($P>0.05$), 临床妊娠率和流产率也均无统计学差异($P>0.05$)。结论: 作为 IVF/ICSI-ET 周期的黄体支持, 黄体酮阴道缓释凝胶临床效果与肌肉注射黄体酮相同, 阴道凝胶给药是一种可行的替代肌肉注射的黄体支持方式。

关键词: 黄体酮; 阴道缓释凝胶; 肌肉注射; 黄体支持; 体外受精(IVF); 卵胞质内单精子注射(ICSI)

中图分类号: R711

文献标识码: A

文章编号: 0253-357X(2014)05-0363-05

本课题为国家自然科学基金面上项目(编号: 81370762); 上海市科委基础研究重点项目(编号 12JC1405800); 国家科技部重大科学研究计划(编号: 2014CB943302); 卫生部公益性行业科研专项(编号: 201402004)

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Clinical Outcome of Vaginal Gel Progesterone for Luteal Phase Support in IVF/ICSI-ET

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【ABSTRACT】Objective: To explore the clinical effect of vaginal gel progesterone for luteal phase support in fresh embryo transfer cycles. **Methods:** A total of 4 006 cases receiving IVF/ICSI in fresh embryo transfer cycles were included in this retrospective study. Among them 3 193 cycles were administered vaginal gel progesterone for luteal phase support (group A); while 813 cycles adopted intramuscular progesterone (group B). The clinical outcomes were compared between the two groups. All these cases were divided into 3 subgroups according to different protocols (long, short and GnRH antagonist protocol). **Results:** The live birth rate was not significantly different in group A (34.3%) and group B (34.9%) ($P>0.05$). The two study groups did not differ significantly in clinical pregnancy rate and abortion rate ($P>0.05$). Analyzing in long protocol, live birth rate was 40.0% in group A and 40.3% in group B. Analyzing in short protocol, live birth rate was 25.9% in group A and 28.3% in group B. Analyzing in GnRH antagonist protocol, live birth rate was 28.3% in group A and 28.8% in group B. There was no significant difference between the two groups in any protocol ($P>0.05$). The clinical pregnancy rate and abortion rate was similar between the two groups in any protocol ($P>0.05$). **Conclusion:** The clinical effect of vaginal gel progesterone for luteal phase support in fresh embryo transfer cycles was the same as that of intramuscular progesterone. Vaginal gel dosing is a viable alternative to intramuscular for luteal support.

Key words: progesterone; vaginal gel; intramuscular; luteal support; *in vitro* fertilization (IVF); intracytoplasmic sperm injection (ICSI)

MMP-1/PAR-1通路在宫颈癌 侵袭转移中的作用

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【摘要】目的: 探索基质金属蛋白酶-1(MMP-1)/蛋白酶活化受体-1(PAR-1)通路在宫颈癌侵袭转移中的作用。方法: RT-PCR法检测59例临床宫颈鳞癌组织和15例正常宫颈组织的MMP-1 mRNA表达; Transwell实验检测添加重组人MMP-1及干扰PAR-1对宫颈癌Hela细胞转移侵袭能力的影响。结果: 宫颈癌组织中的MMP-1(rhMMP-1)表达高于正常宫颈组织, 并与侵袭转移程度相关; rhMMP-1能促进Hela细胞的转移能力, 并与浓度相关; 干扰PAR-1后能抑制MMP-1介导的Hela细胞转移能力。结论: MMP-1/PAR-1通路参与宫颈癌的侵袭转移, 可能成为宫颈癌治疗的新靶点。

关键词: 宫颈癌; 基质金属蛋白酶-1(MMP-1); 蛋白酶活化受体-1(PAR-1); 侵袭; 转移

中图分类号: R737.33

文献标识码: A

文章编号: 0253-357X(2014)05-0368-06

Role of MMP-1/PAR-1 Signaling in the Cervical Cancer Invasion

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【ABSTRACT】 Objective: To investigate the role of matrix metalloproteinase-1 (MMP-1)/protease-activated receptors-1 (PAR-1) signaling in the cervical cancer invasion. **Methods:** RT-PCR was used to test the mRNA level of MMP-1 in 59 cases of cervical squamous cell cancer and 15 case of normal cervical tissues. Transwell test was designed to explore the effect of adding recombinant human MMP-1 (rhMMP-1) and PAR-1-siRNA on cervical cancer (Hela cells) invasion. **Results:** In cervical cancer tissues more MMP-1 expression was observed than in normal cervical tissues, and its expression correlated with tumor status. rhMMP-1 could promote Hela cell invasion, and its number of invasive cell correlated with the concentration of rhMMP-1. Disrupting the expression of PAR-1 reduced the MMP-1 promoting-effect on Hela cell invasion, but no effect on non-MMP-1 invasive action. **Conclusion:** The MMP-1/PAR-1 signaling is involved in cervical cancer invasion. Therefore, blocking PAR-1 may represent a new therapeutic option for metastatic cervical cancer.

Key words: cervical cancer; matrix metalloproteinase-1 (MMP-1); protease-activated receptors-1 (PAR-1); metastasis; invasion

本课题为上海市卫生局课题资助项目, 项目号: 2011160

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氨甲苯酸联合维生素E治疗宫内节育器 致子宫异常出血的疗效观察

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【摘要】 目的: 探讨氨甲苯酸联合维生素E治疗宫内节育器(IUD)致子宫异常出血的临床疗效。方法: 将119例IUD致子宫异常出血患者随机分为观察组和对照组, 观察组给予口服氨甲苯酸片联合维生素E胶囊, 对照组给予口服宫血宁胶囊, 观察用药后的治愈率。结果: 观察组($n=61$)治疗子宫异常出血总有效率100.00%, 其中治愈50例(81.97%)、显效11例(18.03%)。对照组($n=58$)总有效率为77.59%, 其中治愈24例(41.38%)、显效21例(36.20%)、无效13例(22.41%)。组间总有效率差异有统计学意义($P<0.005$)。对患者经量增多、经期延长、经间出血率的治疗效果, 组间差异也有统计学意义($P<0.05$)。结论: 氨甲苯酸联合维生素E治疗IUD所致的子宫异常出血疗效确切, 具有一定的临床推广价值。

关键词: 宫内节育器(IUD); 氨甲苯酸; 维生素E(Vit E); 子宫异常出血

中图分类号: R711

文献标识码: A

文章编号: 0253-357X(2014)05-0374-04

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Clinical Curative Observation on the Effects of Combined Treatment with Aminomethylbenzoic Acid and Vitamin E for Abnormal Uterine Bleeding Caused by Intrauterine Device (IUD)

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【ABSTRACT】 Objective: To study the effects of aminomethylbenzoic acid combined with vitamin E on the treatment of abnormal uterine bleeding (AUB) caused by intrauterine device (IUD). **Methods:** A total of 119 patients with abnormal uterine bleeding after IUD insertion were randomly divided into observation group ($n=61$) and control group ($n=58$). Observation group were given aminomethylbenzoic acid combined with vitamin E and control group were only given Gongxuening capsule. The effective rates in the two groups were compared. **Results:** The total effective rate of abnormal uterine bleeding of observation group was 100.00%, 50 cases were cured (81.97%), 11 cases were markedly improved (18.03%). The total effective rate of abnormal uterine bleeding of control group was 77.59%, 24 cases were cured (41.38%), 21 cases were markedly improved (36.20%), and 13 cases were invalid (22.41%). The effective rate of abnormal uterine bleeding of obserbation group was significantly higher than that of control group ($P<0.005$). Between the two groups, the therapeutic effects of heavy menstrual bleeding, menstrual prolongtation and the intermittent bleeding were statistically significant ($P<0.05$). **Conclusion:** The combined treatment with aminomethylbenzoic acid and vitamin E for IUD-caused AUB is effective. It could be necessary for the combined treatment to be further used and studied clinically.

Key words: intrauterine device (IUD); aminomethylbenzoic acid; vitamin E; abnormal uterine bleeding

• 流行病学研究 •

产后妇女避孕节育干预与效果评价

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【摘要】目的: 评价在上海市静安区产后妇女中进行避孕节育干预对提高产后避孕率并降低产后意外妊娠的效果。方法: 对居住在静安区的产后1年内已婚妇女进行避孕服务干预, 并于干预前和干预后进行问卷调查。结果: 干预后0~3个月、4~6个月、7~9个月和9个月以上各时段避孕率均显著高于干预前, 尤其是在有性生活的产后妇女中, 产后的前6个月累积避孕率从干预前的58.9%提高到干预后的97.6%。产后1年内意外妊娠发生率为1.4%, 意外妊娠主要原因为未避孕和避孕套、安全期避孕失败。结论: 产后定期避孕干预能有效提高产后1年内妇女的避孕率, 降低产后妇女意外妊娠率。

关键词: 产妇; 避孕节育; 干预; 效果评价

中图分类号: R169.42

文献标识码: A

文章编号: 0253-357X(2014)05-0378-05

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Evaluation of Contraceptive Intervention among Postpartum Women

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【ABSTRACT】 Objective: To evaluate the effect of contraceptive intervention among postpartum women within one year after childbirth in Jing'an District. **Methods:** A total of 978 postpartum women within one year after childbirth were enrolled and received routine home visits every 3 months, providing information on maternal and infant health care and promoting postpartum contraceptive use. Structured questionnaires were used to collect data for effect evaluation before and after intervention. **Results:** The cumulative 6-month contraceptive rate among postpartum women was 98% after intervention, which was statistically significantly higher than that before intervention (59%). Moreover, contraceptive rates at 4–6 months, 7–9 months and >9 months were statistically higher after than before intervention. The rate of unintended pregnancy within one year after childbirth was 1.4%, which was much lower than the expected rate (>10%). No contraceptive use and failure of condom and period abstinence were the main reasons for unintended pregnancy. **Conclusion:** Contraceptive intervention measures of this study among postpartum women can significantly increase contraceptive use and thereby decrease risk of unintended pregnancy.

Key words: postpartum women; contraception; intervention; evaluation of effectiveness

· 综述 ·

抗苗勒氏管激素(AMH)与多囊卵巢综合征(PCOS)卵泡发育异常的关系

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【摘要】 抗苗勒氏管激素(AMH)主要抑制始基卵泡进入生长阶段, 在小窦卵泡中表达最高。多囊卵巢综合征(PCOS)主要表现为卵巢持续性无排卵。PCOS患者过高的LH和LH/FSH比值、胰岛素水平促进了雄激素的分泌, 高雄激素进一步影响GC产生AMH, 导致AMH水平异常增高, 高水平的AMH通过降低GC对FSH敏感性, 抑制P450芳香化酶表达, 雄激素向雌激素转化受阻, E₂水平降低, 致使体内雄激素堆积, 高雄激素又促进AMH生成, 形成一个恶性循环, 最终导致优势卵泡选择受阻, 卵泡发育停滞在小窦状卵泡阶段。

关键词: 抗苗勒氏管激素(AMH); 多囊卵巢综合征(PCOS); 颗粒细胞; 卵泡发育

中图分类号: R711.7

文献标识码: A

文章编号: 0253-357X(2014)05-0383-05

本课题为“十二五”国家科技支撑计划, 基金编号: 2012BAI32B04

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Relationship of Anti-Müllerian Hormone (AMH) and Polycystic Ovary Syndrome (PCOS) Follicular Dysplasia

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【ABSTRACT】 Anti-Müllerian hormone (AMH), which has the highest expression in small antral follicles, major suppresses primordial follicles into the growth phase. The clinical manifestation of PCOS is persistent anovulation, along with the high levels of androgen which caused by excessive LH, LH/FSH ratio and insulin levels. Androgens further promote the granulosa cell (GC) to produce AMH, resulting in the unusually high level of AMH, which also plays a positive role on the accumulation of androgens by reducing GCs sensitivity to FSH and inhibiting of P450 aromatase expression. High androgen and boosted AMH form a vicious cycle, eventually blocking dominant follicle selection, staying the development of follicle in the antral follicle phase.

Key words: anti-Müllerian hormone (AMH); polycystic ovary syndrome (PCOS); granulosa cell (GC); follicular development

人未成熟卵母细胞培养体系研究进展

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【摘要】未成熟卵母细胞体外培养成熟(*in vitro* maturation, IVM)是指将GV期或M_I期的卵母细胞在体外培养发育到第二次减数分裂中期(M_{II}期),能够正常发育、受精和着床。人未成熟卵母细胞体外培养成熟(*in vitro* maturation, IVM)技术已有几十年历史,作为治疗不孕症的新手段,为赠卵以及女性生育力保存提供了新途径。近年随着细胞分子生物科学的迅猛发展,IVM取得了很大进展,向IVM培养系统添加促性腺激素、甾体激素、抗氧化剂、减数分裂抑制剂、生长因子、抑制素/激活素等有助于卵母细胞体外成熟。但仍面临卵母细胞成熟率不高、成熟后体外受精率低、妊娠率低的问题,完善IVM培养系统及相关辅助治疗是IVM的关键,如何获得稳定、有较高成功率培养体系是亟需解决的问题。现对近几年一些较新的研究发现进行总结,主要从基础培养液、添加成分、培养条件的选择等方面予以综述。

关键词: 体外成熟(IVM); 卵母细胞; 培养体系

中图分类号: R321.1

文献标识码: A

文章编号: 0253-357X(2014)05-0388-07

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Human Immature Oocyte *in vitro* Maturation: Current Culture System Achievements

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【ABSTRACT】 *In vitro* maturation (IVM) technology means the germinal vesicle stage or metaphase I stage oocytes cultured *in vitro* until to the second meiotic metaphase phase (metaphase II stage), the matured oocytes can be developed, fertilized and implanted normally. IVM of human immature oocyte has a history of decades. It presented a new way to treat infertility and also offered a new option to preserve female fertility and donate oocytes. With the development of cellular and molecular biology in recent years, IVM has made a great progress. The culture conditions supplied with gonadotrophin, steroid hormones, antioxidants, meiosis inhibitors, growth factor, activin/inhibin are helpful to the maturation of oocyte. But there are still several problems, such as the low rates of cleavage, fertilization and pregnancy. There are many challenges to develop a complete culture system that would support human oocyte development. The key point is how to get a stable and much better culture system. The review is focused on new discoveries in improving and perfecting IVM culture system, mainly on basal medium, supplement and the selection of culture conditions, etc.

Key words: *in vitro* maturation (IVM); oocyte; culture system

剖宫产瘢痕妊娠治疗现状及进展

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【摘要】近年来对剖宫产瘢痕妊娠(CSP)的报道逐渐增多,也随之出现了各种不同的治疗方法,但在全球范围内仍无统一的治疗方案。药物治疗主要为甲氨蝶呤(MTX)的全身、局部及联合用药;介入治疗大大降低了常规治疗切除子宫的风险,是目前CSP患者大出血的首选止血措施;手术治疗主要包括清宫术、多种途径病灶切除的保守性手术及子宫切除术。虽然CSP的治疗方法已达31种之多,但仍然处于小样本研究,治疗方案的选择应遵循适合个体病情特点的个体化治疗原则。

关键词: 剖宫产瘢痕妊娠; 治疗; 进展

中图分类号: R71

文献标识码: A

文章编号: 0253-357X(2014)05-0395-06

Current Situation and Advance in the Treatment of Cesarean Scar Pregnancy

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【ABSTRACT】 In recent years, the amount of reports related to cesarean scar pregnancy (CSP) is growing gradually, and at the same time a variety of different treatment methods have been proposed. However, within the global scope, there is still no universal treatment option for the management of CSP. Methotrexate (MTX)-based drug treatment includes systemic therapy, local therapy and combination therapy. As the interventional therapy avoids the risk of hysterectomy in conventional conservative treatments, it is the most used haemostatic way for hemorrhage of CSP patients. Surgical treatments comprise suction curettage, conservative operation of lesion resection in multiple ways and hysterectomy. Although there are as many as 31 CSP therapies, they are still at the stage of small sample research. The selection of treatment should follow the principle of individual therapy according to the patient's condition.

Key words: cesarean section scar pregnancy; treatment; advance

本课题为浙江省医药卫生科技计划项目,项目号:2012KYB190

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先天性无阴道综合征病因学研究现状

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【摘要】先天性无阴道综合征(Mayer-Rokitansky-Küster-Hauser, MRKH 综合征)是一种主要表现为子宫和阴道上段缺失的先天性女性生殖道畸形,人们通过研究表明此病可能有家族聚集性,并通过候选基因法、全基因组扫描法和表观遗传学研究,筛选出了一些环境中致生殖系统发育异常的物质和基因及表观遗传学改变。但多数候选基因缺乏在不同种族人群大样本病例中验证的证据;全基因组扫描和表观遗传学研究在寻找MRKH综合征相关基因中的应用还处于初级阶段,迄今MRKH综合征的病因尚不明确。

关键词:先天性无阴道(MRKH)综合征;病因学;遗传学

中图分类号: R394.1 R711.1 文献标识码: A 文章编号: 0253-357X(2014)05-0401-05

Mayer-Rokitansky-Küster-Hauser: Recent Etiologic Findings

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【ABSTRACT】Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a congenital malformation of the female genital tract, characterized by absence of the uterus and the upper part of the vagina. Even though its etiology is unclear, we have a better understanding of the pathogenesis based on a lot of studies. This article reviewed the research progress on environmental and genetic aspects (including familial aggregation tendency, candidate gene study, genome wide association study and epigenetic association study) associated with MRKH syndrome.

Key words: Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome; etiology; genetics

• 临床报道 •

脂肪乳替代免疫球蛋白在自然杀伤细胞升高导致复发性流产孕妇中的疗效观察

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【摘要】 目的: 探讨脂肪乳替代免疫球蛋白在自然杀伤(NK)细胞升高致复发性流产(RSA)孕妇中的临床应用。方法: 回顾性分析在我中心接受治疗的283例排除其他因素确诊是NK细胞升高导致的RSA孕妇, 所有患者均按常规进行保胎治疗, 在孕4周末确诊为NK细胞升高后按照患者意愿选择添加免疫球蛋白(IVIG)治疗(IVIG组, $n=92$), 或添加脂肪乳治疗(脂肪乳组, $n=103$), 另有88例不同意使用IVIG或脂肪乳治疗者作为对照组, 比较各组孕4周末和孕12周的外周血NK细胞比例及临床妊娠率差异。结果: 静脉滴注IVIG或脂肪乳后(孕12周), 患者静脉外周血NK细胞比例(分别为 $15.38 \pm 3.85\%$ 、 $16.10 \pm 4.05\%$)较对照组($21.30 \pm 4.62\%$)降低, 而临床妊娠率(分别为 81.52% 、 78.64%)较对照组(45.45%)高, 差异均有统计学意义($P < 0.05$), 而2个添加治疗组间妊娠成功率无统计学差异($P > 0.05$)。结论: IVIG和脂肪乳均可降低RSA患者静脉外周血NK细胞比例, 提高临床妊娠率, 且两者疗效相当。

关键词: 脂肪乳; 免疫球蛋白(IVIG); 自然杀伤细胞(NK细胞); 复发性流产(RSA)

中图分类号: R714.21

文献标识码: A

文章编号: 0253-357X(2014)05-0406-04

本课题为2013年广东省江门市科技局第五批科技计划项目,
项目序号: 23

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Effect of Intralipid Instead of Immunoglobulin in Treating Recurrent Spontaneous Abortion Induced by NK Cells Increased

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【ABSTRACT】 Objective: To explore the effect of intralipid instead of immunoglobulin (IVIG) in treating recurrent spontaneous abortion (RSA) induced by NK cells increased. **Methods:** Retrospective analysis of 283 pregnant women with RSA who were determined NK cell increased and excluded other factors were performed. All patients were given prophylactic treatment. At the 5th week of pregnancy, 92 patients received intravenous IVIG (IVIG group), 103 patients received intravenous intralipid (intralipid group), while the 88 patients who refused to receive IVIG or intralipid were collected as control group. **Results:** After the treatment (pregnant 12 weeks) of IVIG or intralipid, the rate of NK cell was significantly reduced (IVIG: $22.68 \pm 4.74\%$ vs $15.38 \pm 3.85\%$; intralipid: $22.06 \pm 4.92\%$ vs $16.10 \pm 4.05\%$), the clinical pregnancy rate was significantly higher than that in the control (81.52% vs 78.64% vs 45.45% , $P < 0.05$). The IVIG and intralipid groups had no significant difference in the success rate of pregnancy. **Conclusion:** The treatment of IVIG and intralipid can reduce the rate of NK cell of RSA patients, improve the clinical pregnancy rate, and both show the similar efficacy.

Key words: intralipid; immunoglobulin (IVIG); NK cell; recurrent spontaneous abortion (RSA)

供精人工授精结局分析及临床应用价值

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【摘要】目的: 探讨供精人工授精(AID)成功的影响因素及临床应用价值。方法: 回顾性分析在本中心实施AID的2 467对不孕夫妇共5 470个周期的临床资料, 分析影响AID临床妊娠率的相关因素及妊娠结局。结果: ①年龄<35岁和≥35岁的临床妊娠率分别为21.49%和12.27%, 差异有统计学意义($P<0.05$); ②不孕年限≤5年和>5年者比较, 妊娠率有统计学差异(22.09% vs 16.45%, $P<0.05$); ③自然周期和控制性促排卵周期的临床妊娠率分别为21.92%和17.46%, 差异有统计学意义($P<0.05$); ④不同授精方式宫颈内授精(ICI)、宫腔内授精(IUI)及ICI/IUI组的临床妊娠率分别为20.61%、16.52%和18.56%, 差异无统计学意义($P>0.05$); ⑤每周周期授精次数对AID的妊娠率有显著影响, 1次和2次授精的成功率分别为10.64%和21.26% ($P<0.05$); ⑥注入前向运动精子总数 $40\sim 60 \times 10^6$ 和 $>60 \times 10^6$ 的妊娠率有统计学差异(19.32% vs 26.07%, $P<0.05$); ⑦第1、第2、第3、第4周期的累计妊娠率分别为20.02%、33.40%、41.06%、43.70%, 随着授精次数的增加, 累计妊娠率显著升高($P<0.05$); ⑧1 110例妊娠者中33例(11.98%)流产, 13例(1.17%)发生宫外孕, 多胎率为3.15%, 出生缺陷发生率为0.67%。结论: ①在AID治疗中女方年龄、不孕年限、治疗方案、授精次数及注入前向运动精子总数均是影响成功妊娠的相关因素; ②AID技术安全有效, 患者至少应进行3~4个周期的AID治疗, 未成功者应及时求助于试管婴儿等其他辅助生殖技术。

关键词: 无精子症; 供精人工授精(AID); 临床妊娠率; 累计妊娠率

中图分类号: R711.6

文献标识码: A

文章编号: 0253-357X(2014)05-0410-05

本研究为广东省人口和计划生育委员会重点科研项目
(2008001)

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Analysis of the Parameters Affecting the Pregnancy Rate and Clinical Value of Artificial Insemination by Donor

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【ABSTRACT】 Objective: To analyze the parameters affecting the pregnancy rate (PR) and clinical value in artificial insemination by donor (AID). **Methods:** Retrospective analysis of 2 467 infertile couples with 5 470 treatment cycles were performed. The parameters affecting the pregnancy rate and pregnancy outcome were analyzed. **Results:** 1) The PR in female age <35 years and ≥ 35 years were 21.49% and 12.27%, there was a significantly statistical difference ($P<0.05$). 2) The PR in infertility duration between ≤ 5 years and >5 years were 22.09% and 16.45% ($P<0.05$). 3) There was a statistical difference in PR between natural and stimulation cycles (21.92% vs 17.46%, $P<0.05$). 4) There were no statistical differences in PR using ICI, IUI or ICI/IUI ($P>0.05$). 5) The frequency of insemination per cycle had an important influence in PR, the PR of twice insemination per cycle (21.26%) was significantly higher than that of once insemination group (10.64%) ($P<0.05$). 6) The PR in the total number of progressively motile sperm $40-59 \times 10^6$ group and $\geq 60 \times 10^6$ group were 19.32% and 26.07% ($P<0.05$). 7) The cumulative pregnancy rate had a significantly increased tendency in 1,2,3, 4 cycles ($P<0.05$). 8) The abortion rate, the ectopic pregnancy rate, the multiple pregnancy rate and the birth defect rate were 11.98%, 1.17%, 3.15% and 0.67%, respectively. **Conclusion:** 1) The female age, infertility duration, treatment prescription, frequency of insemination per cycle and the total number of progressively motile sperm were related factors in AID; 2) AID was a safe assisted reproductive technique, IVF/ICSI can be resorted to immediately after AID has failed three or four times.

Key words: azoospermia; artificial insemination by donor (AID); clinical pregnancy rate; cumulative pregnancy rate

hCG注射日雌二醇(E₂)增幅及每成熟卵泡E₂水平对控制性促排卵hCG扳机的影响

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【摘要】 目的: 探讨控制性促排卵(COS)hCG注射日雌二醇(E₂)在hCG扳机时的作用。方法: 接受长方案垂体降调节IVF/ICSI-ET助孕的不孕症患者1811例, 测量COS周期中E₂水平, 计算E₂增幅[E₂增幅 = (hCG注射日E₂值-hCG注射前日E₂值)/hCG注射前日E₂值]。按照E₂的增幅分为5组: A1组E₂增幅≤-10%, A2组E₂增幅为-9%~10%, A3组E₂增幅为11%~50%, A4组E₂增幅为51%~100%, A5组E₂增幅>100%; 另按hCG注射日每卵泡E₂水平分为5组: B1组E₂≤200 pg/ml, B2组E₂为201~300 pg/ml, B3组E₂为301~400 pg/ml, B4组E₂为401~500 pg/ml, B5组E₂>500 pg/ml。比较各组间一般临床特征及IVF-ET的临床结局。结果: ① A1组hCG注射日直径≥14 mm卵泡数、获卵数及2PN数较其他4组高, hCG注射日直径≥18 mm卵泡比例, 较其他4组低, 差异均有统计学意义(P<0.05), 临床妊娠率偏低, 但与其他4组间无统计学差异(P>0.05); ② A5组hCG注射日P水平、hCG注射日直径≥14 mm卵泡数、获卵数、2PN数、临床妊娠率和胚胎着床率均较其他4组低, 差异有统计学意义(P<0.05); ③ B2组临床妊娠率和胚胎着床率较其他4组高, 差异有统计学意义(P<0.05)。结论: hCG注射日E₂增幅介于-9%~100%、每成熟卵泡E₂值介于201~300 pg/ml之间是hCG扳机的最佳时机。

关键词: 体外受精 / 卵胞质内单精子注射 - 胚胎移植(IVF/ICSI-ET); 每成熟卵泡E₂值; hCG注射日E₂增幅; hCG扳机; 临床妊娠率; 胚胎着床率

中图分类号: R321.33

文献标识码: A

文章编号: 0253-357X(2014)05-0415-06

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Value of Estradiol (E₂) Increment and Serum E₂/Follicles on the Day of hCG Administration in Predicting hCG Trigger in Controlled Ovarian Stimulation

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【ABSTRACT】 Objective: To investigate the value of estradiol (E₂) on the day of hCG administration in controlled ovarian stimulation(COS) of *in vitro* fertilization/intracytoplasmic sperm injection-embryo transfer (IVF/ICSI-ET). **Methods:** A total of 1 811 cycles of long protocol IVF/ICSI-ET were studied, the E₂ increment on hCG administration day = (the E₂ level on hCG administration day – the E₂ level before the hCG administration day)/the E₂ level before the hCG administration day. According to the E₂ increment on hCG administration day, the patients were divided into 5 groups, group A1: E₂ increment $\leq -10\%$, group A2: E₂ increment $-9\% - 10\%$, group A3: E₂ increment $11\% - 50\%$, group A4: E₂ increment $51\% - 100\%$, group A5: E₂ increment $> 100\%$; and according to the E₂ level per mature follicle on hCG administrated day, these patients were divided into 5 groups, group B1: E₂ level per mature follicle was: ≤ 200 pg/ml, group B2: E₂ level was $201 - 300$ pg/ml, group B3: E₂ level was $301 - 400$ pg/ml, group B4: E₂ level was $401 - 500$ pg/ml, group B5: E₂ level was > 500 pg/ml. The general clinical characteristics and clinical outcome of IVF/ICSI-ET were compared. **Results:** 1) The follicle (diameter ≥ 14 mm) number on hCG administration day, oocyte retrieved number, 2PN number were significantly higher in group A1 than those in other 4 groups ($P < 0.05$), the ratio of follicles with diameter ≥ 18 mm on hCG administration day was significantly lower in group A1 than that in other four groups ($P < 0.05$). 2) The P level on hCG administration day, the follicle (diameter ≥ 14 mm) number on hCG administration day, oocyte retrieved number, 2PN number were significantly lower in group A5 than those in other 4 groups ($P < 0.05$); both the clinical pregnancy rate and the embryo implantation rate were significantly lower in group A5 than those in groups A2, A3, A4 ($P < 0.05$). 3) The clinical pregnancy rate and the embryo implantation rate were significantly higher in group B2 (E₂ per mature follicle $200 - 300$ pg/ml) than those in other 4 groups ($P < 0.05$). **Conclusion:** It was the best time for hCG trigger when the E₂ increment was between -9% to 100% and serum E₂ level per mature follicles was between 201 pg/ml to 300 pg/ml on the day of hCG administration.

Key words: *in vitro* fertilization/intracytoplasmic sperm injection-embryo transfer (IVF/ICSI-ET); serum E₂ per mature follicles; E₂ increment of hCG administration day; hCG trigger; clinical pregnancy rate; embryo implantation rate

静脉麻醉下的人工流产对术后恢复及避孕的影响

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【摘要】 目的: 探究静脉麻醉下的无痛人流是否影响手术后恢复及术后避孕方法的选择。方法: 本研究采用多中心临床调查, 对本市计划生育学组 10 个成员单位的人工流产妇女进行随机抽样调查, 并进行术后的随访, 每个成员单位随机征集选取无痛人流(研究组)和普通人工流产(对照组)对象各 100 名。主要调查指标包括流产人群的一般情况、对人工流产危害的认识、术中和术后疼痛、术后阴道流血和转经情况、术后子宫内膜的恢复情况及术后避孕方法的选择。结果: 共完成调查 1782 例, 其中研究组 947 例, 对照组 835 例。研究组对象年龄较轻, 学历较高, 所有对象均存在对人工流产危害的认识不足; 研究组术后阴道出血时间 5.5 ± 3.5 d, 转经时间 34.5 ± 8.0 d, 与对照组相似(5.3 ± 3.5 d, 34.9 ± 7.5 d, $P > 0.05$)。术后 3 周子宫内膜厚度研究组为 7.1 ± 2.5 mm, 对照组为 6.8 ± 2.6 mm, 组间比较差异无统计学意义($P > 0.05$); 对象术后避孕措施的选择组间也相似。结论: 静脉麻醉下的人工流产对术中处于安静状态, 减少了疼痛和恐惧, 与普通人工流产组相比, 不增加术后对子宫内膜的过度损伤, 不影响术后恢复和流产后避孕方法的选择。

关键词: 人工流产; 静脉麻醉下; 术后恢复; 避孕方法选择

中图分类号: R715.2

文献标识码: A

文章编号: 0253-357X(2014)05-0421-05

本研究为上海市人口和计划生育委员会局管科技发展基金项目, 项目号: 2011JG07

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Clinical Observation of Induced Abortion with Intravenous Anesthesia and Usual Abortion

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【ABSTRACT】 Objective: To investigate the influence of surgical abortion with or without anesthesia to recovery and contraception. **Methods:** The multicenter investigation was carried out in 10 hospitals. Women who received surgical abortion with or without anesthesia were recruited in every hospital, 100 women in each group. The general characteristics, the awareness of the harm of abortion, the degree of pain during and post operation, post abortion bleeding, menstrual recovery, the thickness of endometrium in three weeks post abortion, and the contraception after abortion were concerned. **Results:** A total of 1 782 women who underwent surgical abortion were involved in the study, 947 women with anesthesia were set as study group and 835 women without anesthesia were set as control group. Although women were younger and more educated in study group, the awareness of the harm of abortion was rather poor in all the subjects. The duration of post abortion bleeding was 5.5 ± 3.5 d and menstrual recovery was 34.5 ± 8.0 d in study group, which were similar to the control (5.3 ± 3.5 d and 34.9 ± 7.5 d, respectively). The endometrium thickness in three weeks post abortion was 7.1 ± 2.5 mm in study group and 6.8 ± 2.6 mm in the control ($P > 0.05$). The contraceptive methods used post abortion were also similar in the two groups. **Conclusion:** Women were calm and painless during the surgical abortion with anesthesia. There were no more sign of endometrium over curettage and no more influence to post abortion recovery and contraception in study group compare with the control.

Key words: painless induced abortion; bleeding; endometrium; choosing of contraception method

左炔诺孕酮宫内缓释系统与孕三烯酮 治疗子宫腺肌病的临床疗效

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【摘要】 目的: 研究比较左炔诺孕酮宫内缓释系统(LNG-IUS)和孕三烯酮2种方法治疗子宫腺肌病的临床疗效及不良反应。方法: 选择60例子宫腺肌病患者为研究对象, 随机分为观察组和对照组, 观察组($n=30$)行宫腔内放置LNG-IUS治疗, 对照组($n=30$)给予口服孕三烯酮治疗。观察治疗前、治疗后1个月、3个月、6个月、12个月、24个月的痛经程度、月经量、子宫内膜厚度和体积及相关不良反应; 痛经程度用视觉模拟评分(VAS)评估。结果: 观察组和对照组治疗痛经、月经过多以及子宫内膜增厚的疗效均良好, 与治疗前比较有统计学差异($P<0.05$); 观察组与对照组比较VAS评分、月经量、子宫内膜厚度均明显减少, 观察者和对照组间比较(除了治疗6个月)差异有统计学意义($P<0.05$); 对照组患者停药后上述指标均有回升, 而观察组均稳定维持低值; 治疗后患者的子宫体积仅略有缩小, 但与治疗前比较差异均无统计学意义($P>0.05$)。对照组不良反应有体质量增加、痤疮、潮热及肝、肾功能损伤等, 而观察组的主要不良反应主要为放置后不规则阴道流血和闭经, 阴道流血一般3个月后可以自行停止。观察组其余的不良反应较对照组相对略少, 无统计学差异。结论: LNG-IUS较孕三烯酮能更有效地治疗子宫腺肌病患者的症状, 且不良反应少, 具有长效、创伤小、可逆性和平均费用低的优势, 且有避孕效果, 可考虑作为首选的保守治疗方法。

关键词: 左炔诺孕酮宫内缓释系统(LNG-IUS); 孕三烯酮; 子宫腺肌病, 疗效; 不良反应

中图分类号: R71

文献标识码: A

文章编号: 0253-357X(2014)05-0426-06

本研究为广西桂林市科学研究与技术开发计划项目, 项目编号: 20110119-1-5

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Clinical Study of Levonorgestrel-releasing Intrauterine System (LNG-IUS) and Gestrinone in Treating Adenomyosis

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【ABSTRACT】Objective: To study and compare the clinical effect and adverse reaction of levonorgestrel-releasing intrauterine system (LNG-IUS) and gestrinone in treating adenomyosis. **Methods:** Sixty patients diagnosed with adenomyosis were selected as the subjects, and were randomized into the observation group ($n=30$) and control group ($n=30$). Patients in observation group were treated by placing LNG-IUS, while patients in the control were treated by oral gestrinone. Degree of dysmenorrhea, menstrual blood volume, endometrial thickness and volume, and adverse reaction of the patients were observed 1 month, 3 months, 6 months, 12 months and 24 months before and after the treatment. Degree of dysmenorrhea was evaluated by visual analogue system (VAS) scores. **Results:** The observation and control groups had gained better curative effect in treating dysmenorrhea, menorrhagia and the endometrial thickening, which was of statistical difference compared with those before the treatment ($P<0.05$); compared with the control, the VAS score, menstrual blood volume and the endometrial thickening were obvious reduced, there were statistical differences between the two groups (except for the 6-month treatment) ($P<0.05$). The above-mentioned indicators in the control risen again, while remained stable and low levels in observation group. After the treatment, the uterine volume of the patients in both groups contracted to a certain degree, but there was no statistical difference between the two groups compared with that before the treatment ($P>0.05$). Such adverse reactions as weight gaining, occurrence of acne and the affecting of hepatic and renal functions had been observed in the control treated by gestrinone, while in observation group, the main adverse reaction occurred in patients was the irregular vaginal bleeding and amenorrhea, and vaginal bleeding could stop spontaneously after 3 months. Compared with the control, the observation group brought less adverse reaction. **Conclusion:** LNG-IUS has more advantages over gestrinone in treating adenomyosis: less adverse reaction, long-acting, less trauma, low reversibility and average treatment cost. Besides, it has the contraceptive effect. Therefore, LNG-IUS can be considered as the preferred conservative treatment for the indications of uterine adenomyosis patients.

Key words: levonorgestrel-releasing intrauterine system (LNG-IUS); gestrinone; adenomyosis; curative effect; adverse reaction

子宫腺瘤样瘤的超声诊断价值 ——附84例病例分析

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【摘要】 目的: 探讨超声检查对子宫腺瘤样瘤的诊断价值。方法: 回顾性分析84例经手术切除物病理免疫组织化学诊断为子宫腺瘤样瘤患者的超声声像图特点, 分析其彩色多普勒血流信号特点。结果: 84例子宫腺瘤样瘤超声均显示实性回声, 其中显示低回声78例(92.9%), 中等回声3例(3.6%), 高回声3例(3.6%)。病灶位于肌壁间64例(76.2%), 浆膜下13例(15.5%), 黏膜下2例(2.4%), 5例具体位置不详(6.0%)。肿瘤直径0.5~6.0 cm, 以1~3 cm多见, 占65.5%(55/84)。彩色多普勒显示病灶内少许或无彩色血流信号。结论: 超声检查对子宫腺瘤样瘤的诊断有重要参考价值。

关键词: 子宫腺瘤样瘤; 超声检查; 诊断

中图分类号: R445.1

文献标识码: A

文章编号: 0253-357X(2014)05-0432-04

Diagnostic Value of Ultrasonography in Uterine Adenomatoid Tumor —— An Anlysis of 84 Cases

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【ABSTRACT】 Objective: To analyze the ultrasonographic features of uterine adenomatoid tumor and to evaluate the value of ultrasonography in the diagnosis of uterine adenomatoid tumor. **Method:** Ultrasonographic characteristics in 84 cases of uterine adenomatoid tumors were retrospectively analyzed. **Results:** Eighty-four cases of uterine adenomatoid tumor showed solid echo, which showed low echo in 78 cases (92.9%), medium echo in 3 cases (3.6%) and high echo in 3 cases (3.6%). The tumors were located in the uterine muscle walls in 64 cases (76.2%), under serosa in 13 cases (15.5%) and under endometrium in 2 cases (2.4%). Color doppler showed little or no color blood flow signal within lesions. **Conclusion:** Ultrasonography has an important reference value in the diagnosis of uterine adenomatoid tumor.

Key words: uterine neoplasms; adenomatoid tumor; ultrasonography diagnosis

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