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个案与短篇

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宫内大量胎骨残留致不孕1例

田　畦，肖松舒，薛　敏　（410013 长沙，中南大学湘雅三医院妇产科）

[**关键词**] 胎骨残留；宫腔镜；不孕症

[**中图法分类号**] R711.6　　[**文献标志码**] B

胎骨残留是少见的并发症，多继发于中期妊娠钳刮术后，少量胎骨残留即可导致继发不孕，国内外文献偶有报道，多可通过宫腔镜诊断治疗。现报告1例我院诊治的胎骨残留患者，其宫腔镜下可见近乎完整的大量胎儿骨骼残留，类似病例中极为罕见。

1　临床资料

患者，女性，30岁，G_3P_0，因“中期妊娠引产术后不孕9年”，拟行体外受精-胚胎移植（IVF-ET）术，要求行宫腔镜检查于2011年10月25日就诊。患者于2002年6月因“妊娠15周”在当地医院行引产术，具体情况不详，术后月经规则，10～15/28～30 d，经量中等，无痛经。术后性生活正常，未避孕，一直未孕，男方精液检查正常。

妇科检查：外阴发育正常，阴道通畅，阴道内少量白色无异味分泌物，宫颈大小正常，光滑，质地中等，子宫前位，大小正常，质地中等，活动度好，双侧附件区未扪及明显异常。B超：子宫前位，宫体49 mm×37 mm×45 mm，宫体中部后壁内膜下可见一范围约2.2 cm×1.0 cm×0.7 cm强回声后伴声影。宫腔镜检查：宫腔深6.5 cm，内膜薄，毛糙，充血。腔内充满条块状、棒状、片状灰白色骨骼样组织，较粗者大小约10 mm×3 mm。诊断：宫腔内胎骨残留（图1）。遂在B超监护宫腔镜下以微型钳将胎骨逐一取出，共取出16片残留胎骨，包括颅骨、肋骨、肩胛骨、股骨、肱骨、脊椎等，形状大小不等，镜下清除至无明显残留组织，宫腔平整，术后探宫深8.5 cm。病理检查：（宫腔）增生期改变子宫内膜，轻度慢性炎症，部分骨组织。

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[**通信作者**] 薛　敏，E-mail：xuemin5908@sina.com

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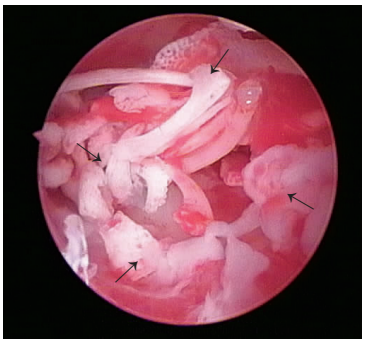
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患者于术后5个月自然妊娠,2013年2月成功分娩。



↑:示宫腔内残留胎骨组织

图1 宫内大量胎骨残留致不孕症患者宫腔镜下表现

2 讨论

宫腔内胎骨残留是一种少见的并发症,多发生于中期妊娠引产后,因钳刮不全导致部分胎儿残留宫腔[1],也可继发于慢性炎症引发的组织化生,但较罕见[2]。胎骨残留常引起功能失调性子宫出血,月经过多,痛经,盆腔疼痛,白带异常,不孕等临床表现[3],在胎骨残留的诊断中除以上临床表现外,还应注意患者均存在引产史,结合B超、宫腔镜检查等辅助检查,多可明确诊断。

本病例的罕见之处在于宫腔镜下可见近乎完整的胎儿骨骼残留,胎儿骨骼轮廓清晰,形态完整,残留骨骼数目之多及形态完整程度在类似病例中极为罕见。残留的胎骨形成宫腔异物,起到类似宫内节余器的作用,阻碍了受精卵着床而致继发不孕。本例中残留胎骨源于9年前的中期妊娠引产术,某种程度上延误了诊治。对孕12周以上要求终止妊娠者,因胎儿已成型,术前应充分软化、扩张宫颈,术后应仔细检查胎体的完整性,并对刮出物仔细核对,包括四肢、头颈等组织,术后复查B超,以及时发现异常。

胎骨残留诊断明确后应取出胎骨,手术方式多以宫腔镜为主,本例采用宫腔镜联合B超监护的方法去除残留胎骨,不仅增加了手术的安全性,减少子宫穿孔等并发症的出现,也可及时发现并清除嵌入宫壁的骨片,为手术疗效提供保证[4]。

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