

《高危妊娠》

图书基本信息

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内容概要

《高危妊娠:处置的选择(第2版)》是国际上关于高危妊娠的有较大影响的专著。有103位世界知名专家参加编写,主编是英国诺丁汉女王医疗中心David K.James教授和英国帝国医学院西敏寺医院产科Philip J.Steer教授。《高危妊娠:处置的选择(第2版)》涉及了母婴医学的各个方面,其中反映的独特资料被许多其他同类书所采用。

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章节摘录

版权页：插图： VAGINAL EXAMINATION There is no place for digital vaginal examination in the diagnosis of placenta previa. Such an examination may provoke hemorrhage. Since local causes are likely to be benign, speculum examination is probably wisely deferred until after ultrasonography has excluded the diagnosis. Digital vaginal examination is only indicated in an operating theatre with full preparation for cesarean section (see below) . PLACENTAL LOCALIZATION Various radiological methods have been used. Some, such as soft tissue placentography (using X-rays) , radioisotope radiography, pelvic angiography and thermography are no longer used, Magnetic resonance imaging may be a diagnostic technique of the future but at present high cost limits availability. Diagnostic ultrasound scanning is safe, accurate and non-invasive. It is a common practice for many obstetric units in developed countries to offer a screening transabdominal ultrasound scan to all women before 20 weeks gestation. However, the earlier the scan is performed, the more likely the placenta is to be found in the lower pole of the uterus. For example, about 28% of placentas in women scanned before 24 weeks are found to be 'low' but by 24 weeks this drops to 18% and only 3% are low lying by term. Conversely, a false negative scan for a low placenta is found in as many as 7% of cases. Such results are commoner when the placenta is posterior, the bladder is over filled, the fetal head obscures the margin of the placenta or the operator fails to scan the lateral uterine wall. A low-lying placenta is commoner in early pregnancy because the lower segment does not exist. This apparent change in placental position is due to enlargement of the upper segment and formation of the lower segment with many apparently low placentas being found to be above the lower segment. Comeau et al. and Ruparelia and Chapman have shown that the more advanced the pregnancy is, the more accurate a scan diagnosis of placenta previa will be. Some obstetricians advocate that all women with a low placenta on an early scan should be rescanned at 32-34 weeks. Because of the fairly low incidence of placenta previa at term, the rationale for this practice has been questioned. Routine rescanning not only increases the work load of ultrasonography departments but generates enormous patient anxiety. Although some units are continuing with such a practice, others only rescan if there is an indication such as abnormal presentation, vaginal bleeding or the placenta was covering the os on the first scan. The use of transvaginal ultrasonography in cases of suspected placental previa has been shown to improve the accuracy of diagnosis especially with posterior placenta previas. This procedure has been shown to be safe and well tolerated.

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