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阴道超声与宫腔镜诊断对围绝经期女性异常子宫出血病因的研究对比

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摘要 目的:研究阴道超声与宫腔镜诊断对围绝经期女性异常子宫出血(Abnormal uterine bleeding, AUB)病因的对比。**方法:**从 2012 年 3 月到 2013 年 3 月,我院共有 123 例围绝经期 AUB 患者需行手术治疗。全部患者均于术前实施阴道超声检查及宫腔镜检查,分别归入阴道超声组及宫腔镜组,并于术后常规实施病理确诊,并将所得结果作为金标准分别对比。**结果:**根据术后的病理检查,最终确定患者子宫内膜为正常者 4 例,内膜增生 44 例,内膜息肉 29 例,黏膜下肌瘤 26 例,内膜癌 20 例。宫腔镜组在内膜增生及内膜息肉方面的诊断结果与病理检查结果最为接近,诊断结果显著优于阴道超声组,差异均有统计学意义(均 $P < 0.05$)。但两组在正常内膜、黏膜下肌瘤以及内膜癌等方面的诊断结果对比,差异均无统计学意义(均 $P > 0.05$)。宫腔镜组与病理检查的符合率在黏膜下肌瘤及内膜癌方面较阴道超声组与病理检查结果的符合率更高,但差异无统计学意义($P > 0.05$)。尤其是关于内膜增生和内膜息肉的符合率,宫腔镜组显著高于阴道超声组,差异有统计学意义(均 $P < 0.05$)。**结论:**宫腔镜诊断方案对于围绝经期女性 AUB 患者的诊断结果更接近于病理结果,但临床在一定条件可与阴道超声联用,以期进一步提升诊断符合率。值得临床推荐。

关键词: 阴道超声;宫腔镜;诊断;围绝经期;异常子宫出血

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Comparative Study of Transvaginal Sonography and Hysteroscopy in the Diagnosis of Abnormal Uterine Bleeding in Perimenopausal Women Etiology

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ABSTRACT Objective: To conduct comparative study of transvaginal sonography and hysteroscopy in the diagnosis of abnormal uterine bleeding in perimenopausal women etiology. **Methods:** From March 2012 to March 2013, there were 123 cases in our hospital of AUB perimenopausal patients were required surgical treatment. All patients were implemented in the preoperative transvaginal ultrasound and hysteroscopy, were classified ultrasound group and hysteroscopy group, and implemented routine postoperative pathological diagnosis, and the results were used as the gold standard for comparison. **Results:** According to the postoperative pathological examination, the patient ultimately determine the normal endometrium 4 cases, endometrial hyperplasia 44 cases, endometrial polyps 29 cases, submucosal fibroids 26 cases, 20 cases of endometrial cancer. Hysteroscopy group diagnosis and pathological findings in terms of endometrial hyperplasia and endometrial polyps was closest, diagnostic results significantly better than vaginal ultrasound group, the differences were statistically significant ($P < 0.05$). But the two groups in the normal endometrium, submucosal fibroids and endometrial cancer's diagnostic results and other aspects of comparison, the difference was not statistically significant ($P > 0.05$). Hysteroscopy group and pathological examination of the compliance rate in terms of submucosal fibroids and endometrial cancer with transvaginal ultrasound group compared with pathological findings consistent with a higher rate, but the difference was not statistically significant ($P > 0.05$). In particular, in line with the rate on intimal hyperplasia and endometrial polyps, hysteroscopy group was significantly higher than vaginal ultrasound group, the difference was statistically significant ($P < 0.05$). **Conclusion:** The results of diagnostic hysteroscopy diagnostic program for perimenopausal women AUB patients was closer to pathology results, but in certain clinical conditions associated with the use of transvaginal ultrasound can further improve the diagnosis rate. It is worthy of recommendation.

Key words: Transvaginal ultrasound; Hysteroscopy; Diagnosis; Perimenopausal; Abnormal uterine bleeding

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前言

在临床上,对于诊断处于围绝经期的女性 AUB 疾病而言,具有多类手段,由于以往使用的分段诊刮约有 10%至 35%的子宫腔病变被漏诊,因此阴道超声和宫腔镜检查逐渐成为临床较为常用的诊断方式^[1]。然而,怎样合理的选用相应诊断方式对于医务工作者们产生了一些疑惑,鉴于此,本文通过对比阴道超声与宫腔镜诊断方式对我院围绝经期的女性 SUB 患者进行诊断的情况,并探索 AUB 病因,以期临床治疗提供一些理论依据,现报道如下。

1 资料和方法

1.1 临床资料

从 2012 年 3 月到 2013 年 3 月,我院共有 123 例围绝经期 AUB 患者需行手术治疗。年龄在 40 至 57 岁间,平均年龄为 48.2 ± 3.3 岁。其中 AUB 类型含月经过多者 33 例;月经不规则者 31 例;持续性出血者 21 例;绝经后出血者 20 例;经期延长者 9 例;月经频发者 7 例;月经过少者 2 例。

1.2 仪器设备

阴道超声以日本产的日立牌小二郎神型号多普勒超声仪检查,探头频率为 5-13MHz。宫腔镜以产于日本的 olympus 电视宫腔镜系统检查,其中检查镜的外鞘直径为 5.5 mm。

1.3 研究方法

在患者月经干净后 3 至 7d 进行检查,不规则出血者则可用于任意时间检查。全部患者均于术前实施阴道超声检查及宫腔镜检查,分别归入阴道超声组及宫腔镜组,并于术后常规实施

病理确诊,并将所得结果作为金标准。全部患者在检查和治疗前均未实施激素替代性治疗。

1.4 诊断标准

宫腔镜检查的诊断方法符合夏恩兰主编的《妇科内镜学》标准^[2]。阴道超声检查的诊断方法满足吴钟瑜主编的《实用妇产科超声诊断学》标准^[3]。

1.5 观察指标

统计并对比不同诊断方式所得子宫正常内膜和内膜增生,及内膜息肉和黏膜下肌瘤、以及内膜癌等各项数据情况。分析阴道超声及宫腔镜对于围绝经期 AUB 患者病因的临床诊断情况。

1.6 统计学方法

以 SPSS13.0 软件分析,计数资料比较实施 χ^2 检验,计量资料以 $(\bar{x} \pm s)$ 表示,实施 t 检验。不同诊断方式的一致性比较实施 Kappa 检验。 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 不同诊断方式所得结果的情况对比

根据术后的病理检查,最终确定患者子宫内膜为正常者 4 例,内膜增生 44 例,内膜息肉 29 例,黏膜下肌瘤 26 例,内膜癌 20 例。宫腔镜组在内膜增生及内膜息肉方面的诊断结果与病理检查结果最为接近,诊断结果显著优于阴道超声组,差异均有统计学意义(均 $P < 0.05$)。但两组在正常内膜、黏膜下肌瘤以及内膜癌等方面的诊断结果对比,差异均无统计学意义(均 $P > 0.05$)。见下表 1:

表 1 不同诊断方式所得结果的情况对比(例,%)

Table 1 Comparison of different diagnostic mode's result condition (n,%)

组名 Group name	正常内膜 Normal endometrium	内膜增生 Endometrial hyperplasia	内膜息肉 Endometrial polyps	黏膜下肌瘤 Myoma submucosum	内膜癌 Endometrial cancer
阴道超声组(n=123)					
Ultrasound group (n=123)	5(4.07)	61(49.59)	17(13.82)	23(18.70)	17(13.82)
宫腔镜组(n=123)					
Hysteroscopy group (n=123)	4(3.25)	45(36.59)*	31(26.20)*	24(19.51)	19(15.45)
χ^2 值 χ^2 Value	0.115	4.244	5.073	0.026	0.130
P 值 P Value	0.734	0.039	0.024	0.871	0.718

注:与阴道超声组相比,* $P < 0.05$

Note: Compared with ultrasound group, * $P < 0.05$

2.2 两组诊断方式与病理检查的符合率情况对比

宫腔镜组与病理检查的符合率在黏膜下肌瘤及内膜癌方面较阴道超声组与病理检查结果的符合率更高,但差异无统计

学意义($P > 0.05$)。尤其是关于内膜增生和内膜息肉的符合率,宫腔镜组显著高于阴道超声组,差异有统计学意义(均 $P < 0.05$)。见下表 2:

表 2 两组诊断敏感度及特异度情况对比

Table 2 Comparison of 2 groups of diagnostic sensitivity and specificity situation

名称 Name	阴道超声组(n=123)					宫腔镜组(n=123)				
	Ultrasound group					Hysteroscopy group				
	敏感度	特异度	符合率(%)	K 值	P 值	敏感度	特异度	符合率(%)	K 值	P 值
	(%)	(%)	Coinci- dence rate	K Value	P Value	(%)	(%)	Coincidence rate(%)	K Value	P Value
	Sensitivity degree(%)	Specificity degree(%)	dence rate (%)			Sensitivity degree(%)	Specificity degree(%)	rate(%)		
内膜增生										
Endometrial hyperplasia	89.65	86.75	87.88	0.72	0.012	93.11	94.86	94.18	0.87	0.000
内膜息肉										
Endometrial polyps	66.67	93.97	87.01	0.63	0.026	94.75	96.98	96.42	0.92	0.000
黏膜下肌瘤										
Myoma submucosum	92.94	98.26	96.87	0.92	0.000	94.22	98.84	97.75	0.93	0.000
内膜癌										
Endometrial cancer	82.62	98.51	96.87	0.84	0.000	86.95	99.51	98.22	0.90	0.000

3 讨论

对于围绝经期女性 AUB 患者的诊断,在临床上有较多诊断方案,但目前较为常用的主要是阴道超声以及宫腔镜等方案^[4]。Pato-Mosquera M 等人^[5]报道称,实施宫腔镜诊断的结果及准确率基本与阴道超声一致,以宫腔镜进行诊断可获得更接近客观病情的结果。有关报道^[6]在诊断结果的选择性方面有所争议,可能对医务人员造成一定困扰,鉴于此,我们通过对我院长期诊断情况进行了解,选择从 2012 年 3 月到 2013 年 3 月的 123 例处于围绝经期的女性 AUB 患者以不同方式进行诊断后的结果进行研究,尝试寻找相对更好的诊断方案。

阴道超声是一项近年发展起来的妇产科超声技术,具有较大突破性^[7]。原因在于其不需充盈膀胱,可清楚显示出女性体内盆腔处器官及组织结构,探头几乎能够直接与待测器官接触,大大缩短探头和待测器官距离,因阴道结构的松弛,检查工作者们能够提升图像的分辨力^[7,8]。而对于肠气较多及较为肥胖的女性,则能够避免肠腔气体的干扰以及腹壁脂肪层衰减。此外,传统的经腹超声往往要求患者 3-4h 不排尿,并大量饮水,不仅导致患者辛苦而且不利于急诊^[9,10]。

宫腔镜诊断是指利用宫腔镜为女性患者实施检查和诊断的一系列检测集合。宫腔镜作为一项全新、微创型妇科诊疗手段,能够用于对子宫内宫腔病变的诊断及治疗^[11,12]。此种技术不但可确定出病灶所处位置、大小以及外观和范围,还可利于医务工作人员更为细致的观察患者病灶表层组织结构,并于直视条件下取材亦或是定位刮宫^[13]。极大提升宫腔疾病的诊断准确程度,弥补了传统诊疗方案的不足。

我们通过研究后发现,宫腔镜组在内膜增生及内膜息肉方面的诊断结果与病理检查结果最为接近,诊断结果显著优于阴道超声组。符合 Stannard D 等人^[14]报道结果,表明宫腔镜与阴道超声在诊断结果方面有一定差异性。此外,宫腔镜组与病理检查的符合率在黏膜下肌瘤及内膜癌方面较阴道超声组与病理检查结果的符合率相对更高,尤其是关于内膜增生和内膜息

肉的符合率,宫腔镜组显著高于阴道超声组,差异显著。表明宫腔镜的诊断价值整体上更佳,更接近病理诊断结果。与 Deffieux X 等人^[15]报道一致,究其原因,我们认为主要是因为:(1)阴道超声虽然在正常情况下均可获得较好诊断结果,然而,若超声图像发生异常,亦或是检测人员对所示征象不确定时容易造成误诊和漏诊^[16]。而宫腔镜诊断则无此问题。(2)若超声图像显示正常,但患者临床症状却持续存在时,以宫腔镜诊断则可通过定位活检方式加以明确^[17]。由此可知,宫腔镜诊断方式对于引导超声的误诊及漏诊有着较好的弥补作用,值得一提的是,根据我们的经验:(1)即使以阴道超声诊断为子宫内膜增生或者内膜息肉,临床仍应将宫腔镜检查用作下一步常规性检查,并于宫腔镜结果提示之下另作定位活检亦或是诊断性刮宫。(2)对于疑似为子宫黏膜下肌瘤者,较难明确诊断或犹豫是否实施宫腔镜手术之时,仍可以宫腔镜检查方式进行确诊^[18]。(3)对于疑似为子宫内膜癌者,可在阴道超声后实施诊断性刮宫手术,若结果为阳性,即可明确诊断,而因早期癌变亦或是较小癌灶显示结果为阴性,而患者症状却持续存在,则需进一步予以宫腔镜检查,必要时实施定位活检,从而明确诊断^[19]。国外 Vitner D 等人^[20]亦有类似报道表明,阴道超声对于 AUB 的敏感度为 83.3%,特异度为 94.1%,而本文为 82.97%,94.37%,宫腔镜检查的敏感度为 89.3%,特异度为 97.4%,本文为 92.26%,97.55%。均基本与之相符。

综上所述,宫腔镜诊断方案对于围绝经期女性 AUB 患者的诊断结果更接近于病理结果,但临床在一定条件可与阴道超声联用,以期进一步提升诊断符合率。

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