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宫腔镜与阴道超声用于诊断子宫内膜病变的临床价值探讨*

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摘要 目的:探究阴道超声与宫腔镜对诊断子宫内膜病变的临床应用价值。**方法:**选取我院妇产科收治的子宫内膜病变患者 153 例,进行阴道超声及宫腔镜检查,观测患者病变类型以及病变部位,比较术后患者临床资料与术前阴道超声以及宫腔镜的检测结果,对阴道超声及宫腔镜的准确率、敏感性、阳性预测率以及阴性预测率等进行比较。**结果:**阴道超声检测内膜增生漏诊 3 例、内膜息肉误诊 3 例、粘膜下肌瘤误诊 2 例、内膜炎漏诊 2 例、内膜癌漏诊 1 例;宫腔镜检查检测内膜息肉误诊 1 例、黏膜下肌层误诊 2 例、内膜炎漏诊 1 例;与病理活检结果的符合率比较,宫腔镜的总符合率显著高于阴道超声,差异有统计学意义($P < 0.05$)。宫腔镜检查检测子宫内膜病变的准确率、敏感性、阳性预测率及阴性预测率显著优于阴道超声,差异有统计学意义($P < 0.05$)。**结论:**阴道超声和宫腔镜均可检测子宫内膜病变,前者操作简单、创伤小,后者操作复杂,但检出率、准确率及敏感度均较高,可减少临床误诊、漏诊的发生率。

关键词: 阴道超声;宫腔镜;子宫内膜病变;病理活检;诊断价值

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Comparative Study of Vaginal Ultrasonography and Hysteroscopy in Diagnosis of Endometrial Lesions*

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ABSTRACT Objective: To explore the clinical application value of transvaginal ultrasound and hysteroscopy in the diagnosis of endometrial lesions. **Methods:** 153 patients with endometrial lesions were treated from obstetrics and gynecology in our hospital. Vaginal ultrasound, hysteroscopy and pathological biopsy was used to detect the type and site of endometrial lesions. The accuracy, sensitivity, positive predictive value and negative predictive value of transvaginal sonography and hysteroscopy were compared. **Results:** ① Compared with pathological biopsy results, transvaginal ultrasound detection showed 3 cases of missed intimal hyperplasia, 3 cases of misdiagnosis of endometrial polyps, 2 cases of submucosal fibroids misdiagnosed, 2 cases of the meningitis missed, and 1 case of endometrial cancer misdiagnosis; ② compared with biopsy results, hysteroscopy showed one case of misdiagnosis polyps, 2 cases of submucous myoma misdiagnosed, and one case of the meningitis missed; ③ the overall compliance rate by hysteroscopy matched with pathological biopsy results was significantly higher than that of hysteroscopy, and the difference was statistically significant ($P < 0.05$). ④ in comparison with the detection accuracy, sensitivity, positive predictive value and negative predictive value for endometrial lesion, hysteroscopy was superior to vaginal ultrasound, and the difference was statistically significant ($P < 0.05$). **Conclusion:** Both of vaginal ultrasonography and hysteroscopy can detect endometrial lesions. Vaginal ultrasound is simple with no medical trauma; and hysteroscopy is complex, but it has high accuracy, high sensitivity which can reduce the misdiagnosis and missed diagnosis of endometrial lesions.

Key words: Ultrasound; Hysteroscopy; Endometrial lesions; Pathological biopsy; Diagnostic value

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前言

子宫内膜病变,是一类妇科常见的子宫内膜疾病,包括子宫内膜增生、内膜炎症、内膜息肉、内膜萎缩以及内膜癌等。临床多表现为腹部疼痛、白带异常、经期紊乱、闭经,甚至导致孕龄期女性不孕。有关数据显示^[1,2],子宫内膜病变,是妇科最为常

见的一种妇科疾病,我国每年患子宫内膜疾病的女性约占所有妇科疾病的 89.3% 以上,且呈逐年增加趋势。子宫内膜病变患者的误诊、漏诊率较一般内科疾病几率大,因为子宫内膜结构较复杂,且处于盆腔底部,部分病变不易被查出。为了提高子宫内膜疾病的早期诊断准确率,减少因误诊、漏诊延误治疗,给患者的病情带来的不良后果,国内外许多专家学者,对此进行

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了大量研究。有关研究表明,子宫内膜疾病的早期诊断可采取阴道超声和宫腔镜等手段。研究显示^[3,4],阴道超声,是一种将探头直入阴道内部,进行体内超声成像的一种诊断技术,可通过电脑成像观测子宫结构、大小、内膜厚度、以及体内卵泡等,医疗人员通过对超声图像的分析,寻找病变部位,通过手术进一步治疗;宫腔镜,通过宫颈管,探入子宫内部,将探头完全深入子宫,连接计算机,得到子宫内部的清晰图像,医生通过观察,找出可疑病灶,并结合电子刀,刮取病变组织,进一步进行病理活检。两种诊断方式,均是当下妇产科诊断子宫内膜病变的主要手段。为了探究这两种诊断方法对子宫内膜病变的诊断准确性、敏感性等,我们通过对既往文献的研究分析,结合临床,对我院 153 例子官内膜病变患者进行了相关研究。现报道如下。

1 资料与方法

1.1 一般资料

选取 2011 年 3 月 -2014 年 3 月, 我院妇产科收治的子宫内膜病变患者 153 例,全部患者入院前已进行阴道超声,入院后行宫腔镜检查,同时提取病变组织进行病理活检,根据患者实验室检测结果,安排手术治疗。患者平均年龄 42.8 ± 10.2 岁,患者年龄、职业、出生地等一般资料相仿,差异无统计学意义 ($P > 0.05$)。纳入标准:参照中华医学会制定的《妇产科诊断标准》(2013 版)^[5],经阴道超声、宫腔镜等实验室检测确诊为子宫内膜病变;年龄在 38-68 岁;患者无肝、脾、肾等脏器的严重病变;意识清醒;患者自愿参与本次研究,并签署知情同意书。排除标准:参照《妇产科临床诊断指南》^[6],排除年龄超过 75 周岁;心、肺、肾等重要脏器有严重器质性病变;近 2 个月内进行过心脏手术;意识障碍、无语言表达能力;患者不愿参与本次研究。

1.2 方法

患者入院前,行阴道超声检测,患者检测前排空膀胱,将探

头倾斜推入阴道进行多方位探测,同时用左手适当按压腹部,减少肠气干扰,检测子宫形态、大小、基层组织以及血流流量等。患者入院后,行血常规、凝血功能、肝肾功能、心电图、胸片、白带常规检测,排除手术禁忌症后,行宫腔镜检查,并摘取可疑组织进行病理活检。宫腔镜检查,将宫颈管接通宫腔镜探头,深入子宫内,观测宫腔内情况以及子宫附件形态、内膜厚度以及病变部位的大小、血管分布以及病理增生组织等,同时进行电切刀,刮出部分病理组织,进行病理活检。病理活检,提取病理组织,在显微镜下观察,最终确定病理类型及疾病种类。患者进行检测后,均根据检查结果进行手术治疗,将患者术后临床资料与术前的实验室诊断进行比较。

1.3 观察指标

阴道超声与病理活检的结果比较、宫腔镜与病理活检的结果比较,以及两者结果的符合率、准确率、敏感性、阳性预测率、阴性预测率等。

1.4 统计学方法

采用统计学软件 SPSS 18.0 进行统计学分析,将统计评估及检测所得数据采用统计学软件进行统计分析,计量资料及计数资料分别进行 t 检验处理及卡方检验处理, $P < 0.05$ 为差异显著,有统计学意义。

2 结果

2.1 阴道超声、宫腔镜与病理活检诊断结果比较

与病理活检结果比较,阴道超声检测内膜增生(Hyperplasia)漏诊 3 例、内膜息肉(Polyps)误诊 3 例、粘膜下肌瘤(Submucous myoma)误诊 2 例、内膜炎(Endocarditis)漏诊 2 例、内膜癌(Carcinoma)漏诊 1 例。宫腔镜检查内膜息肉误诊 1 例、黏膜下肌层误诊 2 例、内膜炎漏诊 3 例。见表 1。

表 1 阴道超声、宫腔镜与病理活检结果(n)

Table 1 Results of ultrasound, hysteroscopy and biopsy (n)

	Hyperplasia	Polyps	Atrophy	Submucous myoma	Endocarditis	Carcinoma	Total
Biopsy	24	37	42	19	26	5	153
Hysteroscopy	24	38	42	21	22	5	152
Ultrasound	21	40	42	21	24	4	152

2.2 阴道超声、宫腔镜与病理活检的符合率比较

阴道超声、宫腔镜与病理活检结果的符合率比较,宫腔镜

的总符合率显著高于阴道超声,差异有统计学意义($P < 0.05$)。见表 2。

表 2 阴道超声、宫腔镜与病理活检结果的符合率情况(例)

Table 2 Results of the detection rate of ultrasound, hysteroscopy and pathological biopsy (cases)

	Hyperplasia	Polyps	Atrophy	Submucous myoma	Endocarditis	Carcinoma	detection Rate
Ultrasound	87.5 %	92.5%	100 %	90.5 %	92.3 %	80 %	92.1 %
Hysteroscopy	100 %	97.4%	100 %	90.5 %	96.2 %	100 %	97.3 % [▲]

Note: [▲] $P < 0.05$, Compared with transvaginal ultrasound.

2.3 两种方法诊断的准确率、敏感性、阳性预测率及阴性预测率

子宫内膜病变检测的准确率、敏感性、阳性预测率以及阴

性预测率比较,宫腔镜显著优于阴道超声,差异有统计学意义($P < 0.05$),具体情况,见表 3。

表 3 准确率、敏感性、阳性预测率以及阴性预测率比较(%)

Table3 Comparison of the accuracy, sensitivity, positive and negative predictive rate (%)

Group	Accuracy rate	Sensitivity	Positive rate	Negative rate
Ultrasound	87.6%	91.4%	89.6%	65.9%
Hysteroscopy	92.4 % [▲]	95.2 % [▲]	96.3 % [▲]	91.1 % [▲]

Note: [▲]P<0.05, compared with transvaginal ultrasound.

3 讨论

有关数据显示^[7-10],我国每年患子宫内膜疾病的女性可达2900万,约占妇科疾病总数的62%,且呈逐年增加趋势。为了减少子宫内膜疾病对女性生理及心理带来的创伤,提高子宫内膜疾病的早期检出率,降低误诊、漏诊率,国内外许多专家学者进行了大量研究。有关研究表明^[11-14],子宫内膜疾病的早期诊断可采取阴道超声和宫腔镜等手段。两种观测方法,均可观察子宫的内部情况,对子宫内膜病变的早期诊断有显著的效果^[16]。

本实验中,阴道超声与病理活检结果比较显示,阴道超声检测的内膜增生、内膜息肉、粘膜下肌瘤、内膜炎、内膜癌以及总患者数目与病理活检存在差异(P<0.05)。李荣环^[17]等对109例子官内膜病变患者进行了阴道超声检测,并进行病理活检,结果表明阴道超声诊断的结果与病理活检的结果有一定误差,由于子宫内膜分层后,部分病变组织处于夹层之中,超声诊断未能查出病灶部位,因而产生了漏诊及误诊。宫腔镜与病理活检结果比较显示,宫腔镜检测的内膜息肉、黏膜下肌层、内膜炎的患者数目与病理活检结果存在差异(P<0.05)。翟科^[18]等对112例疑似子宫内膜病变患者进行了宫腔镜检查,发现其中有110例患者为阳性,这一结果与实际病理活检结果一致,但其中部分患者的病理类型诊断有误,说明宫腔镜对子宫内膜病变的检出率较高,但也存在一定的误差。阴道超声、宫腔镜与病理活检结果的符合率比较,宫腔镜的总符合率显著高于阴道超声,差异有统计学意义(P<0.05)。文玉霞^[19]等对190例子官内膜炎患者进行了不同诊断,根据诊断结果进行手术治疗,术后发现患者资料与诊断存在部分误差,且阴道超声诊断的误差相对宫腔镜诊断的误差明显,说明宫腔镜诊断子宫内膜病变,更具有准确性。子宫内膜病变检测的准确率、敏感性、阳性预测率以及阴性预测率比较,宫腔镜显著优于阴道超声,差异有统计学意义(P<0.05)。张敏^[20]等对2010年-2012年妇产科收治的子宫内膜病变患者进行了回顾性研究,发现经宫腔镜诊断的患者,其诊断准确率高于阴道超声诊断,且敏感性较高,对疾病的预测率也相对较大,我们的研究结果与此相符,提示宫腔镜是早期诊断子宫内膜病变的首选方式。

综上所述,阴道超声和宫腔镜检测均能较有效的诊断女性子宫内膜病变,宫腔镜对于子宫内膜病变的诊断准确率高、敏感性强、预测率较好,但由于深入子宫内部,操作时易产生轻度的医疗损伤,且费用高;阴道超声,虽然操作简便,不易产生损伤,但由于其探头深入体内的局限性,导致部分患者的病理类型判断错误,尤其对于较相似的病灶类型,存在一定的误诊率。两种诊断方式均有其自身的优劣势,临床上可根据不同需要,进行合理选择。

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