

围系膜网膜增厚为定性超声征象,缺乏具体数据,由于目前尚无统一的定量标准,今后仍需总结大样本数据,完善阑尾周围系膜网膜增厚的量化分析,进一步提高对儿童急性阑尾炎的诊断准确率。

综上所述,超声对阑尾外径为0.6~0.7 cm儿童急性阑尾炎有较好的诊断价值,其中超声征象阑尾周围系膜网膜增厚价值更高。

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· 病例报道 ·

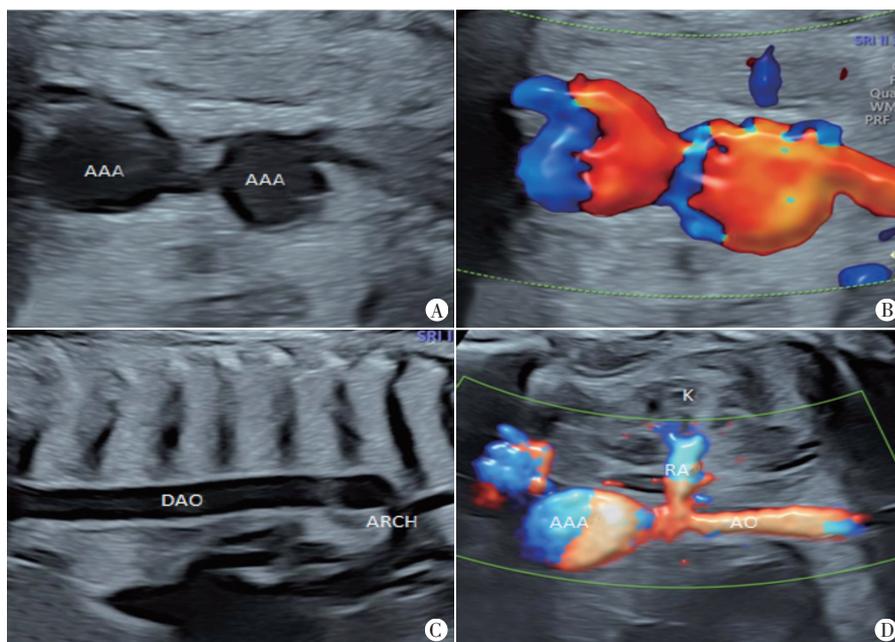
Ultrasonic diagnosis of fetal abdominal aortic aneurysm: a case report 超声诊断胎儿腹主动脉瘤1例

赖芳萍 吕国荣 何韶铮

[中图分类号]R445.1;R714.5

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孕妇42岁,孕2产1。无特殊及遗传病史,无烟、酒等不良嗜好,非近亲婚配,育有1女身体健康。本次妊娠胎儿染色体非整倍体检查结果为低风险,孕30周我院产前超声检查提示胎儿腹主动脉瘤样扩张,孕妇要求继续妊娠。孕37周产前超声检查:胎儿腹主动脉肾动脉水平以下段可探及2个紧邻相通的无回声区,其间距为0.5 cm,大小分别约1.6 cm×1.6 cm、1.4 cm×1.5 cm,具有完整的动脉壁3层结构,与正常腹主动脉管壁连续,与其正常段的内径比分别为3.0:1、2.8:1;近段腹主动脉内径约0.5 cm,双侧肾动脉未见明显狭窄;CDFI于其内可探及红蓝相间的动脉血流信号(图1)。超声提示:腹主动脉中段肾动脉水平下见呈瘤样扩张的腹主动脉瘤。MRI检查:腹主动脉分叉处、左侧髂血管前方见2个紧密相邻的结节灶,与血管信号相近,较大者大小约1.9 cm×1.8 cm,较小者与髂血管相通(考虑动脉瘤样扩张),大小约1.5 cm×1.4 cm(图2)。孕38⁺周孕妇因“下腹痛及阴道流液2 h”入院,经阴



A: 声像图示相邻的2个无回声区;B: CDFI于无回声区内探及红蓝相间的动脉血流信号;C: 主动脉弓长轴切面;D: 声像图示腹主动脉瘤样扩张位于肾动脉水平下

图1 孕37周胎儿腹主动脉瘤超声图(AAA:腹主动脉瘤;DAO:降主动脉;ARCH:主动脉弓;K:肾脏;RA:肾动脉;AO:腹主动脉)

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道分娩1男婴, 体质量3200 g, Apgar评分10分, 新生儿出生后3 d行腹部超声检查: 腹主动脉中下段可探及2个紧邻相通的无回声区, 其间距为0.3 cm, 大小分别约2.1 cm \times 2.2 cm、1.5 cm \times 1.6 cm, 与其正常段的内径比分别为3.5:1、2.6:1, 近段腹主动脉内径约0.6 cm, 双侧肾动脉未见明显狭窄; CDFI于其内可探及红蓝相间的动脉血流信号(图3)。综合上述检查结果确诊为腹主动脉瘤。新生儿出生后随访1个月无特殊情况。

讨论: 欧洲心脏病学会指南^[1]将腹主动脉局限性扩张直径与正常腹主动脉直径比值 >1.5 定义为腹主动脉瘤, 若无明确病因则定义为先天性腹主动脉瘤^[2]。本例孕妇于孕30周行产前超声检查时发现胎儿腹主动脉瘤, 胎儿及孕妇染色体检查均未见明显异常, 无类似家族史, 病因不明, 考虑为先天性腹主动脉瘤。目前产前超声诊断先天性腹主动脉瘤的报道较少, 根据受累部位可分为肾动脉上型、肾动脉旁型及肾动脉下型。结合文献^[2-4]分析发现, 先天性腹主动脉瘤多为肾动脉下型, 髂动脉常受累, 偶尔可合并肾动脉狭窄, 临床多表现为腹部搏动性肿块, 病理表现为动脉壁增厚, 弹性纤维丧失, 内膜增厚。产前超声可对胎儿先天性腹主动脉瘤进行分型, 并通过测量肾动脉内径观察其有无狭窄。一般而言, 肾动脉上型及肾动脉旁型合并肾动脉狭窄胎儿预后差, 本例胎儿为肾动脉下型, 未见明显肾动

脉狭窄, 出生后未行手术治疗, 随访1个月新生儿情况稳定, 无特殊表现, 预后较好。先天性腹主动脉瘤死亡的常见原因为腹主动脉瘤破裂、心脏病、肾功能衰竭或手术后并发症等^[2], 因此早发现、早诊断、早治疗尤为重要。总之, 产前超声检查可以早期发现胎儿先天性腹主动脉瘤, 具有无创、无辐射、可重复性等优点, 可为临床诊断提供参考信息。

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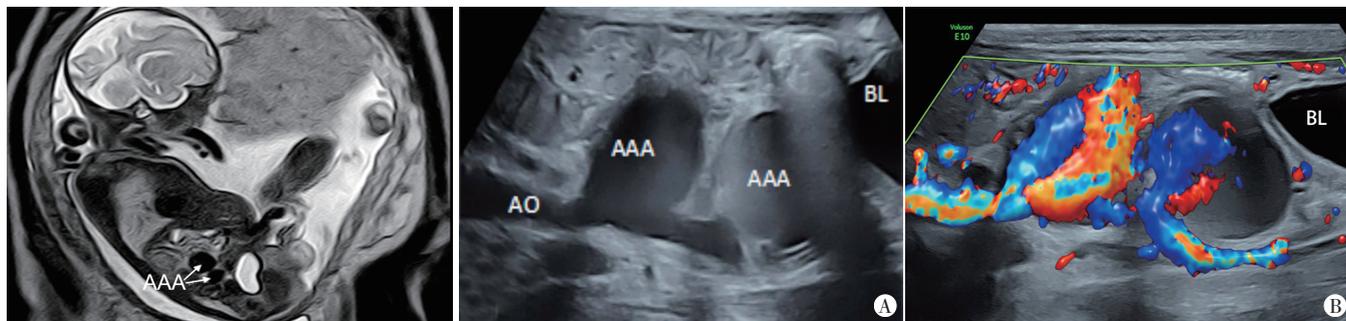


图2 孕37周胎儿腹主动脉瘤MRI图(AAA:腹主动脉瘤)

图3 产后3 d新生儿腹主动脉瘤超声图(AO:腹主动脉; AAA:腹主动脉瘤; BL:膀胱)

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