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妊娠期淋病治疗对妊娠结局的影响分析*

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[摘要] **目的** 探讨妊娠期淋病治疗对妊娠结局影响分析。**方法** 选择 2008 年 1 月至 2015 年 6 月该院妊娠期淋病患者 55 例,按照治疗方式分为妊娠组与终止妊娠组,妊娠组 33 例患者治疗后继续妊娠,终止妊娠组 22 例终止妊娠,选择同期 55 例正常分娩孕妇作为对照组。对比妊娠组及终止妊娠组患者治愈率,对比妊娠组及对照组孕妇妊娠结局。**结果** 妊娠组与终止妊娠组治疗 6 个月后全部治愈,治疗后 1 周、6 个月治愈率两组比较,差异无统计学意义($P>0.05$)。妊娠组治疗后 3 个月复发率为 21.21%,略高于终止妊娠组,但差异无统计学意义($P>0.05$)。妊娠组与对照组均无新生儿淋病、新生儿淋菌性咽炎发生,两组早产、新生儿窒息、低体质量儿、新生儿感染、产后出血发生率比较,差异无统计学意义($P>0.05$)。妊娠组不良妊娠结局发生率为9.09%,对照组为 7.27%,差异无统计学意义($P>0.05$)。**结论** 妊娠早期、中期淋病患者经过规范抗菌药物治疗可安全分娩,对妊娠结局无明显影响。

[关键词] 淋病;妊娠并发症;妊娠结局
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Analysis on influence of gonorrhea treatment during pregnancy on pregnancy outcome*

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[**Abstract**] **Objective** To investigate the influence of gonorrhea treatment during pregnancy on the pregnancy outcome. **Methods** Totally 55 patients with gonorrhea during pregnancy in our hospital from January 2008 to June 2015 were selected and divided into the pregnancy termination group and the pregnancy group according to the treatment mode. The pregnancy group (33 cases) continued the pregnancy after treatment, while the pregnancy termination group (22 cases) terminated the pregnancy after treatment. Contemporaneous 55 pregnant women of normal delivery were selected as the control group. The cure rates were compared between pregnancy group and pregnancy termination group, and the pregnancy outcomes were compared between the control group and pregnancy group. **Results** The pregnancy termination group and pregnancy group were all cured after 6-month treatment, the cure rates had no statistically significant difference between 1-week treatment and 6-month treatments ($P>0.05$), the relapse rate after 3-month therapy in the pregnancy group was 21.21%, which was slightly higher than that in the termination pregnancy group, but the difference between the two groups was not statistically significant ($P>0.05$); the pregnancy group and the control group had no case of neonatal gonorrhea and neonatal gonococcal pharyngitis occurrence, the incidence rates of premature birth, asphyxia, low birth weight neonates, neonatal infections, and postpartum hemorrhage no statistically significant differences between the two groups ($P>0.05$), the adverse pregnancy outcome incidence rate was 9.09% in the pregnancy group and 7.27% in the control group, the difference was not statistically significant($P>0.05$). **Conclusion** The gonorrhea patients with early or middle pregnancy can get safe delivery after the standardized antibiotic therapy, which has no obvious influence on pregnancy outcome.

[**Key words**] gonorrhea; pregnancy complications; pregnancy outcomes

淋病主要通过性接触传染,是由淋病奈瑟球菌引起的生殖系统化脓感染性疾病,可继发性导致直肠、眼部等播散性淋球菌感染。除了性接触传播方式,也会垂直传播造成新生儿淋菌性咽炎等[1-2]。妊娠期淋病传染性强且潜伏期短,因此可能导致多种并发症,部分孕妇从新生儿健康角度考虑终止妊娠,但临床实践证实合理治疗可以保证妊娠及分娩安全,对新生儿影响较小,本文旨在探讨妊娠期淋病治疗对妊娠结局影响分析,为临床诊治提供参考,选择 2008 年 1 月至 2015 年 6 月妊娠期淋病患者 55 例及同期 55 例正常分娩孕妇,现将其妊娠结局及并发症报道如下。

1 资料与方法

1.1 一般资料 选择 2008 年 1 月至 2015 年 6 月本院妊娠期淋病患者 55 例,按照治疗方式分为妊娠组与终止妊娠组,妊娠组 33 例,终止妊娠组 22 例,选择同期 55 例正常分娩孕妇作为对照组。3 组孕妇年龄、孕周、病程等基线资料对比差异无统计学意义($P>0.05$),具有可比性,见表 1。纳入标准:(1)符合妊娠期淋病诊断标准[3-4];(2)年龄大于 18 岁有自主判断能力,意识清晰,无精神疾病;(3)患者对研究知情且同意;(4)研究经过医院伦理委员会批准实施;(5)早期、中期妊娠。排除标准:(1)免疫学疾病者;(2)严重肝、肾功能不全者;(3)治疗前 4 周接受过抗菌药物治疗。

1.2 方法

1.2.1 治疗方法 3 组孕妇均禁性生活或性生活采取安全保护措施。妊娠组:继续妊娠,避免使用抗病毒药物治疗,使用

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250 mg 头孢曲松钠肌内注射 1 次，头孢类过敏患者使用 4 g 大观霉素肌内注射 1 次。治疗 1 周后复查，无复发患者 2 周复查 1 次，复发后采取同样治疗方法继续治疗。终止妊娠组：使用 250 mg 头孢曲松钠肌内注射 1 次，头孢类过敏患者使用 4 g 大观霉素肌内注射 1 次，1 周后使用米非司酮加钳刮术终止妊娠。

表 1　3 组孕妇基线资料比较($\bar{x}\pm s$)

组别	n	年龄(岁)	孕周(周)	病程(周)
妊娠组	33	28.37±3.22	28.59±2.23	14.54±3.33
终止妊娠组	22	27.56±2.79	28.93±2.35	15.02±3.75
对照组	55	28.00±4.00	29.12±2.54	
P		>0.05	>0.05	>0.05

1.2.2 观察指标　(1)对比妊娠组及终止妊娠组患者治愈率，治愈：治疗后 2 周内无性接触情况下，患者体征及症状消失，培养提示淋球菌阴性，即判断为治愈。(2)对比妊娠组及对照组孕妇妊娠结局。

1.3 统计学处理　采用统计学软件 SPSS21.0 分析，计量资料采用 $\bar{x}\pm s$ 表示，组间比较采取 t 检验，计数资料采用率表示，组间比较采取 χ^2 检验，以 $P<0.05$ 为差异有统计学意义。

2 结　果

2.1 妊娠组与终止妊娠组治愈率及复发率比较　妊娠组与终止妊娠组治疗 6 个月后全部治愈，治疗后 1 周治愈率、治疗后 6 个月治愈率两组比较差异无统计学意义($P>0.05$)，妊娠组治疗后 3 个月复发率为 21.21%，略高于终止妊娠组，但两组比较差异无统计学意义($P>0.05$)，见表 2。

表 2　妊娠组与终止妊娠组治愈率及复发率比较[n(%)]

组别	n	治疗后 1 周治愈	治疗后 6 个月治愈	治疗后 3 个月复发
妊娠组	33	29(87.88)	33(100)	7(21.21)
终止妊娠组	22	20(90.91)	22(100)	4(18.18)
χ^2		0.013	0.000	0.353
P		>0.05	>0.05	>0.05

2.2 妊娠组与对照组妊娠结局比较　妊娠组与对照组均无新生儿淋病、新生儿淋菌性咽炎发生，两组早产、新生儿窒息、低体质量儿、新生儿感染、产后出血发生率比较差异无统计学意义($P>0.05$)，妊娠组不良妊娠结局发生率为 9.09%，对照组为 7.27%，两组比较差异无统计学意义($P>0.05$)，见表 3。

表 3　妊娠组与对照组妊娠结局比较[n(%)]

组别	n	早产[n(%)]	新生儿窒息[n(%)]	低体质量儿[n(%)]	新生儿感染[n(%)]	产后出血[n(%)]	发生率(%)
妊娠组	33	1(3.03)	0	1(3.03)	0	1(3.03)	9.09
对照组	55	1(1.82)	0	1(1.82)	1(1.82)	1(1.82)	7.27
χ^2		0.014	1.192	0.194	0.014	0.014	0.076
P		>0.05	>0.05	>0.05	>0.05	>0.05	>0.05

3 讨　论

淋病是性传播疾病发生率较高的一种，人类是淋球菌目前已知的惟一天然宿主，性接触、垂直传播等是主要传播方式，女性发病率高于男性[5-6]。孕妇合并淋病者，由于妊娠期间激素分泌旺盛，淋病奈瑟球菌繁殖活跃，同时妊娠期免疫功能受到抑制，因此妊娠期淋病发生率更高[7-8]，病情发展更快。妊娠期淋病可能由于淋球菌上行造成羊膜腔内感染，导致流产、早产等不良妊娠结局发生，新生儿易发生急性淋病及淋球菌咽炎等，因此及时治疗十分重要。临床部分孕妇或医生认为孕妇合并淋病应考虑终止妊娠，以避免不良妊娠结局[9-10]。

对早期、中期妊娠淋病患者，淋球菌感染对胎儿无明显影响，因此早期发现淋病并进行合理及时地治疗可以继续妊娠，同时分娩时使用剖宫产，可以避免分娩过程中通过产道感染新生儿[11-12]，而对妊娠结局影响很小。本文妊娠组患者均实施剖宫产，因为淋球菌感染分布于宫颈、阴道、尿道等，如果治疗不完全，会对阴道分娩造成影响，并可能造成软产道裂伤[13-14]，因此选择剖宫产会有效提升分娩安全性。选择继续妊娠者应及时合理治疗，治疗中避免胎儿受到伤害，同时保证治疗效果，本文使用头孢曲松钠或大观霉素治疗，头孢曲松钠是妊娠期常用抗感染药物，对淋病奈瑟球菌等菌种抗感染效果好，且临床极少见胎儿畸形出现，不良反应发生率低[15-16]，对头孢曲松钠过敏患者使用大观霉素治疗，大观霉素不良反应相比头孢曲松钠高，患者可出现呕吐、局部疼痛、眩晕等不良反应，但对胎儿影响也很小，未见导致胎儿畸形病例，因此对妊娠结局影响小。本研究结果提示，无论是否终止妊娠，患者均可取得相当的抗感染治疗效果，同时淋病患者妊娠结局与正常孕妇比较差异无统计学意义($P>0.05$)，表明及时合理抗感染治疗安全有效。

综上所述，妊娠早期、中期淋病患者经过规范抗菌药物治疗可安全分娩，对妊娠结局无明显影响。

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