

临产孕妇念珠菌感染及不良妊娠结局调查*

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摘要:目的 对临产孕妇念珠菌感染及不良妊娠结局进行调查。方法 知情同意下,选择2013年1月~2014年6月,到茂名市妇幼保健院产科住院的542例临产孕妇,采集其阴道分泌物进行念珠菌检查。所选对象年龄段为20~30岁,均自诉无阴道致病原感染不适症状,但包括很小部分表述有阴道念珠菌感染临床表现者。采用10 g/dl 氢氧化钾溶液湿片和革兰氏染色油片两种方法,两法显微镜下同时找到假丝酵母菌的芽生孢子或假菌丝确诊为阳性结果,否则为阴性。分别选择阳性为观察组,阴性为对照组,记录两组孕妇发生胎膜早破、会阴伤口感染、新生儿鹅口疮、新生儿尿布疹四种不良妊娠结局情况。统计学方法:计数资料用卡方检验,计量资料用方差分析。结果 获得念珠菌阳性125例,阴性417例,感染率为23.1%,水平较国内报道的19.3%高。观察组孕妇胎膜早破、新生儿尿布疹、会阴伤口感染、新生儿鹅口疮发生率分别是19.2%,8.0%,16.8%和12.8%;明显高于对照组的8.4%,1.2%,3.8%和1.7% ($\chi^2=12.578\sim29.273$, P 值均 <0.01)。结论 孕妇念珠菌感染可增加不良妊娠结局,保健或临床医生应建议孕妇,对该菌行常规检查并及早诊治,以便更好预防不良妊娠结局。

关键词: 临产孕妇;念珠菌;不良妊娠结局

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Investigation Analysis of *Monilia* Infection and Adverse Pregnancy Outcomes of Pregnant Women in Labor

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Abstract: **Objective** To investigate *Monilia* infection and adverse pregnancy outcomes of pregnant women in labor. **Methods** Before informed consent, 542 cases of pregnant women in labor were collected in Obstetrics Department of Maternity and Child Healthcare of Maoming City from January 2013 to April 2014, and all of these cases were examined by *Monilia* inspection of vaginal secretions. All of these cases were 20 to 30 years old, without vaginal pathogenic infection symptoms, but included in a few of formulation of clinical features of vaginal *Candida* infection. With the two methods of 10% potassium hydroxide solution wet sheet and Gram staining, if blastospore or pseudohypha of *Candida* mycoderma were found out in the two methods under microscope, this case was diagnosed as positive result, otherwise as negative result. Respectively choosing positive cases as observation group, and negative cases as control group, the indexes of premature rupture of membranes, perineum wound infection, neonatal thrush and neonatal diaper rash of the two groups were recorded. The statistical method: enumeration data by chi-square test, measurement data using analysis of variance. **Results** The positive rate of *Monilia* was 23.1% (125/542), higher than 19.3% reported in domestic. The incidence rates of neonatal diaper rash, premature rupture of membranes, neonatal thrush and perineum wound infection of the observation group were respectively 19.2%, 8.0%, 16.8% and 12.8%, all much higher than the control group respectively was 8.4%, 1.2%, 3.8% and 1.7%, ($\chi^2=12.578\sim29.273$, all $P<0.01$). **Conclusion** *Monilia* infection of pregnant women in labor could increase the chance of adverse pregnancy outcomes. Healthy or clinical doctors should suggest that pregnant women early carry out routine examination and early treatment, in order to prevent adverse pregnancy outcomes.

Keywords: pregnant women in labor; *monilia*; adverse pregnancy outcomes

念珠菌又叫酵母样真菌,是一直以来临床上习惯性俗称,现教科书称为假丝酵母菌,所以本文全部改用教科书称谓。该菌是一种条件致病菌,易寄

生在女性泌尿生殖道,当该菌大量繁殖并转变为菌丝相时,便引起外阴阴道假丝酵母菌病(vulvovaginal candidiasis, VVC)。孕妇在妊娠期机体免疫功

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能相对降低,雌激素水平逐渐升高,使阴道上皮细胞内糖原积聚,阴道黏膜充血,分泌物增加,有利于假丝酵母菌繁殖增长,引起妊娠期 VVC^[1]。该病是孕妇比较常见的并发症之一,国外报道有约 15%~28% 孕妇有感染症状^[2,3],国内报道发生率为 19.3%,可引起孕妇不良妊娠结局^[4,5]。笔者为调查茂名市临产孕妇假丝酵母菌感染情况及其不良妊娠结局,设计和收集相关资料数据,分析报道如下。

1 材料与方法

1.1 研究对象 选择时间为 2013 年 1 月 1 日~2014 年 6 月 30 日,到本院住院部产科准备临产分娩的孕妇,在知情同意原则下,自愿接受阴道分泌物假丝酵母菌检查。为更合适和科学地代表正常育龄阶段孕妇,规定只选取 20~30 岁年龄段。

1.2 研究方法

1.2.1 由妇产科医师采集孕妇阴道下段侧壁及宫颈分泌物,立即送到检验科,分别制成 10 g/dl 氢氧化钾溶液湿片和革兰氏染色油片两张,两片显微镜下同时找到假丝酵母菌的芽生孢子或假菌丝即可确诊为阳性,否则阴性^[6]。如当孕妇有症状而多次镜检为阴性,为预防漏诊,则选用沙堡氏琼脂培养法作为判断阴阳性金标准。

1.2.2 把检查确诊为假丝酵母菌阳性的临产孕妇选作观察组,阴性的作为对照组。将两组孕妇资料和结果独立登记成册,并准确完善后续不良妊娠结局录入,以便数据统计分析。

1.2.3 观察指标:计算入选临产孕妇 VVC 感染率。对两组不良妊娠结局包括胎膜早破、会阴伤口感染、新生儿鹅口疮、新生儿尿布疹进行比较。

1.3 统计学分析 应用软件 SPSS 13.0 进行分析,计量资料组间比较采用 t 检验,计数资料比较采用卡方检验,以 $P<0.05$ 为差异有统计学意义。

2 结果 共对 542 例临产孕妇进行阴道分泌物假丝酵母菌检查,获得 125 例阳性,感染率为 23.1%,略高于国内报道的 19.3%^[4]。125 例阳性为观察组,417 例阴性为对照组。两组孕妇平均年龄、孕周、孕产史等基本资料比较差异均无统计学意义($P>0.05$),具有可比性。而观察组的胎膜早破、会阴伤口感染、新生儿鹅口疮、新生儿尿布疹发生率均明显高于对照组,差异有统计学意义($P<0.01$),详见表 1。

3 讨论 国内外临床医学资料显示,妊娠期易好发 VVC,约 30% 孕妇阴道中有白色假丝酵母菌寄生^[2,3,5,7]。当该菌数量少,只呈酵母相状态存在时,并不一定引起医学不适;但当孕妇在全身及阴道局部细胞免疫能力下降,从而让该菌大量繁殖并

转变成菌丝相状态,就会出现临床症状。故通常会

表 1 两组患者的基本资料及不良妊娠结局比较分析结果 $[\bar{x}\pm s, n(\%)]$

指标	观察组($n=125$)	对照组($n=417$)	t/χ^2	P
年龄(岁)	23.7 \pm 3.7	24.2 \pm 4.0	1.247	0.213
孕周(周)	38.9 \pm 5.1	39.5 \pm 5.4	1.103	0.270
孕产史	39(31.2)	135(32.4)	0.061	0.805
胎膜早破	24(19.2)	35(8.4)	11.578	0.001
会阴伤口感染	21(16.8)	16(3.8)	25.408	0.000
新生儿鹅口疮	16(12.8)	7(1.7)	29.273	0.000
新生儿尿布疹	10(8.0)	5(1.2)	16.532	0.000

有孕妇自身甚至妇产科医师,因没有不适症状而忽略此菌,直到分娩导致不良妊娠结局时才引起注意。本文收集数据显示,观察组不良妊娠结局中胎膜早破、会阴伤口感染、新生儿鹅口疮、新生儿尿布疹百分率均明显比对照组高($P<0.01$),与国内黄玉玲等^[5]报道的相符合。但也有国内张利侠等^[8]文章,得到假丝酵母菌感染对引起胎膜早破并未有统计学差异的结论,这其中可能存在南北地域气候以及入选人群条件的差别;也可能毕竟引起胎膜早破虽可由单一原因,但往往是更多因素作用的结果。因此,对于孕妇感染 VVC 是否增加不良妊娠结局,就目前能查阅到近年来的国内外文献,结论是增加的多^[2,3,5,7]。但具体程度如何,尚需我国多地方大样本量的调查收集,且最好能由国家制定统一标准,同行们便可获得可比性临床数据来证实。

另外,国内曹懿等^[7]的文章报道说,德国在 1993 年起对妊娠 34 周的孕妇常规做阴道假丝酵母菌培养,若阳性则用凯妮汀治疗,而未作治疗者,其新生儿假丝酵母菌感染率为 13%,治疗者感染率仅为 2%,差异有显著性;如是免疫力较差的低体重和极低体重儿,则假丝酵母菌血症发生率较高,指出妊娠并发 VVC 的治疗效果直接决定新生儿感染率^[7]。对于此点,笔者尚未有设计资料收集,希望日后能与医学同道们一起作深入细致的调查研究,为该菌与不良妊娠结局提供更详细和说服力的科学依据。

基于上述,笔者认为有必要对孕妇,特别是晚期孕妇例行常规假丝酵母菌检查。普及推行孕早、中、晚期定时产前保健检查,做到对该菌早发现早治疗,对预防孕妇胎膜早破和新生儿感染有积极的临床意义。如此可起到预防孕妇不良妊娠结局,保护她们的身心健康和提高出生人口素质。

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(上接 145 页)不足。较好较快地对肺炎类型做出比较准确的判断,为临床小儿肺炎的诊治提供帮助。

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