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## · 经验交流 ·

## 治愈严重烧伤合并产前子痫五例

李慧 李秀丽 高秀红 侯松治

笔者单位 1990~2000 年共收治烧伤合并妊娠的女患者有 38 例,其中产前子痫 5 例,均治愈。现报告如下。

一般资料:5 例患者年龄 25~35 岁,孕周 31~37 周,既往均无癫痫、高血压、低血糖史,其中 4 例因做饭时头晕摔倒致火焰烧伤,伤后多次发生子痫;1 例因事故烧伤,10 h 后诱发子痫。入院时临床表现为:血压 160/130~180/160 mm Hg (1 mm Hg = 0.133 kPa),双下肢凹陷性水肿,尿蛋白(++~+++),面色青紫、口吐白沫、眼外斜、牙关紧闭、全身抽搐多达 5 次。诊断:(1)烧伤总面积 10.0%~40.5%,Ⅲ度 2%~15% TBSA。(2)产前子痫。治疗:诊断明确后立即吸氧,置开口器,硫酸镁解痉,镇静,降压,同时给予利尿剂,监测心率、血压、血氧分压等,并行抗休克、抗感染等治疗,病情稳定后处理创面。其中 1 例子痫患者第 2 天出现心功能衰竭、肺水肿、腹水、肾功能障碍等多种并发症,经保守治疗病情不见好转,急诊在局部麻醉下行剖宫取胎术,术后病情逐渐稳定。结果:本组 5 例均痊愈,住院时间 20~53 d。终止妊娠后病情稳定,3 例行切、剥痂和肉芽植皮术,2 例

保守治疗。胎儿存活情况:1 例行剖宫产终止妊娠,术后新生儿存活 1 d 死亡;3 例引产;1 例烧伤面积相对较小、深度较浅,入院后抽搐 1 次,持续时间短,经保守治疗痊愈,胎儿存活出院。

讨论 产前子痫发病率约 1.9%,产妇死亡率 0.87%<sup>[1]</sup>。子痫发病因素至今不清楚,许多学者认为与胎儿和附属物有关。烧伤诱发产前子痫及使子痫发作次数增多未见报道,详细机制尚不明确。笔者认为可能与烧伤后微循环血流缓慢、血液瘀滞、血管内皮损伤、毛细血管通透性增加有关。本组 5 例子痫患者,仅 1 例发生并发症,均治愈,其体会是:控制抽搐、采用适当的方法终止妊娠是抢救成功的关键;烧伤患者在产褥期免疫力低下,机体各系统极易受到烧伤坏死组织和痂下细菌的影响,故在病情稳定后行切、剥痂植皮手术消除感染源,减轻自身中毒反应,也是治疗成功的关键因素。

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作者单位:061001 沧州市中心医院烧伤科