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优甲乐对妊娠期亚临床甲状腺功能减退症患者甲状腺功能及母婴结局的影响

余映华，梅晓慧，颜惠芳

(南京市溧水区人民医院产科，南京 211200)

[摘　要]　**目的：**研讨优甲乐对妊娠期亚临床甲状腺功能减退症(甲减)患者母婴结局的影响。**方法：**选取2018年1月至2021年3月收入我院的妊娠期亚临床甲减患者76例，按随机数字表法分为两组，每组38例。对照组予以甲状腺素片治疗，观察组施加优甲乐治疗，比较两组的甲状腺激素水平以及母婴结局。**结果：**观察组患者的治疗总有效率显著优于对照组(P<0.05)；观察组患者治疗后TSH显著低于对照组(P<0.05)；两组患者治疗后的FT3、FT4差异无统计学意义(P>0.05)；与对照组比较，观察组产妇并发症发生率明显下降，差异有统计学意义(P<0.05)；观察组产妇并发症发生率与围生儿不良结局发生率均显著低于对照组(P<0.05)。**结论：**对妊娠期亚临床甲减患者实施优甲乐治疗，能够有效改善患者的甲状腺功能，减少产妇并发症发生率，改善母婴结局，值得临床推广。

[关键词]　优甲乐；妊娠期；亚临床甲状腺功能减退症；母婴结局

Effect of Youjiale on thyroid function of patients with subclinical hypothyroidism and maternal and infant outcome during pregnancy

YU Yinghua, MEI Xiaohui, YAN Huifang

(Department of Obstetrics, Nanjing Lishui District People's Hospital, Nanjing 211200, China)

Abstract　**Objective:** To investigate the effect of Youjiale on maternal and infant outcomes and thyroid function of patients with subclinical hypothyroidism (HYPOthyroidism). **Methods:** Seventy-six patients with subclinical hypothyroidism during pregnancy admitted to our hospital from January 2018 to March 2021 were selected and divided into two groups according to random number table method, with 38 patients in each group. The control group was treated with thyroxine tablets, and the observation group was treated with Youjiale. The thyroid hormone levels and maternal and infant outcomes of the 2 groups were compared. **Results:** The total effective rate of observation group was significantly better than control group (P<0.05). TSH in the observation group was significantly lower than that in the control group after treatment (P<0.05). There was no significant difference in FT3 and FT4 between the 2 groups after treatment (P>0.05). Compared with the control group,

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通信作者 (Corresponding author)：余映华，Email: yujhkhjgfl@163.com

the incidence of maternal complications in the observation group was significantly decreased, and the difference between the 2 groups was statistically significant (P<0.05). The incidence of maternal complications and perinatal adverse outcomes in the observation group were significantly lower than those in the control group (P<0.05). **Conclusion:** Youjiale can effectively improve thyroid function, reduce the incidence of maternal complications, and improve maternal and infant outcomes in patients with subclinical hypothyroidism during pregnancy, which is worthy of clinical promotion.

Keywords Youjiale; pregnancy; subclinical hypothyroidism; maternal and infant outcome

亚临床甲状腺功能减退症(甲减)是妊娠期的常见合并症之一，通常是因妊娠期机体激素水平改变或分泌异常，导致免疫功能发生相应改变，进而导致甲状腺激素代谢紊乱而引发[1]。该病可造成多种不良妊娠结局，包括自发性流产、妊娠高血压、低体重儿以及产后出血等，对于母婴安全影响非常大[2]。因此，妊娠期合并亚临床甲减一经确诊，及时有效的处理尤为重要。本研究采用优甲乐对妊娠期亚临床甲减患者进行用药治疗，结果较理想。

1 对象与方法

1.1 对象

本组76例妊娠期亚临床甲减患者收治于2018年1月至2021年3月。纳入标准：1)经临床确诊；2)单胎妊娠；3)已签署研究知情协议。排除标准：1)伴严重肝肾功能疾病；2)恶性肿瘤；3)合并精神障碍或沟通障碍等。按随机数字表法归为两组，每组38例。对照组年龄25~34(28.76±3.28)岁；孕期4~12(8.78±0.86)周。观察组年龄24~33(28.59±3.17)岁；孕期4~12(8.83±0.79)周。两组间的一般资料比较，差异均无统计学意义(均P>0.05)，具有可比性。

1.2 方法

观察组接受优甲乐(生产商：德国默克公司，批准文号：H20140052)口服，起始药量取25~50 μg/mL，此后每2周测定1次促甲状腺激素(thyroid stimulating hormone，TSH)，并据此对优甲乐用量做适当的调整，持续治疗6个疗程(4周/疗程)。对照组接受甲状腺素片(上海长城药业有限公司；国药准字：H31022151；规格：40 mg ×100片/瓶)口服治疗，每天1次，每次2片，疗程同观察组。

1.3 观察指标

临床疗效参照2012年《妊娠和产后甲状腺疾病诊治指南：中华医学会内分泌分会》分为显效、有效、无效，总有效率=(显效+有效)/总病例数×100%[3]。

测定两组治疗前后的甲状腺激素水平，包括TSH、血清游离三碘甲腺原氨酸(free triiodothyronine，FT3)及血清游离甲状腺素(free thyroxine，FT4)。

观察治疗后并发症率以及围生儿不良结局。

1.4 统计学处理

采用SPSS 26.0统计软件分析数据。计数资料以率(%)表示，采用χ^2检验；计量资料以均数±标准差($\bar{x}\pm s$)表示，采用t检验。P<0.05为差异有统计意义。

2 结果

2.1 两组患者的临床疗效对比

观察组患者的治疗总有效率显著优于对照组(P<0.05，表1)。

表1 两组患者的临床疗效对比(n=38)

Table 1 Comparison of clinical efficacy between the 2 groups (n=38)

组别	显效/[例(%)]	有效/[例(%)]	无效/[例(%)]	总有效率/%
观察组	28 (73.68)	8 (21.05)	2 (5.26)	94.74
对照组	20 (52.63)	10 (26.32)	8 (21.05)	78.95
χ^2				10.254
P				0.001

2.2 两组患者治疗前后甲状腺功能对比

观察组治疗后TSH显著低于对照组(P<0.05)；两组治疗后FT3、FT4差异无统计学意义(P>0.05，表2)。

2.3 两组母婴结局比较

观察组产妇并发症发生率与围生儿不良结局发生率均显著低于对照组(P<0.05，表3)。

表2 两组患者治疗前后清甲状腺功能对比(n=38)

Table 2 Comparison of thyroid function between the 2 groups before and after treatment (n=38)

组别	时间	TSH	FT3	FT4
观察组	治疗前	8.62 ± 1.35	3.08 ± 1.11	1.56 ± 0.98
	治疗后	4.16 ± 1.23*#	3.11 ± 1.25	1.47 ± 1.28
对照组	治疗前	8.57 ± 1.28	3.05 ± 1.07	1.58 ± 1.02
	治疗后	6.21 ± 1.37	3.14 ± 1.21	1.45 ± 1.31

与治疗前对比，*P<0.05；与对照组对比，#P<0.05。

Compared with before treatment, P<0.05; Compared with the control group, #P<0.05.

表3 两组母婴结局分析(n=38)

Table 3 Maternal and infant outcomes of the 2 groups (n=38)

组别	产妇/[例(%)]				围生儿/[例(%)]			
	妊娠高血压疾病	妊娠期糖尿病	产后出血	总发生	早产	低体重	流产或死胎	总发生
观察组	0 (0.00)	1 (2.63)	1 (2.63)	2 (5.26)	1 (2.63)	1 (2.63)	0 (0.00)	2 (5.26)
对照组	3 (7.89)	4 (10.53)	2 (5.26)	9 (23.68)	3 (7.89)	1 (2.63)	2 (5.26)	6 (15.79)
χ^2				5.208				4.257
P				0.022				0.031

3 讨论

甲状腺激素参与人体热能消耗、脂肪分解、蛋白质合成以及糖代谢等，同时还影响多个脏器系统的功能与水电解质的稳定性[4]。孕期母体/胎儿对甲状腺素(TH)的需求增加可能加重甲状腺功能减退或导致亚临床甲状腺功能减退发展为临床甲状腺功能减退。过氧化物酶抗体(TPOAb)阳性的患者也容易发生甲状腺功能减退，妊娠期母体甲状腺功能减退与自然流产、妊娠高血压、胎盘剥离、胎儿窘迫、早产和低出生体重儿有关[5]。母体临床甲状腺功能减退可导致胎儿大脑皮层负责语言、听力和智力的部分分化和发育不完全[6]。母体在妊娠期间患有亚临床或孤立性甲状腺功能减退症，后代的智力和运动能力也可能受到轻微损害[7]。妊娠期甲减需要尽早诊治，以减少不良妊娠结局的发生，保障母婴安全。

妊娠期甲减治疗的原则是早期启动、尽快达标、维持妊娠全程[8]。对中度以上甲状腺肿者和伴有甲状腺激素分泌不足时，可予以甲状腺激素替代治疗[9]。目前临床首选的干预药物为优甲乐(左旋甲状腺素)，最新研究[10]显示妊娠期优甲乐治疗并不能改善子代认知功能。对于妊娠期优甲乐治疗是否能改善不良结局众说纷纭。优甲乐主要含有左甲状腺素的有效成分，给药后能够迅速刺激甲状腺激素释放，补充机体所需激素；并可利用外周器官转化为FT3，发挥与天然甲状腺素类似的效果。据临床观察，优甲乐还具有口服吸收快、血浆蛋白结合率高(≥99.0%)、半衰期较长等特点，故而用于亚临床甲减的治疗非常适合[11]。

同时优甲乐能够在体内转变为三碘甲状腺原氨酸，刺激甲状腺素的分泌与合成，维持妊娠期所需的正常甲状腺素水平，促使hCG、脂联素升高，促使Hcy、SOD恢复正常，维持人体正常生长发育和代谢，以保障患者及胎儿的健康[12-14]。此外本研究结果显示：观察组治疗后甲状腺激素TSH值

有明显改善，同时产妇并发症发生率较对照组显著降低，且围生儿不良结局优于对照组；提示优甲乐能够有效调节妊娠期亚临床甲减患者的血清甲状腺激素水平，减少产妇并发症发生，改善母婴结局；这与同类研究观点大致符合[15]。

综上所述，对妊娠期合并亚临床甲减患者实施优甲乐治疗，能够有效改善患者的甲状腺激素水平，减少产妇并发症发生，且不影响围生儿安全，整体用药效果较为理想，值得临床借鉴和推广。

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