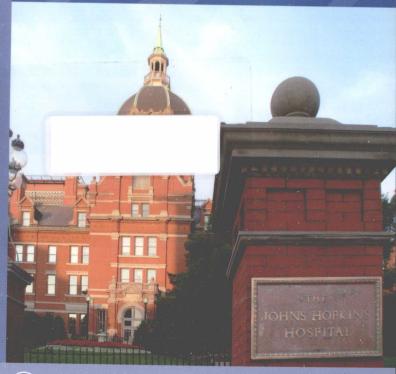
约翰·霍普金斯 妇产科手册

The Johns Hopkins Manual of Gynecology and Obstetrics

第4版

主编 K. Joseph Hurt, Matthew W. Guile Jessica L. Bienstock, Harold E. Fox Edward E. Wallach

主译 张 岩 高雪莲 杨慧霞



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译 者(按姓氏笔画排序)

马 珂 吕 涛 朱毓纯 张 丽

张 岩 武海荣 范建霞 范子田

胡 君 高雪莲 魏玉梅

The Johns Hopkins Manual of Gynecology and Obstetrics

By K. Joseph Hurt, Matthew W. Guile, Jessica L. Bienstock, Harold E. Fox, Edward E. Wallach

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时代飞速发展,第1版《约翰·霍普金斯妇产科手册》问世已经11年了。2002年出版了第2版,2007年出版了第3版。约翰·霍普金斯妇产科手册已成系列。内容、格式、大小均非常适合临床医师、家庭医生、医学生和教导人员。每一版都在内容和格式上进行了更新。本书的新格式便于阅读和携带。其中有很多新的图表,非常简明,便于携带。

手册未变之处在于其独特的发展方式。每一章均由霍普金斯的住院医师、学院教师和高级编辑共同协助完成。有三名医师根据其专长提出多方面的实践要求。之前的各版已经被翻译成葡萄牙语、西班牙语和中文广泛发行。在日本很多医学中心也经常使用本手册。在世界各地的普及验证了本手册的可读性和实用性。

任何团体行为只有通过合作才能发挥最好。团体精神通过写初稿的住院医师,教师和编辑建立起来的,是教学尝试的副产物。我们希望在使用手册的时候,您也可以体会到每一章节的投入,感受到其中产生的友情。源自约翰·霍普金斯的学术精神和协作奉献精神将永存。

Edward E. Wallach,MD Harold E. Fox,MD,MSc Jessica L. Bienstock,MD, MPH

编者名录

Frank Aguirre, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Janyne E. Althaus, MD

Assistant Professor of Gynecology and Obstetrics Division of Maternal Fetal Medicine

Johns Hopkins University School of Medicine Baltimore, Maryland

Kristiina Altman, MD, PhD

Assistant Professor of Gynecology and Obstetrics

Director, Johns Hopkins Women's Services at White Marsh

Johns Hopkins Bayview Medical Center Baltimore, Maryland

Alejandra Alvarez, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Jean Anderson, MD

Professor of Gynecology and Obstetrics Director of the Division of Gynecologic Specialties Johns Hopkins University School of Medicine Baltimore, Maryland

Cynthia Holcroft Argani, MD

Assistant Professor of Gynecology and Obstetrics Division of Maternal Fetal Medicine Director of Labor and Delivery Johns Hopkins Bayview Medical Center Johns Hopkins University School of Medicine Baltimore, Maryland

Anya J. Bailis, MD

Fellow, Division of Maternal Fetal Medicine

Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Joyce N. Barlin, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Jacqueline Baselice, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Jessica L. Bienstock, MD, MPH

Associate Professor of Gynecology and Obstetrics

Division of Maternal Fetal Medicine Residency Program Director Johns Hopkins University School of Medicine Baltimore, Maryland

Meredith Birsner, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Robert E. Bristow, MD, MBA

Professor of Gynecology and Obstetrics Professor of Oncology Director, Kelly Gynecologic Oncology Service
Director, F.J. Montz Fellowship in
Gynecologic Oncology
Division of Gynecologic Oncology
Johns Hopkins University School of Medicine
Baltimore, Maryland

Anne E. Burke, MD, MPH

Assistant Professor of Gynecology and Obstetrics

Director of Family Planning Johns Hopkins Bayview Medical Center Baltimore, Maryland

Chi Chiung Grace Chen, MD

Assistant Professor of Gynecology and Obstetrics

Division of Female Pelvic Medicine and Reconstructive Surgery Johns Hopkins Bayview Medical Center Baltimore, Maryland

Betty Chou, MD

Assistant Professor of Gynecology and Obstetrics

Director, Johns Hopkins Women's Services at Odenton

Johns Hopkins Bayview Medical Center Baltimore, Maryland

Mindy S. Christianson, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Sarah Cohen, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Kathleen A. Costigan, RN, MPH

Coordinator, Fetal Assessment Center Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Alexandre Buckley de Meritens, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Elizabeth Wood Denne, MS, CGC

Assistant Professor

Division of Maternal Fetal Medicine Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Abigail E. Dennis, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Teresa P. Díaz-Montes, MD, MPH

Assistant Professor of Gynecology and Obstetrics

Division of Gynecologic Oncology Johns Hopkins University School of Medicine Baltimore, Maryland

Jennifer Ducie, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Sydney Dy, MD, MSc

Associate Professor of Medicine and Oncology Physician Leader, Duffey Pain and Palliative Care Program Johns Hopkins University School of Medicine Baltimore, Maryland

Jill Edwardson, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Catherine Eppes, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Dayna Finkenzeller, MD

Assistant Professor of Gynecology and Obstetrics

Johns Hopkins Bayview Medical Center Baltimore, Maryland

Harold E. Fox, MD, MSc

Professor and Director

Obstetrician/Gynecologist-in-Chief Dorothy Edwards Professor of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Robert L. Giuntoli, II, MD

Assistant Professor of Gynecology and Obstetrics Assistant Professor of Oncology Division of Gynecologic Oncology Johns Hopkins University School of Medicine Baltimore, Maryland

Ernest M. Graham, MD

Associate Professor of Gynecology and Obstetrics

Division of Maternal Fetal Medicine Johns Hopkins University School of Medicine Baltimore, Maryland

Isabel C. Green, MD

Assistant Professor of Gynecology and Obstetrics

Medical Director, Resident Outpatient Services in Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Cara L. Grimes, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Maureen Grundy, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Matthew W. Guile, MD, MS

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Camille Gunderson, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Natalia A. Colón Guzmán, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

S.J. Hanson, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Janice Henderson, MD

Assistant Professor of Gynecology and Obstetrics

Division of Maternal Fetal Medicine Johns Hopkins University School of Medicine Baltimore, Maryland

Nancy A. Hueppchen, MD

Assistant Professor of Gynecology and Obstetrics

Division of Maternal Fetal Medicine Director of Medical Student Education Johns Hopkins University School of Medicine Baltimore, Maryland

K. Joseph Hurt, MD, PhD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Sherrine A. Ibrahim, MD, MS

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Lisa K. Jacobs, MD

Assistant Professor of Surgery
Director of Clinical Breast Cancer Research
Division of Surgical Oncology
Johns Hopkins University School of Medicine
Baltimore, Maryland

Alaina Johnson, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Valerie A. Jones, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Jean Keller, PA

Assistant Professor
Division of Gynecologic Specialties
Manager, Johns Hopkins HIV Women's
Health Program

Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Michelle Khan, MD, MPH

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Mary Kimmel, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Lisa Kolp, MD

Assistant Professor of Gynecology and Obstetrics

Division of Reproductive Endocrinology and Infertility

Johns Hopkins University School of Medicine Baltimore, Maryland

Lauren Krill, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Shari Lawson, MD

Assistant Professor of Gynecology and Obstetrics

Medical Director, Johns Hopkins Women's Services at Bayview Medical Center Johns Hopkins Bayview Medical Center Baltimore, Maryland

Amy S.D. Lee, MS, WHCRNP

Nurse Practitioner, Gynecology Department of Gynecology and Obstetrics Johns Hopkins Hospital Baltimore, Maryland

Judy M. Lee, MD, MPH, MBA

Assistant Professor of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Kimberly Levinson, MD, MPH

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Pamela A. Lipsett, MD

Professor of Surgery, Anesthesia and Critical Care Medicine, and Nursing Program Director, General Surgery and

Surgical Critical Care

Department of Surgery and Surgical Sciences

Johns Hopkins University School of Medicine Baltimore, Maryland

Meredith Buonanno Loveless, MD

Assistant Professor of Gynecology and Obstetrics

Director of Pediatric Gynecology Johns Hopkins Bayview Medical Center Baltimore, Maryland

Amr Madkour, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Teresa Martino, DO

Fellow, Division of Maternal Fetal Medicine Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Richard P. Marvel, MD

Director of the Center for Pelvic Pain Greater Baltimore Medical Center Adjunct Assistant Professor of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Colleen McCormick, MD, MPH

Fellow, Division of Gynecologic Oncology Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Tiffany McNair, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Lorraine A. Milio, MD

Assistant Professor of Gynecology and Obstetrics

Division of Maternal Fetal Medicine Johns Hopkins University School of Medicine Baltimore, Maryland

Jamie Murphy, MD

Assistant Professor of Anesthesia Director of Obstetric Anesthesia Johns Hopkins University School of Medicine Baltimore, Maryland

Maria Palmquist, MD

Fellow, Division of Maternal Fetal Medicine

Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Alok C. Pant, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Elizabeth Purcell, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Linda Rogers, CRNP

Nurse Practitioner, Gynecology and Obstetrics

Johns Hopkins Bayview Medical Center Baltimore, Maryland

Jessica B. Russell, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Melissa L. Russo, MD

Resident, Department of Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Andrew J. Satin, MD

Professor and Vice Chair of Gynecology and Obstetrics

Chair, Johns Hopkins Bayview Medical

Johns Hopkins University School of Medicine Baltimore, Maryland

David Schwartz, MD

Chief, Department of Obstetrics and Gynecology

Sinai Hospital of Baltimore Professor, Obstetrics & Gynecology Wayne State University Medical School Detroit, Michigan

Associate Professor, Gynecology and Obstetrics

Johns Hopkins University School of Medicine Baltimore, Maryland

Catherine Sewell, MD

Assistant Professor of Gynecology and Obstetrics

Director, Johns Hopkins Fibroid Center Johns Hopkins University School of Medicine Baltimore, Maryland

Stuart Shippey, MD

Assistant Professor, Gynecology and Obstetrics

Division of Female Pelvic Medicine and Reconstructive Surgery Johns Hopkins Bayview Medical Center Baltimore, Maryland

Samuel Smith, MD

Chair, Department of Obstetrics and Gynecology Franklin Square Hospital Associate Professor, Division of Reproductive Endocrinology and Infertility Johns Hopkins University School of Medicine Baltimore, Maryland

Hindi Stohl, MD

Resident, Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Linda M. Szymanski, MD, PhD

Fellow, Division of Maternal Fetal Medicine Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Cornelia Liu Trimble, MD

Associate Professor Division of Gynecologic Specialties Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Edward Trimble, MD, PhD

Head of the Surgery Section — Cancer Therapy Evaluation Program National Cancer Institute Associate Professor of Gynecology and Obstetrics

Associate Professor of Oncology Division of Gynecologic Oncology Johns Hopkins University School of Medicine Baltimore, Maryland

Sayeedha Uddin, MD

Assistant Professor

Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Stefanie Ueda, MD

Fellow, Division of Gynecologic Oncology Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Edward E. Wallach, MD

J. Donald Woodruff Professor of Gynecology Division of Reproductive Endocrinology Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Frank R. Witter, MD

Professor of Gynecology and Obstetrics Director, Labor and Delivery Division of Maternal Fetal Medicine Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Melissa Yates, MD

Fellow, Division of Reproductive Endocrinology Department of Gynecology and Obstetrics Johns Hopkins University School of Medicine Baltimore, Maryland

Howard Zacur, MD, PhD

Professor of Gynecology and Obstetrics
Director, Division of Reproductive
Endocrinology and Infertility
Johns Hopkins University School of Medicine
Baltimore, Maryland

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第一部分 女性保健

第1章

初级和预防保健

Sarah Cohen and Sayeedha Uddin

妇产科医师因其面对不同生育阶段和年龄段的妇女而身份特殊,担任着给多数患者提供**初级保健和预防的角色**。初级保健医师的职责在于筛查、治疗某些疾病、提供咨询、进行免疫。此外妇产科医师应该对熟悉常见的非妇科疾病如哮喘、过敏性鼻炎、呼吸道感染、胃肠疾病、泌尿道疾病、头痛、下背部痛和皮肤病。

筛查和治疗

- 65 岁以前死亡的女性中,大多数是可以避免的。(表 1-1)
- 一级预防:在疾病发生前确定并控制疾病的危险因素。
- 二级预防:早期诊断疾病,目的是防止或降低疾病发生后的病率和死亡率。
 - 良好的筛查试验应符合以下几个条件:
 - 筛查的疾病对生活质量有显著影响。
 - 有可接受的治疗方法。
- •疾病必须有一无症状期,在这一时期内筛查出该病给予治疗可显著降低病率及死亡率。
 - 无症状期进行治疗的结果优于待症状进展后延误治疗的效果。
 - 筛查试验应:
 - 进行筛查的检测费用合理、患者能接受。

2 第一部分 女性保健

- 有相当的准确性,敏感性和特异性满意。
- 。敏感性:阳性者在患者中的比例。
- 。特异性:阴性者在非患者中的比例。

表 1-1 美国妇女不同年龄组主要死因 (2002~2007)

	年龄				
分级	15~24 岁	25~34 岁	35~44 岁	45~54 岁	55~64 岁
1	意外伤害	意外伤害	恶性肿瘤	恶性肿瘤	恶性肿瘤
2	凶杀	恶性肿瘤	意外伤害	心脏病	心脏病
3	恶性肿瘤	心脏病	心脏病	意外伤害	慢性呼吸 系统疾病
4	自杀	自杀	自杀	脑血管病	糖尿病
5	心脏病	凶杀	HIV	糖尿病	脑血管病
分级	≥65 岁	所有年龄	- START III		
1	心脏病	心脏病		7	
2	恶性肿瘤	恶性肿瘤			
3	脑血管病	脑血管病			
4	慢性呼吸系 统疾病	慢性呼吸系 统疾病			
5	阿尔茨海默病	阿尔茨海默病			

摘自 Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention-Web-based injury Statistics Query and Reporting System (WISQARS). http://webappa.cdc.gov/saweb/ncipc/leadcause/0.html

癌症

乳腺癌的筛查

• 乳腺癌是美国妇女最常见的恶性肿瘤,一生中的发病风险为 12%。 美国妇产科医师学院(American College of Obstetricians and Gynecologists, ACOG)和美国预防服务工作组(U.S Preventive Services Task Force, USPSTF) 推荐对于一般人群建议 40~50 岁的妇女,每1~2 年还应常规乳腺照相,50 岁以后每年一次。ACOC 建议每年常规的乳腺临床体检。

- · 有以下肿瘤家族史的患者进行溃传咨询、BRCA 检测:
- 2位一级亲属患乳腺癌,发病年龄 < 50 岁;
- 3 位以上一级亲属或二级亲属患乳腺癌,任何年龄发病;
- 一级和二级亲属患到腺癌和卵巢癌:
- 一级亲属患双侧乳腺癌:
- 2 位以上一级亲属或二级亲属患卵巢癌;
- 一位一级或二级亲属患乳腺癌+卵巢癌:
- 一位男性亲属患乳腺癌:
- 德裔犹太妇女如有一位一级亲属或2位二级亲属患乳腺癌或卵巢癌, 应进行遗传咨询、测定 BRCA。

肺癌的筛查

- 肺癌是第二常见的女性恶性肿瘤,是癌症死亡的第一位。2000年全 世界有一百万余死亡病例。
- 高危因素包括:吸烟(与90%的肺癌相关)、放疗、环境毒素如石棉和 肺纤维化。
- 目前尚没有公认的可减少肺癌死亡的筛查手段(如胸部 X 线、痰液细 胞学、CT)。目前推荐对无症状人群筛查、戒烟至关重要。
- 吸烟对于女性的危害高于男性,但是很多肺癌筛查的早期研究并 不包括女性。女性患者患周围型腺癌的比例更高,进行筛查可能结果 不同。

结直肠癌筛查

- 结直肠癌是美国第三位最常见癌症,在癌症相关死亡的死因中位列 第二,发病风险为5%。
- 结直肠癌的危险因素包括:结直肠癌家族史、结肠息肉或结肠癌 史、炎性肠病史、家族息肉病综合征和遗传性非息肉性结肠癌(hereditary nonpolyposis colon cancer, HNPCC)。高危患者应根据发病风险较早开始结 肠镜筛查。
 - 有一位亲属 60 岁前或 2 位亲属患结肠癌者, 应从 40 岁开始进行筛查。
- HNPCC 患者应从 20~25 岁开始或从家族中最小发病年龄前开始 筛查。

4 第一部分 女性保健

- 美国预防服务任务组(U.S Preventive Services Task Force, USPSTE)推荐所有年龄≥50 岁者都应进行结直肠癌筛查。美国胃肠学会建议非裔美国人的发病率高、发病早, 应从 45 岁前开始筛查。
- 目前有多种筛查方案: 如每5年行一次纤维结肠镜检查;每10年一次结肠镜检查、每5年一次钡灌肠双重造影、每5年结肠CT检查、每年检查一次便潜血(连续三次大便,每次2个标本)、大便免疫化学检查、大便DNA检查。2007年有多个不同方案的指南。ACOG推荐结肠镜检查。

子宫内膜癌的筛查

- 见第 43 章
- 对于无症状妇女没有常规筛查方案。高危患者应行子宫内膜活检、盆腔超声、或二者皆有。所有的绝经后出血均应进一步检查。

皮肤癌的筛查

- 黑色素瘤是第六位女性最常见癌症,高危因素包括:白种肤色、紫外线照射、尤其是幼年时晒伤。有 50~100 个色素痣或者先天大色素痣者发病风险增加(>100 个色素痣者相对风险 5~17)。
- 目前尚没有皮肤检查意见一致的指南,ACOG 建议对高危患者进行监测。应对所有患者进行防晒和 UV 防护的教育。
 - 指南中的可疑病变区域包括:
 - 不对称
 - 边缘不规则
 - 色斑
 - 直径 > 6mm
 - 增大/颜色、形状或症状变化

卵巢癌的筛查

- 见第 44 章。
- 目前北美专家组没有推荐对卵巢癌进行常规筛查,但建议对所有妇女均应仔细询问家族史并每年行盆腔检查。

宫颈癌的筛查

- - 有活跃性生活 3 年后或 21 岁后应开始定期行巴氏(Papanicolaou,