

CONCLUSION

There is significant positive correlation among the four methods of measuring cervical length during the different gestational ages. High significant correlation was observed in all cases. With respect to strong of correlation. so if we have one measure we can predict the other measures so:

- Trans abdominal assessment could be used initially for cervical length screening, considering the maternal and fetal condition.
- Then, if the need arises, trans vaginal sonography could be used.
- This step-by-step approach may be more convenient and useful to both patients and physicians for cervical length screening.

RECOMMENDATION

- Transabdominal assessment could be used initially for cervical length screening, considering the maternal and fetal condition. Then, if the need arises, transvaginal sonography could be used. This step-by-step approach may be more convenient and useful to both patients and physicians for cervical length screening.
- Future randomized controlled trials are warranted to determine the proper timing for transabdominal cervical length scan for early diagnosis of preterm labor.

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الملخص العربي

الولادة المبكرة هي الولادة قبل الاسبوع السابع والثلاثون من الحمل وتتراوح نسبه حدوثها ما بين ٥% الي ١١% من حالات الحمل، باقل معدل بأيرلنده يصل الي ٤,٥% واعلي معدلاتها بالولايات المتحده الامريكه يصل الي ١٥%

وتتسبب الولادة المبكرة في كثير من الامراض في حديثي الولادة وايضا قد تؤدي الي الوفاة فالطفل الناتج عنها معرض الي الوفاة بمقدار ٤٠ ضعف الطفل العادي.

الهدف من هذه الدراسه هو مقارنة اربع طرق من الموجات الصوتيه للاكتشاف المبكر للولاده المبكره عن طريق قياس طول عنق الرحم:

١. عن طريق البطن والمثانه البولييه ممتلأه.

٢. عن طريق البطن والمثانه نصف ممتلأه.

٣. عن طريق منطقه العجان.

٤. عن طريق المهبل.

وتم عمل هذه الدراسه علي ٢٠٠ سيده حامل في مستشفى الشاطبي الجامعي للتوليد و امراض النساء ما بين الاسبوع ال ٢٠ و ٢٦.

وتم تلخيص النتائج كالتالي:-

١. القياس المهبلي لعنق الرحم كان اطول القياسات متبوع بالقياس العجاني ثم عن طريق البطن والمثانه ممتلأه ثم عن طريق البطن والمثانه نصف ممتلأه.

٢. واثبتت النتائج ارتباط ايجابي بين طرق القياس.

٣. وتوصلنا الي معادله حسابيه تمكنا من خلالها حساب طول عنق الرحم المهبلي عن طريق اي قياس من القياسات حيث انه ادق قياس وهكذا نتوصل لقيمته دون شعور الحاله بالم او عدم ارتياح وكانت المعادلات كالتالي:

١-القياس العجاني هو X

والمهبلية Y

$$Y=54.32-42.64X+13.1658(X)^2-1.76(X)^3+0.087(X)^4$$

٢- القياس البطني مع امتلاء المثانه X

$$Y=1/(-0.038X +0.36504338)$$

٣- القياس البطني والمثانه نصف ممتلأه X

$$Y=1/(-0.040004474X+0.36019382)$$

وهكذا يمكن استخدام الموجات الصوتيه عن طريق البطن مبدأيا للكشف المبكر عن طول عنق الرحم مع الاخذ في الاعتبار حاله الام والجنين. واستخدام الموجات الصوتيه المهبلية فقط اذا لزم الامر وهكذا يمكننا وضع اسلوب بسيط ومرتب بخطوه بخطوه للكشف عن طول عنق الرحم دون عناء للحاله وكذلك ابسط للطبيب

وتوصي الدراسة بالتالي:

١. -استخدام الموجات الصوتيه عن طريق البطن كطريقه للكشف المبدي عن طول عنق الرحم.
٢. -استخدام الموجات الصوتيه المهليه في حالات الضرره فقط.
٣. اتباع هذا النظام خطوه بخطوه لتوفير اقصي راحه للمريضه.
٤. الدراسات المستقبليه لابد ان تركز علي الاوقات المناسبه لفحص الحاله الروتيني بالموجات الصوتيه عن طريق البطن للكشف عن طول عنق الرحم لتحقيق اقصي فائده للحاله.

مقارنة بين الطرق المختلفة لقياس طول عنق الرحم بالموجات الصوتية خلال فترة الحمل

رسالة علمية

مقدمة لكلية الطب – جامعة الإسكندرية
إيفاءاً جزئياً لشروط الحصول على درجة

الماجستير فى التوليد وأمراض النساء

مقدمة من

سعاد محمد الشرنوبى بسيونى

بكالوريوس الطب والجراحة – جامعة الإسكندرية

كلية الطب

جامعة الإسكندرية

٢٠١٥

مقارنة بين الطرق المختلفة لقياس طول عنق الرحم بالموجات الصوتية خلال فترة الحمل

مقدمة من

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للحصول على درجة

الماجستير فى التوليد وأمراض النساء

موافقون

لجنة المناقشة والحكم على الرسالة

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