

## INTESTINAL DISEASES IN PREGNANT WOMEN WITH COVID - 19

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### ABSTRACT

**Purpose of the study.** The purpose of our work is to study colon disease in pregnant women with Covid-19 and its effect on the embryo. **Materials and methods.** We studied 30 pregnant women of different ages with complaints of intestinal pain due to Covid-19 who were treated in the Department of Purulent Surgery of the Multidisciplinary Clinic of the Tashkent Medical Academy. **Analysis and discussion of results.** We used a survey method to identify the following majority - 50.9% of pregnant women had mild symptoms, 15.7% had moderate symptoms and 13.6% had severe symptoms. **Conclusion.** It was found that most pregnant women had a mild form of COVID-19. Pregnant women with COVID-19 have a higher incidence of preeclampsia, preterm birth, and cesarean section compared to pregnant women without COVID-19. Intrauterine vertical transmission of infection has not been identified. The frequency of complications in newborns corresponds to general population indicators.

**Key words:** pregnancy and health (PH), intestinal diseases (ID), COVID - 19.

### INTRODUCTION

**Coronavirus infection** (COVID-19) is an acute infectious disease caused by a new strain of coronavirus SARS CoV-2 with an aerosol-droplet and contact-household transmission mechanism. Pathogenetically, COVID-19 is characterized by a local and systemic immune-inflammatory process, endotheliomas, hypoxia, which leads to the development of micro- and macrothrombosi's; it occurs from

asymptomatic to clinically expressed forms with intoxication, fever, damage to the endothelium of blood vessels, lungs, heart, kidneys, gastrointestinal tract, central and peripheral nervous systems (1).

The COVID-19 pandemic, which the WHO announced in March 2020, has made serious adjustments to the life of modern society. Pregnancy during the coronavirus is especially dangerous if a woman falls into a risk group. In this case, the likelihood of a more severe course of the infection compared to the population is increased due to existing immune disorders and concomitant diseases. COVID-19 during pregnancy can proceed in different ways. Symptoms of coronavirus during pregnancy are in many ways similar to clinical manifestations in "ordinary" patients. Women note a decrease in the sense of smell or its complete loss, an increase in body temperature, the appearance of a cough (mostly dry), body aches and severe weakness. As with any viral respiratory infection, a severe runny nose is not typical.

However, pregnant women have one important feature. COVID during pregnancy can suddenly worsen, even if the disease was relatively stable and mild before. Therefore, you should not self-medicate and hope that "maybe it will pass." Only a doctor can notice the alarming symptoms of COVID during pregnancy and take preventive measures in time to avoid serious complications (2).

Research on how coronavirus will affect pregnancy is still ongoing. The infection is new, so much remains to be studied. And this process in pregnant women is associated with certain difficulties, so new data appears in doses. Today, there is the following information.

- Chinese scientists have found that the consequences of COVID during pregnancy may include an increased risk of premature birth.
- Other researchers have found a link between positive COVID during pregnancy and a higher likelihood of fetal growth retardation and distress syndrome (oxygen deficiency for the baby in utero).

Observations are ongoing that will help analyze how COVID affects the fetus during pregnancy. There are now reports that this virus can lead to low platelet counts and liver dysfunction in newborns. However, this information requires further verification and is not definitive (3,4). The consequences of coronavirus in early and late pregnancy are sometimes unpredictable. In some women, the infection is mild or completely asymptomatic, while others may develop severe complications from the mother's body or serious obstetric pathologies. In the presence of risk factors, the likelihood of an aggressive course of COVID-19 during pregnancy increases.

The impact of COVID on the fetus during pregnancy is not fully known. To date, there is no data that would confirm the fact of intrauterine infection (virus penetration to the fetus) or intrauterine infection (development of symptoms in the fetus). However, there is no reverse data that would reliably exclude the possibility of vertical transmission of the virus. Coronavirus during pregnancy before childbirth can be dangerous because an infected mother can infect the child immediately after birth. This happens through traditional airborne droplets or contact-household routes (5,6).

**Objective of the work:** The purpose of our work is to study colon disease in pregnant women with Covid-19 and its effect on the embryo.

**Materials and methods of research:** We studied 52 pregnant women of different ages with complaints of intestinal pain with different localizations during Covid-19. Study methods: epidemiological history and a method of interviewing pregnant women from 4 to 38-39 weeks.

**Coronavirus in the 1st trimester.** COVID and pregnancy in the early stages can proceed like a common cold. If the woman's immunity is sufficiently strong, there will be no negative consequences for the fetus. However, if the immune system fails, the risks of adverse effects of the viral infection on the developing chorion increase, that is, on the future placenta, which is responsible for the nutrition of the fetus until the due date. Severe consequences of COVID in early pregnancy may include spontaneous and failed (failed pregnancy) miscarriage, fetoplacental insufficiency, which can subsequently lead to delayed fetal growth and oxygen deficiency during the intrauterine stage of development. Identified in 27 women.

**Coronavirus in the 2nd trimester.** Does coronavirus affect pregnancy at 14-28 weeks. And the degree of this effect depends, on the one hand, on the infective dose, and on the other, on the state of the mother's body. A favorable scenario is a common cold without obvious consequences. An unfavorable scenario is the development of complications in the mother (pneumonia, "long COVID", etc.), complications from the feta- and utero-placental complex (placental insufficiency, fetal growth retardation, intrauterine hypoxia, shortening of the cervix). Identified in 13 women.

**Coronavirus in the 3rd trimester.** According to epidemiological studies around the world, pregnant women who have had COVID-19 for 28 weeks or more have a 2-3 times increased rate of preterm birth. Coronavirus in late pregnancy either increases the contractile activity of the uterine body or promotes dilatation of the cervix, which ultimately ends in premature birth. Identified in 12 women.

There are no registered cases of intrauterine infection of the fetus with coronavirus so far. All cases of a positive COVID test result in newborns are associated with infection after childbirth.

**Results.** Thus, we identified the following majority using the survey method - 50.9% of pregnant women had mild symptoms, 15.7% - moderate and 13.6% - severe. Pneumonia was diagnosed in 67.1% of pregnant women. Obesity prevailed in the structure of extragenital pathology - 44.1%. With COVID-19, iron deficiency anemia prevailed in the structure of pregnancy complications - 40.2%, preeclampsia - 35.2%, the threat of premature birth - 30.3%. Premature birth occurred in 31.8% of casus.

**Conclusion:** Most pregnant women were found to have a mild form of COVID-19. Pregnant women with COVID-19 had a higher rate of preeclampsia, preterm birth, and cesarean section compared to pregnant women without COVID-19. No intrauterine vertical transmission of infection was detected. The incidence of complications in newborns was consistent with the general population. The latest epidemiological data on the characteristics of the course of COVID-19 infection in pregnancy indicate no increased risk for the mother and fetus. The course of the disease after infection with the virus in pregnant women does not differ from that in women of similar age groups. According to the WHO definition of preterm birth before 37 weeks of gestation and an estimated preterm birth rate of 10% (WHO, 2018), the rates of preterm birth in pregnant women affected by COVID-19 appear to be consistent with those in the general population. Recent data suggest no association between vertical transmission of infection and fetal malformations. In this regard, the management of pregnant patients should be individualized based on obstetric indications and the health status of the mother/fetus. It is important to consider that the current COVID-19 pandemic causes psychological stress and anxiety in pregnant women, which may have an adverse effect on the course of pregnancy. At the same time, it is certainly necessary to remember the need to follow recommendations regarding social isolation and quarantine.

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