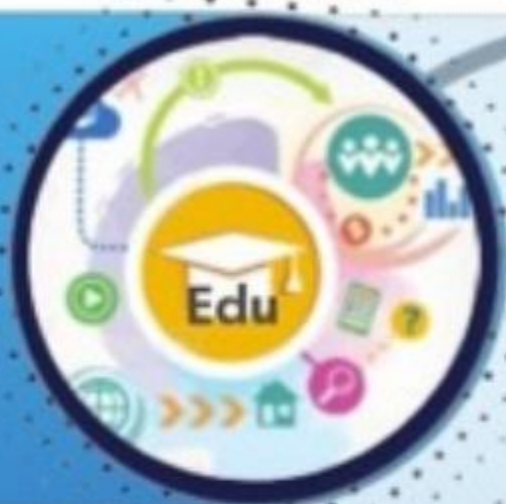




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A MODERN VIEW ON THE PROBLEM OF NON-DEVELOPING PREGNANCY

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ABSTRACT

Background. In obstetric practice, no other problem attracts as much attention as the development of preeclampsia (PE) and eclampsia. According to the World Health Organization, preeclampsia is diagnosed in 28% of pregnant women, making up a significant proportion of all hypertensive disorders during pregnancy. In the global structure of maternal mortality, PE accounts for 12%, and in developing countries this figure reaches 30%.

Aim. To analyze the nature of the course of pregnancy in women of Uzbek nationality with preeclampsia of varying severity.

Materials and methods. The study included 40 women of reproductive age with preeclampsia of varying severity. The control group consisted of 10 women of the same age without signs of preeclampsia.

Results. Data analysis showed that in the main group, the frequency of complications such as gestosis, threatened miscarriage and iron deficiency anemia was statistically significantly higher (2-3 times) compared to the control group. In the second half of pregnancy, the threat of premature birth was observed in 25% of women with moderate preeclampsia and in 50% with a severe form of the disease. When comparing the groups, the proportion of patients with the threat of premature birth in the main group was 3-5 times higher than in the control, while the indicator varied from 25.2% with moderate preeclampsia to 50.8% with severe preeclampsia. Premature detachment of a normally located placenta was recorded in 6 of 63 women with severe preeclampsia, accompanied by high blood pressure and severe anemia.

Conclusions. Timely detection and correction of pregnancy complications in preeclampsia can significantly improve the prognosis for the successful completion of pregnancy and childbirth.

Key words: preeclampsia, pregnancy complications, clinical nature of pathology.

Introduction. In obstetric practice, no other problem attracts as much attention as the development of preeclampsia (PE) and eclampsia. PE remains one of the main causes of maternal and perinatal morbidity and mortality, negatively affects the quality of life of women in the future and affects the psychosomatic development of their children [1,2]. According to the World Health Organization, preeclampsia is diagnosed in 28% of pregnant women, making up a significant proportion of all hypertensive disorders during pregnancy. In the global structure of maternal mortality, PE accounts for 12%, and in developing countries this figure reaches 30% [3,4,5].

Currently, preeclampsia (PE) is considered as a complex disorder of endothelial function (endotheliosis), characterized by failures in the growth, differentiation and functioning of placental vessels. These disorders are associated with insufficient production of vascular endothelial growth factor (VEGF) and imbalance in the blood coagulation system, which can lead to the development of disseminated intravascular coagulation syndrome (DIC syndrome) [3,7]. It has been established that placental growth factors play a key role in regulating the development and functioning of the placenta. One of the main causes of PE and eclampsia is a failure in the processes of cellular regulation caused by a change in the production of growth factors responsible for the formation of the placenta and its vascular network. On the one hand, these factors, such as VEGF and placental growth factor, stimulate angiogenesis, on the other hand, they control the metabolic activity of the trophoblast through autocrine mechanisms [7].

Material and methods

A clinical analysis of the characteristics of the first and second half of pregnancy was conducted in 40 women of reproductive age with preeclampsia (main group). The control group consisted of 10 women with uncomplicated pregnancy.

The main group was dominated by patients with moderate preeclampsia (85.7%). In 45.5% of women, preeclampsia developed against the background of extragenital pathology, in 54.5% - without concomitant diseases. The age composition varied depending on the severity of preeclampsia. With a moderate form, women aged 19-30 years (mean age 24.5 ± 5.5 years) predominated. With an increase in the severity of the disease by 10%, the percentage of young primiparous women (under 18 years old) increased, and the proportion of older primiparous women (over 30 years old) increased by 2-3 times. In severe preeclampsia, 21.3% were young women, and one third of the patients were over 30 years old.

Moderate preeclampsia often developed against the background of lipid metabolism disorders, while in severe forms, vascular and renal diseases dominated. Among the patients in the main group, women engaged in mental work predominated. Gynecological diseases, such as chronic adnexitis and dysmenorrhea, were observed in the majority. Analysis of the infectious history and heredity showed that half of the women with moderate preeclampsia and most with severe forms had viral infections in the past and an aggravated heredity, mainly for vascular and renal diseases.

In the control group, the age of most women varied from 19 to 35 years (mean age 27.0 ± 8.0 years). Young primiparous women accounted for 2.5%, and older women - 7.5%. Housewives without occupational hazards predominated; mental work was typical for a third of patients, physical work - for every tenth. Menstrual function was normal in most cases. Chronic adnexitis and dysmenorrhea were diagnosed in a third of the examined women. Burdened heredity, mainly hypertension, was detected in a third of the women.

Analysis of complications

When studying the course of pregnancy, clinically significant complications in the first and second half of pregnancy in both groups were taken into account. In the first half of pregnancy, the following were recorded:

- Toxicosis (mild, moderate and severe),
- Threat of termination of pregnancy,
- Iron deficiency anemia (mild, moderate and severe).

In the second half of pregnancy, the following were noted:

- Threat of premature labor,
- Premature detachment of a normally located placenta,
- Anemia.

The study was conducted against the background of pathogenetic therapy in accordance with modern national clinical protocols for the treatment of preeclampsia.

Statistical analysis

Parametric methods of statistical analysis were used to process the data: the error of the relative indicator (m) was determined and the Pearson goodness-of-fit criterion (χ^2) was used. The level of statistical significance was taken to be $p = 0.05$. The results were considered reliable if the value of the Pearson criterion exceeded or corresponded to the critical level.

Results and discussion

The course of the first half of pregnancy is important for patients with preeclampsia. Literature data indicate that the pathological course of this period can be a clinical marker of further development and progression of the disease.

According to the results of the study, most women with moderate preeclampsia and all with a severe form had complications in the first half of pregnancy. The main complications were: toxicosis of pregnancy (first place), the threat of termination of pregnancy (second place) and iron deficiency anemia (third place). It is noteworthy that in 41.9% of patients with moderate preeclampsia and in 71% of women in the control group, the first half of pregnancy proceeded without complications.

Toxicosis of varying severity was recorded in 18.9% of the examined patients. With moderate preeclampsia, vomiting up to 5 times a day was observed in 19.9% of women, in the control group - in every tenth. In severe preeclampsia, vomiting was more pronounced (up to 10 times a day) and occurred in 39.7% of cases.

The threat of termination of pregnancy at terms from 5 to 18 weeks (on average 11.5 ± 6.5 weeks) was noted in 16.9% of patients: in 17.2% with moderate preeclampsia, in 33.3% with severe preeclampsia and in 11% in the control group. In patients with severe preeclampsia, clinical signs of the threat of termination were diagnosed earlier than in the moderate form. All women with this complication received maintenance therapy in the hospital.

A comparative analysis revealed statistically significant differences between the groups ($p < 0.05$). The frequency of toxicosis and the threat of termination of pregnancy in severe preeclampsia was twice as high as in moderate preeclampsia, while in the control group these indicators were 2-3 times lower than in the main group. The main cause of the threat of interruption in the control group was a high infection index associated with inflammatory diseases of the female reproductive system (chronic adnexitis, colpitis, etc.) identified before pregnancy. Thus, infectious factors played a key role in the development of this complication in the control group, while in patients with preeclampsia, the severity of the disease was of decisive importance. Iron deficiency anemia was diagnosed in 17.3% of patients. The frequency of anemia in preeclampsia was

statistically significantly (2-3 times) higher than in the control group ($p < 0.05$). With moderate preeclampsia, mild anemia (hemoglobin up to 90 g / l) was observed in every fifth woman, in the control group - in 7.5% of cases. In severe preeclampsia, 12 of 17 patients had moderate anemia (hemoglobin 70–90 g/l), and 5 had severe anemia (hemoglobin below 70 g/l).

Thus, the incidence of complications in the first half of pregnancy in preeclampsia differed significantly from the control group. In the main group, complications were 2–3 times more common ($p < 0.05$).

The course of the second half of pregnancy is of particular importance for patients with preeclampsia, which also requires careful analysis.

Conclusion

In the first half of pregnancy, patients with preeclampsia most often experienced complications such as toxicosis (vomiting), threatened miscarriage, and iron deficiency anemia.

Data analysis revealed statistically significant differences in the frequency of complications between women with preeclampsia and the control group. In the main group, the frequency of toxicosis, threatened miscarriage, and anemia was 2-3 times higher than in the control group.

In the second half of pregnancy, the threat of premature birth at 24-35 weeks was observed in 25% of women with moderate preeclampsia and in 50% with severe preeclampsia. When comparing the groups, the frequency of this complication in the main group was 3-5 times higher than in the control group, with the rates varying from 25.2% with moderate preeclampsia to 50.8% with severe preeclampsia.

The obtained results indicate that the frequency of complications during pregnancy in women with preeclampsia was 2–3 times higher compared to the control group. Thus, timely diagnosis and treatment of complications in preeclampsia can significantly improve the prognosis for the successful completion of pregnancy and childbirth.

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