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МАТЕРИАЛЫ НАУЧНОЙ КОНФЕРЕНЦИИ
СТУДЕНТОВ-МЕДИКОВ С МЕЖДУНАРОДНЫМ
УЧАСТИЕМ

АКТУАЛЬНЫЕ ПРОБЛЕМЫ СОВРЕМЕННОЙ МЕДИЦИНСКОЙ НАУКИ

МЕДИЦИНА ИНСТИТУТИ

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МАТЕРИАЛЫ 70 НАУЧНОЙ КОНФЕРЕНЦИИ СТУДЕНТОВ-МЕДИКОВ С МЕЖДУНАРОДНЫМ УЧАСТИЕМ

Под редакцией проф. А.М. ШАМСИЕВА

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FREQUENCY AND STRUCTURE OF GYNECOLOGICAL DISEASES IN ADOLESCENT GIRLS OF SURKHANDARYA REGION

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Objective: to study the frequency and structure of gynecological morbidity of adolescent girls of Surkhandarya region. **Material and methods:** To study the course of adolescent girls, we carried out clinical and laboratory examination of 1756 girls admited to outpatient hospital №23 at Surkhandarya. Age of the girls surveyed ranged from 14 to 18 years. **Results and discussions:** in 57.1% of examined adolescent girls we revealed gynecological diseases, with each fifth having a combination of two or more disorders. Among the number of identified disorders during the study disruption of menstrual ovarian cycles (DMOC) was dominant – 81.0%, among them algomenorrhea, which accounted for more than half of all identified gynecological diseases (53.0%). Hypomenstrual syndrome was second among all identified diseases (22.1%). Within the structure of gynecological diseases, inflammation of the genitals is ranked third (17.9%) and was found in every tenth women. An analysis of gynecological morbidity in women of different age groups showed the highest frequency of disorders in 18 year olds (75.8±8.7%), while the lowest - in 14 year olds (57.5±7.8%) and 17 year olds 56.8±3.1% (p<0.05). However, in the context of individual diseases, there are some age specific features. Thus, algomenorrhea is more common in 14-15 year olds and less frequent in 17 year olds. The detection of hypomenstrual syndrome gradually increases with age of women from being 7.5 among 100 women age of 14 to15.5 among 100 women 18 years of age (correlation coefficient ∫ =+1.0) it should be noted that inflammatory diseases of the genitals were more frequent in 18 year old girls (22.4±5,4% per 100 surveyed). Primary health care workers, including gynecologists should make healthies girls in this particular age group, since they will soon get married. Attention is drawn to the correlation of gynecological diseases to past somatic diseases. For example, among those who had infectious diseases during prepubertal period (measles, mumps, hepatitis, etc.) or inflammatory extragenital diseases (urinary tract infection, sore throat, chronic tonsillitis, undergone tonsillectomy, appendectomy, etc.) damage to the reproductive system occurred more frequently (73.5±2.7%) compared to those who did not have these diseases in their medical history (56.7±2.3%), p<0.01. This figure was even higher in girls who at the time of examination were on the dispensery observation for chronic somatic diseases (93.6±1.7% per 100 on the dispensery observation). **Conclusion:** 1. High gynecological morbidity of adolescent girls in Surkhandarya region, which is dominated by irregular menstrual cycles, ovarian and inflammatory diseases of genitals. 2. Factors that increase the incidence of gynecological disorders are current and past infectious and chronic inflammatory diseases occured in prepubertal age.

PRE-ECLAMPSIA CULARITIES OF LABORATORY DATA IN PRE-ECLAMPSIA

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Objective: To study the laboratory data in pregnant women with pre-eclampsia admitted to maternity home 9. **Sources and methodology:** We examined 30 pregnant women at 32-37 weeks of gestation, aged 20 to 34 years. Primigravidas – 18, multiparous -27. Mild pre-eclampsia was diagnosed in 20, severe – in 10 pregnant women. The contingent of women in labor has been subjected to rigorous laboratory tests. Women in childbirth were carried out a general analysis of blood, urine, secretions from the cervix, vagina, urethra. Group and Rh affiliation of blood was determined, a blood test for HBsAg, RW, with the consent of women-HIV. Also determined some biochemical indices of pre-eclampsia ripheral blood: total protein, ALT, AST, coagulation. On demand samples were carried out under Zimnitsky, Nechiporenko, electrocardiogram. The localization of the placenta and fetal size was determined by ultrasound. Mild pre-eclampsia in pregnant women was characterized by an increase in average systolic blood pressure (SBP) to 130,0 ± 10,0 mm Hg, diastolic (DBP) - 98 ± 2,2 mm Hg, heart rate (HR) - 85,2 ± 4,5 beats / min. The second sign of pre-eclampsia were the presence of protein in urine of greater than 0.3 g / l. Usually pregnant women did not have any clinical complaints. In pregnant women with severe pre-eclampsia average SBP was 150,0 ± 10,0 mm Hg, diastolic blood pressure - up to 115 ± 2,2 mm Hg. Women have been complaining of stuffy nose, headache, nausea, generalized edema, decreased daily urine output. An objective examination and ultrasound often showed development retardation. The data were subjected to statistical analysis with spre-eclampsia cific criteria (t) student. **Results and discussion:** Comparative analysis of laboratory data held by us among 30 pregnant women with pre-eclampsia. The data indicated that pre-eclampsia has evolved due to lower hemoglobin level 84,1 ± 1,5 (P <0,05) and quantity of erythrocytes 2,8 ± 0,20 (P <0,05).The survey showed that general analysis of the blood of pregnant women with pre-eclampsia SIA indicated slight deviation in leucocyte count, which was reflected in a slight increase in the number of neutrophils in the severe pre-eclampsia (P <0,05) to 74,3 ± 2,1% and 78,6 ± 2,7%, respre-eclampsia ctively, reduction in the number of lymphocytes and eosinophils (P <0,05). Clinical and biochemical parameters in pregnant women with pre-eclampsia were within normal limits, and did not differ from the respre-eclampsia ctive figures of women with normal pregnancy (P> 0.05). Some changes in biochemical indicators of blood were observed in the main study group patients, such as increase of ALT to ULN -0,8 ± 0,03 mmol / ml, reducing the total protein content to 56.4 ± 2,8g / l, glucose - up to 3,2 ± 0,1 mmol / l, increased bilirubin to 16.2 ± 0,38 mmol / l; urea up to 4,4 ± 0,1mmol / l. Analysis of coagulation parameters of pregnant women with pre-eclampsia showed that with an increase in the severity of pre-eclampsia there is a slight increase in IPT to 80,0 ± 2,43 (P <0,05) and a decrease in platelet count to 144 ± 35 x 103 / l. In comparative pre-eclampsia rformance assessment urinalysis showed a significant increase in urine protein from 0,33 ± 0,024 g / l to 0,99 ± 0,07g / L (P <0,05) and leukocytes in pre-eclampsia severe. **Conclusions:** Evaluation of laboratory data in dynamic monitoring of pregnant women with preeclampsia allows time to recognize the threat of complications such as the HELLP syndrome (Hemolysis Elevated Liver enzymes Low Platelet count) surge arresters, DIC (disseminated intravascular coagulation) syndrome.

CLINICAL AND BIOCHEMICAL KIDNEY'S FUNCTIONALCONDITION PARAMETERSOF PREGNANT WOMEN WITH PREECLAMPSIA

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Goal of the work: Creatinine clearance (CC) by Reberg-Tareyev test has been analyzed with essential condition to take urine analysis during 24 hours from pregnant women with various degree of preeclempsia.To characterize the renal excretory function in the regulation of nitrogen balance the indices of proteinemia and proteinuria have been used. **Materials and methods:**

To examinerenal excretoryfunction the concentrations of urea, creatinine, volume of daily proteinuria was detected, and CC monitoring was conducted (to estimate glomerular filtration rate and tubular reabsorption). In general 61 examinations of CFR (glomerular filtration rate) and CC estimation were performed. The concentration of creatinine in urine and blood serum was detected by means of the kinetic method by Jaffer's reaction without deproteinization. The method of calculation of GFR=(Up×Vn) / (Cp×T), where Vn – urine volume for 24 hours; Cp – creatinine concentration in the serum; Up – creatinine concentration in the urine; T – time of taking urine in minutes (1440 min per 24 hours). Daily proteinuria was detected quantitatively by the turbidity reaction with sulfasalicylicasid. **Results:** Preeclampsia of various severity was diagnosed in the patients who were examined concerning the characteristics of GFR level. The value of daily proteinuria ranged from0,3 to 5,4 g, in the three cases the test of negative. We divided the patients into four groups depending on the volume of diuresis. Average values of daily proteinuria were the highest for two diametrically opposite groups by the volume of daily diuresis: in the group with high polyuria (more than 3100 ml) and in the group with diuresis lower than 1000 ml. Considering our practical experience the norm of creatinine in the blood for physiological pregnancy is 40-60 mcmol/L. In case its value reaches more,than 80 mcmol/L without apparent causes, it may serve as the sign of regression of nitrogen balance and changes of renal filtration function. Comparison by one-side dispersive Craskell-Wallis analysis of all the groups did not find a reliable difference in the values of proteinuria and creatinemia which proves the hypothesis concerning individuality of these signs for every patient. Non-parametric statistical Wilkinson-Mann-Whitney criterion, applied to estimate the difference between both samplings by level of any properly measured sign, enables to find differences in the mearing of the parameter between small samplings. In groups possess 100% difference by the value of tubular reabsorption and minute diuresis which indicative of correct choice of diuresis sign as a criterion of the intergroup comparison. The values of tubular reabsorption norm constituting 98-99 % should be revised, but it is the difference within the limits of the present that might be prognostic and informative for the pregnant with preeclampsia of various degrees. **Conclusions:** The functional renal condition in pregnant woman with preeclempsia is estimated with an essential condition to take urine analysis during 24 hours, which enables to make maximally accurate evaluation of creatinine and protein excretion with urine during 24 hours. The comparison of all the groups found a reliable difference in the indices of minute diuresis ($p<0,01$), urine creatinine ($p<0,01$), GFR($p<0,01$) and tubular reabsorption ($p<0,05$). The groups with moderate and pronounced polyuria differ reliably by theses indices from group with normal daily diuresis (1100 to 2000 ml). The values of proteinuria and concentration of blood creatinine are only individual characteristics for every patient.

EVALUATION OF EFFECTIVENESS OF ANTIANEMIC THERAPY IN PREGNANT WOMEN SUFFERING FROM ANEMIA

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Objective: To study the effectiveness of antianemic therapy in pregnant women who has been accepted to maternity home number 9 of Uchtepa district in Tashkent. **Materials and methodology:** 33 anemic pregnant women were under observation, aged 16-45 (21±0,1), registered in antenatal clinics and treated in the department of pathology of pregnant midwifery complex number 9 in Tashkent. The criteria for selection of pregnant women in the group were hemoglobin content of 90 g / l or less gestational period 20 weeks or more, the absence of other blood diseases. The contingent of women in labor has been subjected to thorough clinical and laboratory survey. The clinical examination included the study of complaints, life, obstetric and gynecological history, taking into account conditions endured before and during this pregnancy. There was a general and a special OB: external palpation, auscultation of fetal examination in mirrors at the prenatal rupture of membranes, and the outpouring of water, vaginal examination, to determine the degree of cervical dilatation. General analysis of blood, urine, secretions from the cervix, vagina, and urethra were carried out women in childbirth. Group and Rh affiliation of blood was determined, a blood test for NVsAg, RW, with the consent of women-HIV / AIDS. Pregnant women received Ferrovir 5 ml / m daily for 5 days. **Results and discussions:** Women were mostly in the age range of 21-30 years (40%), characterized as an active reproductive age. Primigravidae were 9 (27.3%). Re-pregnant women were 24 (72.7%) had a history of pregnancy 2 8 (24.2%), 3 pregnancy - 7 (21.2%) of 4 or more pregnancies - 9 (27.2%). Among the surveyed groups dominated multigravida and multiparous women with a second or third pregnancy, which did not significantly differ. There were women in obstetric history with: medical abortion - 5 women (15%), spontaneous miscarriage- 4 women (12.1%), nondeveloping pregnancy – 2 women (6%), fetal death-1 (3%). 4 out of 33 pregnant women (12.1%) started receiving Ferrovir during 20-27 weeks of pregnancy, 17 (51.5%) - after 28-32 weeks, 12 (36.4%) - after 33-40 weeks. The average level of hemoglobin (Hb) before treatment was 86,3 ± 2,2g / l. Allergic reactions, increased blood pressure and increase of platelet count during treatment were observed. The Hb levels increased to 120 ± 1,5 g / l in all pregnant women after the end of therapy. **Conclusion:** From the above mentioned it can be concluded that in women receiving antianaemic therapy with Ferrofer hemoglobin levels increased significantly, which had its impact impact on the general condition of the pregnant woman, as well as on the results in these clinical - laboratory tests. Normalization of hemoglobin levels in the blood is a key approach in the prevention of complications in childbirth and the postpartum period.

ASPECTS OF DIAGNOSIS OF ACUTE RESPIRATORY INFECTIONS IN PREGNANCY

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The purpose: To study of the manifestations of acute respiratory infections of pregnant women, access to diagnosis, etiological diagnosis verification. **Material and methods:** There were observed 68 pregnant women who were undergoing treatment in obstetric complex № 9 of Tashkent with acute respiratory pathology in 2013-2014year. The survey was conducted according to clinical protocols provide inpatient medical care of infectious patients. The criterion for inclusion of patients in the study was the presence of symptoms of ARI (fever, symptoms of intoxication and catarrhal inflammation of the respiratory tract). Verification of the pathogen was carried out by PCR in real time in the first two days after the onset of symptoms or admission of the patient to the hospital. The criterion for exclusion from the study was the presence of chronic obstructive pulmonary disease. All women included in the study underwent a standard physical examination: collection of medical history, physical examination, analysis of the clinical picture in comparison with the data of laboratory and instrumental methods (general blood and urine tests, x-ray examination of the chest cavity). In the presence of the patient for signs of pneumonia according to x-ray examination of the

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