



excretion of sodium and potassium (respectively 101.6 ± 5.11 and $64, 13 \pm 1.78$ mmol / s) and increased excretion of calcium and magnesium (6.45 ± 0.08 and 4.38 ± 0.21 mmol / s, respectively). Remained underestimated and osmotic pressure of urine, as well as total blood protein (57.2 ± 1.8 g / l) and disturbed - the ratio of protein fractions in the direction of coarse (albumin-globulin ratio - 0.9 ± 0.04). The consequence of underestimation of these data is recurrence of toxicosis, and in more severe forms. Thus, in the control group they were observed in 23.4% discharged after recovery from the hospital.

These facts made it possible to review existing regulations on the management of patients with toxicosis and to outline treatment measures for early and more complete regression of late toxicosis and clinical recovery of pregnant women. The complex was based on antioxidants (vitamin E, ascorbic acid, multivitamins, calcium gluconate, trental, regulated diet and sleep of pregnant women. Maintenance therapy according to the described scheme was performed in 63 pregnant women. The effectiveness of the proposed measures, their pathogenetic nature confirmed by data), glomerular filtration (101.2 ± 3.27 ml / min) and osmotic pressure of urine were normalized by the 14th day of rehabilitation treatment, as well as a tendency to normalization of sodium, potassium, calcium and magnesium excretion, respectively (131.4 ± 3.94). Thus, in pregnant women of the control group the fetus received less calcium (12.32%), inorganic phosphorus (12.39%) and magnesium (7.2%) and more than usual - sodium (11.7%) and potassium (11.9%). In newborns from mothers of the main group in the serum there was an increase in calcium and inorganic phosphorus along with a decrease in sodium and potassium, magnesium concentration did not change compared with the level of these elements in the blood of children of mothers who received treatment according to the classical scheme. It should be noted that the purposeful-corrective and supportive treatment helped to prevent the progression of late toxicosis in severe form, recurrence in women of this group was observed in 3.06%, ie almost 8 times less often than in the control. The clinical outcome of maternal and fetal delivery has also improved significantly. Compared with the control group, the duration of delivery in the main group was reduced by 1.3 times, the frequency of their complicated course and operative termination - 2, pathological blood loss - 3.2, stillbirth and mortality - 2.5 times. On the day of discharge from the hospital, almost two fewer patients with residual manifestations of hypertension, proteinuria, achieved a more complete clinical and functional and biochemical regression of late toxicosis.

The use of targeted and corrective and supportive treatment of late toxicosis of pregnant women is not only justified but also necessary.

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ULTRASOUND ASPECTS OF PREGNANCY MISCARRIAGE

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Miscarriage is a serious problem in modern obstetrics, which is one of the most common causes of perinatal loss. That is why the issue of early diagnosis of this pathology occupies an important place. The study of ultrasound changes in pregnant women with miscarriage in the first trimester of pregnancy is of important prognostic value. An ultrasound study of 40 pregnant women with miscarriage was made.

Observations in 11 (27.5%) patients with a history of miscarriage revealed a lag of coccygeal-parietal size (CPS) from the expected values by 6-10 days. At repeated ultrasound scan performed after 2 weeks, in 9 (22.5%) observations there was a positive increase in embryometric parameters and their compliance with gestational age. In 3 (7.5%) pregnant women, the embryo's CPS lagged behind the gestational age by no more than 7 days. At dynamic ultrasonic control and carrying out fetometry fluctuations of biometric parameters of a fetus within normative limits for the term are noted. At the same time, in 7 (17.5%) patients, a progressive decrease in the CPS of the embryo in combination with a decrease in the volume of the ovum (VO) allowed diagnosing growth retardation of the embryo, which was a clinical symptom of miscarriage. Subsequently, these



observations diagnosed various complications of the gestation process: undeveloped pregnancy - 4 (10.0%) and miscarriage within 10 weeks - 3 (7.5%).

Of the 40 pregnant women, 9 (22.5%) had an embryo CPS lag of more than 2 weeks of gestation during the first ultrasound examination. It should be noted that in 4 observational data with CPS of the embryo less than 18 mm, all pregnancies ended in miscarriage. At the same time at CPS more than 18 mm in any supervision (5) there was no involuntary termination of pregnancy.

It should be noted that the delay of embryometric parameters (CPS) was diagnosed in the presence of the threat of abortion. At the same time, there was a clear tendency to improve the growth of embryometric parameters after the relief of symptoms of miscarriage. When assessing the heart rate of the embryo in the group of pregnant women with habitual pregnancy loss in most cases (70%), the dynamics of changes in heart rate (HR) of the embryo corresponded to the parameters of physiological pregnancy. Thus, the heart rate of the embryo gradually increased from 6 weeks of gestation (107 ± 12 beats / min) to 9-10 weeks (176 ± 11 beats / min), then to 12 weeks decreased to 159 ± 6 beats / min. The highest heart rate (180 beats / min; $p < 0.05$) was also observed at 9 weeks of pregnancy. However, in 3 (5.71%) cases with CPS of the embryo of 14 mm and more (14-26 mm) no cardiac activity of the embryo was registered, which allowed diagnosing a non-developing pregnancy. In 9 (22.5%) cases, the heart rate of the embryo did not meet the normative values. Among pregnant women with a clinical picture of threatened abortion in 5 (12.5%) embryos, tachycardia was noted. From them, in 3 supervision the expressed growth of heart rate of an embryo within 190-210 beats / min against involuntary termination of pregnancy is revealed. Decreased heart rate (bradycardia to 90 beats / min) was found in 4 (10.0%) patients with a clinical picture of threatened miscarriage and subsequent diagnosis of embryonic death. It should be noted that no chromosomal abnormality of the embryo / fetus was detected in any observation.

Comparison of the results of the study of fetal heart rate in the first trimester with the subsequent course and outcome of pregnancy found that the heart rate has a prognostic value primarily for the first 12 weeks. The detected changes in cardiac activity indicated a pathological course of the first trimester of pregnancy. Therefore, embryo / fetal bradycardia is an ultrasound sign that indicates the possibility of a pathological result of the gestational process in women with a history of miscarriage with a diagnostic accuracy of 91% and a specificity of 87.6%.

Embryo CPS values are most informative for predicting the course and outcome of the gestational process in the first trimester of pregnancy. Embryo / fetal bradycardia is an ultrasound sign that indicates the possibility of a pathological course of the gestational process, which in the absence of timely correction can cause perinatal losses.

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TREATMENT OF POLYHYDRAMNIOS CAUSED BY ACUTE RESPIRATORY VIRAL DISEASE

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The most common cause of polyhydramnios is an increase in the secretory function of the amnion caused by an acute or chronic bacterial infection. Treatment of polyhydramnios, as a consequence of the infectious process, is a difficult task, as it requires urgent results, delays in treatment can lead to further intrauterine infection of the fetus.

Intrauterine virus infection is rather a diagnosis of exclusion when antibacterial therapy is ineffective in the absence of other causes of polyhydramnios, and the presence of specific ultrasound criteria of viral etiology - inclusion in the liver with enlargement of the spleen, hydrothorax, polyserositis, pericarditis.

The aim of the study was to evaluate the effectiveness of treatment of polyhydramnios caused by viral respiratory disease.

Clinical and laboratory examination and treatment of 30 pregnant women with polyhydramnios were performed, which was preceded by the presence of acute respiratory viral disease, the gestation period was 22-34 weeks.