

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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CORRECTION OF DISORDERS OF THE SYNTHESIZED FUNCTION OF THE PLACENTA IN LOW PLACENTATION

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Introduction. Despite significant progress in the prevention and treatment of placental dysfunction (PD), this problem does not lose its relevance and continues to be one of the most important in modern obstetrics. Research results indicate that low placentation in short periods leads to significant homeostasis disturbances in pregnant women and the development of placental dysfunction. At the same time, in particular, pathological changes concern the synthesis of hormones and proteins of the pregnancy zone in the decidual-trophoblastic complex. With abnormal placentation in the first trimester of pregnancy, both the absolute concentrations of hormones change, and the frequency of pathological reactions of hormonal adaptation increases.

The aim of the study. To develop a treatment and prevention complex, the action of which is aimed at improving the above-mentioned changes and preventing the development of primary PD.

Material and methods. 119 pregnant women with low placentation were examined. The main group consisted of 64 pregnant women with low chorionic location who underwent prevention against pregnancy complications in early gestation by the complex of medicines developed by us and a control group - 55 women with low placentation who had not undergone complications prophylaxis during early gestational periods. The prophylactic complex included Luteina, ginkgo biloba extract, folio and biolectra.

In order to prevent complications in the 1st trimester of pregnancy with low placentation, we suggest the use of micronized progesterone Lutein 50-100 mg 2-3 times a day sublingually, with the subsequent transition, after further examination, to vaginal forms of application of 100 mg 2 times a day. The proposed complex of medicinal products also included: ginkgo biloba extract, folio and biolectra.

We investigated the state of the hormonal functions of the placental complex in the main group of pregnant women with PD prevention with low placentation. The obtained indicators were compared with the results of the examination of pregnant women of the control group that did not receive PD prophylaxis. Examinations were carried out at 9-12 weeks of gestation.

Results. The concentration of progesterone in the blood of pregnant women who received the proposed set of preventive measures was probably higher compared to pregnant women who did not receive PD prevention from early gestation (121.36 ± 3.61 nmol/l and 97.14 ± 3.12 nmol/l), $p < 0.05$. The level of chorionic gonadotropin also differed significantly in the main and control groups (49787.41 ± 505.0 IU/l and 39187.0 ± 405.0 IU/l), $p < 0.05$. Placental lactogen content increased 16.9% in the group of pregnant women with low placentation receiving PD prophylaxis compared to controls. Estradiol concentration did not significantly differ between groups.

Conclusion. In the study group, where the prevention of PD was carried out with low placentation, indicators of the function of the fetoplacental complex improved significantly. The recommended therapy ensures an increase in the number of hormones, which is very important, because under their influence there is an adaptive restructuring of the pregnant woman's metabolism, which is necessary for the development of the fetus.

Semeniak A.V.

INTRAUTERINOMY INFECTION OF THE FETAL

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Introduction. Intrauterine infection (IUI) of the fetus is one of the most important problems in obstetrics. Without adequate treatment a number of complications develop during pregnancy, childbirth, postpartum period. There are often situations when it is not the presence of an infectious agent, but the consequences of the invasion of microorganisms.

The aim of study To conduct an analysis of literature data on microcytosis of the vagina, cervical canal, features of the course of pregnancy in case of fetal infection.

Material and methods. An analysis of the literature data for the last 10 years was carried out regarding the characteristics of IUI, the course of pregnancy, the development of possible complications, diagnosis, treatment and prevention.

Results. Intrauterine infection, as a complication, occurs as a result of hematogenous (transplacental) mainly viral or toxo-infection (TORCH-complex) with fetal damage or clinical manifestations of infection after the birth of a child, clinically manifested by a specific symptom complex and detected by examining the contents of the cervical canal, vagina, urethra and blood tests for the presence of specific antibodies (serological tests). In this case, the fetus is affected mainly during the early fetal period (9-22nd week of gestation) with the formation of congenital anomalies of development or a specific symptom complex (retarded fetal development syndrome, hydrocephalus, brain calcifications, hepatosplenomegaly, severe jaundice).

Quite often, there are situations when the presence of the infectious agent itself is not considered (except for the TORCH complex, this is a group of sexually transmitted infections, some opportunistic pathogens), but the consequences of the invasion of microorganisms - congenital malformations, placental dysfunction, retarded fetal development syndrome, worsening of the condition placenta This is accompanied by a decrease in all indicators of the biophysical profile of the fetus, an increase in the frequency of premature births, and both spontaneous onset of labor and asymptomatic structural changes in the cervix with subsequent premature discharge of amniotic fluid, disruption of the process of implantation and placentation (low placentation, placenta previa) are possible, the presence of blood discharge.

Penetration through the placenta is not possible for everyone. With syphilis, toxoplasmosis, herpes virus, cytomegalovirus, parvovirus 19, hepatitis, rubella, papillomavirus, paramyxoviruses, chicken pox and other viruses, penetration is possible, with gonorrhea, chlamydia and trichomoniasis, slight penetration, but this is not an obstacle to damage to the placenta or the development of changes, caused by the presence of an inflammatory process (shortening of the cervix, premature birth).

With the beginning of the II trimester of pregnancy, the cervical canal comes into contact with the amnion of the fetus and, in the presence of infection, microorganisms penetrate into the amniotic fluid. Amniotic fluid acquires antimicrobial properties only after the 20th week of pregnancy, so this period is the most dangerous for infection with microorganisms that are in the female genital organs.

Conclusions. The problem of intrauterine infection of the fetus remains important and relevant, despite the possibilities of modern diagnostics and treatment. Infection of the fetus and placenta under certain conditions can be dangerous for the further development of pregnancy and lead to termination of pregnancy.

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THE RELATIONSHIP BETWEEN THE GENETIC DETERMINANT AND THE DEVELOPMENT OF MENSTRUAL FUNCTION IN ADOLESCENTS WITH CONCOMITANT PATHOLOGY

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Introduction. In the structure of gynecological diseases in adolescents and young women, functional disorders of the menstrual cycle occupy a significant place, in particular against the background of thyroid pathology.

The aim of the study is to establish thyroid pathology, the frequency of alleles and genotypes of the GP IIIa polymorphism gene in the structure of puberty menorrhagia in girls with concomitant thyroid pathology and to identify puberty menorrhagia risk factors based on genetic analysis.