(45%), termination of pregnancy and its spontaneous interruption in 3 (15%) in contrast to the healthy women whose pregnancy lasted to the birth term.

Thus, the presence of acute or chronic persistent infection in pregnant women is a risk factor for infection of the ovum, embryo and fetus in the early period of its development. The presence of infection in the first trimester of pregnancy leads to a spontaneous abortion, or to embryotoxic and teratogenic damage to the fetus.

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TREATING PREGNANTS WITH PAPILOMAVIRUS INFECTION

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Recently, Ukraine has been an increase in the incidence of cervical carcinoma (cervical cancer) among young women of reproductive age, especially in the group of women younger than 29 years. The mortality rate among women younger than 30 years who suffer from cervical carcinoma is 8,5%.

Algorithm of treating pregnants with virus infection:

Stage I – the examination: Diagnosis and treatment of other infections of genital and vaginal dysbiosis. - Extended colposcopy. Detection of HPV DNA typing. Cytology (PAP test).

Stage II - the definition of tactics: Indications observation: AAH latent form, vestibular papillomatosis. Indications for treatment, genital warts vulva, vagina, cervix. Clinical management of pregnant women with CIN I should wait and controlling dynamic colposcopic and cytological surveillance control, with the final treatment of the cervix after childbirth. If there are signs of PVI and CIN I-III conducted anti-inflammatory treatment, correction of vaginal microbiota then be repeated PAP test. If PVI signs after treatment, CIN II-III in pregnancy or due to deterioration results colposcopic or cytological study shows cervical biopsy with histological examination and consultation oncologist. In identifying CIN III required mandatory consultation of an oncologist, in case of CIN III in II-III trimesters of pregnancy prolongation possible during dynamic cytological and colposcopy control 1 every 3 weeks with further treatment after delivery. Indications for biopsy of the cervix during pregnancy is abnormal cytological and colposcopic pictures, suspicious for cancer (non-uniform surface ekzofit, erosion or ulceration and atypical vascularization).

Stage III - a comprehensive examination and determine the tactics in the postpartum period on the basis of colposcopy tsytohistolohichniy reassessment of previous data.

The treatment of diseases associated with HPV during pregnancy is necessary to differentiate the testimony at any time, but preferably in the I trimester. Before using destructive methods of treatment recommended to conduct a comprehensive examination, treatment related inflammatory diseases of genitals. The method of choice for the treatment of genital warts in pregnant women is a radio wave therapy and the use of chemical coagulants - solkoderma, trichloroacetic acid. The application of laser therapy, electrocautery, surgical method. Mandatory treatment for PVI in pregnant women is imunokoryhuyucha therapy. Long-term use of interferon (IFN) and their inducers. IFN - endogenous cytokines that have antiviral, antiproliferative and immunomodulating properties. There is evidence of differences in immune response when infected and highly nyzkoonkohennymy types of HPV. In the presence of HPV 16 th - 18 th types of products, a decline of α-and γ-IFN, increased serum IFN spontaneous IFN production, which leads to an imbalance in cellular immunity and, consequently, to severe disease.

During pregnancy used vaginal, rectal and external agents, systemic medications. Interferon held in the second half of pregnancy. Viferon is the best drug for immunotherapy in pregnancy. It contains recombinant α2-interferon and membrane components - α-tocopherol acetate and ascorbic acid. Viferon is an immunomodulator that affects the processes of differentiation, recruitment, functional activity of effector cells of the immune system and the efficiency of the immune antigen recognition and increased phagocytic and cytolytic activity. To prevent the development of phenomena of effector cells refractory to the action of IFN, systemic administration of the drug to be intermittent. In addition, the proven protective efficacy of IFN in diseases caused by intracellular pathogens, parasites (Chlamydia, Mycoplasma, etc.). Obviously, the effect in this case is also associated with suppression of protein synthesis and activation of phagocytosis.

The issue of labor in women with PVI solved individually. Past studies suggest that abdominal delivery does not reduce the risk of fetal infection (N. Sedlachek, Lindheim S. et al., 1989) described cases of children born by Caesarean section with laryngeal papillomatosis.

Because of the high incidence of PVI in pregnant women, participate in HPV carcinogenesis processes needed to optimize preparing women for pregnance, including a comprehensive examination to identify HPV typing of it and treat HPV - associated disease during pregnancy planning.

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PREVENTION OF COMPLICATIONS OF PLACENTA DYSFUNCTION

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The frequency of placental dysfunction (DP) ranges from 20% to 50% depending on factors that complicate the normal course of pregnancy. Despite the rather large range of drugs used to prevent and treat DP, frequency of