

**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.

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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.