МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

М А Т Е Р І А Л И

106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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NT-proBNP in pregnant women with existing heart disease may lead to early diagnosis of threatened heart failure. Elevated levels of NT-proBNP help diagnose perinatal cardiomyopathy and are increasingly used in follow-up. Pregnant women with known congenital heart defects can be screened for the risk of heart disease, such as heart failure, using NT-proBNP levels.

The aim of the study. To investigate the effect of preeclampsia on the work of the heart during a woman's pregnancy.

Material and methods. A study was conducted of pregnant women whose age range was from 18 to 45 years.

Results. After conducting a study of pregnant women (60 research group) with preeclampsia and (30 control group) without preeclampsia on the basis of the Chernivtsi Regional Perinatal Center, it was observed that the risk of developing high blood pressure and the risk of heart diseases increases in this research group. Preeclamptic pregnancies don't necessarily lead to heart problems, but in some women, it can be an early warning sign of heart disease in the future.

The level of NT-proBNP in the blood plasma of pregnant women with preeclampsia was determined and it was found that the more severe the degree of preeclampsia, the higher the level of NT-proBNP in the blood plasma. None of the women with NT-proBNP levels below 100 pg/ml had adverse cardiovascular disease.

It is also worth noting that 90% of the studied group of women with preeclampsia were overweight and obese (increased body mass index (>25 kg/m2)), which in turn also increases the load on the heart.

It is recommended to undergo a comprehensive evaluation of cardiovascular risk factors within 6-12 weeks after delivery for women with preeclampsia. And for better monitoring of the pathology of the cardiovascular system, in particular the development of heart failure, it is necessary to transfer data to the family doctor for continued diagnosis and treatment.

Conclusions. Preeclampsia affects the cardiovascular system of a pregnant woman during pregnancy, namely: the load on the heart increases, which can lead to heart failure. The use of NT-proBNP testing as a diagnostic biomarker and predictor of heart failure, as well as its role as a marker of therapeutic response, requires further investigation.

Semeniak A.V.

COMPLICATION OF PREGNANCY DUE TO THREAT OF TERMINATION IN THE FIRST TRIMESTER

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Introduction. Prevention of perinatal pathology and preservation of women's reproductive health is one of the most important problems of modern medicine. Despite scientific achievements, the frequency of pregnancy complications remains within 30-40 %.

The threat of termination of pregnancy can be the result of certain diseases of the pregnant woman, pathological development of the fetus and chorion-placenta, which in the future can complicate the normal course of pregnancy and childbirth. Some studies indicate that complications of the first trimester of pregnancy do not have a significant impact on the subsequent course of pregnancy if adequate treatment is available. Thus, the problem remains relevant and requires further research and prevention of complications.

The aim of the study. To Assess changes in the further course of pregnancy, the presence of complications in the event of a threat of termination of pregnancy up to 12 weeks to prevent possible complications.

Material and methods. To achieve the purpose of the study, we formed two groups: I main group (MG) - 50 pregnant women with a threat of abortion up to 12 weeks and the presence of bloody discharge, II control group (CG) - 40 healthy pregnant women without signs of abortion up to 12 weeks. During the research, general clinical (clarification of complaints, history taking, general somatic medical examination) and obstetric examination, special research methods -

immunochemiluminescence analysis for the determination of chorionic gonadotropin, ultrasound of the fetus and chorion were used.

Results. It is known from the anamnesis that MG had her first pregnancy 25 women, the second one 25 women, KG's first - 19, second - 21, previous pregnancies were complicated by miscarriage in MG: spontaneous miscarriage in 12 cases, 1 by premature birth, in KG: in 9 by spontaneous miscarriage. Despite the similar anamnesis, there was no threat of abortion in the first trimester in CG women. The level of chorionic gonadotropin in both groups was within the normal range.

When conducting the research, it was found: we considered CG as a group of healthy pregnant women in whom the first trimester of pregnancy passed without complications, but the results of the subsequent course of pregnancy and childbirth are not satisfactory in both groups. The presence of placental dysfunction and fetal growth retardation syndrome, which complicated pregnancy only in MG: in 4 (8%) and 1 (2%) is severally. Also, gestational diabetes occurred only in MG in 1 (2%).

Therefore, the pregnancy proceeded without complications and ended with a normal delivery in MG 21 (42 %), CG 22 (55 %). In the majority of pregnant MGs and part of CG, the pregnancy was complicated by premature rupture of the fetal membranes in MG 10 (20 %), CG 3 (7,5 %), which is almost three times less, polyhydramnios in MG 3 (6 %), CG 1 (2,5 %), which is also three times less, the development of late gestosis in MG 3 (6 %), CG 1 (2,5 %), however, the frequency of premature births practically did not differ - in MG 3 (6 %), in CG 3 (7,5 %) and premature detachment of a normally located placenta - in MG 1 (4 %), in CG 2 (5 %).

Conclusions. Complications of pregnancy, which are probably related to an infectious factor, in particular, premature rupture of fetal membranes, polyhydramnios are three times more prevalent in pregnant women with a threat of termination of pregnancy in the first trimester, which requires timely treatment. It was established that with the threat of termination of pregnancy in the first trimester and the presence of bloody discharge, placental dysfunction develops in 8 %, which in 25% leads to the syndrome of delayed fetal development.

Tokar P.Yu.

THE PROGINS VARIANT OF THE PROGESTERONE RECEPTOR GENE PGR AND ITS INFLUENCE ON PLACENTAL ENDOCRINE FUNCTION IN THE RISK OF PRETERM LABOR

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Introduction. Progesterone receptors, encoded by the PGR gene, are responsible for the key physiological actions of progesterone, a hormone essential for a successful pregnancy. The PROGINS variant is one of the most widely found variants of the PGR gene. Genetic heterogeneity means that some women may have less effective forms of progesterone receptors, which can lead to clinical issues. Besides fertility challenges, these women might also respond differently to progesterone replacement therapy.

The aim of the study. Assess how the PROGINS variant of the PGR gene influences hormonal levels and the outcomes of progesterone deficiency treatment in pregnant women at risk for preterm labor.

Material and methods. The primary group consisted of 30 pregnant women experiencing progesterone deficiency and a risk of preterm labor, while the comparison group included 30 women with a normal pregnancy progression. Levels of progesterone, estradiol, and placental lactogen were measured in both groups. Genotyping was performed using PCR.

Results. The genotypic frequencies of the PROGINS variant showed no significant differences between the main and comparison groups. In the main group, pregnant patients with the T2T2 genotype exhibited significantly lower progesterone levels post-treatment compared to those with the T1T1 and T1T2 genotypes. Additionally, pregnant women in the main group with the T2T2 genotype gave birth at an earlier gestational age.