

## TREATMENT OF COMPLICATED GESTATIONAL PYELONEPHRITIS IN PREGNANTS

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**Abstract.** Studying the interaction between gestational pyelonephritis and pregnancy is important due to the high percentage of obstetric complications, negative perinatal outcomes and serious diseases in newborns, which emphasize the medical and socioeconomic importance of the problem. In chronic pyelonephritis, pregnancy is complicated by iron deficiency anemia (35-70%), premature termination of pregnancy at various times (15-20%), chronic placental insufficiency (30-35%), preeclampsia (35-70%). 30-40% causes complications such as chronic uterine hypoxia (30-40%), fetal infection (20-30%) and growth retardation (12-15%). In chronic pyelonephritis, the ability of pregnant mothers to adapt to newborns is significantly impaired and the risk of early neonatal death increases.

**Keywords:** gestational pyelonephritis, treatment, premature birth, nephrostoma.

**Relevance.** Among pregnant women, chronic pyelonephritis takes the first place among somatic pathologies (48-54%). Pyelonephritis has a negative effect on the course of pregnancy and the condition of the fetus, which is manifested in the risk of miscarriage, premature birth, placental insufficiency, fetal hypoxia, intrauterine infection, preeclampsia and a complicated course of the adaptation period (V.V. Iremashvili, 2007 ; L. E. Nicolle, 2008; K. Shea et al., 2008; A. J. Schaeffer et al., 2010).

In pyelonephritis, the pathogenic factor that affects the chronic stage of inflammation loses its leading role, the processes affecting the change in the rheological properties of blood and microcirculation play an important role, which leads to the development of a chronic condition. comes - the causes of this disease are a risk factor for the mother and the fetus, leading to perinatal losses.

Purpose of the study. Determine appropriate treatment for complicated gestational pyelonephritis.

**Materials and methods.** In order to achieve the set goal and fulfill the tasks, the data of 55 pregnant women and their newborns, who applied to the perinatal center of Samarkand city on the basis of the Department of Obstetrics and Gynecology No 1 of SamSMU, were studied during 2020-2022. The women studied during the study were divided into 2 groups: the main group - 35 pregnant women with gestational pyelonephritis (GP) and the control group - 20 conditionally healthy pregnant women.

Examination of pregnant women includes the following: determination of clinical and anamnestic features of the pregnancy process, laboratory diagnosis of inflammatory pathology of the kidneys, examination of the kidneys and small pelvic organs, as well as the state of the fetus and fetoplacental system using instrumental methods.

Therapy for acute gestational pyelonephritis is aimed at:

- 1) eliminate the main reason that caused it;
- 2) normalization of urodynamics;
- 3) to improve the general condition of the pregnant woman and the fetus and prevent complications

All women were prescribed broad-spectrum antibacterial therapy and then antibiotics according to sensitivity. In addition, infusion therapy (reosorbilact) and nonsteroidal anti-inflammatory drugs were used to reduce the symptoms of intoxication, and kanefron or urosefforte 2 capsules 3 times were prescribed to restore kidney function. A temporary splint was prescribed for swelling.

In the main analyzed group of patients, the need for drainage of the urinary tract in acute pyelonephritis of pregnancy appeared in 35 cases due to complications. 5 (14.3%) women underwent ureteral drainage by placing a nephrostomy due to indications. Stenting was applied to the remaining 30 (85.7%).

As a rule, drainage of the kidney on one side was required in all cases. Most often, the need for kidney drainage arose in the 2nd and 3rd trimesters of pregnancy. Drainage was not performed in our case in the 1st trimester of pregnancy.

In our practice, regardless of the manufacturer, as a rule, we used polyurethane catheters, stents and nephrostomies ("Cook", "Rusch", "Urovision", "VBraun"). When there is a "stent" in the urinary tract for a long time (6-8 weeks), antireflux protection stops "working", which can cause pyelonephritis, ureteritis, cystitis. Therefore, in our study, the activity of these tools and renal drainage were under constant dynamic control.

Results and discussion. According to the clinical manifestations of the disease, all patients received conservative treatment, including infusion and antibacterial agents, depending on the severity of the general condition and local changes in the affected organ. Conservative treatment included:

- Antibiotic therapy
- "B" group vitamins
- Antispasmodics
- Positional drainage therapy
- Infusion detoxification therapy when clear signs of intoxication are observed in the body
- Symptomatic therapy

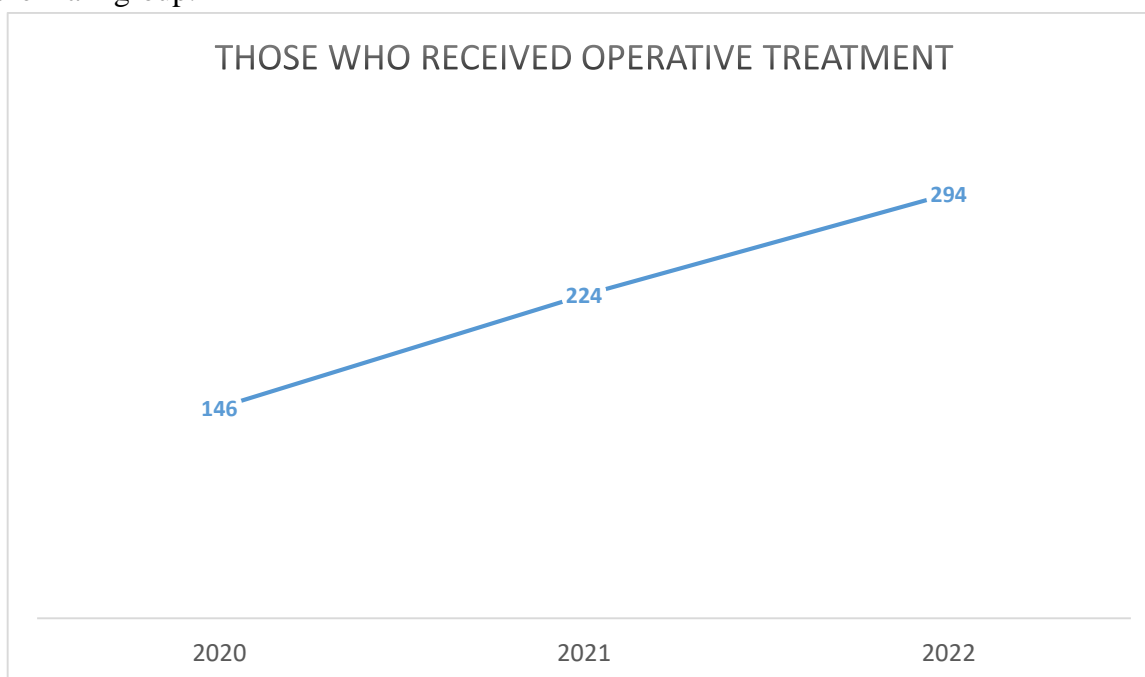
In addition to conservative therapy, patients were prescribed drainage of the damaged kidney, taking into account the risk of complications of GP and preterm delivery of pregnancy. Urinary stenting was required in 30 cases and nephrostomy in 5 cases. The indication for a nephrostoma was the occurrence of hydronephrosis of the 2nd-3rd degree and purulent pyelonephritis.

Nephrostomas were placed in the second trimester of pregnancy at an average of 27-28 weeks and were removed in the prenatal period.

In 40% of women with preeclampsia, normalization of blood pressure was observed against the background of medical procedures. The average number of days spent in the hospital was  $6.4 \pm 0.15$  days. Follow-up was continued on an outpatient basis.

The laboratory analyzes conducted after the treatment showed positive dynamics, expressed by the redevelopment of inflammatory symptoms (normalization of the total number of

leukocytes, normalization of EChT, disappearance of bacteriuria and leukocyturia) in all women of the main group.



*Diagram 1. Frequency of operative treatment*

When the results of childbirth were analyzed, premature birth was noted only in 3 cases, and in 33 cases (94.3%) the full-term birth was without complications. In 34.3% of women with signs of fetoplacental insufficiency, these signs were not detected after treatment, but in 25.7% of women, the weight of newborn babies was up to 3000 grams, and the average was  $2745.4 \pm 120.5$  g.

In short, timely comprehensive treatment procedures help to prevent complications of gestational pyelonephritis, improve the general condition of pregnancy and achieve positive birth outcomes. In II and III degrees of hydronephrosis and purulent changes, the restoration of the permeability of the urinary tract and antibacterial therapy quickly lead to positive dynamics.

**Conclusion.** Pyelonephritis negatively affects the course of pregnancy and the condition of the fetus, which can be manifested by the risk of abortion, premature birth, placental insufficiency, fetal hypoxia, intrauterine infection, preeclampsia, and complications of the adaptation period of the newborn.

A high frequency of infectious diseases was noted in all pregnant women with gestational pyelonephritis. The early period of pregnancy was accompanied by toxicosis, the risk of miscarriage, from the 20-24th week it was complicated by the cases of gestational pyelonephritis and hydronephrosis, 40% of women suffered from preeclampsia.

Complex therapy of gestational pyelonephritis with the use of a nephrostoma significantly improves blood and urine parameters, reduces complications in the II and III trimesters of pregnancy, and has a positive effect on pregnancy outcomes compared to conventional treatment.

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