

INFLUENCE OF PREECLAMPSIA ON SOMATIC DISEASES

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Abstract. *The article examines the occurrence and impact of somatic diseases in pregnancy complicated by preeclampsia and the effect of the condition of the fetus. The purpose of the study was to study the occurrence of somatic diseases and their interaction with preeclampsia.*

Keywords: *somatic pathologies, preeclampsia, risk group, body weight index, neurocirculatory dystonia, chronic pyelonephritis.*

Relevance. Hypertensive diseases during pregnancy are one of the most serious complications of pregnancy, and they account for an average of 20% of the total number of pregnant women and women in labor [1, 2]. Childbirth, while eliminating the cause of preeclampsia, does not eliminate the mechanisms of development of changes in organs and systems related to the main links in the pathogenesis of hypertensive conditions. The need to identify and implement optimal methods of severe preeclampsia examination, treatment schemes, delivery time remains clear [3, 5, 13].

Literature sources show that the treatment of hypertensive diseases during pregnancy remains mainly symptomatic [4, 7, 15]. Opinions about the period and method of delivery of such pregnant women remain controversial. The need to determine optimal screening methods, treatment regimens, methods, and timing and method of delivery for severe preeclampsia remains urgent.

Aim. to study the occurrence of somatic diseases and their interaction with preeclampsia.

Research materials and methods. The data of 60 pregnant women in the early and late stages of pregnancy admitted to the maternity ward of polyclinic No. 1 of SamDTU were examined. Pregnant women were divided into 3 groups: Group I 20 women, complicated by preeclampsia in the period from 22 to 30 weeks of pregnancy. Group II included 20 women complicated by preeclampsia in pregnancy of 30 weeks or more. Group III: 20 women with normal pregnancy. The average age of the patients was 27.8 ± 5.5 years.

General clinical, functional and laboratory research methods, as well as additional instrumental research methods (ultrasound feto- and placentametry, Dopplerometry) were used to examine pregnant women. Women's information was also collected using exchange cards and outpatient cards.

All data were entered on a personal computer through the Excell program and processed using the "Statistic 6.0" program. Statistical data were determined by the arithmetic mean value (M) and its deviation (m), as well as the student's criterion. Data were considered reliable when $p \geq 0.05$.

Results: In all groups, pregnant women complained of nausea, vomiting 1-2 times a day, general weakness, fatigue. 10% of patients in the first group and 40% of the second group had different levels of excess body weight, and in the second group, TVI was statistically significantly higher ($p > 0.01$).

As a result of the analysis of anamnesis data, most of the close relatives of the examined women (50.0%) had cardiovascular (hypertension, NSD, myocardial infarction, etc.), urinary tract

(urinary stone disease, pyelonephritis, kidney failure, etc.) , endocrine (diabetes, hypothyroidism, etc.) diseases occurred during pregnancy and were complicated. Patients in groups I and III did not have diseases leading to the development of a severe form of PE. In group II of the examined, a large proportion of somatic pathology had disorders of the cardiovascular system in the form of NSD. Among the pregnancies complicated by the risk of miscarriage, only 8 (3.8%) patients had a late onset of menstruation and various forms of its disturbance ($p>0.05$).

34 (56.6%) women had their first pregnancy, and 26 (43.3%) had a repeat pregnancy. In the general group of patients, the course of this pregnancy was complicated by vomiting of pregnancy in 20% of patients, risk of termination of pregnancy in 45% of patients, and anemia in 65.0%. Only 28.3% of pregnant women with PE had the typical triad. Two symptoms of PE were often expressed (61.7%), sometimes only one symptom (monosymptomatic PE) was expressed, which was mainly observed in pregnant women with PE against the background of NSD (10% of cases).

Analyzing the results of the ultrasound, we found that in most cases (80.8%) the indicators of the fetus correspond to the gestational age. It is noteworthy that the imbalance in the development of the fetus was reflected in the delay of fetal growth in many studies in subgroups: 8.3% in group I and 9.5% in group II ($p>0.05$). In ultrasound placentography, in 56 (93.3%) women, the placenta was located along the back and side walls of the uterus, and in 16 of them (28.5%), the placenta was located lower. In 4 of the examined pregnant women (6.67%), the placenta was located along the front wall of the uterus. The thickness of the placenta corresponded to the standard values, and only in 5 (8.33%) cases we noted a "thin" placenta. When assessing the level of maturity of the placenta, its early maturation was noted in 12 (20%) of them. In the postpartum period, we found placental cysts in 3 (5%) patients, malformation of one umbilical artery was noted in 1 (1.6%) patient. In 10 (16.6%) examined patients, petrifications were found in the placenta and navel. It is worth noting that hypohydration was detected in groups I and II of those examined (30% and 20%, respectively).

Conclusion. Thus, the development of severe forms of preeclampsia and eclampsia can often be caused by somatic diseases such as NSD and chronic pyelonephritis. As a result of ultrasound examination of the development of the umbilical system and parameters of the fetus, more changes were detected in the second group of patients.

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