



Marakushina E.A., Vygovskaya L. A., Pokryshko S.V.
RETROSPECTIVE ASSESSMENT OF GESTATIONAL PYELONEPHRITIS
FACTORS

Kharkiv National Medical University, Kharkiv, Ukraine
Department of Obstetrics, Gynecology and Pediatric Gynecology
Scientific supervisor: professor Tuchkina I.A.

Introduction. There has recently been a significant exacerbation in the problem of gestational pyelonephritis in modern obstetrics. According to the Ministry of Health data, its incidence in pregnant women increased by 3.6 times from 2005 to 2014. In most cases, women tend to develop pyelonephritis at the age of up to 40 years, usually during pregnancy. This limits their reproductive function, can cause premature birth, resulting in the birth of children, prone to kidney disease. Gestational pyelonephritis has a negative impact on the course of pregnancy and the health of fetus.

Aim. To provide retrospective identification of gestational pyelonephritis risk factors.

Materials and methods. The study was performed at Kharkiv City Maternity Hospital No.1. The study included 60 pregnant women at 30-40 weeks of gestation. All the women were divided into 3 clinical groups. Group I comprised women with gestational pyelonephritis, who underwent surgical intervention (stenting), group II involved women with gestational pyelonephritis without surgical intervention, group III included women with physiological pregnancy. The study implied retrospective analysis of delivery records (form 096/o), prenatal records of pregnant women (form 113/o) for the period of 2012-2014.

Results. Retrospective analysis of the delivery and prenatal records showed that group I included 13 patients (65%) under investigation whose mothers had gestational pyelonephritis, as for groups II and III, there were 9 (45%) and 2 (10%) of such patients, respectively. Common infectious diseases shortly before pregnancy occurred in 14 (70%) of group I patients and 8 (40%) of group II patients, and 4 (20%) of group III women. Ten (50%) pregnant women in group I had a history of inflammatory genital diseases and there were 8 (40%) and 3 (15%) of such patients in group II and III, respectively. Nine (45%) pregnant women in group I, 6 (30%) and 3 (15%) in group II and III, respectively, had kidney diseases before pregnancy (chronic pyelonephritis, urolithiasis).

Conclusions. Gestational pyelonephritis is a polymorphically mediated disease. Family history, reproductive system diseases and infectious factor affected by the pregnancy, play an important role in its development. Consideration of all these factors when planning pregnancy can substantially reduce the risk of gestational pyelonephritis and thus prevent complications of childbirth and adverse consequences for the unborn child.

Mu'awya Salem Nasr Almaradat
COMPARATIVE ANALYSIS OF DIFFERENT METHODS OF CORRECTION
CERVICAL INCOMPETENCE

Kharkiv National Medical University, Kharkiv, Ukraine,
Department of obstetrics and gynecology 1

Introduction. Cervical incompetence (CIN) is a factor in premature termination of pregnancy. For the treatment of CIN are surgical used methods and non operative. They all have a common purpose - to prevent the cervical dilatation as a factor of preterm labor. However, many of the methods of treatment of CIN was complicated. The surgical



correction of CIN by imposing circular seam during pregnancy, there is bleeding, necrosis and sometimes formed eruption of cervical tissue thread (polyester). When using plastic pessaries often have difficulties in applying them, due to the increased rigidity of the medical device, develop complications from compression of tissues. Pregnant women sometimes rupture of amniotic membranes, spontaneous abortion, chorioamnionitis, and other complications. Development and implementation of new methods of correction CIN is an urgent problem of modern obstetrics.

The aim and problems of work. Advance analysis of treatments for CIN: circular weld overlay, vaginal pessary on the cervix uterus and biorevitalisation cervix.

Material and methods. The study involved 80 women with CIN and of miscarriage in anamnesis, which were divided, depending on the method of treatment in 3 groups. The I group consisted of 40 women, who underwent surgical correction of CIN by imposing circular seam on the cervix. The II group consisted of 40 pregnant women, who carry out correction of CIN using vaginal pessary. In the III group included 40 women pregravid correction CIN which was carried out by use of fillers. Correction of CIN was term in 15-20 weeks of gestation. Obstetric pessary was applied to the cervix. With using a plastic pessary often had difficulties when applying associated with increased rigidity of the medical device and tissue compression. It's bad of standard pessary, due to the wrong and chooses the size is not the appropriate form of the cause acute vaginitis.

A correction method of CIN by biorevitalisation is the use of fillers, the main component of which is a hyaluronic acid, to link binding tissue water and hydrated polymers (HP) of high density. The method comprises introduction biorevitalisation of fillers by chipping the internal part of cervical canal. The preference of this method is consist in that it can be used before pregnancy in women with CIN and of miscarriage in anamnesis. Numerical score of CIN was carried out on a scale Shtember. Biometric analysis was performed using the package STATISTICA-6.

Results. In the I group of women, who performed correction CIN by imposing circular seam on the cervix every second woman had in anamnesis of artificial abortion, every sixth patient - spontaneous abortions in different stages of pregnancy, 5(12,5%) - preterm labor. Leading position in the structure gynecological diseases identified in anamnesis or pregravid stage of the survey held bacterial vaginosis 14(35,9%) and acute vaginitis 7 (18,8%). In the II group of women, who performed correction CIN vaginal pessaries, disorder of placental be found in 9 (22,5%) of pregnant women, the risk of spontaneous abortion in the II trimester was observed in 12 (30%) patients. Preterm labor occurred in terms of 30-36 weeks of pregnancy in 13 women (32,5%). Vginal birth were 31 (77,5%) women, cesarean section was made 9 (22,5%) patients. When using biorevitalisation cervix in all surveyed patients observed physiology during pregnancy. Inpatient treatment took only 2 pregnant women (5%) due to the threat of interruption. In 4 (10%) pregnancies occurred preterm birth 34-36 weeks. In 38 (95%) of female births ended natural maternal tract, In 2(5%) pregnant was made cesarean section: 1 due to malposition, 2 for severe preeclampsia.

After correction method biorevitalisation CIN cervix uterus was born 40 children, from them - 4 (10%) of premature newborn. Acidents of mortinatality or deaths of children in the first 27 days after birth, using the method of correction CIN biorevitalisation cervix was not.

Conclusions. Pregravid CIN correction by applying fillers has significant advantages over the use for these purposes vaginal pessary.



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