Conclusions. The data suggest that the clinical manifestations of connective tissue dysplasia differed significantly between groups under investigation. CTD is one of the risk factors for the development of menstrual cycle disruption in women of reproductive age.

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ROLE OF CONNECTIVE TISSUE DYSPLASIA IN THE FORMATION OF NEONATAL PATHOLOGY
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Introduction. Causes of neonatal birth trauma is most often caused by premature infants due to premature birth or immaturity due to the delay of intrauterine development. In cases of various central nervous system (CNS) lesions in term infants often focuses on a belated diagnosis intrapartum distress or gross mismanagement on the management of labor, as the main causes of disease.

The aim was to determine the role of undifferentiated forms of connective tissue dysplasia (CTD) in the formation of pathological states of the newborn.

Material and methods. In this paper we studied 25 cases of pathological early neonatal period the newborn. In the structure of pathology in the first place were CNS injury of varying severity, accompanied by convulsive syndrome, intraventricular hemorrhage, melena, pulmonary hemorrhage, and others. The features of physical history, reproductive health of pregnant women, the flow of this pregnancy, childbirth, postpartum and early neonatal period.

Results. As a result of work revealed that in 18 cases the mothers existed in varying degrees of severity diagnostic features of CTD in the form of neurological disorders, asthenic syndrome, valve or arrhythmic syndrome, idiopathic arterial hypotension, torakodiafragmal syndrome or syndrome hypermobility of the joints, as well as the pathology of the vision syndrome. Undifferentiated CTD may be not only genetically determined, but also develop as a result of different mutagenic effects of environmental conditions on pregnancy. This pathology is formed starting from the embryonic period. The special features of CTD is the absence or weak expression of phenotypic traits dysplasia at birth, even in cases of differentiated forms. In children with a genetically determined condition dysplasia markers appear gradually over a lifetime. External signs are divided into the bone and skeletal, skin, joints and minor anomalies of development. The internal features include dysplastic changes in the nervous system, the visual analyzer, cardiovascular, respiratory, abdominal cavity. CTD may show a high risk of a thrombotic and hemorrhagic complications, which increase during pregnancy, childbirth and the postpartum period. In this pathology physiological stress during labor can become extremely high and cause birth defects and poor adaptation to moderate hypoxia. At the same diagnosis of undifferentiated forms of CTD as causes neonatal pathology difficult and, as a rule, remains unaddressed.

Conclusions. Thus, it can be argued that the development of algorithms for the early diagnosis of CTD is an important factor in predicting the possible occurrence of perinatal complications, developing approaches to the management of pregnancy and delivery methods.
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