ISIC 2018

Kharkiv Ukraine

ABSTRACT BOOK

iSiC

2018

BIOMEDICAL SCIENCES

but other forms of hormonal therapy are not so successful. These hormones do not cure the endometriosis lesions and so, the pain may reappear after pregnancy.

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EFFECTS OF SEXUALLY TRANSMITTED INFECTION ON PREGNANCY AND ON THE FETUS CONDITION

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Introduction. Syphilis is a sexually transmitted disease caused by Treponema pallidum. Frequency of vertical transmission /occurrence of congenital syphilis is high in primary (50%) and secondary (50%) syphilis .In tertiary syphilis, it is usually less (about 10%). When Trans placental migration of spirochete occurs it may lead to 1)Abortion; 2) Preterm birth;3)Intrauterine deaths;4) Non - immune fetal hydrops;5)Early neonatal death ; 6) Congenital syphilis.

Materials and methods. During this study 45 pregnant women delivered were diagnosed with syphilis. Groups of patients :- Group 1 includes 11 patients who were diagnosed at delivery and treated postpartum. Group 2 includes 34 patients who were diagnosed with syphilis during their pregnancy in various trimesters. At first, Serological test was done and they all were VDRL positive. Then, VDRL test was confirmed by FTA-ABS and MHA-TP test.Group 2 is further divided into :2a) Primary syphilis - 3 patients;2b) Secondary syphilis - 8 patients;2c) Early latent syphilis - 10 patients;2d) Late latent syphilis - 13 patients.34 patients in group 2 were staged and treated according to CDC recommendations.Groups 2a,2b,2c (duration of disease is < 1 year) were treated with 2.4 million units of benzathine penicillin G Intramuscularly single dose.Group 2d (duration of disease is > 1year) were treated with 2.4 million units of benzathine penicillin G Intramuscularly 3 doses in a weekly interval are given over 3 weeks.

Results. Success rate of the therapy for each group is as follows : group 2a - 3 of 3 (100%); Group 2b - 6 of 8 (75%); group 2c - 9 of 10 (90%); Group 2d - 13 of 13 (100%).So,the success rate of therapy for all stages of syphilis is 31 out of 34 (92%).The success rate of secondary syphilis is lesser than that of other groups. One of the treatment failures in secondary syphilis is resulted in Intrauterine death (stillbirth) and another one resulted in late abortion. One treatment failure in early latent syphilis is resulted in preterm birth and low birth weight.

Conclusion. CDC recommended treatment regimen is effective in prevention of congenital syphilis and other effects of syphilis on pregnancy. But, also the risk of treatment failure exists with maternal secondary syphilis. It is possible to protect the baby from developing congenital syphilis even if the treatment is begun late in pregnancy. But treatment should be started as soon as the diagnosis is made

to prevent further spreading of spirochetes. So, it is necessary to make diagnosis as early as possible in pregnancy.

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THE STUDY OF HYPERTENSIVE DISORDERS IN PREGNANT WOMEN AND COMPLICATIONS TO LABOUR AND FETAL DEVELOPMENT

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Introduction. Pre-eclampsia is the complete or partial failure of trophoblast invasion of the myometrial segments of the spiral arteries causing impaired perfusion of the fetoplacental unit. Antiphospholipid syndrome (APS) is the presence of autoantibodies to phospholipids which lead to severe pre-eclampsia.

Materials and methods. Research analyzed on 30 primigravidas. Further divided into two main groups:

1st 20 primiparas – favourable perinatal outcome of labor and the birth of a healthy child with Apgar score of 8-9 ; 2nd 10primiparas – pre-eclampsia detected in the 2nd trimester with unfavourable outcome -premature birth, miscarriages.

2a: diagnosed with APS - 4primiparas

2b: pre-eclampsia without APS,normotensive 6 primiparas.

The diagnosis was made on the complaints of the patients and diagnostics -blood pressure monitoring, 24 hour urine, ultrasound, and biophysical profile.

Results. 20 pregnant women with normal pregnancy gave birth with healthy fetus (66.6%).In 10 pregnant with pre-eclampsia the courses of pregnancy were complicated with premature birth and miscarriages (33.3%).In 4 pregnant of group 2a -termination of pregnancy of all 4 patients due to perinatal death (13.32%). In group 2b the course of pregnancy was complicated with intrauterine growth restriction in 2patients (6.66%); premature birth – 1 (3.33%) and there were 3 cases of induction of labour in the 36th weeks (9.99%)

High risk group is 2a with APS. Normotensive women with mild pre- eclampsia give birth to a child with monitoring and sufficient treatment leads to a better prognosis whereas in case of severe pre-eclampsia leading to termination of pregnancy.

Conclusion. Study confirms the fatal outcome to the mother & fetus thus; monitoring blood pressure from the 1st trimester till the end of pregnancy and screening for antibodies prior to pregnancy will be good prognosis.