

## THE INFLUENCE OF SYPHILIS ON PREGNANCY

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**Introduction:** Nowadays syphilis is a formidable infectious disease because its complications and consequences can lead to disability and death.

**Materials and methods:** 155 pregnant women (aged 16-45 years) with syphilis were examined and treated from 2013 to 2016. The analysis of these pregnant women's case history as well as of medical records of their newborn children was carried out. All patients were examined of serological test for syphilis (Compelement Fixation Test (CFT) with treponemal and non-treponemal antigens, Reaction of immunofluorescence (RIF) in modification 200 and ABSorb., Reaction of immobilization of *Treponema pallidum* (RIT), ELISA) and blood and urine test. The children's examination included X-ray of long tubular bones and wrists, serological test for syphilis, consultation other specialist such as: a pediatrician, neurologist, ophthalmologist, otolaryngologist and dermatovenereologist. Ultrasound examination was carried out on an ultrasonic device SAL-38 produced by Toshiba company (Japan).

**Results :** In 75 cases (48.8 %) the observed pregnancy was pathologic in this or that way. The major gynecological complications in women with syphilitic infection were anaemia in 48 cases (31.05), threatened miscarriages in 46 cases (29.8%), toxemia of pregnancy in 44 cases (28.4%). The main peculiarity was a combination of several complications of pregnancy in every second case. In the first part of pregnancy impairment of blood circulation (manifested in the shape of moderate intervillus hematoma, edemas of villus stroma, plethora of villus blood-vessels, irregular blood inflation) prevails in placenta of women infected with syphilis. In the second part of pregnancy inflammatory changes and tendencies towards villus sclerosis accumulate. In the cases of placentitis and its complications the following tendencies were observed: thickening and distinctive 'cloudy' non-homogeneity of placenta in 14 cases (30%), small-cystic degeneration and hypophysical cachexia in 5 cases (10%), hematomae, cysts, petrifications of placenta – each in two cases respectively (4%).

**Conclusion:** The pathological changes in the fetus in pregnant women with syphilis such as: increased echogenicity of internal organs, change of quantity of amniotic fluid, violation of the maturation of the placenta), are not rude. But it can not be attributed to congenital anomalies and it can not be interpreted as a norm.

