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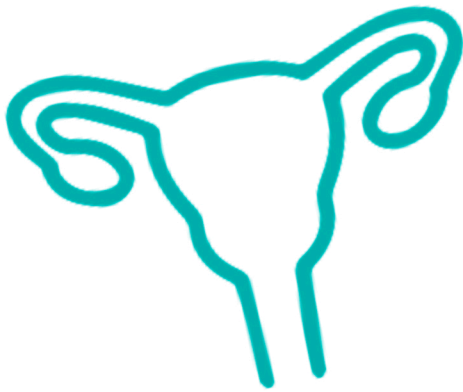
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determined in high diagnostic titers: epidermal staphylococcus 23.7% and 23.0%, streptococcus viridans 18.3% and 15.0%, enterobacteria 33.4% vs 30.0% of women, and Candida -35.0% vs 32.5 % of the examined respectively the main and comparison groups. In most women of the main and comparison groups, in 19 and 12 patients, respectively, associations with two or more pathogens were revealed.

Conclusions: Based on the data obtained during this study, it can be concluded that in patients with cervicitis there is a violation of local immunity of the genital tract, which is manifested in the detection of high titers opportunistic, bacterial and viral flora. It can also be assumed that with HPV-associated cervicitis, local immunity suffers more, because the incidence of vaginal microbiocenosis in patients with this pathology is higher than in patients with HPV-intact cervicitis

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IMMUNOLOGICAL RISK FACTORS IN THE PREDICTION OF PREMATURE ABORTION

The threat of abortion is one of the most frequent complications of pregnancy, and miscarriage is one of the most important causes of morbidity and mortality of the fetus. This pathology adversely affects the reproductive function of women, as well as the adequacy of offspring

Being aware of the mechanisms and understanding the causes of premature abortion, we are capable of carrying out pathogenetic treatment that is more successful and effective than symptomatic.

Therefore, the purpose of this work was to identify the complex of immunological risk factors that can predict the development of miscarriage.

In order to solve the problems, we examined 57 pregnant women in terms of 12-16 weeks, which were divided into two groups.

The I group consisted of 30 women with a physiological gestation course.

Group II included 45 pregnant women with signs of threatened abortion.

We determined the level of circulating immune complexes, heterophilic hemolysins and antileukocyte antibodies in serum, the content of IgG, IgA, IgM immunoglobulins.

The results of the survey showed that the IgG quantity in the blood serum of patients in this group was 10.45 ± 0.38 g / l, IgM - 0.86 ± 0.15 g / l, IgA – 1.99 ± 0.25 g / l in women with normal gestation course. In the blood serum of pregnant women from IIInd group the IgG, IgA, IgM content was reduced to $8.93 \pm 0.12^*$, 0.82 ± 0.01 and 1.97 ± 0.02 , respectively.

The content of isoleukocyte antibodies in pregnant women in group I was $16.3 \pm 1.5\%$. But this indicator was at the level that does not require medication correction.

In examined women with a threat of abortion, the level of isoleukocyte antibodies before treatment was 65% higher than in pregnant women with a physiological gestation course $26.9 \pm 1.1\%$ ($p < 0, 05$).

The content of heterophilic hemolysins in the women from the I group was 0.59 ± 0.06 wt. unit.

In the blood of pregnant women of the second group, the content of heterophilic hemolysins before treatment was 3 times higher than that of women with a physiological pregnancy - 1.76 ± 0.02 ($p < 0.05$).

The content of circulating immune complexes during the physiological course of pregnancy was 59.1 ± 2.7 units. In group II, the number of circulating immune complexes before treatment was 38% higher than in women of group I – 81.2 ± 2.3 ($p < 0.05$).

During the study, we found out a decrease in the number of IgG and an increase in the number of circulating immune complexes of more than 60 U.M., isoleukocyte antibodies more than 16%, heterophilic hemolysins more than 0.6 Opt. in the peripheral blood of pregnant women. This may indicate an increased risk of miscarriage development.

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