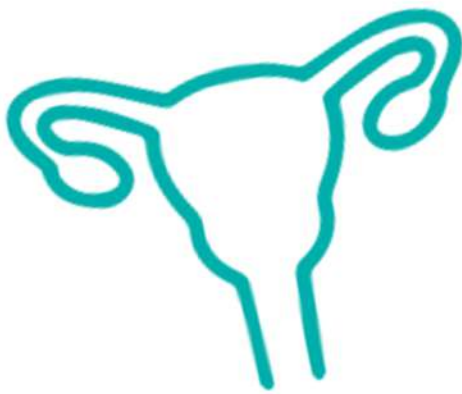


# KHARKIV NATIONAL MEDICAL UNIVERSITY

# ISIC-2020



**KHARKIV NATIONAL  
MEDICAL UNIVERSITY**



**OBSTETRICS & GYNECOLOGY**





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## **INFECTIOUS FACTORS THAT LEAD TO MISCARRIAGE**

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Relevance. One of the most important problems of modern obstetrics is miscarriage. The average frequency of this pathology is from 10 to 35%.

Miscarriage leads to a significant amount of perinatal mortality in premature infants and high economic costs due to the care of such children, as well as increased disability and the presence of chronic pathologies.

Goal. To study sexually transmitted factors that leads to miscarriage.

Materials and methods. A comprehensive survey of 30 women aged from 19 to 34 years was conducted. All women were divided into 2 groups. Group I (n = 15) - women with a history of miscarriage from 11 to 20 weeks of pregnancy. Group II (n = 15) - women with a physiological history of pregnancy (control group).

All women were examined by smear for the degree of purity of the vagina and bacterial culture from the cervical canal, as well as blood tests for infection by ELISA. Class M or A immunoglobulins were determined. Genital ultrasound was performed to rule out developmental abnormalities. To rule out endocrine pathology, the women were examined by an endocrinologist, and the pituitary, thyroid and ovarian hormones were checked.

Results. In group I, the anamnestic pregnancy was accompanied by a clinic of threatened abortion. In 3 women the pregnancy was terminated in the period of 11-12 weeks of pregnancy, in 8 women - in the period of 15-16 weeks, in 4 women - in the period of 18-19 weeks.

The analysis of blood results by ELISA revealed ureaplasma (86.6% in group I, 26.6% in group II), mycoplasma (80% in group I, 20% in group II), chlamydia (26.6% in group I, 6.6% in group II), herpes simplex virus (40% in group I, 6.6% in group II), papillomavirus (13.3% in group I, 0% in group II) and cytomegalovirus (6,6% in group I, 0% in group II).



In group I, the largest share of all infections is ureaplasma and mycoplasma (86.6% and 80%, respectively), as well as herpes simplex virus (40%). In group II, ureaplasma (26.6%) and mycoplasma (20%) also are the main infections. It should be noted that in first group almost all women have infections. And even 5 women have several infections at the same time. In the control group, only 4 women were found to have infections.

As a result of the analysis of ELISA to detect infections, we see that in groups I and II the first and second place is occupied by ureaplasma and mycoplasma, in group I the third place was taken by herpes simplex virus. But it should be noticed that ureaplasma and mycoplasma are opportunistic pathogens that have a symbiotic relationship with humans, but under certain conditions (reduction of the body's defenses) they can enter into a competitive relationship with the host and cause complications during pregnancy.

Conclusion. Thus, based on our data, we can assume that the detection of infection in pregnant women, play a negative role in pregnancy and can lead to miscarriage.

*Garima, Bhanu Pratap, Gradil O.G.*

## **MODERN ASPECTS OF TREATMENT OF BACTERIAL VAGINITIS**

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Introduction. Bacterial Vaginosis (BV) is an infection of the vagina, caused by an imbalance of the naturally occurring bacteria in the vagina.

The aim of the study:- know the epidemiology and risk factors of Bacterial Vaginosis. Understand its main symptoms and signs and its diagnostic evaluation. Be familiar with its treatment.

Method and material. We observed 25 patients who came to department with following clinical features:-vaginal odor - the most common, and often initial, symptom of bacterial Vaginosis (BV). In 19 patients, the odor may be recognized only after sexual



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