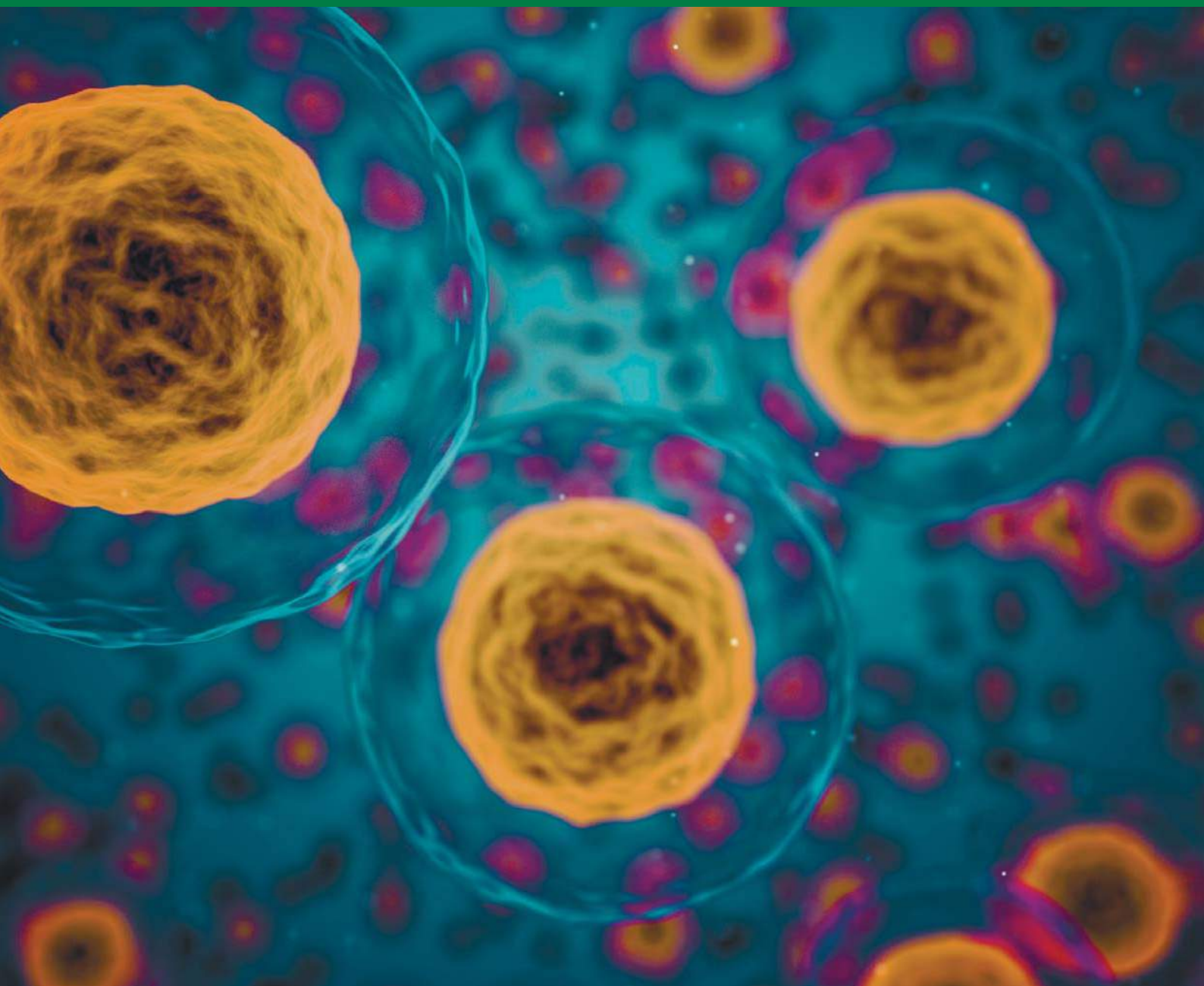
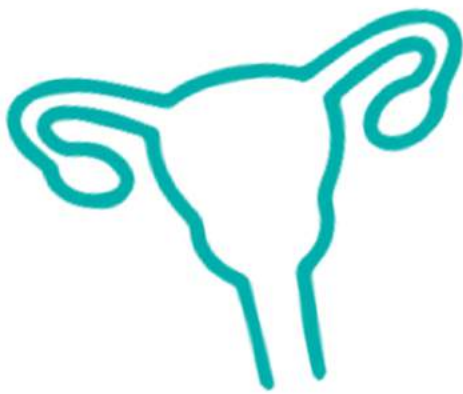


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**KHARKIV NATIONAL
MEDICAL UNIVERSITY**



OBSTETRICS & GYNECOLOGY





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A RISK ASSESSMENT OF ACUTE APPENDICITIS DURING AND POST-PARTUM PERIOD

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Introduction. The most common non-obstetric surgical emergency during pregnancy is acute appendicitis. From 24% in 1908 (Firstenberg MS. et al. 1908) to 5% in 1977,(Babaknia A. et al. 1977) the maternal mortality associated with acute appendicitis is now extremely rare; yet, after an appendectomy, both the woman and her unborn child face a high risk of morbidity (Miloudi N. et al, 2012) Wound infection, intestinal blockage, respiratory problems, preterm labour, and fetal mortality are all potential concerns. This risk persists even if an appendectomy results in a negative result, and pregnant women are more likely than non-pregnant women to have a complicated appendectomy because of diagnostic difficulties. Acute appendicitis in pregnancy is estimated to affect 1.8 to 41 women out of every 10,000 pregnancies, depending on the source, which include the risk of acute appendicitis during pregnancy, as well as the age-related implications of these risks, and all these are both poorly understood. The incidence of acute appendicitis after childbirth has not been studied in a population-based investigation.

However, certain study has being carried out to study and determine the rate of acute appendicitis of women of childbearing age studying the features of acute appendicitis in the ante- and post-partum period and compare that to how often women who are not pregnant were diagnosed with acute appendicitis.

The aim of our research was to assess the risk of potential acute appendicitis ante and post-partum of women before menopause as compared with women not pregnant of the same child-bearing age.

Materials and methods. This abstract is a review of scientific sources (40 articles) which were collected from online published articles and survey reports which obtained cohort and population control studies from research datalinks (Clinical Practice Research Datalink. Clinical practice research datalink. Available at: www.cprd.com).



Accessed April 23, 2014), revealing the statistics of pregnant women's risk of acute appendicitis and non-pregnant women of the same age-group.

Results. According to the study results, there were 1,624,804 women in total, of whom 274,116 (16.9%) gave birth at least once throughout the study's cohort period. Over the course of the research period, 362,219 pregnancies took place, with 99.4% of those leading to live births and only 0.6% to stillbirths. It was also shown that the absolute incidence of acute appendicitis in the antenatal and post-partum periods was 6.3-6.9 per 10,000 persons. After accounting for maternal age and the calendar year, acute appendicitis rates were 35% lower in the antepartum period than in the postpartum period. Shortly following childbirth, at the postpartum phase, acute appendicitis occurred at a rate that was comparable to that of women who were not pregnant. For females between the ages of 15 and 34, these ratios remained mostly unchanged. There was an 84% rise in the risk of acute appendicitis in postpartum women over the age of 35, according to the research.

It's worth noting that acute appendicitis rates were similar in the first and second trimesters (7.4 and 7.3 per 10,000 persons, respectively) but decreased in the third trimester (4.6 per 10,000 person). If you consider age and calendar year, the risk of acute appendicitis during pregnancy is 53% lower than when you are not pregnant. When the data was broken down by age, it became clear that women in their second and third trimesters (ages 15 to 24), women in their third trimester (ages 25 to 34), and women beyond the age of 35 had much reduced risks of acute appendicitis than those who were not pregnant.

Overall, acute appendicitis rates were found to be 10.2 per 10,000 person-years early in the postpartum period and 9.3 per 10,000 person-years later in the period. There was a significant increase in the risk of acute appendicitis in women over 35 years old, even if the risk of acute appendicitis was the same in the early and late postpartum periods compared to not being pregnant. The survey also found a reduction in acute appendicitis diagnoses of 35% in pregnant women during the antepartum period compared to non-pregnant women, with the lowest risk observed during third trimester. This is crucial to highlight. Also, among women between the ages of 15 and 34, there was no increased incidence of acute appendicitis in the post-partum period compared



to the time before pregnancy. However, the risk was nearly twofold higher among older women in the months following childbirth. (Zingone, Fabiana et al, 2015).

Conclusions. Pregnant women have a lower risk of acute appendicitis diagnosis than non-pregnant women, with the lowest risk observed during the third trimester, according to the findings obtained. Older women are also more likely to develop acute appendicitis post-partum, which is typically characterized by right lower abdominal pain and should be monitored closely by OB-GYN Specialists and other medical professionals. This is because acute appendicitis at post-partum is more common in older women.

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STUDY OF THE EFFECT OF EPIDURAL ANALGESIA DURING CHILDBIRTH

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It is well-known that the childbirth is a physiological process. At the same time, it is often accompanied by significant pain. Epidural anesthesia is the most popular and most used method which practice in maternity hospital for pain relief during labor. If a woman gives birth naturally, the most reliable way of pain relief is epidural analgesia. Epidural anesthesia is also popular in Ukraine, and it use in almost every maternity hospital. First of all this method has many advantages: Opportunity to make childbirth painless and comfortable, if childbirth is prolonged, a woman can even sleep after epidural anesthesia and anesthesiologist can control of the medication. The ability to control the dose of the drug and the amount has a positive effect on the birth of a child. By processing the information of the Cochrane database, epidural anesthesia was recognized as the most effective way to manage pain in comparison with inhalation anesthesia, opioid and non-opioid analgesics of systemic action, non-drug drugs. According to the material of a foreign magazine «National library of medicine» In 2007, a retrospective study was conducted in a maternity hospital in Europe. The aim of the study was to examine the effect of epidural analgesia during childbirth. A



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