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CORRECTION OF IMMUNOLOGICAL DISORDERS IN PATIENTS WITH HABITUAL MISCARRIAGE

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AIM

The aim of this study was to reduce reproductive losses by identifying features of immune status in HM and elaborate new methods of complex treatment of this disease.

INTRODUCTION

Protection of women reproductive function and the birth of a healthy child are important problems of modern obstetrics. Among this problems antenatal care in habitual miscarriage (HM) has great importance. The incidence of this abnormality varies from 10 to 25% of all pregnancies and is the cause of 75% of newborn morbidity. Significant success in the prevention and treatment of HM was achieved recently, but incidence of this disease tends to increase.

METHODS

Materials and methods. Immune status of 85 pregnant women with HM was studied. They were divided into 2 clinical groups depending on the treatment. I clinical group consists of 43 pregnant women with threatened miscarriage who underwent conventional therapy. II clinical group include of 42 pregnant women with threatened miscarriage who underwent combined therapy with extracted cells of placental tissue (ECPT). The levels IgG, IgM, B- and T- lymphocytes, circulating immune complexes, neutrophils phagocytic activity in serum blood were examined in the study. Women with antiphospholipid syndrome, genetic abnormalities, hyperhomocysteinemia, sexual apparatus abnormalities, infectious diseases were not included into the studied groups

RESULTS

Levels of IgG in women of gr. I increased to 9,44 g/l, while in the gr. II they grew up to 9,56 g/l ($p < 0,05$) after 2 weeks of treatment. Level of IgM in the gr. I grew up to 0,79 g/l, in gr. II to 0,83 g/l. Level of B-lymphocytes (CD22+) in the gr. I elevated from 11,2% to 16,4%, while in the gr. II – from 14,1% to 48,2% ($p < 0,05$). The level of T-suppressors (CD8+) grew more sharply in the gr. II ($21,7 \pm 1,3\%$ - $31,3 \pm 1,2\%$), compared to the gr. I – ($22,1 \pm 0,6\%$ - $26,4 \pm 0,9\%$). Number of T-helper cells (CD4+) decreased in gr. II – ($36,0 \pm 1,5\%$ - $24,5 \pm 0,7\%$), while in the gr. I – ($34,5 \pm 1,4\%$ - $27,4 \pm 0,7\%$) ($p < 0,05$). The best results among women with the threatened of miscarriage were in the group of patients who were administered ECPT before the treatment. Term delivery were observed in 38 women of gr. II and in 29 women of gr. I. Preterm birth was noted in 4 women of gr. I, and in 2 women of gr. II ($p < 0,05$). Pregnancy ended with miscarriage in 10 women in the gr. I, and in the gr. II – only in 2 cases.

CONCLUSION

The evidence of active immune correcting effect of the ECPT is more conspicuous stabilization of most indicators of neutrophils phagocytic activity in women complex treatment compared to patients, that received conventional therapy of threatened abortion. Using of ECPT in the complex treatment of HM has a strong immune correcting action that promotes prolongation of pregnancy and can significantly reduce the number of complications during pregnancy and improve birth outcomes, indicating it's high efficiency (90.5%) compared with conventional therapy (67.4%) .