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ЗБІРНИК ТЕЗ



mental health, a more pronounced decrease in the scale of the mental component was observed in students with PCOS. A significant decrease was observed in the indicators of the scale “Vitality” by 15%, “Social function” by 17%, respectively, with healthy students ($p < 0.05$).

Conclusions: Thus, it can be concluded that PCOS can have a significant negative impact on the mental health of women and reduce the quality of life.

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SOME MANIFESTATIONS OF CEREBROVASCULAR DISEASES IN PREGNANT WOMEN

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Introduction: According to some studies and data provided by PubMed.gov on Cerebrovascular Disease (CVD) during pregnancy, it was found that, preeclampsia has a burden of around 10 million cases annually, appear not only during pregnancy, but also in the postpartum period. In a study including 251 women, 56 experienced hypertensive disorder in 3rd trimester, one-third of which experienced preeclampsia. So we need to understand clearly about the blood pressure fluctuations in a pregnant women and other changes. In a study based on Germany, including 647,392 pregnant women in 2006, around 2.31% of them were preeclampsia patient.

Aim: The purpose of the work is to study the scientific literature to determine some significant manifestations of cerebrovascular disorders in pregnant women.

Materials and methods: To study this goal, 120 pregnant women were examined. The gold standard for determining the manifestation of cerebrovascular disorders is to check blood pressure with a mercury (Hg) calibrated sphygmomanometer.

Results: Pregnancy is one of the most intensive, yet delicate phase in a women’s life, and so is CVD. The body undergoes a lot of changes; majorly hormonal, placental, blood pressure fluctuations. It is very important to keep the blood pressure (BP) under control. Preeclampsia is a serious health problem for women around the world. It



affects 2 to 8 percent of pregnancies worldwide (2 to 8 in 100). Hypertension in Pregnancy which escalates to Preeclampsia is the most commonly seen CVD abnormality in pregnant women. According the above mention studies and data corresponding to it, it is demonstrated that overnight dipping of BP in the 2nd trimester was a strong indication of upcoming Pregnancy Induced Hypertension and maybe Preeclampsia further. Acute cerebrovascular disorders, including posterior reversible encephalopathy syndrome (PRES), reversible cerebral vasoconstriction syndrome (RCVS), ischemic and hemorrhagic stroke, and cerebral venous sinus thrombosis (CVST) are severe complications of preeclampsia that can result in permanent maternal disability or death, so it needs to be managed timely and precisely. According to journals, the risk of acute cerebrovascular disease in pregnancies complicated by preeclampsia is as high as 1 in 500 deliveries; by comparison, the overall risk of pregnancy-related acute cerebrovascular disease is ≈ 30 per 100 000 deliveries. We also need a detail screening and understanding of the patient about hypertension. If it is pregnancy induced, or chronic or something else. So it is important to note, it is a case of hypertension during pregnancy, only when we confirm that the hypertension induced after around 20 weeks of gestation period and was normal before pregnancy.

According to various studies and evidences, it is accepted that the 5th Korotkoff sound to identify diastolic blood pressure in pregnancy, and during hypertension diagnosis overall. To differentiate chronic hypertension, we should have a data of blood pressure of the patient in the first 20 weeks of pregnancy, if the mother has Hypertension during the first 20 weeks, it is not hypertension during pregnancy, it is rather a case of Chronic Hypertension, which should be maintained, and will remain slightly hypertensive even after 12 weeks of delivery. But with chronic hypertension we should consider keeping the BP within a safe range.

Usually BP above 140/90, or just diastolic >140 or just systolic > 90 (e.g. 146/88, or 138/96), after two consecutive checks, 4 hour apart is considered hypertensive.

Additionally, we should do a Proteinuria check using Dip-Stick (dip the tester in urine) if we see hypertension after 20 weeks of pregnancy. If it is more than, or equal to +1, and urine protein and creatinine ratio is more than or equal to 0.3, it is a case of



Preeclampsia. If proteinuria is absent and there is absent of any sign of end organ damage, it is Gestational hypertension.

It is also important to consider that the blood pressure lowers in the mother's body during the second trimester. It usually results as more blood being rerouted to the fetus, or because of blood vessels expansion to accommodate more blood, and/or, because of sitting or lying down in the same position for prolonged time.

Summary: An increase in blood pressure from early pregnancy indicates the development of preeclampsia and may be a predictor of cerebrovascular disorders.

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**ОСОБЛИВОСТІ ПРЕГРАВІДАРНОЇ ПІДГОТОВКИ ЖІНОК
ГРУПИ ВИСОКОГО РИЗИКУ ЩОДО РОЗВИТКУ
ПЕРЕКЛАМПСІЇ**

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Актуальність. Преєклампсія – складне захворювання, яке розвивається під час вагітності, значно ускладнює її перебіг та може негативно впливати на стан внутрішньоутробного плода та новонародженого. Мета сучасної медицини – виділити групу пацієток з ризиком розвитку цієї патології, що дасть змогу попередити її розвиток. Тому жінки групи ризику потребують надмірної уваги й особливої преєгравідарної підготовки.

Мета. Визначити особливості преєгравідарної підготовки жінок групи ризику щодо розвитку преєклампсії під час вагітності.

Матеріали та методи. Проведено огляд 10 вітчизняних та 2 закордонних літературних джерел, що входять до наукометричних баз світу.

Результати та їх обговорення. Пацієнткам групи ризику слід пройти повне клініко-лабораторне обстеження в суміжних спеціалістів. Це обстеження має включати клінічні та біохімічні методи дослідження, крім того необхідно визначити печінкові проби, коагулограму, глікемічний профіль, дослідити