



PREVENTION OF COMPLICATIONS IN PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS

D.R. Khudoyarova

DcS, Department of Obstetrics and Gynecology №1 Samarkand State Medical University, Samarkand, Uzbekistan

Z. A. Shopulotova

ass. Department of Obstetrics and Gynecology №1 Samarkand State Medical University, Samarkand, Uzbekistan

Z.M. Solieva

intern. Department of Obstetrics and Gynecology №1 Samarkand State Medical University, Samarkand, Uzbekistan

ARTICLE INFO

Qabul qilindi: 25- Aprel 2023 yil

Ma'qullandi: 28-Aprel 2023 yil

Nashr qilindi: 05-May 2023 yil

KEY WORDS

chronic pyelonephritis, urinary outflow disorder, pregnant women, pregnancy complications, disease exacerbations, extragenital diseases.

ABSTRACT

The thesis presents brief data on the study conducted in the SamSMU multidisciplinary clinic for 30 pregnant women with chronic pyelonephritis. The frequency and structure of complications were revealed, in the course of studying the data, recommendations were given for the prevention of complications of both the disease itself and pregnancy.

Purpose of the study. Prevention of complications of pregnancy and the underlying disease in pregnant women with chronic pyelonephritis.

Materials and methods. 30 pregnant women with chronic pyelonephritis from the second trimester of pregnancy were examined, data on the first trimester were examined on the basis of outpatient pregnancy records. The study was conducted in the obstetric department of the first multidisciplinary clinic of the Samarkand Medical University for 2021-2022. The age of the patients varied from 20 to 35 years, averaging 26.8 ± 1.2 . In pregnant women under 30, primigravida predominated, accounting for 66.7%.

During the study, the complaints of patients, the duration and nature of chronic pyelonephritis were studied, a detailed analysis of the anamnesis of life, gynecological and obstetric data was carried out, to identify comorbidity factors, general clinical and laboratory examinations were also used (general blood count, general urinalysis, flora smear, Nechiparenko test), biochemical analysis of blood, instrumental methods of research included ECG, ultrasound, echocardiography.

Results and discussion. All women had chronic pyelonephritis before pregnancy, which was the criterion for their inclusion in the study. In 26.7%, chronic pyelonephritis had a duration of more than 2 years, with exacerbations every 6-8 months, as a result of which they received periodic treatment. In 13 women (43.3%), this process did not proceed noticeably for them and did not worsen during the year, although according to the ultrasound examination, there are pyelectasis and calculi, and a general urine test shows the presence of inflammatory phenomena.

When studying the complaints of patients admitted in the second trimester of pregnancy, there were all signs of exacerbation of chronic pyelonephritis - back pain, malaise, fever, weakness.

The general analysis of urine revealed the presence of leukocytes, salts, epithelium in large quantities. 30% had protein in the urine, erythrocyturia was observed in 10%.

A general blood test revealed the presence of anemia in 60% of patients, only 3 (10%) patients had an increased ESR. Coagulation parameters and biochemical analysis showed no significant deviations from the norm.

On ultrasound examination of the kidneys, all patients during the exacerbation had pyelectasis, 40% had hydronephrosis of 1-2 degrees, and there was also uterine hypertonicity in all patients. When analyzing the condition of the fetus, tachycardia was detected in 30% of patients, fetal growth retardation syndrome was detected in 6.7%, disorders in the fetoplacental system were registered in 43.3% of women.

On the ECG, 83.3% of patients had dystrophic changes in the heart, 26.7% had left ventricular hypertrophy with ST segment elevation. In these patients, changes in echocardiography were determined in the form of an increase in ejection fraction, a weakening of the muscle tone of the heart.

According to the observation, the course of pregnancy was complicated in 36.7% of women in the first trimester in the form of early toxicosis from 5-6 weeks of pregnancy, 43.3% worsened in the second trimester. Pregnant women often faced the threat of termination of pregnancy in the I and II trimester in 40% of cases.

The course of pregnancy in women with renal pathology was complicated by hemodynamic disorders in the form of toxicosis of pregnant women (36.7%), symptomatic arterial hypertension (36.7%), preeclampsia (63.3%), NCD (53.3%), heart failure of various severity (13.3%), often mild.

Renal and cardiovascular pathology contributes to the formation of subcompensated or decompensated forms of placental insufficiency, as evidenced by intrauterine growth retardation in children, as well as Doppler data of fetoplacental blood flow. In addition, it can be argued that chronic pyelonephritis and its exacerbations lead to comorbid conditions. What prompts us to study methods of prevention of these phenomena.

The choice of drugs and the scheme of their appointment is carried out individually, depending on the complaints of the pregnant woman, the type of pathology, hemodynamic disorders and the course of pregnancy. In order to improve the general condition and prevent comorbidity, all patients after the elimination of the acute process were prescribed ozone therapy, vitamin therapy with the inclusion of B vitamins, magnesium preparations, in addition, pregnant women had a general urine test every 2 weeks and, if abnormalities were detected, ultrasound was prescribed. In the presence of changes in ultrasound - dopplerometry, the patients were prescribed a diet with a decrease in salts and fatty foods, increased water load and immunomodulatory therapy to prevent infectious complications. Sanitation of chronic foci of infections was also prescribed.

CONCLUSIONS. Thus, pregnant women with chronic pyelonephritis are at high risk of complications during pregnancy and the postpartum period, and they also often experience comorbidity. The management of this group of pregnant women requires hospitalization for

the treatment of acute processes and rehabilitation after them to prevent complications and comorbid conditions.

To reduce complications and the frequency of comorbid events, complex treatment of pregnant women with pyelonephritis is necessary, taking into account individual characteristics, early detection and proper family planning. In addition, the use of vitamin therapy, immunomodulatory therapy and healthy lifestyle rules helps to improve the general condition of patients and prevent comorbidity.

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