

EVALUATION OF PREGNANCY AND PLACENTA FUNCTIONAL STATE IN THE BACKGROUND OF CHRONIC VIRAL HEPATITIS B AND C

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Introduction: Currently, chronic viral hepatitis is one of the most important problems in the field of health care, and among the nosological forms, hepatitis B and C are especially relevant. Hepatitis B and C infection is more common among young people, which is associated with its parenteral, sexual, and vertical transmission. Also, pregnant women infected with chronic viral hepatitis B and C have a higher incidence of complications of the gestational period, such as miscarriage, premature birth, gestosis, labor and postpartum bleeding. The cause of these complications is the violation of local and general immunity due to the virus and damage to placental tissue with the development of endotheliopathy, as well as a decrease in the compensatory-adaptive mechanisms of the liver during pregnancy.

Objective: To study the characteristics of pregnancy and the state of the placenta in women with chronic viral hepatitis B and C. **Materials and methods:** In our study, 220 birth histories with a diagnosis of viral hepatitis were retrospectively analyzed during 2023-2024. During their study, 2 study groups were formed. Group 1 (n=86) consisted of pregnant women infected with chronic viral hepatitis B, and group 2 (n=132) consisted of pregnant women with chronic viral hepatitis C. Mixed infection - pregnant women with chronic viral hepatitis B and C - was found in 2 cases. The study was conducted at the 9th Interdistrict Perinatal Center. The control group consisted of 100 gestational periods and birth histories of pregnant women with uncomplicated childbirth.

Results: The age of pregnant women ranged from 17 to 42, with an average of 28.5 ± 2.7 . Most women in the main groups had pregnancy complications. The risk of miscarriage was 41/86 (47.6%) in group 1; 64/132 (48.4%) in group 2; 20/100 (20%) in the control group. Preeclampsia was 40/86 (46.5%) in group 1; 58/132 (43.9%) in group 2; 14/100 (14%) in the control group. Fetoplacental insufficiency was 42/86 (48.8%) in group 1; 68/132 (51.5%) in group 2; 11/100 (11%) in the control group. Fetal hypoxia was 27/86 (31.3%) in group 1; 47/132 (35.6%) in group 2; 12/100 (12%) in the control group. Fetal growth retardation syndrome was 13/86 (15.1%) in group 1; 22/132 (16.6%) in group 2; 0/100 (0%) in the control group.

When analyzing the results of the study, it was found that almost every second pregnant woman with viral hepatitis had a risk of miscarriage, which was twice as high as in the comparison group ($p < 0.001$). As a result of the statistical study, it was found that the most common and severe complication in pregnant women with viral hepatitis was gestosis. In the main group, this complication was 3.2 times more common ($p < 0.001$) than in the comparison group and was characterized by severe course. Placental insufficiency leading to fetal hypoxia was found in 33.9% of cases in the main group, and fetal growth retardation syndrome was found in 16% of cases, and it was found to be significantly more common than in the comparison group ($p < 0.001$).

Conclusion: Chronic viral hepatitis B and C have a negative impact on the course of pregnancy, labor and fetal development. In this category of pregnant women, the most common complications are gestosis, threatened miscarriage, and placental insufficiency. Pregnant women with viral hepatitis B and C develop impaired uteroplacental circulation, which leads to changes in placental function and permeability.

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