

TO DETERMINE THE INTERACTION OF MISCARRIAGE WITH ANTIPHOSPHOLIPIDS IN THE BLOOD

Akhtamova Ozoda Fozilovna

Ass. Samarkand State Medical University, Samarkand, Uzbekistan

Khudoyarova Dildora Rahimovna

DcS. Samarkand State Medical University, Samarkand, Uzbekistan

Annotation

This article provides information on the effects of antiphospholipid syndrome on miscarriage. The study was conducted at Clinic No. 1 of Samarkand State Medical University. In 2021, 20 women diagnosed with antiphospholipid syndrome were screened. The study examined the complications that occur in pregnant women with this syndrome, in particular the incidence and risk of miscarriage.

Keywords: miscarriage, pregnancy, antiphospholipid syndrome (AFS), antiphospholipid antibodies (AFA), vascular factor, thrombosis.

Relevance

Antiphospholipid syndrome (AFS), as immune thrombophilia, is the cause of abortion in 40–60% of cases [1, 6]. The effect of antiphospholipid antibodies (AFA) on the hemostasis system during late pregnancy is manifested in platelet hyperaggregation, inappropriate gestational hypercoagulation, clinically vascular microthrombosis and placental infarction, as well as vasculopathy with placental decidual tissue occlusion [2, 5, 8].

According to the latest WHO data, approximately 65–70% of miscarriages are associated with impaired immune mechanisms that ensure normal egg fertilization, implantation and placentation, trophoblast penetration, and subsequent pregnancy development [3, 4, 7].

Purpose of Research

To obtain complications of this syndrome by studying the risk and conditions of miscarriage in pregnant women with AFS.





Research Materials and Methods

The study was conducted in 2021 in the obstetrics and gynecology departments of the Clinic No. 1 of SamSU. The study included 20 pregnant women diagnosed with AFS.

The women underwent laboratory tests for total blood and urine tests, blood biochemical analysis, blood clotting factors, IFA analysis to determine the amount of antiphospholipid antibodies. Instrumental methods used fetal dopplerography.

Research Results

Patients ranged in age from 18 to 36 and averaged 25.2 ± 1.4 years. All patients had a history of miscarriage. In the majority of patients (85%), miscarriage was observed in the early stages of pregnancy, ie up to 12 weeks. In the remaining patients, the miscarriage occurred at 13-14 weeks. According to the anamnesis, none of the patients had genital anomalies, genital tumors, isthmic-cervical insufficiency, severe preeclampsia or eclampsia, blood diseases. These indicators were accepted as criteria for exclusion from the study.

All women (100%) had anemia, with mild anemia observed in only 15%, moderate anemia in most patients (50%), and severe anemia in 35%. The mean hemoglobin level in the patients was 64.7 ± 7.3 .

No significant changes were detected in the biochemical analysis of the blood. However, the total protein content in the patients was below the lower limit of the norm. Blood coagulation factors were above normal, and all pregnant women had thick blood. According to Sukharev, the average clotting time was 45.2 ± 12.9 seconds. Because of the high incidence of thrombosis in patients, patients were receiving low-dose heparin.

Patients reported a 1.5–2-fold increase in antiphospholipid antibodies after previous pregnancies. Fatigue and weakness were observed in all patients. Toxicity was present in 65% of women, most of whom were rated as moderately severe.

In women, an increased risk of miscarriage and uterine tone was observed in 90% of cases. These women received standard treatment. In 25% of women, the general condition improved after plasmapheresis and the risk of miscarriage disappeared. These patients were responded to after 7 days of treatment and were monitored on an outpatient basis. Despite all efforts, spontaneous abortion was observed in 15% of cases (in 3 women), and in 33.3% of cases a medical abortion was performed due to fetal malformation.



Conclusion

Based on the above, we can say that AFS is one of the causes of miscarriage and its share in the composition of this pathology has a tendency to increase. In our study, drug abortion was performed in 15% of cases due to spontaneous abortion and in 33.3% due to fetal developmental delay. This indicates the need to improve the diagnosis and treatment of AFS.

References

1. Амриева Д. Х. и др. Антифосфолипидный синдром как причина невынашивания беременности //Международный журнал прикладных и фундаментальных исследований. – 2019. – №. 8. – С. 100-103.
2. Гончарова А. А. и др. Антифосфолипидный синдром в акушерской практике //Мать и дитя в Кузбассе. – 2018. – №. 1.
3. Гри Ж. К. и др. Антифосфолипидный синдром и беременность //Акушерство и гинекология. – 2018. – №. 10. – С. 5-11.
4. Ибрагимов Б. Ф. и др. Новые Веяния В Оптимизации Комплексного Лечения Бесплодия При Синдроме Поликистозных Яичников //Актуальные вопросы современной медицины. – 2021. – С. 6-10.
5. Макаренко Е. В. Антифосфолипидный синдром //Проблемы здоровья и экологии. – 2017. – №. 4 (54).
6. Решетняк Татьяна Магомедалиевна Антифосфолипидный синдром: диагностика и клинические проявления (лекция) // Научно-практическая ревматология. 2014. №1. URL: <https://cyberleninka.ru/article/n/antifosfolipidnyy-sindrom-diaagnostika-i-klinicheskie-proyavleniya-lektsiya> (дата обращения: 11.04.2022).
7. Суярова З. С., Худоярова Д. Р. Ведение беременности и родов при идиопатической тромбоцитопенической пурпурой //Достижения науки и образования. – 2019. – №. 12 (53). – С. 41-46.
8. Makacarija AD, Bicadze VO, Akin'shina SV. Thrombosis and thromboembolism in the obstetric-gynecological clinic. Molecular genetic mechanisms and strategy for the prevention of thromboembolic complications: a guide for physicians. M.: MIA, 2007. 1059 p. Russian (Мака-цария А.Д., Бицадзе В.О., Акинъшина С.В. Тромбозы и тромбоемболии в акушерско-гинекологической клинике. Молекулярно-гене-тические механизмы и стратегия профилактики тромбоемболических осложнений: руководство для врачей. М.: МИА, 2007. 1059 с.