



GESTATIONAL PYELONEPHRITIS AND ITS COURSE

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Abstract

The article analyzes the data of patients with gestational pyelonephritis in the Samarkand region. For 2020-2022, 35 pregnant women with gestational pyelonephritis were studied in the perinatal center of the city of Samarkand. The study revealed changes in pregnant women and fetuses, identified risk factors for the development of chronic pyelonephritis.

Keywords: pyelonephritis, pregnancy, gestational pyelonephritis, complications, changes in blood counts, hemostasiogram.

Relevance

Pyelonephritis has a negative effect on the course of pregnancy and the condition of the fetus, which is manifested in the risk of miscarriage, premature birth, placental insufficiency, fetal hypoxia, intrauterine infection, preeclampsia and a complicated course of the adaptation period (V.V. Iremashvili, 2007 ; L. E. Nicolle, 2008; K. Shea et al., 2008; A. J. Schaeffer et al., 2010).

In pyelonephritis, the pathogenic factor that affects the chronic stage of inflammation loses its leading role, the processes affecting the change in the rheological properties of blood and microcirculation play an important role, which leads to the development of a chronic condition. comes - the causes of this disease are a risk factor for the mother and the fetus, leading to perinatal losses [I.G. Nikolskaya et al., 2007].



Patients with acute pyelonephritis have significant changes in the hemostasis system, clinical and laboratory parameters. The above changes increase during the transition from the serous stage to the purulent stage of kidney inflammation (I.E. Tareeva et al., 2010).

The study of the interaction between this pathology and pregnancy is important due to the high percentage of obstetric complications, negative perinatal consequences and serious diseases in newborns, which emphasize the medical and socio-economic importance of the problem (V.V. Iremashvili, 2007; L.E. Nicolle, 2008; K. Shea et al., 2008; A. J. Schaeffer et al., 2010). In chronic pyelonephritis, pregnancy is complicated by iron deficiency anemia (35-70%), premature termination of pregnancy at various times (15-20%), chronic placental insufficiency (30-35%), preeclampsia (35-70%). 30-40% causes complications such as chronic hypoxia of the uterus (30-40%), fetal infection (20-30%) and growth retardation (12-15%) (I.G. Nikolskaya et al., 2007). In the background of chronic pyelonephritis, the adaptation ability of newborns is significantly impaired and the risk of early neonatal death increases (L.E. Nicolle, 2008; K. Shea et al., 2008).

Materials and Methods

In the Samarkand Perinatal Center for 2020-2022, 35 pregnant women with gestational pyelonephritis were studied. The control group consisted of 40 women with normal pregnancy. The study used general clinical and laboratory methods of examination (general blood count, general urinalysis, flora smear, hemostasiogram parameters), instrumental methods used ultrasound examination of the kidneys, fetus and fetoplacental system.

Results

Most women with GP are 25-27 years old (35.6%). The average age of pregnant women with GP is 25.8 ± 0.5 years. The number of pregnant women of late reproductive age with GP prevailed compared to the control group. Patients in the main group had relevant symptoms of pyelonephritis, most complained of pain in the lower back, pain or unconsciousness during urination, nocturnal urination, 7 pregnant women (7.8%) with relevant symptoms of pyelonephritis had temperature An increase to 38-38.5 degrees was noted. The interval between the previous and the current pregnancy was 1 year - 24.4%, in the last years, rebirths were recorded in 11.1%, with an intergravid period not exceeding 1 year.



The analysis of research results showed that during pregnancy (8-12 weeks) pregnant women suffering from GP do not significantly deteriorate the nitrogen excretion function of the kidneys, which is confirmed by the absence of significant changes compared to healthy kidneys. Some impairment of renal function is evidenced by the data on the decrease in creatinine clearance, which was slightly lower than the control data in patients with GP - 5.9% ($P > 0.05$). In a study of pregnant women with GP using the Nechiporenko method, a high leukocyte count was 4.8-5.1 10^3 per 1 ml, proteinuria - 0.23-0.25 g / l, bacteriuria - 50 to 100 and more than a thousand bacteria were identified.

But the picture worsens much when the gestational age increases. From the second trimester, the overall picture of the disease worsens, in women of the main group there were complaints of pyelonephritis 2 times more often, a worsening of the laboratory picture was observed in every third of the patients from the main group. In the control group, no pathologies of the renal system were observed in the second trimester.

Also, all frequent attacks of pyelonephritis occurred in women in the third trimester, in this period, pyelonephritis in women of the main group had all (100%), while in the control group, pyelonephritis occurred only in 7.5% of women due to compression of the ureters and compression of the kidneys of the pregnant woman.

Conclusions

Based on the data, it can be concluded that the second and third trimesters of pregnancy show more signs of gestational pyelonephritis. These complications aggravate the course of pregnancy for both the mother and the fetus.

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