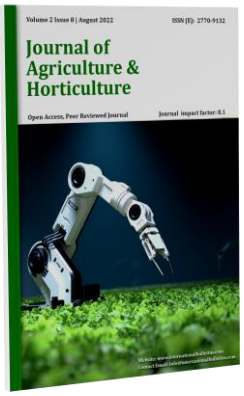

FEATURES OF PATHOGENESIS AND OPTIMIZATION OF PREVENTION AND METHODS OF INTENSIVE CARE OF COMPLICATIONS IN PREGNANT WOMEN WITH CHRONIC DIC SYNDROME

Abdirashidova Gulnoza Ablakulovna
Bakiyev Shavkatbek Sherzodovich
Department of Pathophysiology, Samarkand State Medical Universiti, Samarkand, Republic of Uzbekistan
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Abstrakt. One of the main tasks of health authorities and institutions is the prevention and reduction in maternal and infant mortality, as these indicators have medical - social significance and determine the level development of society and health care.

Thrombohemorrhagic complications are a constant companion of any obstetric - gynecological pathology, such as severe forms of preeclampsia , septic conditions, cardiovascular diseases, anemia, etc., and largely determine the course and outcome of pregnancy and childbirth.

Identification of the causes of thrombohemorrhagic complications, understanding of pathogenesis, choice rational diagnostics in urgent and clinical situations, optimal tactics of intensive care, clarification of the timing of surgical or conservative treatment, anesthetic management - even this incomplete list gives an idea of the complexity and importance of this problem in the obstetrics and gynecology clinic.

At the same time, the significance of thrombohemorrhagic manifestations of critical conditions in the obstetric clinic is still extremely insufficiently studied . In particular, clinical manifestations characteristic of DIC (hemocoagulation shock, acute respiratory distress syndrome (ARDS), multiple organ failure syndrome (MODS)), clinicians usually are associated with the course of the underlying disease, or are considered separately, as independent, not united by a common pathogenesis, which makes it difficult to diagnose and treat this pathology in a timely manner [3,4,7].

Key words: DIC, pregnancy, platelet index, prothrombin time, complications

Purpose: The purpose of our study is to develop preventive methods of intensive care, providing safe delivery in women with chronic DIC and thus have a beneficial effect on the condition of the mother and fetus.

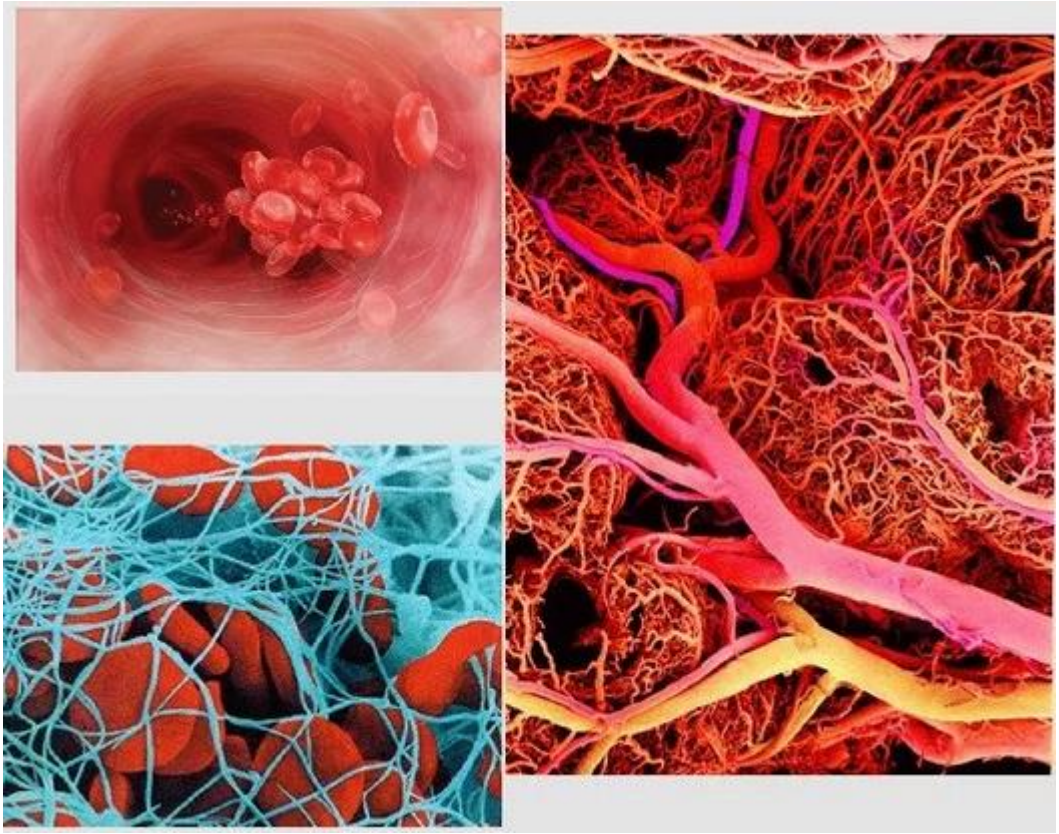
Introduction. It should be especially noted that in everyday practice of intensive care thrombohemorrhagic manifestations of critical conditions in obstetrics are the result of not only DIC, but also other pathologies of hemostasis (congenital and acquired thrombophilia, von Willebrand's disease, K-vitamin-dependent coagulopathy, dysfibrinemia, hemodilution coagulopathy, thrombocytopathy, etc.).

Therefore, the situational approach to diagnosis and empiric treatment cannot be considered acceptable at present. There is also no doubt that, to date, they remain quite controversial and debatable opinions on the classification structure of DIC-syndrome in urgent and clinical situations, as well as its differentiation with other coagulopathies in critical situations in obstetrics and gynecology clinic [1,5,6].

We also have to state that the methods of correctional and substitution therapy for DIC syndrome have not been unified. Require further practical study of indications, optimal options for monitoring, routes of administration and dosage of various types of heparin.

In our opinion, further confirmation of the validity and dosage of the use of cryoprecipitate, IV generation thrombolytics is required in the correction of hemostasis disorders in obstetric clinic [2,3].

DIC, being one of the main causes of multiple organ failure, largely determines the outcome of the disease, and the treatment of this syndrome is a difficult task and is not always successful. The development of issues of prevention, intensive care of DIC is in the center of attention of obstetrician-gynecologists and anesthesiologists-resuscitators. Timely started complex intensive therapy and preventive measures based on the individual choice of hemodynamic support, agents that affect the hemostatic system allow for the removal of patients from a critical state.



Given the above, it is advisable to develop an optimal regimen for intensive care and prevention of DIC, which is very important for reducing maternal and perinatal mortality.

Thus, the development of methods for the prevention and intensive care of DIC in obstetrics and gynecology is relevant problem requiring new solutions.

Materials and methods. We examined 45 pregnant women in the clinic of SamMI in the intensive care unit and the maternity complex with diagnosis of varying degrees of preeclampsia with concomitant chronic DIC. All patients were divided into two groups: the first (main) group - 23 patients, the second (control) group - 22 patients. All pregnant women received intensive care including β - blockers (atenalol, bisoprolol, metaprolol), antagonists Ca (nifedipine, amlodipine, corinfar), magnesium therapy, if necessary, neurometabolic protection, also infusion therapy (refortan, stabizol, etc.). Pregnant first (primary) The groups received ASA and heparin in the intensive care complex.

All patients were examined according to the standards: complete blood count, clinical and biochemical blood tests, including blood clotting according to Sukharev, PTI and PTT, coagulogram , hematocrit, total protein blood, blood urea and creatinine, liver enzymes (ALT, AST), etc.; general analysis urine (especially protein); ECG and EchoEG , ultrasound of the fetus and internal organs of the mother; hemodynamic parameters (BP, heart rate, pulse); inspection specialists: neuropathologist, therapist, ophthalmologist; All patients showed a decrease in platelets by 44%, decrease in PTI by 47%, prolongation of PTT, clotting time, increase in Ht values by 27%.

Fibrinogen level at the end of the third trimester increases by 20-30% (in comparison with the average standard values), and the increase the number of factors that make up the external the way of activation of blood coagulation is insignificant, as evidenced by the data of the prothrombin complex (PTI on average 100-110%).

Despite the increased activity of the main procoagulants during physiological pregnancy, pathological activation of hemostasis is not is revealed - this is achieved as a result of balanced and compensated work all links of the hemostasis system, which is a unique feature during pregnancy.

Thus, physiological changes in system of hemostasis are manifestations of the general circulatory adaptation of the body of a pregnant woman to the gestational process, which contributes to effective hemostasis, however, these physiological changes create a background for the disruption of adaptive mechanisms in any critical situation during pregnancy and childbirth.

Results: In all pregnant women, the coagulogram was studied in stages: prenatal , day 1, day 3 and day 5. According to literature and our studies in the III trimester during physiological pregnancy, there is an increase in the total activity of blood coagulation factors that make up the internal pathway for activating hemostasis - VIII, IX, X, XI, XII.

This confirms the fact of increased activity coagulation link of hemostasis and thrombinemia.

In the vascular - platelet link of hemostasis there is an increase in the aggregation ability of platelets by 20 - 30%, with their normal number.

Discussion. All patients underwent planned abdominal delivery. Patients of the main group did not experience any significant changes in the blood coagulogram, bleeding and the development of complications requiring transfusion of FFP, blood, HES solutions. In 6 patients (26%) during and operation, the clotting time was extended by 34%, the rest of the patients did not change. In the time of surgery and in the early postoperative no complications were observed during the period. In patients of the control group, on the background of hypotonic bleeding, there were significant changes in the coagulogram and the development of complications required the use of FFP, HES solutions, protease inhibitors, blood transfusion. In 2 patients (12%), due to the development of DIC, the volume of surgical intervention extended by hysterectomy.

Conclusion. The use of ASA and heparin in the intensive care complex reduces the risk of fatal complications. DIC - syndrome in risk groups of pregnant women, as well as improves maternal quality of life and fetal condition.

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