



GESTATIONAL PYELONEPHRITIS ACCORDING TO SAMARKAND INDICATORS

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ABSTRACT

In pyelonephritis, the pathogenic factor affecting the chronic stage of inflammation loses its leading role; processes that influence changes in the rheological properties of blood and microcirculation play an important role, which leads to the development of a chronic condition. occurs - the causes of this disease are a risk factor for the mother and fetus, leading to perinatal losses.

In patients with acute pyelonephritis, significant changes are observed in the hemostatic system, clinical and laboratory parameters. The above changes intensify during the transition from the serous stage of kidney inflammation to the purulent stage.

KEYWORDS

Samarkand, gestational pyelonephritis, complications, clinic, nephrostomy, retrospective analysis.

INTRODUCTION

Among pregnant women, the first place among somatic pathologies is occupied by chronic pyelonephritis (48-54%). Pyelonephritis has a negative impact 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, gestosis and a complicated course of the adaptation period [1, 7, 15].

In pyelonephritis, the pathogenic factor affecting the chronic stage of inflammation loses its leading role; processes that influence changes in the rheological properties of blood and microcirculation play an important role, which leads to the development of a chronic condition. occurs - the causes of this disease are a risk factor for the mother and fetus, leading to perinatal losses.

The study of the interaction between general practitioners and pregnancy is relevant due to the high percentage of obstetric complications, negative perinatal outcomes and severe diseases in newborns, which emphasizes the medical and socio-economic significance of the problem. In chronic pyelonephritis, the course of pregnancy is complicated by iron deficiency anemia (35-70%), premature termination of pregnancy at various times (15-20%), chronic placental insufficiency (30-35%), gestosis (35-70%). In 30-40% of cases, complications such as chronic uterine hypoxia (30-40%), infection of the fetus (20-30%) and growth retardation (12-15%) occur. Against the background of chronic pyelonephritis, the adaptive abilities of newborns significantly deteriorate and the risk of early neonatal mortality increases [15, 17].

Goal. Studying the features of the clinical and laboratory picture of gestational pyelonephritis in the conditions of the Samarkand region.

METHODS

To achieve the set goal and fulfill the assigned tasks during 2022, the data of 55 pregnant women and their newborns who applied to the perinatal center of the city of Samarkand on the basis of the Department of Obstetrics and Gynecology No. 1 of SamSMU were studied. The women examined during the study were divided into 2 groups: the main group - 35 pregnant women with gestational pyelonephritis (GP) and the control group - 20 apparently healthy pregnant women.

Examination of pregnant women includes: determination of clinical and anamnestic features of the pregnancy process, laboratory diagnosis of inflammatory pathology of the kidneys, examination of the kidneys and pelvic organs, as well as the condition of the fetus and fetoplacental system. using instrumental methods. Kidney function: the amount of urea and creatinine in the blood serum (nitrogen excretory activity of the kidneys), glomerular filtration rate (based on the clearance of endogenous creatinine), concentration ability (Zimnitsky test), kidney and urinary tract functions (Nechiporenko test), Inflammation in the blood is assessed by the presence of the process .

General blood test indicators were calculated automatically on hematological analyzers such as “CELL-DYN 1700” and “CELL-DYN 400” ABBOTT DIAGNOSTICS (USA), the sedimentation rate of

individual erythrocytes was determined after 1 hour using a 5% 0.25 sodium nitrate solution.

Biochemical blood tests were carried out using the following devices: "EXPRESS PLUS" developed by "BAYER" (Germany), "LIVID" from "CORMAY" and "AVARENESS TECHNOLOGI INC." devices "STAT FAX-1904 PLUS" (USA). Total and indirect bilirubin, blood sugar, urea, and creatinine were determined. Blood electrolytes were monitored as indicated by Medica Corp. blood electrolytes. On an ion-selective analyzer "Easy Lyte" (USA). The study of a general urinalysis included a microscopic examination of the sediment, which revealed the presence of leukocytes, erythrocytes, bacteria, salt crystals, casts, and epithelial cells; the presence of protein was determined using a 3 or 15% solution of sulfalicylic acid.

An analysis of the research results showed that during pregnancy (8-12 weeks), the nitrogen excretion function of the kidneys does not significantly deteriorate in pregnant women with acute kidney injury, which is confirmed by the absence of significant changes compared to healthy kidneys.

RESULTS

Before characterizing the clinical material of the results of scientific and clinical work, it is appropriate to describe the state of the problem based on statistical data for the perinatal center of the Samarkand region in 2020-2022.

The diagram shows that the number of pregnant women admitted to this department is increasing every year. This indicates an increase in the number of nephrological diseases, including gestational pyelonephritis, acute and chronic pyelonephritis, glomerulonephritis and other diseases of the kidneys and urinary tract.

With the increase in the number of conservative treatment methods, the cases of using surgical forms of treatment are proportionally increasing (Diagram 1). For example, in 2020, 146 women needed surgical treatment, in 2021 this figure increased to 78, and in 2022 - 2 times compared to 2020 and by 34% compared to 2021.



Diagram 2. Frequency of surgical treatment

In particular, in 2022, out of 14,134 pregnant women admitted to the department during the year, 294 underwent surgical treatment, of which 68 underwent nephrostomy.

Clinical studies were conducted on 55 pregnant women, including 35 pregnant women with GP and 20 apparently healthy pregnant women with a physiological course of pregnancy.

The majority of patients had 2 or more births (78.7%), data on parity are presented in Diagram 3, according to which it can be said that in the main and control groups they did not have a statistically significant difference in parity ($p < 0.05$). Women whose interval between previous and current pregnancies was up to 2 years accounted for 42.8% in the main group and 20% in the control group.

An analysis of gynecological morbidity in pregnant women with acute respiratory syndrome showed a high level of inflammatory diseases. Most women had vaginitis (49%) and endometritis (34%), uterine fibroids and endometriosis were detected in 5% of cases. In the control group, inflammatory conditions were significantly lower than in the main group. Cervical erosion was observed only in women of the main group and amounted to 12%.

When studying the history of concomitant pathology of women participating in the study, a high level of inflammatory diseases was noted, including 85.7% of women in the main group had urinary tract infections, while in the control group this pathology occurred in 10%. Organized urethritis and cystitis were

registered in 31.4% of cases, vaginitis - in 48.6% of cases, endometritis - in 34.3% of cases.

When determining the obstetric history of the women studied, it was found that the frequency of full-term births in the main group was 30% lower than in the control group, and complications were also more common in previous pregnancies. In particular, premature birth was registered in 40%, early termination of pregnancy - in 14.3%, non-developing pregnancy - in 17.1%, antenatal mortality - in 5.7%, ectopic pregnancy - in 2.87%. At the same time, when analyzing the structure of gynecological morbidity in pregnant women with acute respiratory syndrome in the main group, complications of the gynecological history were identified.

CONCLUSION

Thus, analysis of anamnestic data can show us the prevalence and nature of gynecological, obstetric, perinatal complications, negative consequences of pregnancy as a risk factor for the development of AGP. Among women in the main group, the incidence of infectious diseases, including STDs and urinary tract infections, as well as a high incidence of inflammatory diseases in history may be represented by an imbalance of the immune system, which may be associated with other reasons. basis for the development of diseases.

When analyzing the complaints, the only subjective symptom that drew our attention was abdominal pain on the affected side. To varying degrees of severity, it was present in all patients of the main group. In the main group of patients, corresponding symptoms of pyelonephritis of pregnancy were noted, they complained of lower back pain, pain or loss of consciousness when urinating, night urination, mainly 14 pregnant women (40%) with corresponding symptoms of pyelonephritis, body temperature increased to 38-38.5 degrees. 5 (14.3%) pregnant women were treated for hectic fever.

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