

PREGNANT WOMEN WITH PYELONEPHRITIS

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Abstract

The article presents cases of cardiovascular changes against the background of pyelonephritis in pregnant women in the second and third trimesters of pregnancy. The course of pregnancy, the manifestation of comorbidity, the factors that contributed to the development of these phenomena were studied. The work was carried out at the SamSMU Clinic No. 1 for 2021-2022. It was found that comorbidity in pregnant women violates the physiological course of pregnancy, affecting both the mother and the child. With pyelonephritis in pregnant women, complications from the cardiovascular system are observed, which aggravates pregnancy and childbirth

Keywords: pregnant women with pyelonephritis, comorbidity in pregnant women, pathologies of the cardiovascular system, complications of pregnancy and childbirth.

INTRODUCTION

Purpose: Identification of concomitant pathology in pregnant women with pyelonephritis.

Materials and methods. 30 pregnant women in the third trimester of pregnancy with pyelonephritis were examined. The study was conducted in the Department of Pregnancy Pathologies of the First Clinic of the Samarkand Medical University in 2021-2022. In all patients, the prescription and nature of pyelonephritis were studied, a detailed analysis of the anamnesis, identification of cardiovascular changes, general clinical examination (complete blood count, urine test, flora smear), laboratory research methods, including a biochemical blood test, were performed. (ALT, AST, prothrombin index, prothrombin time, coagulogram), instrumental research methods included ECG, ultrasound, echocardiography.

Results: According to the study, all women had kidney pathology before pregnancy in a chronic form. In 8 patients, chronic pyelonephritis was observed for more than 2 years, which worsened every 6-8 months. 43.3% of women claimed that they did not notice renal pathology, although according to the ultrasound examination, there is an expansion of the pelvicalyceal system.

Studies have shown that a complicated course of pregnancy was observed in 36.7% of women in the first trimester in the form of early toxicosis from 5-6 weeks of pregnancy, 43.3% noted deterioration in the second trimester. Pregnant women often faced the threat of termination of pregnancy in the I and II trimester in 12 cases. Vomiting of pregnant women occurred in every fourth patient. Anemia of pregnancy was observed in all patients, hemoglobin values varied from 70 to 95 g/l. According to the results of the study, 12 (40%) pregnant women had manifestations of preeclampsia of varying severity. The course of pregnancy in women with renal pathology was complicated by hemodynamic disorders in the form of arterial hypertension, preeclampsia, NCD, heart failure of varying severity, often mild. Comprehensive treatment of pregnant women includes oxygenation with humidified oxygen, nephrogenic and cardiotropic drugs. In addition to complex therapy, 8 patients received ozone intravenously. To do this, 1000 µg/l of ozone is dissolved in 100.0 ml of saline and injected intravenously at a rate of 5 ml per minute for 20-25 minutes. A course of 3-5 procedures, depending on changes in hemodynamics. Ozone therapy is carried out for pregnant women after 28 weeks.

Conclusion. Thus, pregnant women with diseases of the renal and cardiovascular system are at high risk of pregnancy complications, and also pose a risk of maternal and perinatal mortality. Pregnancy management in women requires hospitalization to determine obstetric tactics. Our studies have shown that in 33.3% of cases, childbirth in pregnant women ended in a caesarean section. In these women, a complicated course of pregnancy occurred 2 times more often than in healthy women.

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