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REPRODUCTIVE EVALUATION OF PREGNANCY AND CONSEQUENCES ACCOUCHEMENT WOMEN WITH LOW AND POLYHYDRAMNIOS OF UNEXPLAINED ETIOLOGY

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Based on the analysis of reproductive 711 stories of labor and maps newborns found, that the structure of pathology amniotic environment level low- and polyhydramnios reaches 31.3 and 31.2 %. Idiopathic low and polyhydramnios often develops on the background of gynecological pathology and in most cases accompanied by early toxemia, preeclampsia, miscarriage, syndrome, fetal growth retardation and growth of perinatal pathology.

Key words: pregnancy, pathology of amniotic environment.

Introduction. Pathology of the amniotic environment is one of the factors leading to the development of obstetric and perinatal pathology [1, 5, 7].

In spite of numerous publications about the origin of the pathology amniotic environment [3–5], the issue of obstetric and perinatal pathology in case of mild idiopathic low and polyhydramnios still not solve completely.

The aim – to study comparative aspects of reproductive health of women during pregnancy and childbirth in the pathology of unknown etiology of amniotic environment.

The purpose and methods. Conducted the retrospective comparative analysis of reproductive health, pregnancy and neonatal course in infants of 711 mothers aged 17 to 40 who were hospitalized in the period 30–40 weeks gestation to Uzhhorod City Maternity Hospital during 2007–2013 with oligohydramnios or polyhydramnios. Among the 711 persons on the basis of the determination of the amniotic fluid index (IAR), 110 (31.3 %) was verified moderate idiopathic oligohydramnios (IAR from 5 cm to 10 cm), and 112 (31.2 %) – polyhydramnios (from IAR 20 cm to 24 cm). The standards adopted IAR ranging from 10 cm to 20 cm [1].

On the basis of selective retrospective clinical and statistical analysis of pregnant women were highlighted in two clinical representative groups: group of 100 patients with idiopathic oligohydramnios and 100 (second band) – with polyhydramnios. The control group consisted of 100 healthy women with physiological pregnancy.

In the studies were not included patients with diabetes, cardio-vascular and urinary system, immune conflict, viral or bacterial infections, malformations, chromosomal abnormalities.

Analysis of perinatal risk factors was based on the study of age-appropriate, social status, reproductive function, gestational process and the consequences of delivery.

Statistical analysis of the results was carried out using the program Statistica 6.0.

Results and discussion. Statistical analysis of data for the period 2007–2013 showed that the average age of the women in studied groups was not significantly different. In first group it was ($27,7 \pm 1,8$) years and in the second group, ($26,9 \pm 1,2$) years; in the control group – ($26,4 \pm 1,3$) years ($P > 0.05$).

Among the age-marked reduction in the I st and II groups of women and young age and increasing age percentage born first. In the control group (group III), by contrast, there is increase in the percentage of women young age and reducing the age born first.

Noteworthy is the social status of surveyed women. In the groups of low- and polyhydramnios dominated quantitatively pregnant women – employees – 36 and 38 %, workers – 25 and 24 %, students – 10 and 11 %. Significant differences between the groups of low and polyhydramnios were found ($P > 0.05$).

From the patient's history revealed that in the groups with pathology of amniotic environment is dominated single women.

Analyzing medical history, we note that in all cases of idiopathic low and polyhydramnios, gestational process is carried on a background of childhood infectious diseases that adversely poured on the reproductive process in the fetal age [2].

The highest percentage of childhood infections are such a red rash – 47 and 49.8 %, respiratory infections – 36 and 38 %, measles – 17 and 16 %. Far fewer children there are infection as scarlet fever – 8 and 9 %, mumps in both groups was 7 %.

Feature menstrual function shows that the average age of menarche were not significantly different in the studied groups of pregnant women.

However, in patients with idiopathic low and polyhydramnios probably more often than women from the control group were observed short and long menstrual cycles, as in oligomenorrhea (15 and 16 %) compared with (8 %) in the control group ($P < 0.05$).

It is established that, given the low-gynecological pathology and idiopathic polyhydramnios occurs in (72 and 60 %) respectively. The most frequently (in 24 and 18 %) there are anatomical abnormalities of the uterus (scars after cesarean section and / or conservative myomectomy, myoma nodes, internal endometriosis, uterine malformations); 17–10 % of women suffering from infertility (primary or secondary); 17–15 % had benign pathology of the cervix, which occurred 2 times more often than in the control group. In groups of polyhydramnios women with first pregnancy was 3 times higher than in the control group, and with second pregnancy 26 and 24 % decrease relative to the control group ($P < 0.05$).

In early miscarriages in women with low and polyhydramnios occurred in 21 and 18 % in late – at 8 and 5 %, significantly higher than the control group ($P < 0.05$). A similar pattern is seen in the span artyfitsiynyh abortion in the early and later stages of gestation – in early (27 and 25 %), late (6 and 5 %). According to our observations, premature birth groups of low and polyhydramnios amounted to 12 and 11 %.

Among the main causes of idiopathic low and polyhydramnios is complicated obstetrical history, including early toxemia, preeclampsia later, miscarriage, fetal death antynatalna.

The early neonatal period, most (81 and 77 %) cases complications characterized by: a third (35 and 32 %) infants born with asphyxia clinical symptoms of varying severity, often (35–28 %) observed central infringement. Significantly more developed mekonialna aspiration, especially in the case of oligohydramnios ($P < 0.05$).

The maximum loss of initial body weight were at the 3rd day by children with oligohydramnios 10 and in the case of polyhydramnios – 16 %. Neonatal jaundice is observed (in 36 and 29 %) cases, respectively.

Conclusion. Idiopathic low and polyhydramnios – very frequent (31–31,2 %) and complicated obstetrical pathology with a high perinatal risk, which requires an individual prediction for each individual case.

The most common moderate idiopathic low and polyhydramnios develops in the gynecological pathology, accompanied in most cases of early toxicity, late preeclampsia, miscarriage, fetal growth retardation, growth and perinatal pathology.

References

1. *Акушерство от десяти учителей: Пер. с англ. / Под ред. Кэмпбела, К. Лиза.* – 17-е изд. – М.: Мед. информ. агенство, 2004. – 464 с.
2. *Лобич О. А., Цхай В. Б.* Акушерские и перинатальные аспекты маловодия // Журн. рос. общ-ва акушеров-гинекологов. – 2007. – № 1. – С. 30–31.
3. *Питер М., Дубле П., Кэрл Б.* Атлас по ультразвуковой диагностике в акушерстве и гинекологии: Пер. с англ. / Под общ. ред. В. Е. Гажоновой. – 3-е изд. – М.: МЕДпресс-генформ, 2011. – 328 с.
4. *Радзинский В. Е., Милованов А. П., Оржаняна И. М.* и др. Экстраэмбриональные и околоплодные структуры при нормальной и осложненной беременности / Под ред. В. Е. Радзинского, А. П. Милованова. – М.: Мед. информ. аг-во, 2004. – 393 с.
5. *Locarelli A., Vergani P., Toso L.* et al. Perinatal outcome associated with oligohydramnios in uncomplicated term pregnancies // Arch. Gynecol. Obstet. – 2004. – Vol. 269, N 2. – P. 130–133.
6. *Mercel L. S., Brown L. S., Petres R. H.* A survey of pregnancies complicated by decreased amniotic fluid // Am. J. Obstetrics and Gynecology. – 1989. – Vol. 149. – P. 335–361.
7. *Sherer D. M., Langer O.* Oligohydramnios: use and misuse in clinical management // Ultrasound Obstet. Gynecol. – 2001 – Vol. 18. – P. 411–419.

РЕПРОДУКТИВНА ОЦІНКА ПЕРЕБІГУ ВАГІТНОСТІ ТА НАСЛІДКИ РОЗРОДЖЕННЯ ЖІНОК ПРИ МАЛО- І БАГАТОВОДДІ НЕВІЯСНЕНОЇ ЕТІОЛОГІЇ

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На підставі репродуктивного аналізу 711 історій пологів і карт новонароджених встановлено, що в структурі патології навколоплідного середовища рівень мало- і багатоводдя досягає 31,3 і 31,2 %. Ідіопатичне мало- і багатоводдя частіше розвивається на фоні гінекологічної патології і супроводжується в більшості випадків раннім токсикозом, прееклампсією, невиношуванням, синдромом затримки розвитку плода та збільшенням перинатальної патології.

Ключові слова: вагітність, патологія навколоплідного середовища.

РЕТРОСПЕКТИВНАЯ ОЦЕНКА ТЕЧЕНИЯ БЕРЕМЕННОСТИ И ПОСЛЕДСТВИЯ РОДОРАЗРЕШЕНИЯ ЖЕНЩИН ПРИ МАЛО- И МНОГОВОДИИ НЕВЫЯСНЕННОЙ ЭТИОЛОГИИ

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На основании репродуктивного анализа 711 историй родов и карт новорождённых установлено, что в структуре патологии околоплодной среды уровень мало- и многоводия достигает 31,3 и 31,2 %. Идиопатическое мало- и многоводие чаще развивается на фоне гинекологической патологии и сопровождается в большинстве случаев ранним токсикозом, преэклампсией, невынашиванием, синдромом задержки развития плода и увеличением перинатальной патологии.

Ключевые слова: беременность, патология околоплодной среды.