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Parpieva Sh.O., Akhmadzhonova G.M.

Department of Obstetrics and Gynecology No. 2

Andijan State Medical Institute

ANTIPHOSPHOLIPID SYNDROME IN THE GENESIS OF MISCARRIAGE PREGNANCY

Resume: Miscarriage is one of the urgent problems in obstetrics and gynecology, which does not tend to decrease. In this article, reproductive losses due to violations of autoimmune processes are considered. Among the numerous causes contributing to the development of pathology of autoimmune processes in a pregnant woman, antiphospholipid syndrome is presented as the most significant.

In obstetric and gynecological practice, interest in AFS has been maintained for 45 years. The problems of reproductive function in women associated with the presence of antiphospholipid antibodies in the blood include habitual miscarriage, placental insufficiency, gestosis, VZR. The causes, mechanisms of development, clinical manifestations on the part of various systems of the woman's body and all possible complications that play an important role in the occurrence of early and late spontaneous abortions and premature births, as well as the most modern and significant methods of laboratory diagnostics that allow to identify the first signs of this pathology for timely adequate therapy, the basic principles of which are presented in the article.

In order to prevent fetal loss in women with antiphospholipid syndrome in a timely manner, the correct tactics for the introduction of pregnancy are described.

Keywords: antiphospholipid syndrome, miscarriage, reproductive function.

Парпиева Ш.О., Ахмаджонова Г.М.

Кафедра акушерства и гинекологии №2

Андижанский государственный медицинский институт

АНТИФОСФОЛИПИДНЫЙ СИНДРОМ В ГЕНЕЗЕ НЕВЫНАШИВАНИЯ БЕРЕМЕННОСТЬ

Резюме: Невынашивание беременности является одной из актуальных проблем в акушерстве и гинекологии, которая не имеет тенденции к снижению. В данной статье рассмотрены репродуктивные потери вследствие нарушения аутоиммунных процессов. Среди многочисленных причин, способствующих развитию патологии аутоиммунных процессов у беременной женщины, как наиболее значимая представлен антифосфолипидный синдром.

В акушерско-гинекологической практике интерес к АФС сохраняется в течение 45 лет. К проблемам репродуктивной функции у женщин, ассоциированным с наличием антифосфолипидных антител в крови, относят привычное невынашивание, плацентарную недостаточность, гестоз, ВЗР. Изучены причины возникновения, механизмы развития, клинические проявления со стороны различных систем организма женщины и все возможные осложнения, играющие большую роль в возникновении ранних и поздних самопроизвольных абортов и преждевременных родов, а также наиболее современные и значимые методы лабораторной диагностики, которые позволяют выявить первые признаки данной патологии для своевременной адекватной терапии, основные принципы которой представлены в статье.

В целях своевременной профилактики потери плода у женщин с выявленным антифосфолипидным синдромом изложена правильная тактика введения беременности.

Ключевая слова: антифосфолипидный синдром, невынашивания беременности, репродуктивная функция.

Relevance. Miscarriage of pregnancy (NB) is one of the main problems of obstetrics and gynecology in our time [2]. Even thanks to the large number of

highly effective diagnostic and treatment methods developed recently, it is not possible to reduce the percentage of this pathology, which is gaining more than 25%[6]. Among the wide variety of causes of miscarriage, the most common is a violation of immunological processes. Alloimmune and autoimmune processes are possible, which play a huge role in the pathogenesis of NB [1,4]. Among autoimmune processes, antiphospholipid syndrome comes out on top, which is diagnosed in 27-42% of women with this pathology, given that without the necessary intervention, the loss of an embryo or fetus occurs in 90-95% of patients with autoantibodies to phospholipids [3,5].

The purpose of the study: to analyze the literature on the modern nuances of miscarriage in antiphospholipid syndrome.

The results of the study. In the treatment of autoimmune diseases, high efficiency is revealed with the intravenous administration of IV immunoglobulins (Ig). Among the mechanisms by which human IG increases the level of live birth of the fetus, there is an increase in the activity of T–suppressors, an increase in the formation of autoantibodies by B cells, and a decrease in killer activity in NK cells.

The introduction of immunostimulants is carried out during treatment with immunosuppressants: immunoglobulin 25 ml every other day in early pregnancy, at 23 weeks of gestation and before childbirth itself, interferon alpha-2 is administered vaginally or rectally at a dose of 1000 IU / day [19].

In autoimmune diseases, glucocorticoids are used for treatment. Enter prednisolone 5 mg per day or methylprednisolone 4 mg per day. Therapy begins on the 2nd day of ovulation and is carried out throughout pregnancy up to 15 days of the postpartum period, then the dose of the drug is gradually reduced and canceled [20].

Administration of antiplatelet agents to eliminate hemostatic disorders (platelet hyperactivation): dipyridamole 75-150 mmg per day 1 hour before

meals, pentoxifylline 10-20 mg per day during meals, acetylsalicylic acid 80-100 mg per day (up to 34 weeks) [21].

In the presence of hypercoagulation, which is associated with an increase in fibrin destruction products in the blood, anticoagulants are prescribed. The dosage is selected individually for each pregnant woman [22].

In the complex therapy of NB, the introduction of intralipid is indicated – a drug of animal and vegetable origin, which includes polyunsaturated fatty acids and phospholipids. Thanks to the conducted studies, it was revealed that intralipid is able to change the functional activity of the immune system, namely the suppression of Nk cytotoxicity and the production of pro-inflammatory cytokines. Intralipid showed high efficacy on a par with human immunoglobulin in suppressing NK cytotoxicity. When treated with intralipid, the pregnancy rate is 52%, of all pregnancies, 9% are spontaneous abortions, 91% are due to the birth of a normal fetus.

In women with detected AFS, the correct tactics of pregnancy management is important:

– autoimmune processes occurring in the pregnant woman's body are subject to careful monitoring, the level of antibodies in the blood, and it is also necessary to monitor the state of the blood coagulation system for the appointment of adequate therapy;

– in order to prevent thrombocytopenia, when prescribing anticoagulants, the platelet level in the UAC is taken into account weekly for three weeks;

– during pregnancy, the fetal development rate is assessed, for which ultrasound fetometry is used;

– in the biochemical AK from week 14, we determine the level of creatine, urea, liver enzymes ALT, AST to detect liver and kidney dysfunction;

– to determine the effectiveness of the prescribed treatment, as well as early detection of placental insufficiency, ultrasound in Doppler mode is performed;

– in the third trimester, cardiotocography is performed to determine the term and choose the method of delivery. Before and during childbirth, it is necessary to monitor the coagulogram;

– given the high risk of thromboembolic complications, careful monitoring of the well–being of maternity patients is recommended;

- in the postpartum period, glucocorticoid medications are continued for two weeks with gradual withdrawal to prevent possible complications.

– three days after delivery, it is necessary to monitor the hemostasiogram in the presence of increased coagulation, a course of treatment with low molecular weight heparins is carried out [23-25].

Conclusion. Women who have had one or more spontaneous abortions or premature births should be examined before the next gestation in order to timely identify the cause of termination of pregnancy and eliminate it, as well as to prevent the development of further complications. Based on the results of recent studies, we can say that even without treatment, the live birth rate is 86%. However, it is impractical to refuse treatment and pregravidar preparation. When detecting the causes, eliminating violations outside of pregnancy and monitoring during gestation, the frequency of live birth of a child in couples with miscarriage is 95-97%.

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