

NON-DEVELOPING PREGNANCY IN HISTORY AS A FACTOR OF PATHOLOGICAL PREGNANCY***Ruzimova S. B.**

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Relevance

Non-developing pregnancy (NP) is from 3 to 20% of all spontaneous abortions. The causes of NP are diverse and the frequency of unexplained causes remains high (25-57%). The postponed NP negatively affects the reproductive function of women, since 27.4% subsequently have recurrent miscarriage.

The aim of the study was to assess the reproductive health and analysis of the course of pregnancy in women with a history of NP.

MATERIALS AND METHODS

Under observation were 94 women aged 19 to 41 years, who were divided into 2 groups: group 1 - 64 pregnant women with a history of NP; group 2 - 30 non-pregnant women with a history of NP. An anamnesis, gynecological examination, detection of bacterial and viral infections by the content of IgG in the blood, ELISA, ultrasound of the pelvic organs (group 1) and fetus (group 2), analysis of secretions from 3 points were carried out.

SURVEY RESULTS

44 (68.8%) and 18 (80%) women were transferred from the anamnesis of ARVI, respectively to the groups; hepatitis A in childhood in group 1 - in 14 (43.8%) and in group 2 - 4 (26.7%); measles - in 22 (34%) and 12 (40%); chicken pox was in 6 (9.3%) and 10 (33.3%); chronic tonsillitis, respectively, in 18 (28%) and 4 (13.3%); chronic pyelonephritis - in 8 (12.5%) and 2 (6.7%); parotitis - in 10 (15.6%) women of only 1 group. In group 1, anemia of the 1st degree was diagnosed in 34 (53%), 2nd degree - in 30 (46.9%) and, respectively, in the 2nd group - in 7 (46.6%), in 22 (73.3%) and 3 degree only in 1 (7%) women of the 2nd group; cardiovascular diseases (CVD) - in 7(11%) and 2 (6.7%); appendectomy - in 10 (16%), and 2 (6.7%); in group 1 - umbilical hernia in 1 (1.5%); diffuse goiter in group 1, degree 1 - in 10 (15%), degree 2 - in 6(9%) and in group 2, respectively - in 12 (40%) and 6 (20%). The average age of menarche was 13.6 years, sexual life - from 20.8 years. Menstrual dysfunction was observed in 8 (12.5%) in group 1 and in 6 (26.5%) in group 2 in the form of algomenorrhea; amenorrhea in 2 (6.7%) women of only the 2nd group. A related marriage was observed in 9.4% of cases in group 1 and in 13.3% in group 2.

In the study of infection in the blood serum of women, it was revealed that in the 1st group in the anamnesis and then during pregnancy, CMV was diagnosed in 4 (6.25%) and 2 (3%), respectively; HSV, respectively - in 10 (15.6%), 8 (12.5%) and in group 2 - in 4 (6.7%); not examined in group 1 in 7 (11%) women, and in group 2 - in 4 (13.3%) women infection was not detected; association of HSV+CMV in group 1 in 20 (31%) women. However, mixed infection in different combinations was observed in 20 (30%) and 16 (53%) women, respectively, in groups 1 and 2. In the study of the contents of the cervical canal, the largest percentage of fungi of the genus *Candida* were sown in the group of pregnant women - in 24 (37.5%), in group 2 in 2 (6.7%) women; *Klebsiella*, staphylococci, streptococci were also encountered. NP was observed during the 1st pregnancy in 36 (56%) in group 1 and 12 (40%) in group 2; after spontaneous abortions - 8 (12.5%) in group 1 and 12 (40%) in group 2; 12 (18.8%) in group 1 and 10 (33%) in group 2 after childbirth. NP was observed 2 times in a row in 8 (12.5%) cases in group 1 and 4 (13%) in group 2; 3 times in a row - in 4 (6.3%) in group 1 and in 4 (13%) - in group 2; 4 times in a row met only in group 2 - 2 (6.7%) cases.

In group 1, NP recurred with an intergenetic interval of up to 4 months in 14 (22%) cases.

Complications of this pregnancy were observed in pregnant women of the 1st group: the onset of spontaneous miscarriage - in 18 (28.1%), threatened abortion - 8 (51%); threatening preterm birth - in 20 (31%); FPI - 12 (18.8%), SARS - 21.9% (14); vomiting of pregnant women - 25% (16); exacerbation of extragenital pathology - 9.4% (6); CVD - 12.5% (8); hypertensive disorders during pregnancy - 8 (12.5%); congenital malformation of the fetus - 3.1% (2); urinary tract infection - 34.4% (22); polyhydramnios - 15.6% (10); oligohydramnios - 3.1% (2); violations of the

uterine-placental-fetal circulation - 60% (38); varicose disease - 9.4% (6); chronic DIC - 6.25% (4).

Thus, it was found that the outcomes of previous pregnancies, especially NP, antenatal fetal death, complications of previous pregnancies and childbirth occupy an important place in the development of the risk factor for the next NP. Gynecological diseases play a special role in the formation of NP risk factors. The development of NP is influenced by the presence of chronic somatic pathology and a combination of several nosologies, such as chronic tonsillitis, chronic hepatitis, anemia, pyelonephritis, CVD, etc. The development of NP was influenced by reproductive dysfunction, menstrual dysfunction, a history of spontaneous miscarriages, NP, premature birth, antenatal fetal death. Of no small importance was the presence of STIs, bacterial vaginosis, bacterial and viral infections, PID in women with NP. At the same time, NP itself can also initiate and accompany somatic, gynecological pathologies and complicate the course of gestation in subsequent pregnancies.