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Observation in dynamics of children who have undergone intrauterine blood transfusion for hemolytic disease due to the Rh factor

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Relevance. The basis of the activity of medicine at the present stage is the reduction of not only perinatal mortality, but also, which is no less significant, perinatal morbidity. The leading place among the immunologically caused complications of pregnancy is occupied by hemolytic disease of the fetus (HDF) and the newborn, which affects both indicators.

Purpose of the study. Based on the results of a comprehensive clinical and laboratory examination, to study the structure of morbidity, the dynamics of hematological parameters, to assess the physical, neuropsychic development in children of the first year of life who underwent intrauterine intravascular blood transfusion (IBT) for fetal hemolytic disease by the Rh factor, to optimize tactics dispensary observation of children with hemolytic disease in an outpatient setting.

It has been established that in children who have undergone IBT, during the first year of life, there is a change in the morphological characteristics of erythrocytes in the form of a decrease in the total volume of erythrocytes, the average hemoglobin content in erythrocytes, which indicates the presence of erythrocytes of a donor (adult) in the population of circulating erythrocytes. Erythrocytes obtained from a donor as a result of IBT cannot ensure the complete utilization of oxygen from maternal blood, which contributes to the development of intrauterine hypoxia in the fetus. However, after birth, with the onset of spontaneous respiration, donor erythrocytes, which have a lower affinity for oxygen, improve the transfer of oxygen to tissues, preventing the development of severe tissue hypoxia in conditions of reduced hemoglobin content. An increased content of erythropoietin at birth was revealed, which is a compensatory-adaptive reaction of the body in response to long-term hypoxia associated with HDF, and the change in the morphological characteristics of erythrocytes persists throughout the first six months of life.

High levels of ferritin were found throughout the first year of life in children who received IBT, which indicates the absence of iron deficiency, in contrast to premature children without hemoconflict.

It is shown that during the first year of life there is a decrease and normalization of the level of erythropoietin, which indicates the adequacy of hematopoiesis by the end of the first year of life.

A method for predicting the development of severe anemia requiring additional blood transfusion in the first six months of life in children who received IBT has been proposed for practical public health.

Based on the forecast, an algorithm for monitoring children who received IBT in outpatient conditions in the first year of life is proposed.

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