YOUNG SCIENTIST DAY

TOPICAL ISSUES

IN MEDICINE

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Conclusion. While analyzing the history of women with reproductive losses have been identified, that the reproductive losses are more often in women with burdened obstetric and gynecological history.

MEANING OF HORMONOTERPY AND REHABILITATION OF REPRODUCTIVE FUNCTION IN WOMEN WITH INFERTILITY CAUSED BY BENIGN OVARIAN STRUCTURAL CHANGES

Shukurov F.I.

Tashkent Medical Academy

The treatment and rehabilitation of patients after endosurgical treatment for benign ovarian structural changes are very relevant, since relapses PCOS and FCO fair and worsen the prognosis in relation to the generative function, which is an important social and economic problem. Benign ovarian structural changes accompanied by significant violations of state function of the hypothalamic-pituitary system that in 20% reduction appears secretion of sex hormones; 30% - lack of the luteal phase, the monotony release of gonadotropins and anovulation. Thus, anovulation is a single pathognomonic sign of benign ovarian structural changes. To date, the main reserve in dealing with the problem of infertility is the operative laparoscopy - as the most modern method Endosurgical long has found worldwide recognition. Although laparoscopic surgery for benign ovarian structural changes to restore the state gipoprogesteronemy is not always possible. Low efficiency of the combined treatment, which according to various authors ranges from 20 to 30%, dictates the need for new clinical approaches in the treatment of infertility due to, benign ovarian structural changes. In this case, the selection and application of effective progestogen-containing preparations for the correction of hormonal homeostasis endosurgical after treatment is very important.

The aim of this work was to study the effectiveness of the drug in correction of hormonal homeostasis after endosurgical treat Utrozhestan® women with infertility caused by benign ovarian structural changes.

Materials and methods.

The study involved 270 women, including: 1st group - 120 women with polycystic ovary syndrome (PCOS), 2nd group - 120 women with follicular cysts of the ovary (FCO), and third comparison group - 30 women of similar pathology but refused to hormonal correction. The average age of patients was 24,6±3,2 years. infertility duration was from 2 to 8 years. All the women were operated laparoscopically, women with PCOS was made partial resection of the ovaries and in the FCO, cystectomy. In order to restore the second phase of the menstrual cycle for all natural micronized progesterone 200 mg® patients was applied Utrozhestan® (2 mg per os) for 10 days. Utrozhestan® administered with the advent of menstruation after the operation on 16 - 25th days of the menstrual cycle for 3 - 6 cycles. appointed from the 16th to 25th days of 200 mg of the menstrual cycle (200 mg per os). Utrozhestan® All patients were followed for 3 months after completion of treatment to follow-up the results Utrozhestanom therapy. Evaluation of the clinical effect of treatment included: the restoration of a normal menstrual cycle, basal body temperature data, the levels of estradiol and progesterone on the 20 - 24th days of the menstrual cycle,

ultrasound examination of the ovaries. After endosurgical treatment of benign ovarian structural changes and application utrogestan for 3-6 cycles of all the women of the main group, restored the correct mode of the menstrual cycle in women with secondary amenorrhea. After recovery ovulatory cycle performed ovulation stimulation with clomiphene citrate, 5 th to 9 th days of the menstrual cycle in a dose of 50 to 150 mg. Pregnancy occurred in the 1st group, 102 (85%), in the 2nd - in 108 (90%) in the comparison group in 6 (20%) patients. Thus, Utrozhestan® is an effective drug for the correction of luteal insufficiency after endosurgical treat women with infertility caused by benign ovarian structural changes.

Conclusion. Efficiency utrozhestan the treatment of luteal insufficiency in patients with infertility caused by structural changes benign ovarian zndohirurgicheskogo after treatment was 60%, the drug is

FEATURES OF BRONCHOPNEUMONIA IN PREGNANT WOMEN

Solieva U.X. , Bazarova O.N.. Ochilova Sh.O.

Tashkent Medical Academy

Introduction. Bronchopneumonia during pregnancy is one of the leading causes of obstetric complications. According to various sources, the role of bronchopneumonia in the structure of the causes of obstetric and perinatal complications ranges from 20 to 56%. Special predisposition to infection in pregnant women does not exist, but the infectious respiratory diseases and viral nature of pregnant women are often more severe and produce more complications. Compared with the general population, in pregnant women in the III trimester increased the risk of developing complications from cardiovascular, respiratory and placental system associated with pneumonia.

Materials and Methods: It conducted a retrospective analysis of 664 case histories of pregnant women with ARI who were in the obstetric hospital during the epidemic of influenza and viral pneumonia in November-February 2014-2015 and ambulatory charts of pregnant women. In the study group were included 132 pregnant women with pneumonia. The average age of women was 27,0±2,5 years. The control group included 54 pregnant women with physiological gestation.

Results: Frequently pneumonia occurred in gestational period from 22 to 37 weeks - 98 patients (74.2%), in 32 women - in a period of more than 37 weeks of pregnancy (24.3%) and only two pregnant women (1.5%) - in term of 21 weeks of pregnancy. Hypertensive disorders developed in 22 of pregnant women after bronchopneumonia (16.7%), which is higher than the control group values is almost 3 times. Among these women, hypertension induced by pregnancy developed in 6 of them (4.5%); mild pre-eclampsia - in 15 (11.4%) women; severe preeclampsia in only one (0.75%). Among the most common complications of gestation fetoplacental insufficiency (FPI) was observed in 32.5%, which was complicated by polyhydramnios in 10 (7.6%), oligohydramnios in 12 (9.1%), fetal growth lag syndrome in 5 (3.8%) of pregnant women suffered pneumonia. The most common complication of childbirth was untimely rupture of membranes: in the main group - 35.6% in the control group - 9.3%. The weakness of labor activity in the study group was observed in 8.3% of patients in the control group - 3.7%.

Conclusion: Analysis of pregnancy and childbirth has shown a high frequency of complications in patients undergoing bronchopneumonia in the III trimester of ges-

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Editors board:
Prof. Boymuradov Sh.A.
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Umarov A.T.

Designer – coder: Ashirova Sh. P.
Alyusheva Z.T.
Turdieva S.

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Order №601-2017. Edition department of TMA
100109. Farubi str. 2, tel: (998 71)214-90-64, e-mail: rio-tma@mail.ru

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