



## Hemogram Control In Post-Covid Syndrome In Pregnants At Different Stages

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ABSTRACT

Pregnant women's health is one of the urgent issues of medical and social importance not only in Uzbekistan, but also in the countries of the world. In 2021, 3,500,000 cases of Covid-19 and 12,300 deaths among pregnant women worldwide. (worldometer.info). Methods. The clinical material for the study was obtained from the general blood analysis data of 26 pregnant women treated with post-covid syndrome in the department of pathology of pregnant women of the multidisciplinary clinic of the Tashkent Medical Academy during 2021.

**Keywords:**

pregnancy, coronavirus, anemia, complications, thrombocytopenia.

**Dolzarblik.** The World Health Organization has designated the 2019-2020 coronavirus epidemic as a pandemic and an international public health emergency. Covid-19 infection is an infectious disease that causes severe acute respiratory distress syndrome, and the occurrence of this disease in pregnant women leads to an increase in the number of severe complications and disabilities not only in the mother, but also in the child. In 2021, 3,500,000 cases of Covid-19 and 12,300 deaths were reported among pregnant women around the world (worldometer.info). In the world, maternal mortality due to bleeding is 15-20% of the average population [11]

Independent biologists in China have reported that SARS-CoV-2 attacks hemoglobin in erythrocytes. Moscow, April 17 - According to RIA News, it is said that Covid-19, which causes oxygen starvation of tissues, actively affects the metabolism of hemoglobin, "picks up" iron from it, and thus increases its replication capacity. In this case, hypoxia occurs, which means that the damage to the

lungs caused by the coronavirus is not only due to the presence of too much virus, but also because the virus "takes away all the iron" in the hemoglobin. found that the number of erythrocytes decreased several times. The Russian mass media put forward the opinion that the virus damages hemoglobin, and on the basis of this, Covid-19 does not cause pneumonia, but leukemia [6,7].

Thrombocytopenia and thrombocytopeny, which are currently considered complications of COVID-19, are caused by irregular and excessive use of anticoagulants, antiaggregants, and fibrinolytic drugs due to disruption of platelet aggregation, adhesion, and retraction functions [2].

General blood analysis is the most common laboratory diagnostic method used to obtain information about the physical and chemical properties of blood [7].

Anemia of pregnancy is one of the global problems of the modern healthcare system, especially obstetrics and gynecology. Anemia of pregnancy is constantly in the first place

among a number of extragenital pathologies of pregnant women. According to WHO, more than 2 billion people worldwide (more than 30% of the population) suffer from iron deficiency anemia (IDA), most of whom are women and children. Iron deficiency anemia in 90% of cases in pregnant women [1].

The prevalence of anemia in developed countries is 8-20%, and in less developed countries it reaches 80% [4]. Complications during pregnancy: risk of spontaneous abortion in 20-42% of cases, risk of premature birth in 11-42% of cases, preeclampsia in 30-50% of pregnant women with TTC, chronic placental insufficiency, placental growth delay (25%), premature separation of the placenta (25-35%), fetal hypoxia, arterial hypotension (40%) [1,12].

Due to the fact that oxygen consumption during pregnancy increases by 15-33%, dystrophic changes develop not only in the uterus and placenta, but also in the myocardium, which leads to complications of pregnancy and childbirth [10].

Anemia caused by a sharp decrease in iron levels in the last stages of pregnancy causes fetoplacental insufficiency against the background of tissue hypoxia not only in maternal blood, but also in the placenta, which increases the risk of premature birth by 11-42% [4].

With the chronic continuation of anemia, the function of the placenta is

disturbed, its trophic, metabolic and gas exchange functions change. Inadequate accumulation of iron in the antenatal period becomes one of the reasons for the development of iron deficiency and anemia in babies [5,13].

The purpose of the study. Hemogram control, i.e. Hb, erythrocyte, color indicator, leukocyte and thrombocyte total number examination in pregnant women with Covid-19 and evaluation of the result. Determining which stage of pregnancy has a high rate of infection with coronavirus.

Material and methods. The clinical material for the study was obtained from general blood analysis data in the medical history of 26 pregnant women who were treated with various diagnoses in the department of pathology of pregnant women of the multidisciplinary clinic of the Tashkent Medical Academy during 2021. The age of the patients was 19-39 years, the average age index was  $26.59 \pm 1.62$ . The amount of hemoglobin, the total number of erythrocytes, the color index, the total number of leukocytes and platelets in the general blood analysis were studied. Pregnant women were divided into 3 groups according to the stage of fetal development. Group I means the 1st trimester of pregnancy, Group II means the 2nd trimester of pregnancy, and Group III means the 3rd trimester of pregnancy.

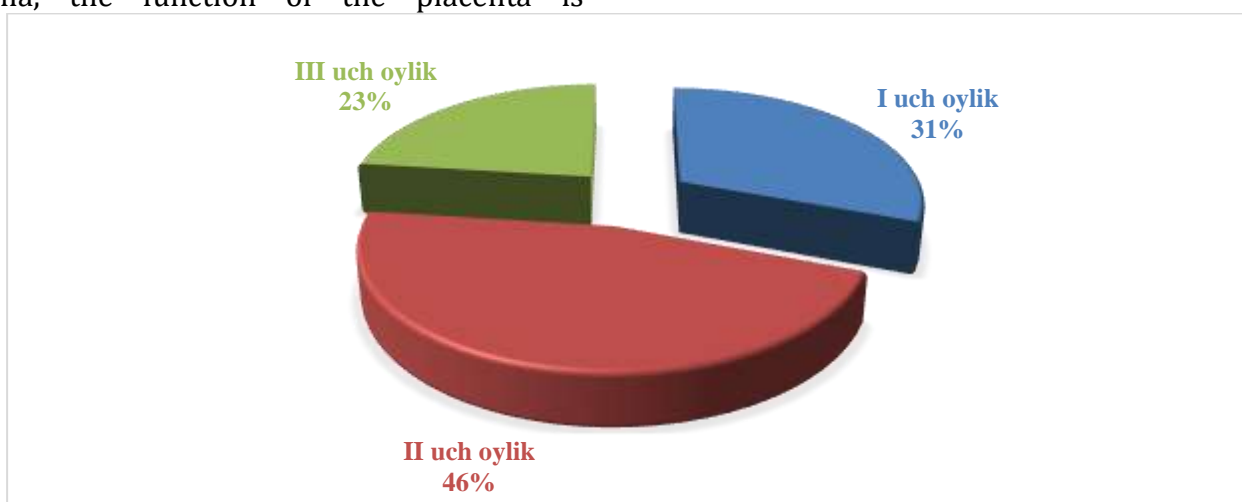


Figure 1. Distribution of pregnant women treated with post-covid syndrome by periods

The number of pregnant patients aged 19-25 is 15 (58%), the number of patients aged 26-30 is 5 (19.23%), the number of pregnant patients 31 and older is 6 (22, was 77 %) (Fig. 2).

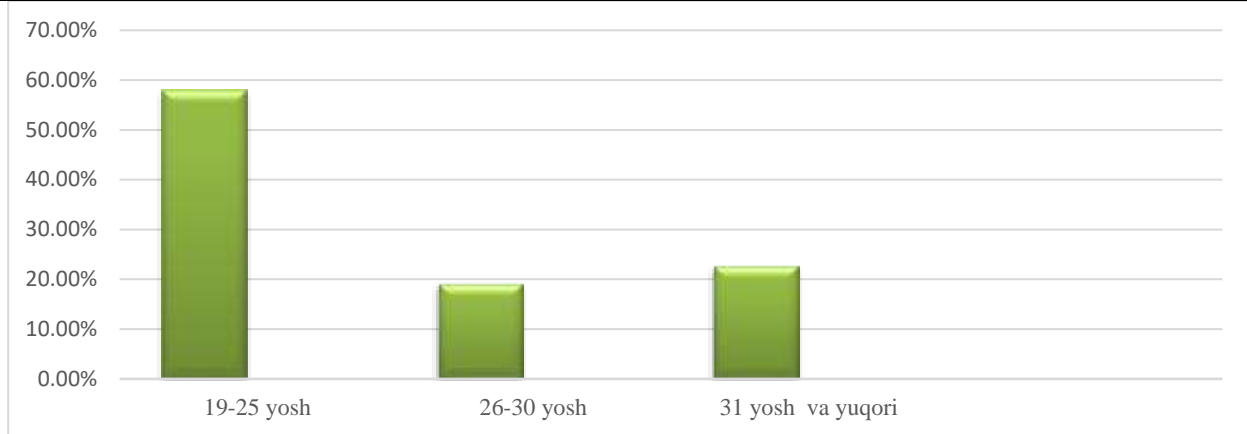


Figure 2. Age distribution of pregnant women being treated with post-covid syndrome.

When examining the levels of anemia in patients, the number of patients with mild anemia, i.e. hemoglobin level > 90 g/l, was 4 (15.38%), moderate anemia, i.e. hemoglobin level 90 - The number of patients with hemoglobin up to 71g/l - 16 (61.34%), the number of patients with severe anemia, i.e.

hemoglobin level of 70g/l or less - 6 (23.28%) organized. Number of patients with erythrocyte level up to  $3.0 \cdot 10^{12}$  g/l - 9 (34.62%), number of patients with  $3.0 - 2.6 \cdot 10^{12}$  g/l - 12 (46, 15%), the number of patients with  $2.5 \cdot 10^{12}$  g/l and less was found to be 4 (15.38%) [Fig. 3]

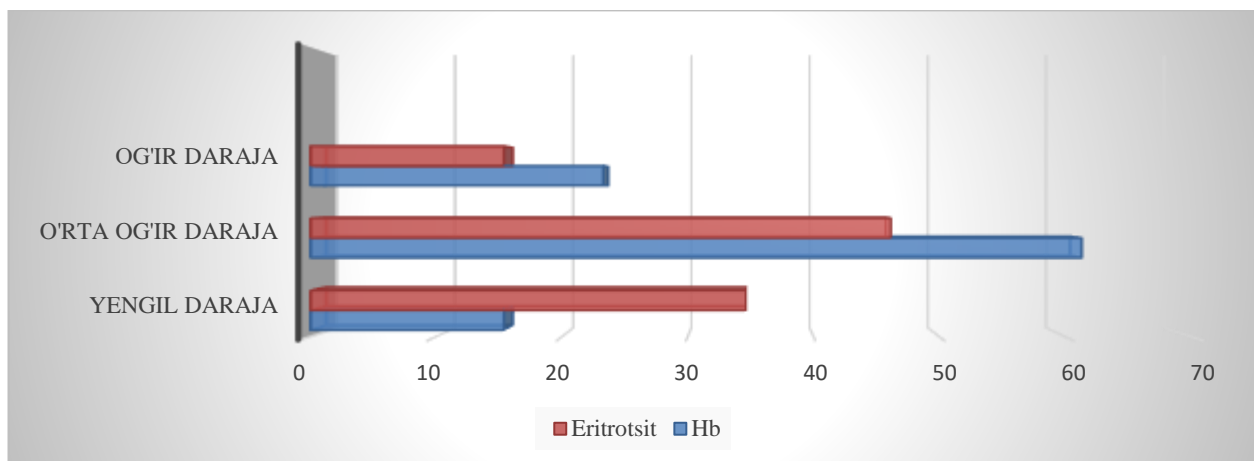


Figure 3. Pregnant women being treated with post-covid syndrome Levels of anemia according to the amount of Hb and erythrocytes

The number of patients with a color index of 0.7-0.8 is 17 (65.38%), the number of patients with a color index of 0.8-0.9 is 9 (34.62%). reached

The number of patients with a total number of leukocytes up to  $9.0 - 15.0 \cdot 10^9$  g/l - 18 (69.23%), the number of patients from  $9.0 - 4 \cdot 10^9$  g/l - 8 (30.77%) was found to be (Figure 4)

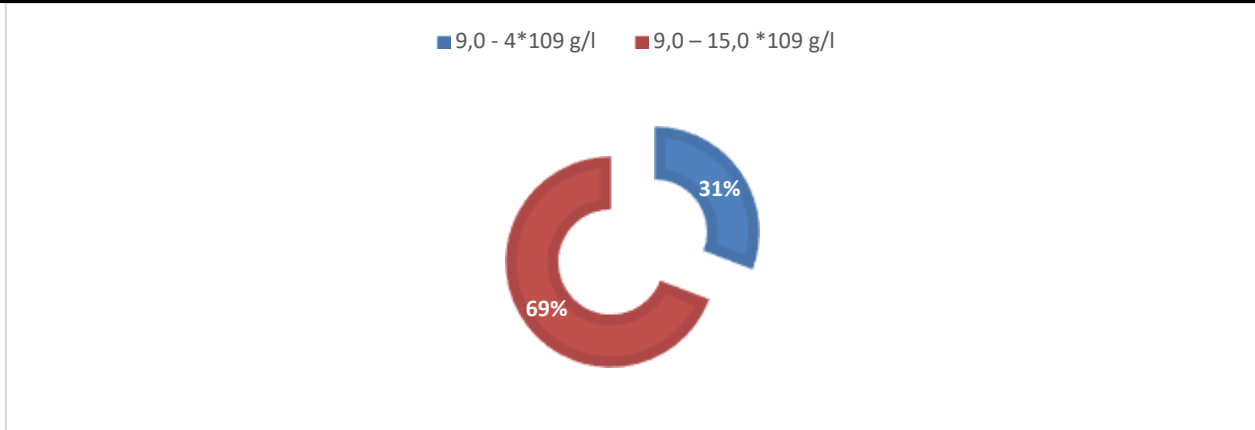


Figure 4. Distribution of pregnant women treated with post-covid syndrome according to the total number of leukocytes

When studying the total number of platelets, the number of patients up to  $180.0 \cdot 10^9$  g/l - 15 (57.69%), the number of patients from  $180.0-150.0 \cdot 10^9$  g/l - 8 (30.77%), and 3 (11.54%) patients with less than  $100.0 \cdot 10^9$  g/l were found.

Conclusions. 1. The number of pregnant patients aged 19-25 was 15. 2. Group II, i.e. 2-3 months of pregnancy was recorded in 46% of

patients. 3. According to the amount of hemoglobin and erythrocytes, 61.34% of patients with moderate anemia, that is, with a hemoglobin level of 90-71g/l, were recorded. 4. It was found that 69.23% of patients with a total number of leukocytes up to  $9.0 - 15.0 \cdot 10^9$  g/l. 5. Thrombocytopenia was found in 42% of patients.

## References

- Atadjanyan A.S. Anemia and beremennyx: kliniko-pathogeneticheskie podkhody k vedeniyu beremennosti // Journal of obstetrics and gynecology. - 2017. - T. 66. - No. 5. - S. 56-63. Doi: 10.17816/JOWD66556-63
- Babadzhanova Sh.A., Kurbanova Z.Ch., Muminov O.A. Laboratory monitoring of the pathology of coagulation hemostasis in patients with Covid-19 //Teoreticheskoy i klinicheskoy meditsiny. - 2021. #5. S. 149-151.
- Belotserkovtseva L.D., Budanov P.V. Problemy effectiveness therapy of iron deficiency anemia and pregnancy // Voprosy gynecology, obstetrics and perinatology. - 2012. - No. 11(3). - C. 80-85.
- Burlev V.A., Konovodova E.N., Ordzhonikidze N.V., i dr. Lechenie beremennyx s latentnym defitsitom zheleka // Rossiyskiy vestnik akushera-gynecologia. - 2006. - No. 1. - S. 64-68.
- Dvoretzky L.I., Zaspas E.A., Litvitsky P.F., i dr. Svobodnoradikalnye processy u bolnykh jelezodeficitsitnoy anemia na fone lecheniya preparatami zheletami // Terapevticheskij arxiv. - 2006. - No. 1. - S. 52-57.
- Kurbanova Z.Ch., Babadzhanova Sh.A., Muminov O.A. The frequency of thromboembolic complications in patients with coronavirus infection // Theoretical and clinical medicine. - 2021. #5. S. 149-151.
- Kurbanova Z.Ch., Babadzhanova Sh.A., Muminov O.A., Tozhiboeva D.A., Khodjanizyazova D.M., Khushbokova G.U. Retrospective analysis showing blood and sick coronavirus infections // Cardiorespiratory research. - 2021. #1.1. S. 30.
- Peresada O.A., Kotova G.S., Solonko I.I. Iron deficiency anemia during pregnancy // Medical news. - 2013. - No. 2. - S. 6-12.
- Sorokina A. Anemia u beremennyx // Vrach. - 2015. - No. 5. - C. 65-70.

10. Taipurova A.M. Iron-deficit anemia in pregnant women: methodical recommendations / ed. E.K. Ailamazyan. - SPb.: Izd-vo N-L, 2008. -35 c.
11. Faizullaeva N.I. Sovremennye kliniko - hemastozilogicheskie aspekti vedenia beremennosti i rodov u genshchin s idiopathic trombocytopenicheskoy purpuroy. Tashkent. 2016.
12. Levy A, Fraser D, Katz M, et al. Maternal anemia during pregnancy is an independent risk factor for low birth weight and preterm delivery. Eur J Obstet Gynecol Reprod Biol. 2005;122(2):182-6. Doi: 10.1016/j.ejogrb.2005.02.015.
13. Patra S, Pasrija S, Trivedi S. Maternal and perinatal outcome in patients with severe anemia in pregnancy. Intern J Gynecol Obstet. 2005;91(2):164-5 doi: 10.1016/j.ijgo.2005.07.008.