

Comparative risk assessment of pre-eclampsia in surveyed pregnant women
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Сравнительная оценка факторов риска преэклампсии у обследуемых беременных
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Abstract: based on a retrospective analysis of birth history-cases of pregnant women with pre-eclampsia, identified risk factors for this complication: first pregnancy, maternity extreme age (20 and older than 30 years), pre-eclampsia in anamnesis, extragenital pathology such as anemia, pyelonephritis, obesity, chronic hypertension.

Аннотация: на основе ретроспективного анализа историй родов беременных с преэклампсией, выявлены факторы риска развития данного осложнения: первая беременность, крайний акушерский возраст (до 20 и старше 30 лет), преэклампсия в анамнезе, экстрагенитальная патология такие как анемия, пиелонефрит, ожирение, хроническая гипертензия.

Keywords: pre-eclampsia; risk factors; extragenital pathology.

Ключевые слова: преэклампсия; факторы риска; экстрагенетальная патология.

The apparent assessment complexity of pre-eclampsia current pathogenesis and eclampsia are explainable and associated not with a deficiency of reliable facts, but with the mosaic, fragmentation and an abundance of information, as it is generalized, multifactorial and long-term process occurring in all parts of the developing reproductive system "mother - placental bed of the uterus - placenta - fetus" [1,3]. Among the leading causes of pre-eclampsia development an important place occupies developing chronic placental insufficiency, which is due to the impaired physiological interaction between maternal, placental and fetal components of fetoplacental system [1,2]. The risk of developing pre-eclampsia occurs in virtually every pregnant. The probability of developing pre-eclampsia is associated with the number and combination of risk factors for the development of this symptom complex in a pregnant woman.

Currently, a risk factor for this pathology of pregnancy include pre-eclampsia during a previous pregnancy, age, first pregnancy, multiple pregnancy, genetic factors, social aspects, occupational harmfulness, bad habits, poor environmental conditions, inadequate and unbalanced nutrition, complicated obstetrical and gynecological anamnesis, inflammatory diseases of the genitalia, which are usually combined with urinary tract lesions, vascular pathology [2,3]. For a young pregnant, gestation complicated by pre-eclampsia, characterized by a history of inflammatory diseases of the uterus, appendages, infections, sexually transmitted diseases, and lack of proper treatment. Patients with pre-eclampsia late reproductive period underwent before pregnancy 5-6 or more somatic and infectious-inflammatory diseases.

In connection with this study and assessment of development risk factors for pre-eclampsia and conduct prevention in pregnant women is an urgent problem in obstetrics.

Purpose of the study. To carry out a comparative assessment of the risk factors in pregnant women with severe preeclampsia.

Materials and methods of research. At Khorezm Regional perinatal centre for the period of 2013-2015 years were conducted retrospective analysis. We investigated 114 birth case-histories with severe pre-eclampsia. Inclusion criteria were: the presence of pre-eclampsia in mother or sister; pre-eclampsia in a previous birth; hypertension of various origins; kidney diseases; alimentary obesity; long interval between births; old primipara; young primipara; from the history of childbirth of all pregnant women following parameters are analyzed: gathering medical history from the words of women through individual conversations or phone, estimate height and weight with a score of BMI, were analyzed clinical blood and urine findings, discharge analysis, and biochemical analyzes of blood and coagulation.

Results and discussion. In a survey of pre-eclampsia in the mother or close relatives have been identified in 39 (34.2%) women. In the study of historical data, under the age of 20 years there were 28 (24.56%) pregnant women, at the age of 20-25 - 47 (41.23%), 26-30 years - 24 (21%), older than 30 years - 15 (13.16%) pregnant. Primiparas were 43 (37.7%) women, secondparous - 62 (54.3%), multiparous - 9 (8.2%) women. The large interval between births was observed in 22 (19.3%) women, what is also considered as a risk factor for

development of pre-eclampsia in these women. In the study of somatic medical anamnesis was revealed that 67 pregnant women have anemia -93(81.58%), kidney and urinary tract in - 78 (68.42%), it is associated with adverse environmental conditions in the Aral Sea region. Pre-eclampsia in obesity occurred in 37(32.5%) pregnant women, as a direct or indirect cause of many obstetric complications during pregnancy and childbirth, because the risk of developing pre-eclampsia severity depends on the degree of metabolic disorders.

In the study of gynecological anamnesis for the primary infertility indicated 19 women (16.7%), and for secondary -27 (23.7%). Course of the previous pregnancies among these women was complicated by the development of gestational hypertension -28.1% (32), threatened abortion - 42.9% (49), mild pre-eclampsia, 36.8% (42) and severe in- 29.8% (34) cases. This pregnancy was complicated by inopportune, often prenatal rupture of fetus membranes- 28 (24.6%), and more often it has been observed in primiparous. In addition, the analysis of these labor showed that 37 (32.5%) of women born preterm infants with breech -18 (15.8%), fetal hypoxia associated with premature birth - in 53 (46.5%), along with the burdened obstetric history, and others.

Deliveries were 76 fixed-term (66.7%), premature -38 (33.3%). Deliveries ended spontaneously in 40 (35.1%) of women in childbirth, prompt cesarean delivery were performed in 74 (64.9%) of women in childbirth. The most frequent indications for cesarean section were no ongoing effects of antihypertensive therapy in 39 (34.2%), abnormal labor against the backdrop of delayed rupture of fetus membranes -17 (14.9%), breech presentation of the fetus 14 (12.3%) , premature placental abruption - 28 (24.6%), the presence of uterine scar -33 (28.9%) cases.

Conclusions. Thus, the analysis of historical data led to the conclusion that, if there is a risk of pre-eclampsia pregnancy and childbirth occur with specific clinical symptoms of pre-eclampsia: high frequency, early appearance, persistent and recurrent, causing significant gestational and perinatal complications. The factors that most often result in the development of pre-eclampsia are kidney and urinary tract diseases, pre-eclampsia in a previous pregnancy, genetic predisposition, chronic hypertension, alimentary obesity, obstetric extreme age of the woman.

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