

IMPORTANCE OF STUDYING OF OUTCOMES AND COMPLICATIONS OF THE VESICLE DRIFT

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Abstract: *the vesical drift takes the leading place in gynecologic practice, including two versions and representing a consecutive chain of biologically interconnected diseases, namely a full and partial vesical drift recently. The gestational trophoblastic disease belongs to kurabelic tumors because has high sensitivity of its cells to himiopreparata that is justification of use of himiopreparat in treatment of a vesical drift. In recent years there were numerous publications in which generally are considered the frequency of trophoblastic tumors, and their communication with pregnancy and childbirth.*

Keywords: *obstetrics and gynecology, trophoblastic tumors, vesical drift, complications, prevention.*

ЗНАЧИМОСТЬ ИЗУЧЕНИЯ ИСХОДОВ И ОСЛОЖНЕНИЙ ПУЗЫРНОГО ЗАНОСА

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Аннотация: *пузырный занос в последнее время занимает ведущее место в гинекологической практике, включающий в себя две разновидности и представляющий последовательную цепь биологически взаимосвязанных заболеваний, а именно полный и частичный пузырный занос. Гестационная трофобластическая болезнь относится к курабельным опухолям, в связи с тем, что обладает высокой чувствительностью ее клеток к химиопрепаратам, что является обоснованием использования химиопрепаратов в лечении пузырного заноса. В последние годы появились многочисленные публикации, в которых в основном рассматриваются частота трофобластических опухолей, и их связь с беременностью и родами.*

Ключевые слова: акушерство и гинекология, трофобластические опухоли, пузырный занос, осложнения, профилактика.

The vesical drift takes the leading place in gynecologic practice, including two versions and representing a consecutive chain of biologically interconnected diseases, namely a full and partial vesical drift recently. The gestational trophoblastic disease belongs to kurabel tumors because has high sensitivity of its cells to himiopreparata that is justification of use of himiopreparat in treatment of a vesical drift. In recent years there were numerous publications in which generally are considered the frequency of trophoblastic tumors, and their communication with pregnancy and childbirth [1, 4, 7].

Today yet there is no clear idea of the causes of forms of a vesical drift that significantly complicates the solution of a number of questions, connected with diagnostics, treatment and prevention of this pathology. In this regard further studying of different aspects of a vesical drift, the reasons and mechanisms of development of a disease is necessary. Results of numerous researches in genesis of such factors as early first pregnancy, parity of pregnancy, disturbance of immunity, deficiency in food of vitamins A and C, the lack of proteins, inflammatory diseases of bodies of a small pelvis, genetic predisposition authentically established a significant role. The timeliness of holding preventive actions will allow to lower number of a recurrence and to come by a favorable outcome at the subsequent pregnancies [2, 3, 8].

Because in the last decades there are changes of a socioeconomic structure, the lack of a possibility of carrying out adequate observation and treatment increases incidence of the population of this pathology. Told demonstrates relevance of studying of a problem of a vesical drift at women and need of development of an algorithm of maintaining and treatment of this contingent of women [5, 10,13].

It is established that risk factors of a vesical drift are age 30 years, frequent abortions are more senior, a menarche is later. Clinically all forms of a vesical drift are characterized by bloody allocations, pains in the bottom of a stomach (19.2%), early toxicosis and lyuteinovy cysts (5.1%). According to ultrasonography diagnostic criterion of a vesical drift is increase in the sizes and volume of a uterus in 2 and more times for this term of a gestation [6, 9, 11, 12].

Taking into account it, further the purpose of our research will be definition klinik and morphological criterion of early diagnostics of various forms of a vesical drift for optimization of treatment and prevention. For achievement of the goal the following research problems will be solved: to study the frequency and structure of various forms of a vesical drift with identification of the risk factors contributing to their development; to define clinical, biochemical and biophysical indicators at

women at a vesical drift; to estimate efficiency of various methods of treatment and to develop measures of prevention of a vesical drift.

For performance of these tasks 20 women with a vesical drift from whom primipara – 8, multipara – 12 will be examined. Results of a research of blood test, including, on hormones will be used at pregnancy (a chorionic gonadotrophin of the person), definition of onkomarker and a klinik and morphological method of a research.

Thus, the conducted researches have scientific novelty which consists in studying of features of a current and complication of a vesical drift, identification clinical laboratory criterion of diagnostics of a vesical drift (ratios of levels of a chorionic gonadotrophin of the person, and - fetoprotein and onkomarker in peripheral blood) which will be predictively significant methods. Complex observation in the I trimester of pregnancy includes ultrasonography in dynamics, determination of the a chorionic gonadotrophin of the person levels and and-fetoproteida in peripheral blood. At increase in the a chorionic gonadotrophin of the person level against the background of decrease in alpha-fetoprotein determination of level of onkomarker in peripheral blood is necessary.

At a vesical drift after the carried-out aspiration biopsy of an endometrial in combination with chemotherapy (methotrexate) weekly control of the a chorionic gonadotrophin of the person level, onkomarker in peripheral blood is necessary. For the purpose of prevention purpose of folic acid within 3 months before planning of pregnancy and during the I trimester of pregnancy is necessary. Uses of aspiration biopsy of an endometrial in combination with monochemotherapy by the antagonist of folic acid is an effective method of treatment of various forms of a vesical drift.

References / Список литературы

1. *Gladkova O.V.* The analysis of mistakes in diagnostics and treatment of a trophoblastic disease // *Oncology questions*, 2002. № 3. P. 53-57.
2. *Beskova T. K., Kalinin A.V.* A research of the immune status at patients with a vesical drift // *Magazine of the A and G.*, 1981. № 9. P. 15-19.
3. *Dotsenko Yu.S.* Treatment tactics at a vesical drift., 1984. P. 19-22.
4. *Kovalyov N.M., Snetkova N.S.* The diagnostic value of tumoral markers in gynecology // *The Scientific bulletin of TMA*, 2000. № 2. P. 118 - 119.
5. *Kulakov V.I.* Replacement hormonal therapy // *Collection of articles. M.*, 2000. P. 188-196.
6. *Palsev M.A.* Modern approaches to studying of a pathogeny of diseases // *Bulletin of the Russian academy of medical sciences*. 1999. № 9. P. 22-25.
7. *Smetnik V.P.* Not operational gynecology, 1995. T. 1. P. 255-270.

8. Endoscopy in diagnostics, treatment and monitoring of female diseases // Under the editorship of *V.I. Kulakov and L.V. Adamyan*. M., 2000. 708 p.
9. *Boukerrou M., lainbaudie, et al.* Hysterectomy for benign lesions: what remains for the abdominal route? // *J. Gynecol. Obstet. Biol. Reproduction (Paris)*, 2001. Vol. 30. № 6. P. 584-589.
10. *Furuike S., Iio T., Yamazaki M.* Mechanical unfolding of single filamin II (ABR-280) molecules detected by atomic force microscopy // *FEBS Lett.*, 2001. Vol. 499. № 1. P. 72-75.
11. *Hu J., Khanna V., Jones M. et al.* Genomic alterations in uterine leiomyosarcoma: potential markers for clinical diagnosis and prognosis // *Genes, Chromosomes, Cancer*, 2001. Vol. 31. № 2. P. 117-124.
12. *Talati N.J.* The pattern of benign gestational trophoblastic disease in Karachi // *JPM A J Pak Med Assoc.*, 1998. № 48 (10). P. 296-300.
13. *Quade B.J., Dal Cin P., Neskey D.M. et al.* Gestational trophoblastic disease: molecular and cytogenetic analysis of a case // *Mol. Pathol.* 2002. Vol. 15. № 3. P. 351-356.