



MODERN THERAPEUTIC TACTICS FOR EPILEPSY DURING PREGNANCY

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✓ *Resume*

Epilepsy has been known since ancient times, in ancient Greece and Rome it was believed that the gods sent this disease to a person leading an unrighteous life. Already in 400 BC Hippocrates wrote the first treatise "On the sacred disease"; the greatest doctor of antiquity believed that seizures are provoked by winds, cold and the sun, changing the consistency of the brain.

In the modern understanding, epilepsy is a chronic brain disease of various etiologies, characterized by a constant predisposition to the generation of seizures and their neurobiological, cognitive, psychological and social consequences.

Epilepsy is registered with a frequency of up to 1% in the population and is considered one of the most common neuropsychiatric diseases.

The onset of epilepsy during pregnancy may be associated not only with brain tumors, but also with cardiovascular pathology, collagenoses, cerebral aneurysms, cavernous hemangiomas, arteriovenous malformations. The possibility of developing seizures of epilepsy for the first time in childbirth is acceptable, and during pregnancy — even the manifestation of epileptic status in women who have not been ill. Therefore, the so-called gestational epilepsy can be symptomatic, genetic, and it is possible to have generalized and focal seizures during pregnancy, during childbirth and for a year after childbirth.

Keywords: epilepsy, pregnancy, therapeutic tactics, brain.

СОВРЕМЕННАЯ ТЕРАПЕВТИЧЕСКАЯ ТАКТИКА ПРИ ЭПИЛЕПСИИ ВО ВРЕМЯ БЕРЕМЕННОСТИ

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✓ *Резюме*

Эпилепсия известна с древнейших времен, в Древней Греции и Риме считалось, что боги насылают эту болезнь на человека, ведущего неправедную жизнь. Уже в 400 г. до н. э. Гиппократом был написан первый трактат «О священной болезни»; величайший врач древности полагал, что приступы провоцируются ветрами, холодом и солнцем, изменяющими консистенцию мозга.

В современном понимании эпилепсия — это хроническое заболевание головного мозга различной этиологии, характеризующееся постоянной предрасположенностью к генерации приступов и их нейробиологическим, когнитивным, психологическим и социальным последствиям.

Эпилепсия регистрируется с частотой до 1% в популяции и считается одним из наиболее распространенных психоневрологических заболеваний.

Дебют эпилепсии во время беременности может быть связан не только с опухолями головного мозга, но и с сердечно-сосудистой патологией, коллагенозами, церебральными аневризмами, кавернозными гемангиомами, артериовенозными мальформациями. Допустима возможность развития приступов эпилепсии впервые в родах, а во время беременности — даже проявление эпилептического статуса у женщин, не болевших. Поэтому так называемая гестационная эпилепсия может быть симптоматической, генуинной, причем возможно появление приступов генерализованного и фокального характера во время беременности, в родах и на протяжении года после родов.

Ключевые слова: эпилепсия, беременность, терапевтическая тактика, головной мозг.

ҲОМИЛАДОРЛИК ПАЙТИДА ЭПИЛЕПСИЯ УЧУН ЗАМОНАВИЙ ТЕРАПЕВТИК ТАКТИКА

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✓ Резюме

Эпилепсия қадим замонлардан бери маълум бўлган, қадимги Юнонистон ва Римда худолар бу касалликни адолатсиз ҳаёт кечирадиган одамга юборган деб ишонишган. Милоддан аввалги 400 йилда Гиппократ "муқаддас касаллик тўғрисида" биринчи рисоласини ёзган; антик даврнинг энг буюк шифокори соқчилик мианинг мустаҳкамлигини ўзгартириб, шамол, совуқ ва қўёш томонидан кўзгатилганига ишонган.

Замонавий тушунчада эпилепсия-бу турли хил этиологияларнинг сурункали мия касаллиги бўлиб, соқчилик авлодига доимий мойиллик ва уларнинг нейробиологик, когнитив, психологик ва ижтимоий оқибатлари билан тавсифланади.

Эпилепсия популяцияда 1% гача бўлган частотада рўйхатга олинади ва энг кенг тарқалган нейрорепсихиатрик касалликлардан бири ҳисобланади.

Ҳомиладорлик пайтида эпилепсиянинг боиланиши нафақат мия шиши билан, балки юрак-қон томир патологияси, коллагенозлар, мия аневризмалари, каверноз гемангиомалар, артериовеноз малформациялар билан ҳам боғлиқ бўлиши мумкин. Тугруқда биринчи марта эпилепсия тутқаноқларининг ривожланиши, ҳомиладорлик пайтида эса — ҳатто эпилепсия бўлмаган аёлларда эпилептик ҳолатнинг намоён бўлиши жоиздир. Шунинг учун ҳомиладорлик эпилепсияси симптоматик, генетик бўлиши мумкин ва ҳомиладорлик пайтида, тугруқ пайтида ва тугруқдан кейинги бир йил давомида умумий ва фокал тутилишлар бўлиши мумкин.

Калит сўзлар: эпилепсия, ҳомиладорлик, терапевтик тактика, мия.

Relevance

Epilepsy belongs to a high-risk group of diseases. Maternal mortality in epilepsy is 10 times higher than in patients without this disease.

The incidence of epilepsy in the population reaches 1%, from 25 to 40% of patients are women of childbearing age. According to other data, about 1% of pregnant women suffer from epilepsy, and in 13% of women the manifestation of the disease occurs during pregnancy and in 14% seizures are observed exclusively during pregnancy (the so-called gestational epilepsy). Every year, about 0.3–0.4% of newborns are born to mothers suffering from epilepsy.

Epilepsy is one of the widespread diseases that is observed in about 50 million people, or 0.4-1% of the world's population [4,7]. It is also one of the most common chronic pathologies found in obstetric practice. Epilepsy affects every one of 200 pregnant women, which is 0.5% of all pregnancies [8]. Epilepsy can complicate the course of pregnancy and lead to the development of congenital anomalies in newborns. Undesirable effects of psychotropic drugs on the fetus and newborn are possible: structural disorders (congenital anomalies), acute neonatal effects manifested by intoxication and withdrawal syndrome, intrauterine death, intrauterine growth retardation, neuropoedecenal teratogenicity. There are different opinions about the course of epilepsy in pregnant women and the effect of pregnancy on the epilepsy clinic, methods of pregnancy management, methods of delivery. Some authors [1,6,9] note an improvement in the course of the underlying disease during pregnancy, while others [3,5,11] express the opposite opinion, believing that pregnancy adversely affects the course of the epileptic process, causing its exacerbation or manifestation. According to Barbara Tettenborn et al. [6], observations of patients during pregnancy revealed a decrease in the number of seizures in 67% of cases, their complete cessation in 21% of cases and an increase in 33% of cases. According to generalized data [4,8], exacerbation of epilepsy during pregnancy is observed in approximately 10% of cases, in 5% there is a decrease in the frequency of seizures, and in 85% there is no significant change in the frequency of seizures. Rheumatic and traumatic epilepsy during pregnancy is characterized by progrediency [2,9].

The purpose of the study. Summary of the main provisions that should be followed in practical work. It should be noted that we have not encountered any gross errors in pregnancy management in patients with epilepsy over the past 2-3 years.

Materials and methods

The analysis of the course of pregnancy and childbirth in 129 women with cryptogenic epilepsy for the period from 2019 to 2020 was carried out.

The results of the study

In the study group (n = 129), 14 (10.8%) pregnant women received valproates at a daily dosage of 1000 mg or more in monotherapy or in combination with other anticonvulsants at the conception stage. The analysis of own data shows that the frequency of seizures occurred in every fourth pregnant woman, more often in the II and III trimesters (26.3% and 22.5%, respectively), which required the introduction of additional PEP in 9 pregnant women (7.0%).

In 58 (45.0%) of the patients examined by us, childbirth was the first, there were 12 (9.3%) primiparous over 30 years old. The most frequent causes of hospitalization were fetoplacental insufficiency (n = 17; 13.2%) and the threat of termination of pregnancy at various gestation periods (n = 36; 27.9%), however, in 11 of 36 cases (30.6%) pregnant women were hospitalized with the wording "threat of termination of pregnancy" after the development of a convulsive attack. Pregnancy-related edema developed in 38 (29.5%) women. An analysis of the initial antiepileptic therapy of patients showed that 74 women received drugs in the monotherapy regime, defined as the "gold standard" of epilepsy treatment. Among the examined 3 patients independently canceled the PEP, and one reduced the dosage after establishing the fact of pregnancy.

The most common causes of hospitalization were fetoplacental insufficiency (13.2%) and the threat of termination of pregnancy (27.9). Edema developed in 38 (29.5%) women, moderate preeclampsia — in 2 (1.6%) patients.

Urgent spontaneous labor occurred in 83.7% of pregnant women, including one patient with twins and one patient with a scar on the uterus after cesarean section for epilepsy.

Vacuum extraction of the fetus was performed in 3 (2.3%) pregnant women, cesarean section — in 18 (14%) patients, and only in 3 of them epilepsy was the main indication for operative delivery.

97.69% of newborns were born in a satisfactory condition, three (2.31%) children were born in a state of moderate asphyxia. At the fifth minute, the Apgar score for all children was 8 and 9 points.

Conclusion

Thus, the effectiveness of the proposed method of monitoring patients with epilepsy during pregnancy allows us to recommend its wide application in practical healthcare. The algorithm of preparation for pregnancy, management of pregnancy and childbirth is presented in the diagram.

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Entered 09.03.2022