New Day in Medicine
Новый День в Медицине
NDM

TIBBIYOTDA YANGI KUN

Ilmiy referativ, marifiy-ma'naviy jurnal

AVICENNA-MED.UZ

ISSN 2181-712X.
EiSSN 2181-2187

6 (56) 2023

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НОВЫЙ ДЕНЬ В МЕДИЦИНЕ

NEW DAY IN MEDICINE

Илмий-рефератив, маънавий-маърифий журнал
Научно-реферативный,
духовно-просветительский журнал

УЧРЕДИТЕЛИ:

БУХАРСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ ИНСТИТУТ
ООО «ТИББИЁТДА ЯНГИ КУН»

Национальный медицинский исследовательский центр хирургии имени А.В. Вишневского является генеральным научно-практическим консультантом редакции

Журнал был включен в список журнальных изданий, рецензируемых Высшей Аттестационной Комиссией Республики Узбекистан (Протокол № 201/03 от 30.12.2013 г.)

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6 (56)

2023

ИЮНЬ

Received: 20.05.2023, Accepted: 30.05.2023, Published: 15.06.2023.

UDC 618.39-089.88877

EVALUATION OF THE INFLUENCE OF CLINICAL FACTORS IN PREMARY HYPOTHESIS

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✓ ***Resyume***

In recent years, premature birth - protection of mother and child remains a medical and social problem. According to the World Health Organization (WHO), 70% of early neonatal deaths and 65-75% of child deaths are due to premature babies. Premature births occur in 5-15% of all pregnancies, and this rate is increasing year by year. About 15 million babies are born prematurely in the world . Approximately one million children die each year from complications of preterm birth. Perinatal mortality in premature births is 33 times higher than in term births. The frequent occurrence of premature births, as well as the high perinatal mortality in them, in turn, require the development of measures for early diagnosis and treatment of this pathology.

Key words: premature discharge of amniotic fluid, premature birth, perinatal death, vaginal microbiota, infection

ОЦЕНКА ВЛИЯНИЯ КЛИНИЧЕСКИХ ФАКТОРОВ НА ПРЕДВАРИТЕЛЬНУЮ ГИПОТЕЗУ

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✓ ***Резюме***

В последние годы преждевременные роды - защита матери и ребенка остаются медико-социальной проблемой. По данным Всемирной организации здравоохранения (ВОЗ), 70% ранних неонатальных смертей и 65-75% детских смертей приходится на недоношенных детей. Преждевременные роды происходят в 5-15% всех беременностей, и этот показатель увеличивается с каждым годом. В мире преждевременно рождаются около 15 миллионов детей. Ежегодно от осложнений преждевременных родов умирает около миллиона детей. Перинатальная смертность при преждевременных родах в 33 раза выше, чем при доношенных. Частое возникновение преждевременных родов, а также высокая перинатальная смертность у них, в свою очередь, требуют разработки мероприятий по ранней диагностике и лечению данной патологии.

Ключевые слова: преждевременное излитие околоплодных вод, преждевременные роды, перинатальная смерть, микробиота влагалища, инфекция.

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✓ ***Rezyume***

So‘nggi yillarda muddatidan avval tug‘ruq – ona va bolani himoya qilish tibbiy-ijtimoiy muammo bo‘lib qolmoqda. Jahon sog‘likni saqlash tashkiloti (JSST) ma’lumotlariga ko‘ra,erta neonatal o‘lim holatining 70% va bolalar o‘lim holatining 65-75% yetilmay tug‘ilgan chaqaloqlar ulushiga to‘g‘ri kelmoqda. Muddatidan avval tug‘ruqlar barcha homiladorliklarning 5-15% holatida kuzatilmoqda, bu ko‘rsatkich yildan yilga oshib bormoqda. Dunyoda 15 millionga yaqin go‘daklar muddatidan avval tug‘iladi. Taxminan bir million bola har yili muddatdan avvalgi tug‘ruq asoratlari oqibatida nobud bo‘ladi. Muddatidan avval tug‘ruqlarda perinatal o‘lim holati o‘z muddatida ro‘y beradigan tug‘ruqqa nisbatan 33 marotaba yuqori bo‘lmoqda.

Kalit so'zlar: muddatdan oldin qog'onoq suvining ketishi, muddatidan avval tug'ruq, perinatal o'lim, qin mikrobiotasi, infeksiya

Relevance

In recent years, premature birth - protection of mother and child remains a medical and social problem. According to the World Health Organization (WHO), 70% of early neonatal deaths and 65-75% of child deaths are due to premature babies. Premature births occur in 5-15% of all pregnancies, and this rate is increasing year by year. About 15 million babies are born prematurely in the world [1,2,3]. Approximately one million children die each year from complications of preterm birth. Perinatal mortality in premature births is 33 times higher than in term births. The frequent occurrence of premature births, as well as the high perinatal mortality in them, in turn, require the development of measures for early diagnosis and treatment of this pathology. Globally, complications that occur during pregnancy, including premature birth Special attention is being paid to scientific research aimed at the development of the risk of stroke, its early stage diagnosis, treatment and improvement of preventive methods [4,5]. In this regard, to determine the risk factors of the onset of labor before the term determination of intestinal and vaginal microbiota in pregnant women assessment of adverse pregnancy outcomes determine whether women have a genetic predisposition to the risk of premature birth determination of biochemical and immunological markers in the diagnosis of the disease to determine the predictors of the development of premature labor assessment of some biochemical and hormonal parameters in blood and saliva determination of changes in some indicators of hemostasis against the background of the risk of premature birth in pregnant women developing an algorithm for managing the disease, determining treatment and preventive measures against the risk of premature birth is one of the urgent problems facing specialists. 35-60% of the causes of neonatal morbidity and mortality after premature birth are premature amniocentesis. According to statistics, every year about one million die due to premature birth complications (mortality up to 28%) 8-10% of surviving children have cerebral palsy, 5-8% mental retardation, 3-5% decompensated hydrocephalus, 2-3% epilepsy, 3% vision loss and 1% hearing loss. hardens average disability is about 44%. Out of date before paper water gone pregnant Women in the anamnesis from the deadline before birth, repeated abortion is observed. 88.8 % in women vagina and uterus on the neck contagious pathology was, their in half cervicitis diagnosis placed are patients [8,9,10].

The purpose of the study is to evaluate the effect of the main clinical factors on premature rupture of membranes at 24-33 weeks of pregnancy.

Materials and methods

Research Bukhara in the regional perinatal center was conducted. 119 pregnant women in the study women to 2 groups divided into:

1) Control group - fetus bladder complete has been 27 healthy women on term paper water gone and childbirth happen was _

2) Basic group - at 24-33 weeks of pregnancy from the deadline before paper gone and 92 people who gave birth woman _

All cases childbirth natural childbirth through happen was. Research pregnant Women consent based on take went. In the study the following diseases observed pregnant Women excluded: minor groin members oncological diseases, autoimmune, acute and chronic inflammation diseases as well as examination on time oncological diseases, heart and blood vein, breath get, liver or kidney deficiency

decompensation stage, AVO and Rh isosensitization or HIV infection played pregnant women Control and main in the group pregnant of women exchange cards and childbirth medical card was studied.

Results and discussion

18-40 years old in the study pregnant, Women participation did _ (Table 1). In the survey n=67 of the participants (55.8%) are between 21 and 29 years old in general from the number (n=119) a lot Women the number organize does _ 30 and from him big 48 people of age female (40%) and 5 under 20 years old (4.2%). a woman in research participation did before paper water gone pregnant women comparison and control in the group young differences not identified (Table 1).

Table 1

Pregnant women to age looking to compare

Indicators	Check groups		Statistics indicators
	Control group	Main group	
Age, year -Me (Q1,Q3)	28 (2632)	28(28,31,5)	U=0.47, p=0.641

Note: [1] - Mann-Whitney test used _

Groups in the middle blood groups and Rh- factor learning between differences not identified , but MOCSK is pregnant of women main the amount is 2 blood belonging to the group (40%) of women lowest percentage _ the fourth blood to the group have was (7%) (Table 2).

Table 2 Blood groups and the Rh factor learning

Indicators		Check groups		Groups between collision
		Main (n=27)	MOSCOW (n=92)	
Blood group, n (%)	O(I)	11 (40%)	30(33%)	$\chi 2$=0.7, p=0.882
	A (II)	9 (33%)	37(40%)	
	B (III)	6(22%)	19 (21%)	
	AB (IV)	1 (4%)	6 (7%)	
Negative Rh, n (%)		4 (15%)	19 (26%)	$\chi 2$=0.4, p=0.55

Note: 1 - Mann-Whitney test used 2 - from this after χ 2 -squared test applied.

Presentation done as can be seen from the table (Table 3). She is pregnant of women main group and control in the group somatic of diseases in the structure significant differences no was , this chronic of diseases to MOSCK negative effect that there is no shows.

Table 3 Control and main individual extragenital in the group of diseases appear to be frequency

Indicators, n(%)	Check groups		Groups between comparison
	Control (n=27)	Main (n=92)	
Endocrinological diseases	3(11%)	14 (15%)	p=0.76
Anemia	1(4%)	12(13%)	p=0.29
VSD	5(19%)	15(16%)	p=0.76
Gastritis	2(7%)	8(9%)	p=1.00
Bronchitis	1(4%)	5(5%)	p=1.00
Myopia	2(7%)	10 (11%)	p=0.73
Kidney diseases	2(7%)	5(5%)	p=0.66

Note: 1 - Fisher's sure test used _

Pregnant Women in the anamnesis gynecological diseases analysis control group and with MOCSK sick pregnant Women group in the middle statistics in terms of important differences was not detected (Table 4).

Table 4

Main individual gynecological in the group of diseases appear to be frequency and control

Indicators	Check groups		Groups between comparison
	Control group (n=27)	Main group (n=92)	
Uterus neck ectopia	6 (22%)	32 (35%)	$\chi 2$=1.5, p=0.22
Endometriosis	0 (0%)	4 (4%)	p=0.57
Chronic adnexitis	2 (2%)	6 (7%)	p=1.00
Bacterial vaginosis	4 (15%)	6 (7%)	p=0.23
Ovary cyst	1 (4%)	3 (3%)	p=1.00
Uterus myoma	2 (7%)	6 (7%)	p=1.00
Chronic endometritis	0 (0%)	6 (7%)	p=0.34

Note: 1 - χ 2 -squared test used 2 - from this after Fisher's sure test applied.

Main and control JYOYK indicators in the group are in 5 tables shown.Main indicators of JYOYK in the group much higher (65% to 19%, p < 0.001), as well as Candida albicans (18% to 0%, p = 0.01) and Chlamydia trachomatis (14% to 0 %, p = 0.01) higher level № 5

Table 5

Main and control in the group JOYK's spread indicators

Indicators, n (%)		Check groups		Groups between to compare
		Control group (n=27)	Main group (n=92)	
JOY		5 (19%)	60 (65%)	$\chi 2$=18.0, p<0.001
Including _	Staphylococcus aureus	0 (0%)	3 (3%)	p=1.002
	Candida albicans	0 (0%)	17 (18%)	p=0.01
	Herpes simplex 1,2	0 (0%)	6 (7%)	p=0.34
	Chlamydia trachomatis	0 (0%)	13 (14%)	p=0.04

2 nd group reproductive function analysis to do the following classified: main in the group the third pregnancy share or from him a lot has been women (57% to 26%, p=0.005), the first pregnant has been Women share less (12% to 41%, p=0.001). Statistics in terms of main in the group control to the group than of women share pregnancy loss history with (32% against 0%, p=0.001) and abortion (by 57%). vs. 19%, p=0.001) (Table 6) rate significant high _

Table 6

Control and main in group's obstetrics anamnesis

Indicators , n (%)		Check groups		Groups between to compare	
		Control group (n=27)	Main group (n=92)	Omnibus test	Couple comparison
Pregnancy parity	1st	11 (41%)	11 (12%)	$\chi2$=13.3, p=0.001	p=0.001
	2nd	9(33%)	29 (32%)		p=0.89
	3rd and from him more than	7 (26%)	52 (57%)		p=0.005
Lost pregnancy history		0(0%)	29(32%)	$\chi2$=11.3, p=0.001	
Number of abortions		5(19%)	52(57%)	$\chi2$=12.1, p=0.001	

Control group and main in the group development analysis when doing, statistics important differences not found (Table 7). But the main thing in the group of women in most of them from the deadline before birth (49%) cont did, this paper curtain thin shape and his rupture pathological uterus reduction with dependence shows.

Table 7 Control and main in groups a lot occurring diseases frequency

Indicators , n (%)	Check groups		Groups between to compare
	Control group (n=27)	Main group (n=92)	
Fetus drop off danger	14(52%)	45 (49%)	$\chi2$=0.1, p=0.79
Placenta down location	4 (15%)	14 (15%)	p=1.002
ORK	4 (15%)	5 (5%)	p=0.12
It's early toxicosis	2 (7%)	7 (8%)	p=1.00
Plansetenta ahead lie down	0(0%)	4 (4%)	p=0.57
Isthmic-cervical deficiency	0 (0%)	4 (4%)	p=0.57

Control in groups from birth next of the period complications not defined. Pregnancy and his complications level in determining hemoglobin, hematocrit, leukocytes, LII, total protein, variable transaminases indicators and paper water when he left sure the time to know very important. Main the group control group with compared to, from term before paper water since leaving next the first on the day hemoglobin level to 129 (121-132). Compared to 121 (111 129.5) g / l (p = 0.03) organize did and leukocytes of concentration an increase of 13.7(8.217.2)×109 U/L and 6.7(6.6–7.6)×109 U/L (p<0.001) was observed .

Table 8 Control and main of group's biochemical indicators

Indicators, n (%)	Check groups		Groups between to compare
	Control group (n=27)	Main group(n=92)	
HB, g/l	129(121132)	121 (111129.5)	2.20, p=0.03
HT	0.36(0.340.4)	0.36 (8.217.2)	0.22, p=0.82
Leukocyte 10^9 Ed/l	6.7 (6.66.7)	13.7 (8.217.2)	$\chi 2=5.76$, $p<0.001$
LII	1.2 (1.11.4)	1.2 (1.11.4)	0.48, p=0.63
General protein g/l	67 (6471)	67 (6371.6)	0.12, p=0.91
ALT, Ed	15(1317)	16 (1221)	1.41, p=0.16
AST,Ed /l	24.5 (21:30)	22 (2128)	0.72, p=0.47

Conclusion

In conclusion**,** at 24-33 weeks of pregnancy from the deadline before paper of the veil rupture blood in serum leukocytes (from 13 × 109 U / l high) level increase, pregnant of a woman parity (first , third and from him a lot pregnancy), in the anamnesis of abortions existence , sex road with contagious infections pathogens transportation with depends .

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Entered 20.05.2023