



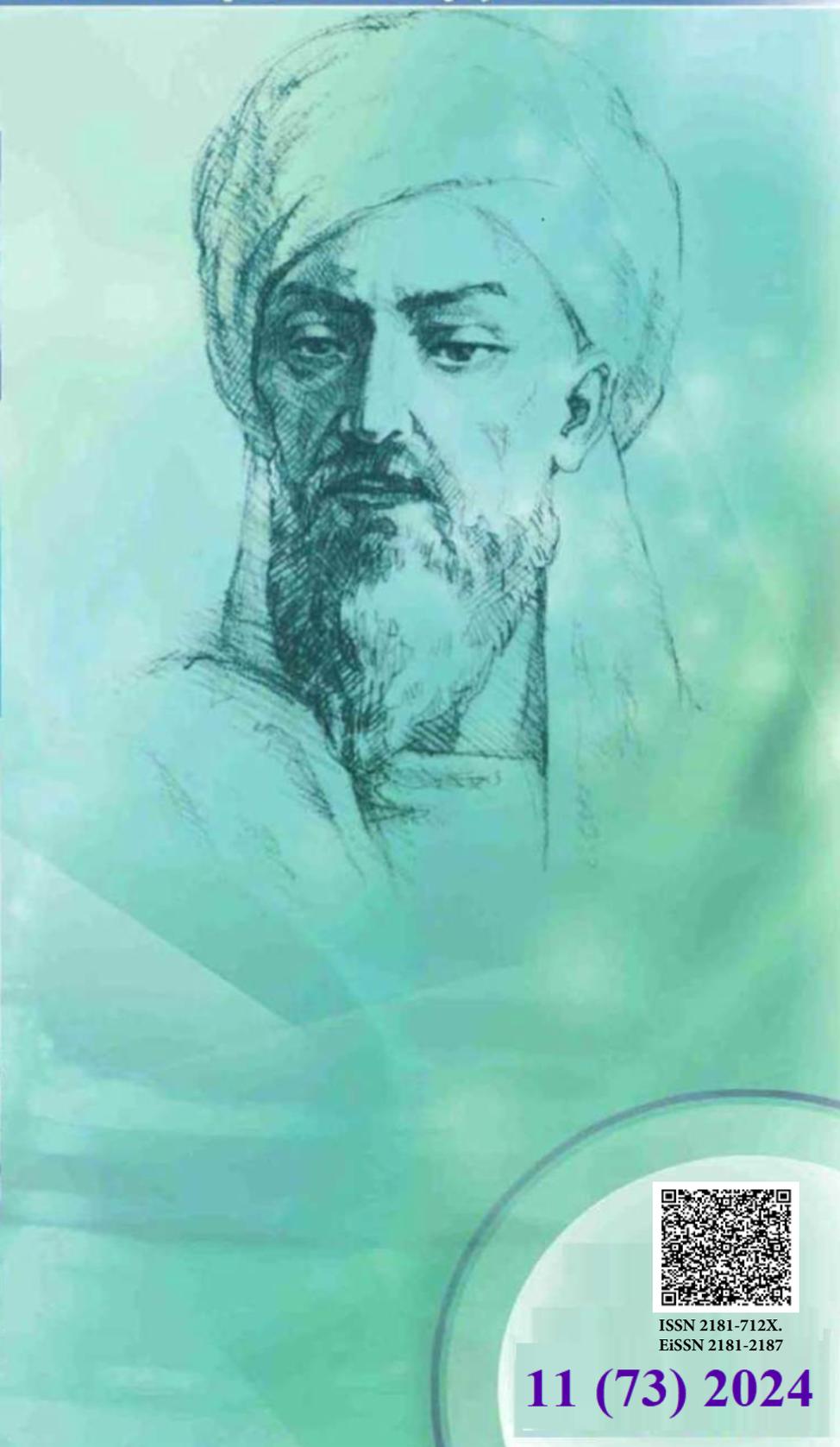
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НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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www.bsmi.uz

https://newdaymedicine.com E:

ndmuz@mail.ru

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**PREECLAMPSIA DURING PREGNANCY AND ITS PREVALENCE AMONG
PREGNANT WOMEN** (literature review)

Shukrullayeva G.J. <https://orcid.org/0009-0007-2946-334X>

Axmedov A.B. Email: AxmedovA@mail.ru

Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan, Bukhara, st. A. Navoi. 1

Tel: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ **Resume**

Preeclampsia is a complication of pregnancy and a major disease of the mother. Factors in the pathogenesis of preeclampsia. The most common dental diseases during pregnancy. According to the leading hypothesis of the body, preeclampsia is basically two stages of important pathological lesions. Preeclampsia is a contributor to the spread in advanced and developing areas. Prevalence of periodontal disease in pregnant women. Chronic inflammatory oral infection in periodontal diseases is a risk factor that accelerates the development of preeclampsia.

Key words: preeclampsia, proteinuria, myometrial arterial blood vessels, placental perfusion, endothelial dysfunction, dental plaques.

**ПРЕЭКЛАМПСИЯ ВО ВРЕМЯ БЕРЕМЕННОСТИ И ЕЕ РАСПРОСТРАНЕННОСТЬ
СРЕДИ БЕРЕМЕННЫХ ЖЕНЩИН** (литературный обзор)

Шукруллаева Г.Ж. <https://orcid.org/0009-0007-2946-334X>

Ахмедов А.Б. Email: AxmedovA@mail.ru

Бухарский государственный медицинский институт имени Абу Али ибн Сины, Узбекистан,
г. Бухара, ул. А. Навои. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ **Резюме**

Преэклампсия является осложнением беременности и основным заболеванием матери. Факторы патогенеза преэклампсии. Наиболее распространенные стоматологические заболевания во время беременности. Согласно ведущей гипотезе организма, преэклампсия в основном представляет собой две стадии важных патологических поражений. Преэклампсия является фактором распространения в развитых и развивающихся областях. Распространенность заболеваний пародонта у беременных женщин. Хроническая воспалительная инфекция полости рта при заболеваниях пародонта является фактором риска, который ускоряет развитие преэклампсии.

Ключевые слова: преэклампсия, протеинурия, артериальные кровеносные сосуды миометрия, плацентарная перфузия, эндотелиальная дисфункция, зубные бляшки.

**ҲОМИЛАДОРЛИК ДАВРИДАГИ ПРЕЭКЛАМПСИЯ ВА УНИНГ ҲОМИЛАДОР
АЁЛЛАР ОРАСИДА ТАРҚАЛИШИ** (адабиётлар шарҳи)

Шукруллаева Г.Ж. <https://orcid.org/0009-0007-2946-334X>

Ахмедов А.Б. Email: AxmedovA@mail.ru

Абу Али ибн Сино номидаги Бухоро давлат тиббийёт институти, Ўзбекистон, Бухоро, А.
Навои кўчаси. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ Резюме

Презкламсия – ҳомиладорлик асорати ва онанинг кўп аъзоли тизимли касаллиги. Презкламсия патогенезидаги омиллар. Ҳомиладорлик даврида энг кўп учрайдиган тиш касалликлари. Ҳозирги етакчи гипотезага кўра презкламсия асосида икки босқичдан иборат бўлган патологик жараёнлар. Презкламсия ривожланган ва ривожланаётган мамлакатларда тарқалиш кўрсаткичи. Ҳомиладор аёлларда парадонт касалликларининг тарқалиши. Парадонт касалликларида сурункали яллиғланишли оғиз бўйлиги инфекцияси - приекламсия ривожланишини тезлаштирувчи хавф омилларидан биридир.

Калит сўзлар: презкламсия, протеинурия, миометриал артериал қон-томирлар, плацента перфузияси, эндотелиал дисфункция, тиш бляшкалари.

Relevance

Another pregnancy complication that has received attention in recent dental research is preeclampsia. Preeclampsia is a maternal multiorgan disease characterized by hypertension (systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg) in the second half of pregnancy with proteinuria (≥ 300 mg/24 hours or 2+ gauge) manifests with and is often accompanied by various dysfunctions of major organs such as the liver, kidneys, and brain [8]. It is one of the main causes of death among maternal and fetal diseases in western countries, with a prevalence of about 2-8% [18]. Several factors are involved in the pathogenesis of preeclampsia, including genetic, immunological, inflammatory, ethnic, socioeconomic, and environmental factors, but the exact cause and pathogenesis have not yet been fully elucidated.

According to the current leading hypothesis, preeclampsia is based on a pathological process consisting of two stages [18]. The first stage begins with abnormal placentation and disruption of myometrial arterial blood vessel remodeling that supplies the placental mesh [17]. This remodeling disorder is probably the result of a low influx of trophoblasts into the myometrial arteries [10]. As a result, the increased needs of the growing fetus are no longer met due to insufficient placental perfusion in the second half of pregnancy. This then leads to placental oxidative stress and the release of various bioactive factors into the maternal circulation [18]. These bioactive factors include TNF- α and IL-6 [4] as well as syncytiotrophoblast membrane microparticles (STBM) that can fight maternal inflammatory cells [2]. They also contain antiangiogenic factors such as soluble endoglin (sEng), the soluble form of the vascular endothelial growth factor (VEGF) receptor (sFlt-1), and placental growth factor (PlGF), which may act against the maternal vascular endothelium [6]. This can lead to the second stage, endothelial dysfunction and excessive inflammatory response leading to the main clinical signs of the syndrome [11, 18]. Therefore, preeclampsia is probably the result of a general increase in the inflammatory response, including inflammation and activation of endothelial cells [7, 10].

In addition to abnormal placentation, other maternal factors that predispose to a pre-inflammatory state, such as obesity, diabetes and chronic infection, may play a role in the pathogenesis of the syndrome [3].

The prevalence of preeclampsia is 2% to 5% in developed countries. In developing countries, the prevalence of preeclampsia is more than 10%, and this condition is the main cause of maternal death [8].

The results of several studies indicate that chronic inflammatory oral infection in periodontal disease is highly likely to be associated with a risk factor that accelerates the development of preeclampsia [5, 9, 12, 13, 16, 19]. Between 20% and 50% of periodontal disease can be observed among pregnant women, especially economically disadvantaged women are the main reason for this increase [14, 15].

In the pathology of this inflammation, dental plaque (a biofilm dominated by gram-negative anaerobic microorganisms) disrupts the system that maintains the integrity of the dental tissue, but primarily periodontal damage occurs mediated by inflammatory reactions [20, 21].

Conclusion

For this reason, today, the concept that prevention of periodontitis in preeclampsia is one of the reliable preventive measures has gained practical importance, because the state of preeclampsia is of great importance in the occurrence of periodontitis in pregnancy.

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