

CLINICAL AND ANAMNESTIC FEATURES OF THE COURSE OF TROPHOBLASTIC DISEASE IN WOMEN WITH UNDEVELOPED PREGNANCY

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Trophoblastic disease (TB) is characteristic only of pregnant women of reproductive age and occurs in 0.1-0.25% of all pregnancies. Cystic fibrosis is most often diagnosed among this pathology. Today, TB is a relatively rare pathology, and the urgency of its problem is quite high, since women of predominantly young childbearing age, sometimes under the age of 25, are susceptible to this disease. Despite the fact that there is a significant amount of research devoted to this problem, the causes of TB in women with an undeveloped pregnancy remain unclear.

The aim of the study was to evaluate the clinical characteristics of cystic fibrosis among women of reproductive age.

Research materials and methods: the study was conducted among 53 women of reproductive age who were treated at the Khorezm branch of the Republican Specialized Scientific and Practical Medical Center for Oncology and Radiology. The diagnosis of cystic drift was established morphologically. The studies included general clinical and gynecological studies, laboratory studies.

The results of the study: depending on the morphological data, the patients were divided into the following groups: Group I - a simple form of cystic fibrosis - 35 patients (67.2%), group II - patients with a proliferating form of cystic fibrosis - 14 patients (26.6%), group III - invasive cystic fibrosis - 4 patients (6.2%). The age of the women ranged from 21 to 43 years (on average, 31.0 ± 0.6 years). In group I, women aged 21-40 years significantly prevailed, women with proliferating cystic fibrosis were aged 31 to 40 years. When studying the reproductive history of the surveyed women, it was found that there were 13 (24.8%) first-time pregnant women, 40 (75.2%) second-time pregnant women who also had a history of undeveloped pregnancy. When studying menstrual function in women with cystic fibrosis, it was found that late menarche (60%) is a prognostically unfavorable sign, since such women are more likely to develop proliferating and invasive forms of cystic fibrosis. Gynecological

diseases were in the anamnesis in 55.7% of women: inflammatory diseases of the uterus and appendages - in 42.9%, cervical erosion - in 12.8%. Simple cystic fibrosis most often developed against the background of an undeveloped pregnancy (42.8%), after an incomplete spontaneous miscarriage (16.2%), against the background of the first pregnancy (37.8%), after an ectopic pregnancy (1.8%). The proliferating form of cystic fibrosis developed after spontaneous miscarriage in 41.6% of cases, frozen pregnancy in 35% of cases, childbirth in 8.6%, after ectopic pregnancy in 8.4%, and during the first pregnancy in 37.8%. The analysis of complaints showed that mostly women were concerned about spotting from the genital tract (75.4% of cases), pain in the lower abdomen and toxicosis (19.2%), the discrepancy between the size of the uterus and the gestation period occurred in 49.1% of cases. There were no significant differences in the clinical symptoms of the disease. With blistering, the level of human chorionic gonadotropin exceeded the standard values from 3 to 10 times with a gestational age of more than 12 weeks. All patients with cystic fibrosis underwent manual vacuum aspiration, while the effectiveness and sensitivity of this treatment method were 98.6%.

Conclusion: Women over the age of 30 and with blood groups I and II were significantly more likely to have a high risk of developing cystic fibrosis. One of the criteria for diagnosis may be the absence of a decrease in the level of chorionic gonadotropin in the blood serum after 12 weeks of pregnancy. All pregnant women in the first trimester of pregnancy need comprehensive dynamic monitoring for early diagnosis, which allows timely detection of complications of the gestational process, which, in turn, is the key to effective treatment.