Возможности коррекции плацентарной дисфункции у женщин с преэклампсией

Каримов А.Х., Давлетова Д.М.
Ташкентская медицинская академия, г. Ташкент, Узбекистан

Цель. Изучить возможности диагностики плацентарной дисфункции и ее коррекции у женщин с преэклампсией.

Материалы и методы. Обследованы 72 женщины с преэклампсией во II и III триместрах беременности на базе многопрофильной клиники Ташкентской медицинской академии с 2017 по 2019 г. Всем женщинам проводились клинические, лабораторные обследования, эхография, цветное допплерографическое картирование сосудов маточно-плacentарно-плодовой системы с допплерометрией скорости кровотока.
Possibilities of the correction of placental dysfunction in women with preeclampsia
Karimov A.Kh., Davletova D.M.
Tashkent Medical Academy, Tashkent, Uzbekistan

Objective. To study the possibilities of diagnosing placental dysfunction and its correction in women with preeclampsia.

Materials and methods. 72 women with preeclampsia in the 2nd and 3rd trimesters of pregnancy were examined at the multidisciplinary clinic of the Tashkent Medical Academy from 2017 to 2019. All women underwent: clinical, laboratory, echography, color Doppler mapping of the vessels of the uteroplacental-fetal system with Doppler analysis of blood flow velocity.

Results and discussion. Diagnostic criteria for placental dysfunction: the placenta acquires its echographic picture at the beginning of the 2nd trimester of pregnancy. During the 2nd and 3rd trimesters of pregnancy, the thickness of the placenta corresponds to 2-3.6 cm. A decrease of <2 cm is regarded as hypoplasia, an increase >4 cm as hyperplasia. Premature aging of the placenta was detected in 77.3 % of cases, the presence of cysts of the placental tissue – in 4.5 %, turbid amniotic fluid – 59.09 %, oligohydramnios – in 27.3 %. At 24th week, the fetal thigh length lag was less by 9.04 % (p<0.05). Doppler criteria for placental dysfunction: in almost equal proportions there are circulatory disorders in the uteroplacental and fetal-placental blood flow (28.2 and 27.7 %). Treatment of placental dysfunction in compensated form: was carried out according to the generally accepted method according to the national guidelines; 4.2 g of L-arginine (Tivortin, "Yuria-Pharm", Ukraine) was added to the complex therapy in the hospital in dosage 100 ml per day for 7 days. Then Tivortin aspartate was continued on an outpatient basis, orally, 20 ml (1 table spoon 4 times per day, 20 days). The effectiveness of therapy was monitored again after 2 weeks.

Conclusions. Timely initiation of therapy for uterine-fetal-placental blood flow disorders in the 2nd trimester was more effective than in the 3rd.

Keywords: pregnancy, preeclampsia, placental dysfunction, echodopplerography, L-arginine.