

THE ROLE OF THE DEVELOPMENT OF THROMBOCYTOPATHIES IN PREGNANT WOMEN WITH PRE-ECLAMPSIA AND THE PRINCIPLES OF THEIR CORRECTION.

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Annotation.

In the structure of maternal mortality in the Republic of Uzbekistan, one of the first places is occupied by obstetric bleeding, the second is preeclampsia, and the third is extragenital diseases. At the same time, it should be taken into account that in almost 80% of cases, bleeding is a consequence of preeclampsia (PE) and from a scientific point of view, it can be reasonably argued that I and II places should rightfully be for PE, therefore, this pathology is an urgent problem both scientifically and and practical obstetrics.

Key words: preeclampsia, spontaneous bleeding, thrombocytopathies, clexane.

Worldwide there is disagreement about many aspects of the classification, diagnosis, and management of the hypertensive disorders of pregnancy. This lack of consensus hampers our ability to study not only the immediate rates of adverse maternal and fetal outcomes for the various hypertensive disorders in pregnancy, particularly preeclampsia, but also the long-term health outcomes of women and babies who survive this condition. It also impacts on research into the pathophysiology of this condition and has almost certainly delayed the development of effective screening tests and treatments, leading to poorer pregnancy outcomes.

The causes of PE are multifactorial, complex and not fully understood. However, according to modern concepts, the leading role belongs to endothelial damage, changes in platelet function, changes in lipid metabolism, as well as immunological and genetic factors. According to many studies, the predominant number of pregnant women with preeclampsia have severe hypercoagulability with the development of DIC. The study of the functional properties of platelets of pregnant women with PE showed that changes in the adhesive-aggregation properties of platelets precede the involvement of the procoagulant link of the hemostasis system in the development of DIC.

A certain role of hemocoagulation disorders in the pathogenesis of PE has now been proven. However, many aspects of the development and progression of PE

during pregnancy are still far from being resolved. It has been established that during PE in pregnant women, platelet activation develops, which leads not only to their disseminated intravascular aggregation and damage to the walls of the vessel, but also inevitably to activation of blood coagulation and the development of DIC. To eliminate these disorders in the complex therapy of such patients, small doses of heparin, antiplatelet agents, vitamin E antioxidant, and fresh frozen plasma are used. The use of these drugs led to the correction of disorders in the hemostasis system. At the same time, the frequency of thrombohemorrhagic complications decreased by 2-3 times. However, in some cases, this therapy does not provide a sufficient corrective effect, which is probably due to high plasma heparin resistance in patients with DIC. The data accumulated to date suggest that this condition is due to a sharp increase in the content of acute phase proteins (APF), some of which have a high affinity for heparin and prevent its interaction with antithrombin III II.

It is possible to temporarily overcome the effect of BOF only by a sharp increase in the dose of administered heparin, however, this is fraught with the risk of bleeding and secondary depression of AT-III.

Purpose of the study: To study the platelet link of the hemostasis system and determine their role in the development of thrombohemorrhagic complications in preeclampsia and their prevention

Research methods: To assess the condition of women, the following will be carried out: a thorough collection and analysis of anamnestic data, a general blood test, a general urinalysis, a Nechiporenko urinalysis, a general examination, a gynecological and obstetric examination, blood biochemical parameters: total protein, bilirubin, urea, creatinine, enzymes (ALT), indicators of hemostasis. Dynamic cardiotocographic study (CTG). Study of the state of the platelet, procoagulant and fibrinolytic components of the hemostasis system.

Platelets are an important component of the hemostasis system: platelet adhesion to the site of vessel injury, aggregation, secretion of coagulation factors, subsequent clot retraction, spasm of small vessels and the formation of a white platelet thrombus stop bleeding in microcirculatory vessels with a diameter of up to 100 nm. Activation of the coagulation system induces the formation of fibrin on the surface of activated platelets and the formation of a full-fledged thrombus.

Clinical manifestations depend on the characteristics of qualitative and quantitative defects in platelets - the severity of the hemorrhagic syndrome can vary significantly and does not depend directly on the degree of the defect. With mild bleeding, there may be a tendency to bruising with small and minor injuries, at the site of compression with an elastic band; periodic non-abundant nosebleeds, family prolonged menstruation in women, etc. In the case of the development of a massive hemorrhagic syndrome, life-threatening blood loss may develop.

Conclusion: Preeclampsia is, at least in part, a disease of placentation/placental dysfunction and the fetus is potentially vulnerable to the effects of uteroplacental insufficiency, particularly fetal growth restriction and placental abruption.

1. In addition to the ideal schedule of a first trimester dating ultrasound and a midtrimester anomaly scan, fetal biometry, amniotic fluid volume assessment, and fetal Doppler waveform analysis should be performed at the first diagnosis of preeclampsia.

2. The ideal scanning schedule thereafter is determined by the presence (or absence) of fetal growth restriction at the initial assessment and the gestation at diagnosis.

We used a new approach to prevent obstetric bleeding against the background of preeclampsia using low molecular weight heparin Clexane, which contributes to the normalization of platelet function, the elimination of thrombophilic conditions, and heparin resistance. As a result of the implementation of the principles developed by us for managing women with PE, the frequency of obstetric bleeding will be reduced, which will reduce maternal morbidity and mortality in women, as well as reduce their disability as a result of preserving the main reproductive organ - the uterus.

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