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FEATURES OF THE COURSE OF CHRONIC VIRAL HEPATITIS B DURING PREGNANCY AND PERINATAL RESULTS

Rezyume: Parenteral viral hepatitis (VH) is one of the most important problems of modern hepatology and human infectious pathology, as the rates of growth and scale of prevalence on the globe are significantly higher than those of other infections. Thus, according to the WHO, 3-4 million people are infected each year with the hepatitis C virus, more than 240 million people have chronic liver damage caused by the hepatitis B virus.

Key words: pregnancy, hepatitis B, perinatal outcomes, hepatology, infection.

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ОСОБЕННОСТИ ТЕЧЕНИЯ ХРОНИЧЕСКОГО ВИРУСНОГО ГЕПАТИТА В ВО ВРЕМЯ БЕРЕМЕННОСТИ И ПЕРИНАТАЛЬНЫЕ РЕЗУЛЬТАТЫ

Резюме: Парентеральные вирусные гепатиты (ВГ) являются одной из наиболее важных проблем современной гепатологии и инфекционной патологии человека, так как по темпам прироста и масштабу распространенности на земном шаре они значительно превосходят заболеваемости другими инфекциями. Так, по данным ВОЗ ежегодно 3-4 миллиона человек инфицируются вирусом гепатита С,более 240 миллионов человек имеют хронические поражения печени, обусловленные вирусом гепатита В.

Ключевые слова: беременность, гепатит В, перинатальные исходы, гепатология, инфекция.

Introduction. Parenteral viral hepatitis (HCV) is one of the most important problems of modern hepatology and human infectious pathology, since they significantly exceed the incidence of other infections in terms of growth rates and prevalence on the globe [1, 2]. Thus, according to WHO, 3-4 million people are infected with the hepatitis C virus every year, more than 240 million people have chronic liver damage caused by the hepatitis B virus [3, 4, 5].

The detection rate of antibodies to hepatitis B and C in pregnant women ranges from 1-2.5% in Western Europe, the USA, Japan and Australia to 10% and higher in some countries of Africa and the Middle East. In regions of the Russian Federation with moderate intensity of the epidemic process, the frequency of detection of ap^-N^ among pregnant women is 0.9% in 1997 and 2.8% in 2002. A higher frequency is recorded among pregnant women in risk groups, among those infected with the human immunodeficiency virus it is 17-54% [1].

Studies by hepatologists have found that viral hepatitis B and C and pregnancy have a mutually aggravating effect. Manifestations of this effect are a high percentage of miscarriage - the threat of termination of pregnancy is 2.5 times more common than in healthy pregnant women; placental insufficiency - signs of intrauterine fetal hypoxia and intrauterine growth retardation syndrome occur in 22-25%, there is a threat of infection [9, 10, 11, 12]. In most patients, pregnancy does not have a negative effect on the course of the disease and does not pose a risk to the mother. The course of chronic viral hepatitis in pregnant women is characterized, as a rule, by low activity and the rarity of exacerbations [1, 9, 10].

All of the above leads to an increase in the number of pregnant and parturient women among women suffering from HCV, which poses a real threat

not only to the life and health of the expectant mother, but also to the child, who may become an asymptomatic carrier of infection, develop acute or chronic hepatitis with the outcome of cirrhosis and hepatocellular cancer.

The purpose of the study: to study the features of the course of pregnancy, childbirth, intrauterine development of the fetus and newborns in pregnant women with chronic viral hepatitis B and C.

Material and methods: We conducted a retrospective analysis of 75 birth histories with chronic viral hepatitis B and C and 76 (one twin) newborn histories.

The result and their discussion: The average age of pregnant women was 25.1±3.72 years. Chronic viral hepatitis B was diagnosed in 25 patients (33.3%), 49 women with chronic viral hepatitis C (65.3%) and 1 woman with viral hepatitis B and C (1.3%).

The social status assessment data revealed problems in the study group: unemployed, excluding housewives, 10 (13.3%); unmarried, excluding civil marriage, 8 (10.7%); most patients had bad habits: smoking in 29 cases (38.7%), alcohol dependence was observed in 4 patients (5.3%), drug addiction was detected in 10 (13.3%) patients.

When analyzing the available extragenital pathology, it was found that more than half of the women in the group (66.7%) were often ill in childhood and suffered several childhood infections. The most frequent diseases of the cardiovascular system (vegetative-vascular dystonia, hypertension) were diagnosed in pregnant women we took into account - 15.9%, diseases of the digestive system (chronic cholecystitis, gastritis) -13.3%. Hepatitis A was detected in 18 women (24%). When analyzing women's awareness of the diagnosis of viral hepatitis B or C before pregnancy, only 19 patients (25.3%) from the entire study group knew about the existence of the diagnosis. According to WHO data in developed countries, only 1/4-1/3 of young women are diagnosed with chronic hypertension before pregnancy [4, 5].

These estimates of reproductive function indicated an almost equal ratio of first- and second-time births - 45 (60%) and 30 (40%), respectively. It should be noted that among the first-time pregnant women, there were only 24 patients (53.3%), termination of pregnancy by spontaneous miscarriage prevailed - 13.7% or medical abortion - 26.7%. Gynecological history is burdened in every second patient, the most common were: pelvic inflammatory diseases - 18.6% of cases; sexually transmitted infections - 17.2%.

The peculiarities of the course of a real pregnancy testified that every second pregnant woman was not registered for pregnancy in a women's clinic (33, or 44%). In the patients of the study group, in most cases, pregnancy occurred against the background of various complications. The most common early cases were: the threat of termination of pregnancy - 17.2% of cases, early toxicosis - 21 pregnant women (28%), anemia of pregnant women -6 (8%) cases. Uncomplicated course of the first half of pregnancy was observed in 32 women (42.7%). Phases of exacerbation of viral hepatitis in the first half of pregnancy were not observed in any patient.

The second half of pregnancy occurred against the background of the threat of termination of pregnancy in 10 (13.3%) patients,

Anemia was observed in 38.7% (29 women) of cases, moderate preeclampsia was detected in 25 pregnant women (33.3%). Disorders on the part of the mother-placenta-fetus (hemodynamic disorders, intrauterine development delay (IVRP)) were diagnosed in 19 pregnant women (25.3%), polyhydramnios - in 6 (8%) patients, low water content - in 5 (6.7%). The diagnosis of "cholestasis" was made to 2 women - 2.7%, exacerbation of HCV with deterioration of the general condition was observed in 1 pregnant woman - 1.3%. In 16 (21.3%) women, the second half of pregnancy proceeded without complications.

Data from serological and biochemical blood tests of the studied women showed that HBsAg was detected in 25 (33.3%) pregnant women, antibodies to

viral hepatitis C were detected in 49 (65.3%) women, HBsAg and antibodies to viral hepatitis C were detected in 1 woman (1.3%).

Biochemical blood examination revealed the following deviations: the average value of total protein was 64.87±6.71 g/l; an increase in bilirubin was detected in 5 (6.7%) pregnant women (the maximum value was 65.7 mmol/l); an increase in AlAT occurred in 2 (2.7%) women, reaching a maximum value of 2 mmol/h/l (no. up to 0.68 mmol/h/l), AsAT - in 3 (4%) women, up to a maximum of 0.85 mmol/h/l (no. up to 0.45 mmol/h/l); an increase in the thymol sample was observed in 2 (2.7%) pregnant women, up to a maximum of 7 units (no. up to 4 units), alkaline phosphatase was increased in 12 (16%) people. No changes in coagulogram parameters were detected in any patient.

To compare the indicators of biochemical screening in patients of the study group with those in physiologically occurring pregnancy, a group of practically healthy women with uncomplicated gestational process (n=21) was recruited. The analysis of the data obtained in the study group revealed significant differences in the average values of bilirubin - 18.83±3.64 mmol/l and AlAT -0.64±0.12 mmol/h/l in the direction of increase compared with those in physiologically progressing pregnancy ($p<0.05$). The average indicators remained within the normative values.

Conclusions. Testing for markers of viral hepatitis B and C three times (in each trimester of pregnancy) is a routine examination method that allows to identify asymptomatic carriage of the hepatitis virus, but does not exclude the possibility of further infection.

Viral hepatitis B and C have a negative effect on the course of pregnancy in both the first and second half, causing the threat of termination of pregnancy (13.3%), placental insufficiency (25.3%), moderate and severe preeclampsia (33.3%). In every 3rd pregnant woman (32%), there are changes in the biochemical parameters of the blood (total bilirubin, aminotransferase, alkaline phosphatase, thymol sample) in the direction of increase.

The presence of changes in the uteroplacental complex (chronic fetal hypoxia, fetal I and II grade IVRP) leads to a complicated course of the early neonatal period of newborns (development of cerebral ischemia of I and II degrees (60%), hypotrophy of the newborn (28%), VAI (24%)).

Based on our data and literature data, it can be reliably stated that the transplacental transmission of HCV and HCV antibodies exists, since, according to the data obtained, HBsAg was detected in 6.7% of newborns, antibodies to HCV were detected in 58.7%. In 36% of cases, HBsAg and HCV antibodies were not detected. However, to resolve the issue of possible infection of the child, a repeated laboratory blood test for the presence of viral antibodies and RNA/DNA in 1-, 3-, 6-, 12-, 18- months of pregnancy.

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