

IMPACT OF URINARY SYSTEM INFECTION ON THE DEVELOPMENT OF THE RISK OF POST-TERM PREGNANCY

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Resume The article presents the results of studying the risk factors for urinary tract infection and its impact on the development of preterm labor. A To solve prospective analysis was carried out. the tasks set in the work, 128 women (Group I - 65 women with UTIs and the threat of PR and II 63 women with PR group without infections) and 25 women in the control group were conditionally healthy pregnant women who underwent enzyme-linked immunosorbent assay (ELISA), metalloproteinase level 12 (ADAM 12), cystatin C, RBP4 in blood serum. In the venous blood, the indicators of the hemostasis system were studied, the microbiocenoses of the vagina and the general analysis of urine in women with a threat were studied.

Key words: vaginal microbiocenosis, urinary tract infections, asymptomatic bacteriuria, pregnancy, preterm birth.

Relevance. In recent years, the frequency of preterm birth in Uzbekistan has remained within the range of 9-15%, in Europe - 5-9%, and in the USA it has even increased to 9-12%. Perinatal mortality in preterm infants is observed more than 33 times more often than in full-term infants. In addition, about 70% of early neonatal deaths are associated with prematurity [1,2,3]. To date, the solution to this problem lies in the timely diagnosis and subsequent prevention of the threat of PB. Pyelonephritis is one of the most common extragenital diseases during pregnancy, occurring in 8-12% of pregnant women. Its exacerbation in the process of gestation is facilitated by a complex of hormonal, water-electrolyte, immune and mechanical factors that are inextricably linked with pregnancy. Starting from the early stages of pregnancy, 80% of healthy women experience functional changes in the urinary tract, manifested by a decrease in tone and hypokinesia of the ureters

Materials and methods: To solve the tasks set in the work, 128 women (Group I - 65 women with USS and the threat of PB and II - 63 women with PB without infections) and 25 control women are conditionally healthy pregnant women who will undergo enzyme immunoassay (ELISA). Level of metalloproteinase 12 (ADAM 12), cystatin C, RBP4 in blood serum. In venous blood, indicators of the hemostasis system will be studied.

Results: To solve the set tasks, a prospective analysis of the data was studied. The selection criteria for patients was the selection of high-risk pregnant groups, with various obstetric and somatic pathologies, with a

gestation period of 22-36 $\geq$ weeks. Currently, the issue of the potential use of the level of biochemical agents as markers of the severity of the inflammatory response and predictors of prognosis in various pathologies in pregnant women is being widely discussed (Table 1).

Table №1

Determination of the level of the enzyme Metalloproteinase-12

The level of "Metalloproteinase- 12" in the blood, ng/ml	Group I, pregnant women with BMI and threatened miscarriage (n=65)		Group II, pregnant women with threatened miscarriage without BMI (n=63)		control group (conditionally healthy) (n=25)	
	number	% in Group	number	% in Group	number	% in Group
untill 1,0	0	0,0	0	0,0	2	8,0
1,1 - 3,0	0	0,0	22	34,9	19	76,0
3,1 - 5,0	0	0,0	23	36,5	4	16,0
5,1 - 7,0	2	3,1	13	20,6	0	0,0
7,1 - 9,0	8	12,3	5	7,9	0	0,0
9,1 - 11,0	32	49,2	0	0,0	0	0,0
11,1 -13,0	20	30,8	0	0,0	0	0,0
13.1 and up	3	4,6	0	0,0	0	0,0
Total:	65	100,0	63	100,0	25	100,0

There was an association of high plasma levels of matrix metalloproteinase-12 (MMP-12) in pregnant women with BMI (9.1-11 ng/ml in 49.2% of women) than comparison of pregnant women with threatened miscarriage without BMI (7.1 -9.0 ng/ml in 7.9% of women) and the control group (3.1-5.0 ng/ml in 16% of women).

Conclusion. The results of the analysis showed that the risk factors for acute gestational pyelonephritis should include: nulliparous women (73.8%) in the second half of pregnancy, with a burdened obstetric and gynecological history (72.1%) and the presence of extragenital diseases with a prevalence of foci of chronic infection.

Since BMI poses a significant threat to the further course of pregnancy, if the development of this disease is suspected, all examinations are carried out on an

emergency basis. Diagnostic search was sent to identify signs of UMI, assess the condition of the fetus and identify possible pathogens.

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