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**RISK FACTORS FOR DEVELOPING PREECLAMPSIA IN WOMEN WITH
A HISTORY OF SEVERE PREECLAMPSIA AND PYELONEPHRITIS****Saporbayeva I.R., Babadjanova G.S**

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Abstract. Preeclampsia is one of the most pressing problems of modern obstetrics, for which there is a lack of reliable early prognostic and diagnostic signs, effective preventive and therapeutic measures. This disease is the main cause of maternal and perinatal mortality, accounting for 12.1-23.2%. In addition, the number of asymptomatic and atypical forms of preeclampsia has also increased [4,6,7].

Risk factors for the development of preeclampsia are: a history of preeclampsia, genetic predisposition, chronic kidney disease, systemic lupus erythematosus, autoimmune diseases such as antiphospholipid syndrome, diabetes mellitus, multiple pregnancy, congenital and acquired thrombophilia, vascular diseases, the age of the pregnant woman under 20 or over 35 years, obesity, drug use.

Despite numerous studies conducted around the world, the problem has not yet been solved. Although the etiology and pathogenesis of preeclampsia are not fully understood, there are many hypotheses (more than 40) regarding its etiology and pathogenesis.

The most widely accepted pathogenesis hypothesis currently suggests that an imbalance of angiogenic and antiangiogenic factors (e.g. VEGF, PGF, and their tyrosine kinase-associated receptors) plays a key role in placental hypoxia [1,3,4].

Preeclampsia is a condition characterized by dysfunction of multiple organ systems in a pregnant woman due to multiple organ failure. Preeclampsia is a classic complication of pregnancy, with 6–8% of pregnant women in developing countries and 0.4% in developed countries suffering from preeclampsia. Preeclampsia affects 1.5–8.0 million women in developing countries and 50–370,000 in developed countries each year.

Keywords: pregnancy with severe preeclampsia, combination of preeclampsia with IUT , , recurrent cystitis, urogenital infections, pregnancy complications;

Introduction. Preeclampsia is a condition resulting from the dysfunction of several organ systems of a pregnant woman due to multiorgan failure. PE is a classic complication of pregnancy, with 6-8% of pregnant women in developing countries and 0.4% in developed countries suffering from PE. According to the definition of H.D. Kopsov and S. Anant Karumanchi: PE is a complex of pregnancy-specific diseases that include genetic, immunological and environmental factors, characterized by the first

appearance of gestational hypertension, proteinuria and edema after 20 weeks of gestation.

The term "combined PE" is the presence of PE in combination with chronic arterial hypertension. The incidence of secondary PE is 5.2%, and with moderate arterial hypertension - 18.4%; with severe chronic hypertension - up to 100%. It is known that secondary PE can persist for more than two years after delivery in patients [7,8,10].

Eclampsia, as mentioned above, is the combination of PE with one or more seizures that are not associated with neurological disorders. E. Norwitz and D. Sharge (2003) suggest that eclampsia can also be considered a complication of stroke, DVS, HELLP syndromes, and adult RDS. Eclamptic seizures are one of the clinical manifestations of PE and its final stage. R.L. Goldenberg and E.M. McClure (2011) consider eclampsia to be the main cause of death in pregnant women. Eclampsia is the main cause of maternal mortality in 16% of cases.

Thus, a review of the literature shows that the development of PE during pregnancy leads to serious complications and can lead to its recurrence in subsequent pregnancies. Therefore, prevention of recurrence of PE in subsequent pregnancies in the pre-pregnancy period is a pressing issue.

Objective: To optimize the prediction and prevention of recurrence of preeclampsia using clinical and laboratory signs and to determine the effectiveness of pregravid preparation in women with a complicated obstetric history.

Material and methods: The history of 110 deliveries of women with severe PE was retrospectively reviewed to identify risk factors. 110 postpartum women with severe preeclampsia were prospectively examined and divided into 2 groups: Group 1: 65 women with kidney disease that developed during pregnancy Group 2: 45 women with chronic kidney pathology, Group 3: control group (n=40) practically healthy pregnant women.

Results: In women with a history of severe PE and pyelonephritis and no pre-pregnancy preparation, according to clinical laboratory results, negative changes in the hemostasis system were observed during subsequent pregnancies, including increased platelet aggregation, reduced blood clotting time, decreased prothrombin index and increased fibrinogen, reduced thrombin time, and increased alkaline phosphatase concentration and liver transaminases according to the results of biochemical blood tests.

In women with a history of severe preeclampsia and pyelonephritis, the risk factors for pregnancy complications during subsequent pregnancies were determined as follows in groups 1 and 2, respectively: chronic tonsillitis 6 and 4%, diffuse goiter 3 and 2%, NSD cardiological type 1.5 and 4%, chronic pyelonephritis in group 2 17%, asymptomatic bacteriuria 12%, solitary kidney 4%, type II diabetes mellitus in both

groups 2%, obesity 11 and 9%, chronic hypertension 5 and 2%, multiple pregnancy 6 and 4%Jadval 3.5

Social status of the patients examined

	Social status	I group n=65		II group n=45		III group n=30	
		Abc	%	abc	%	Abc	%
1	Villager	12	18,5%	9	20%	2	7%
2	City dweller	53	81,5%	36	80%	28	93%
3	Housewife	38	58,5%	26	58%	14	47%
4	Worker	21	32,5%	15	33%	12	40%
5	Student	6	9%	4	9%	4	13%

Parity analysis of pregnant women showed that 16 (25%) in group I were pregnant for the first time and 49 (75%) had repeated pregnancies. In group II, 14 (31%) were pregnant for the first time and 31 (69%) had repeated pregnancies. Accordingly, in the control group, these indicators were 12 and 18 (40.60%).

Age of women examined

	Age groups	I group n=65		II group n=45		III group n=30	
		Abc	%	Abc	%	Abc	%
1	≤20 years old	3	5%	2	4%	2	7%
2	20-24 years old	19	29%	11	25%	7	23%
3	25-29 years old	14	22%	9	20%	9	30%
4	30-34 years old	15	23%	14	31%	8	27%
5	35-39 years old	10	15%	7	16%	4	13%
6	≥40	4	6%	2	4%	-	-
7	Average Age of Women	29		28		26	

Analysis of hereditary diseases in women showed that diabetes mellitus was detected in 4 (6%) parents of women in the main group, 3 (7%) in group 2, and 1 (3%) in the control group. Hypertension was found in 3 (5%), 2 (4%), and 1 (3%) in the first, second, and third groups, respectively. There were also women who completely denied the above-mentioned conditions considered hereditary diseases, and these indicators

were 10 (15%) in the first group, 12 (27%) in the comparison group, and 16 (53%) in the control group.

Conclusion: In women with a history of severe preeclampsia and pyelonephritis, timely anti-inflammatory treatment for renal pathology, as determined by clinical laboratory tests, and pre-pregnancy preparation that supports immunity lead to a 4.8-fold reduction in complications associated with future pregnancies.

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