



REALITIES OF THE TIME: IDIOPATHIC THROMBOCYTOPENIC PURPLE AND PREGNANCY

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Article history:	Abstract:
Received: March 26 th 2022 Accepted: April 26 th 2022 Published: June 8 th 2022	The article presents the data of examination of pregnant patients with idiopathic thrombocytopenic purpura, studied the data of the course of pregnancy and childbirth. As a result of the study, a tactic of rational management and treatment of patients was developed depending on the stage and form of the pathological process, which helps to reduce the risk of exacerbations and complications of the mother's disease, the successful course and completion of the gestational process and antenatal protection of the fetus.
Keywords: gestation, pregnancy, idiopathic thrombocytopenic purpura (ITP), postpartum hemorrhage, threatened miscarriage, complications of pregnancy and childbirth	

RELEVANCE. Reports began to appear in the literature about the possibility of pregnancy against the background of ITP, against the background of adequate therapy [1, 3, 12, 13]. However, even now it is almost unambiguously recognized that ITP can have an adverse effect on the course of pregnancy and its outcome [2, 5, 7, 16]. In patients with ITP, the frequency of such complications as the threat of abortion in the I (30%) and II (16%) trimesters, spontaneous miscarriages (17%), the threat of premature birth (18%), pregnancy toxosis increases by 2-3 times (18%) (Sokolova M.Yu., 2002). A number of researchers point to a high risk of preeclampsia (from 22% to 34%) and placental insufficiency (29%-32%) in ITP [11, 14, 17]. Other authors testified that in ITP there is a high frequency of premature detachment of a normally located placenta (4%), bleeding, both during pregnancy and in childbirth (the frequency of bleeding is from 13% to 25%) [9, 10, 15]. On average, the incidence of obstetric complications in ITP is 3 times higher than in the general population [4, 6, 12, 19]. Despite significant advances in the study of the clinical picture of ITP and progress in the study of pathogenesis and treatment, a number of important questions regarding the maintenance and management of pregnancy remain unresolved. Features of the course of pregnancy, childbirth, the postpartum period, obstetric complications, risk factors for their occurrence, the frequency and causes of adverse pregnancy outcomes for the mother and fetus require further study.

PURPOSE OF THE STUDY: Studying the course of pregnancy and childbirth in women with idiopathic thrombocytopenic purpura to optimize pregnancy management and prevent complications.

MATERIALS AND METHODS. The examination data and the results of treatment of pregnant women of 42 patients with idiopathic thrombocytopenic purpura, who were treated in the departments of obstetrics and gynecology, hematology of the first clinic of Samarkand State Medical University from 2018 to 2021, were analyzed. Patients produced the following methods of examination: complete blood count; blood chemistry; coagulogram; determination of blood group and Rh factor; blood clotting time, plasma factors check; microscopy of a blood smear; Ultrasound and dopplerography of the fetus.

The patients were divided into 2 groups according to the method of bleeding prevention. The 1st group used the standard method of bleeding prevention, which included: the introduction of fresh frozen plasma in the amount of 15-20 ml/kg in the III stage of labor. The 2nd group underwent complex prevention of obstetric bleeding, including drugs that affect all parts of hemostasis: the introduction of fresh frozen plasma for moderate and severe ITP at the end of period II, in the amount of 15-20 ml/kg, tranexamic acid was included in the complex prophylactic method in at a dosage of 10 mg/kg, for the purpose of local hemostasis, prior to the implementation of surgical hemostasis, a hemostatic napkin Hemotex containing iron gluconate and lactate was used.

RESULTS AND DISCUSSION. The patients all had pregnancy complications, with the threat of abortion, bed rest (physical and sexual rest), antispasmodic drugs (drotaverine hydrochloride, rectal suppositories with papaverine hydrochloride, magnesium preparations), herbal sedative drugs (motherwort decoction, valerian)



were prescribed. If a reduced content of progesterone is detected - natural progesterone uterogestan 200 mg * 2 times a day, up to 12 weeks of pregnancy. Intravenous tocolytic therapy up to 16 weeks of gestation was carried out with magnesium sulfate, after 16 weeks with ginipral. With bloody discharge from the genital tract for hemostatic purposes, Traneksam was used at a dose of 250-500 mg 3 times a day for 5-7 days.

With such complications as fetoplacental insufficiency and fetal growth retardation, drugs were used that reduce vascular tone and resistance of the vascular wall - MgB6, prescribed 2 tablets 2-3 times a day, and a tocolytic drug - ginipral. Antioxidant therapy - Vit E (200 mg 1 time per day), C (0.1-0.3 g 3 times a day), multivitamins containing macro and microelements, Actovegin (160-200 mg IV, 200 mg 2-3 times a day per os).

Antianemic therapy at the level of Hb 100-110 g/l was carried out with the preparation of ferric iron "Maltafer" at a dosage of 200 mg per day. At the Hb level of 90-99 g/l or less, the ferric iron preparation for intravenous administration "Venofer" was prescribed at a dose of 200 mg IV 2 times a week, with a further transition to the tablet preparation "Maltafer".

In the analysis of the data, in 14 (33.3%) patients, ITP worsened during pregnancy, and more often the activation of the process occurred in the first and second trimesters. The threat of abortion was observed in 11 (50%) patients from the first group and in 7 (35%) from the second group. A decrease in the content of progesterone was detected in 17 (40.5%) patients.

In patients of the first group, the incidence of complications in the form of bleeding during childbirth, despite prevention, was 59% (13 patients) and it was much more difficult to eliminate them. In the postpartum period, anemia of moderate and severe degree, as well as hypovitaminosis occurred in 10 (45.5%) patients, frequent exacerbations of ITP were observed in 8 (36.4%) patients.

In patients of the second group, with complex preventive therapy, bleeding in the third stage of labor occurred in 5 (25%) patients, who were very successfully eliminated by the methods described above. The postpartum period was more favorable for them, anemia of mild and moderate degree occurred in 3 (15%) patients. Exacerbations of ITP were observed in 4 (20%) patients.

CONCLUSIONS: as a result of the study, a tactic of rational management and treatment of patients was developed depending on the stage and form of the pathological process, which helps to reduce the risk of exacerbations and complications of the mother's disease, the successful course and completion of the gestational process and antenatal protection of the

fetus. The frequency of bleeding was reduced by 34%, the frequency of exacerbations was reduced by 16.4%.

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