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MANAGEMENT OF PREGNANT WOMEN WITH IDIOPATIC THROMBOCYTOPENIC PURPLE

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ABOUT ARTICLE

Key words: Gestation, pregnancy, idiopathic thrombocytopenic purpura (ITP), complications of pregnancy and childbirth, exacerbations of the disease, extragenital diseases, blood diseases.

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Abstract: This article presents the materials of the research work of the assistant of the Department of Obstetrics and Gynecology No. 1 in pregnant patients with idiopathic thrombocytopenic purpura, the data of the course of pregnancy and childbirth together with the department of hematology are studied. As a result of the study, a tactic of rational management and treatment of women was developed, depending on the stage and form of the pathological process, helping to reduce the risk of exacerbations and complications of the disease, contributing to the successful course and completion of the gestational process, as well as antenatal protection of the fetus.

INTRODUCTION

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 unequivocally 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 incidence 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 toxicosis 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: optimization of tactics of pregnancy management and prevention of complications in women with idiopathic thrombocytopenic purpura.

Materials and methods. The examination data and the results of treatment of 40 pregnant women with idiopathic thrombocytopenic purpura, who were in the departments of obstetrics and gynecology, hematology of the first clinic of Samarkand State Medical University from 2020 to 2022, were analyzed. Patients produced the following methods of examination: complete blood count; blood chemistry; coagulogram; blood clotting time, plasma factors check; microscopy of a blood smear; Ultrasound and dopplerometry 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: 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 at a dosage of 10 mg/kg, for the purpose of local hemostasis, up to surgical hemostasis, a hemostatic napkin Hemotex was used, containing iron gluconate and lactate.

Results and discussion. The patients all had pregnancy complications, with the threat of abortion, bed rest (physical and sexual rest), antispasmodics (drotaverine hydrochloride, rectal suppositories with papaverine hydrochloride, magnesium preparations), herbal sedative drugs (motherwort decoction, valerian) were prescribed. When detecting a reduced content of progesterone - 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 - magnesium B6, prescribed 2 tablets 3 times a day, and a tocolytic drug - ginipral. Antioxidant therapy - vitamin E (200 mg 1 time per day), vitamin C (3 times a day), multivitamins containing macro- and microelements, Actovegin (200 mg IV).

Antianemic therapy at a hemoglobin level of up to 90 g/l was carried out with the preparation of ferric iron "Maltafer" at a dosage of 200 mg per day. At a level of 89 g/l or less, a ferric iron preparation for intravenous administration "Venofer" was prescribed at a dose of 200 mg intravenously 2 times a week, with a further transition to the tablet preparation "Maltafer".

In the analysis of the data, in 13 (32.5%) patients, ITP worsened during pregnancy, and more often the activation of the process occurred in the first and second trimesters. The threat of termination of pregnancy was observed in 10 (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 (42.5%) patients.

In patients of the first group, the incidence of complications in the form of bleeding during childbirth, despite prevention, was 55% (11 patients out of 20) 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 9 (45%) patients, frequent exacerbations of ITP were observed in 8 (40%) 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: thus, patients with ITP require careful diagnosis and treatment of their underlying disease. The priority in these patients is the prevention of postpartum hemorrhage. Comprehensive prevention of bleeding, affecting all links of hemostasis, gave a significant difference than the standard one. The study determined the effectiveness of complex measures by 20% more than the first group.

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