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ESTIMATION OF INFLUENCE OF THE COMPLEX THERAPY OF PREGNANT WOMEN WITH FETAL GROWTH DELAY ON BIOCHEMICAL HOMEOSTASIS STATE AND DELIVERY RESULTS

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Fetal growth delay (FGD) can be the result of maternal, placental, embryonal and genetic reason and also various combination of any variants [1, 3]. During pregnancy the placental insufficiency (PI) is the most often reason for abnormalities of the fetus state and the main reason for FGD. FGD is not independent nosological form but the sum of abnormalities of the fetus state due to changes of metabolic processes in fetoplacental complex [2, 7]. Diagnostics of FGD is the one of the most complicated in obstetrics. Thus, all pregnant women should have meticulous clinical, instrumental and laboratory examination. These methods solve different tasks but in complex they give the maximum information as to the fetus state [1]. Despite the numerous researches of FGD problem the search of new methods for diagnostics as well as treatment of the present pathology lasts until now. Thus in many foreign and national researches it was found that the effective therapy of FGD syndrome is absent today. However it is possible to maintain metabolic processes at appropriate level and slow down further progress of complications [5]. Such pharmacotherapy can include medicines which have effect on uterus muscles and tocolytic effect; medicines which improve micro-circulation and blood rheological properties; medicines which increase resistance of the fetus brain and tissues against hypoxia [6].

Object of the work – estimate efficiency and influence of complex, cytoprotective therapy of pregnant women with fetal growth delay on biochemical indexes and results of delivery.

Examined group and research methods: 93 women with monocyosis at term of 28-34 gestation weeks took part in the research. Group I (the main one) includes 30 pregnant women with fetal growth delay (FGD). The pregnant women of the present group were prescribed with complex, cytoprotective therapy. It includes prescription

of thiotriazolin (250 mg in 100 ml of 0.9% sodium chloride solution per day, intravenously, by drop infusion) in complex with L-arginine hydrochloride (4.2%:solution, 100 ml of solution per day, intravenously, by drop infusion) for 10 days, then with drinking solution of L-arginine aspartame (4.2%:solution, 5 ml - 6 times per day) for 14 days. In complex therapy pregnant women also got «Flebodia» (diosmin 600 mg per day) from beginning of therapy for 30 days. Group II (the comparison group) is presented by 33 pregnant women with FGD whose management of pregnancy and delivery is provided by valid orders of Ministry of Healthcare of Ukraine. Group III (the control one) consists of 30 pregnant women without FGD. Average age of pregnant women in group I was 26.1 ± 1.7 years, in group II - 27.7 ± 1.8 years and 25.8 ± 1.0 years – In the control group. Difference in groups by age, gestation term, social and professional composition was not determined ($p > 0.05$).

Research of protein oxidative modification (POM) markers and level of stable nitrogen oxide metabolites (NO) were estimated in blood serum with spectrophotometric method. Reduced glutathione (GSH) was determined with calculation of its level according to the calibration curve [4].

Variational and statistical processing of results was made with STATISTICA 13 licensed standard software packages for multidimensional statistical analysis.

Results of research and their discussions In order to estimate efficiency of proposed cytoprotective therapy for pregnant women with fetus growth delay the complex estimation of biochemical homeostasis, analysis of peculiarities of pregnancy and delivery progress and also newborn state were performed before treatment and in its dynamics. Primary estimation of their content showed statistically valid ($p < 0.05$) lower GSH and NO in comparison of indexes of pregnant women without FGD (the control group) with indexes of pregnant women with FGD (both I and II groups). This fact indicates decrease of antioxidant protection and deficit of the main vessel dilator in the present group (Fig. 1).

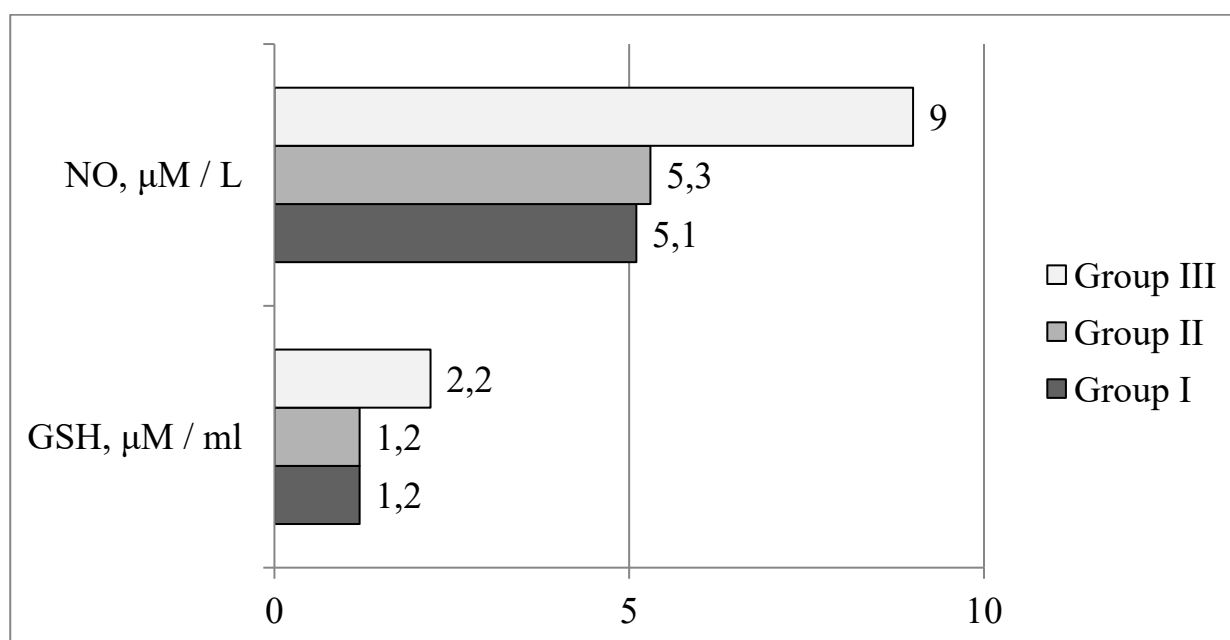


Fig. 1. Biochemical indexes in the study group.

Further estimation of biochemical indexes in dynamics of pregnancy permitted to determine considerable progress of imbalance between oxidants and antioxidants and absence of significant changes of NO level among pregnant women of II group (Fig. 2). In pregnant women of I group who got the proposed complex cytoprotective therapy, on contrary, statistically valid ($p < 0.05$) decrease of POM indexes together with increase of GSH and NO level that indicates its positive influence were found. It should be stated that biochemical indexes of pregnant women with FGD (I group) who got combined therapy of thiotriazolin, L-arginine and diosmin almost didn't differ from such indexes of healthy pregnant women (group III) in contrast to indexes of pregnant women with FGD who got appropriate therapy (group II).

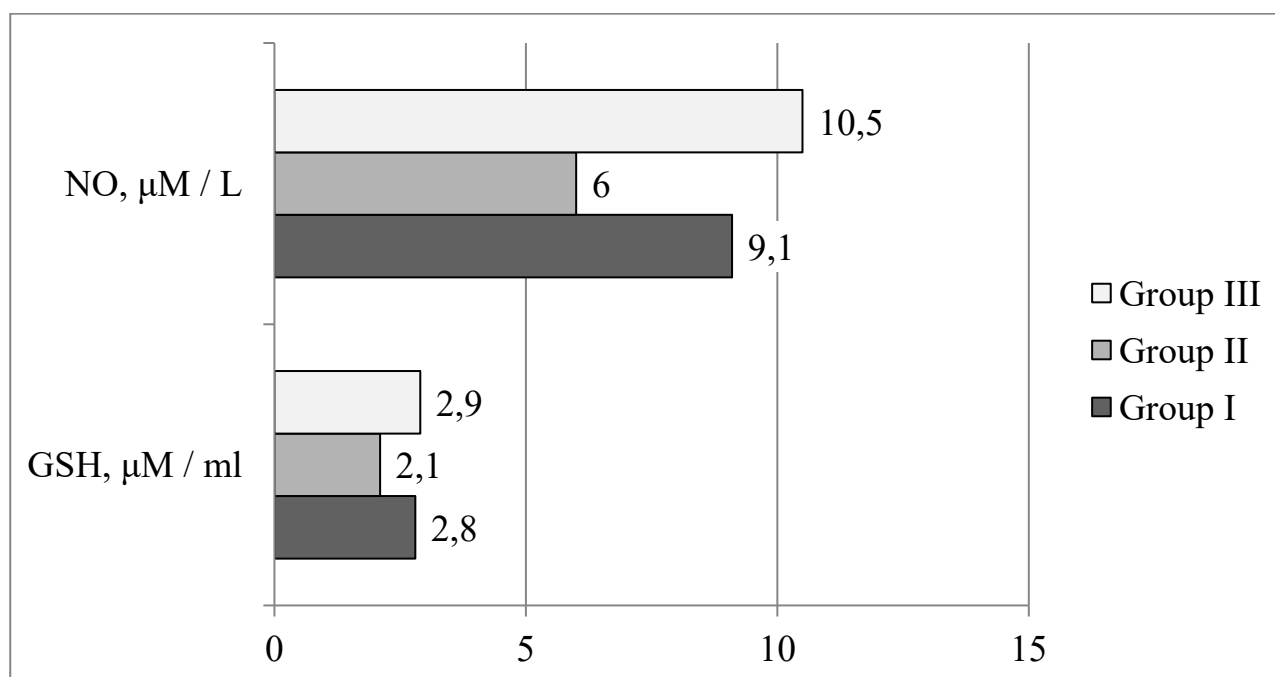


Fig. 2. Biochemical indexes in the study group.

By means of analysis of special features of the pregnancy course in research group there was stated that the rate of habitual pregnancy non-carrying (HPN) in group II made 39.4 % and considerably exceeded relevant indexes of I (20.0 %) and III (16.7 %) groups. Hypertensive disorders during pregnancy and labour are diagnosed only in pregnant women of I (6.7 %) and II (9.1 %) groups. Average index of giving birth in I and III groups made 38.5 ± 0.6 weeks and 39.4 ± 0.5 weeks correspondingly and in group II it was lower 37.2 ± 0.6 weeks. Index of preterm delivery (PD) rate in I group made 3.3 % and was 6 times lower than appropriate index of II group (21.2 %). PD rate was absent in III group. Rate of the fetus distress in II group (18.2 %) was 2.7 times higher than the relevant index of I group (6.7 %) and in III group it made 3.3 %. General rate of abdominal delivery was the highest in II group and made 45.5 % and I group made 13.3 % and 6.7 % in III group. In II group rate of cesarean section under urgent indications is 4 times higher than the appropriate index in I group (29.5 % and 6.7 % correspondingly). Condition of newborns in research groups was estimated under Apgar scale. Both at the 1-st and 5-th minute the general index under appropriate scale was statistically valid ($p < 0.05$) and lower than in II group as compared to

indexes of I and III groups. Such peculiarities are stipulated by the fact that satisfactory condition of newborns (8-10 points) at the 1-st and 5-th minute in II group was more rarely (36.4 % and 75.8 %) than in I (73.3 % and 96.7 %) and III (86.7 % and 96.7 %) groups. During description of perinatal complications there was stated considerable percentage of neonatal encephalopathy and jaundice in II group, namely 33.3 % and 36.4 % correspondingly. In I group their rate made 10.0 % and 3.3 %, correspondingly. In structure of perinatal pathology prematurity was in 21.2 % of newborns of II group that is 6 times higher than appropriate index of I group (3.3 %). Mentioned complications were not determined in III group. One of indexes which can show efficiency of proposed therapy is weight and height parameters of newborns. Based on anthropomorphic measurements of newborns there was found that average index of their weight in II group made 2162.2 ± 105.4 grams and was statistically valid ($p < 0.05$) and lower than appropriate index in I (2779.2 ± 103.4 grams) and III (2914.3 ± 180.2 grams) groups. In calculation under weight and height parameters of newborns the rate of FGD in II group was the highest and made 88.6 %. Mentioned index in I and III groups made 60.0 % and 10.0 %, correspondingly.

Conclusion

The proposed complex cytoprotective therapy including combined use of thiotriazolin, L-arginine and diosmin (that considerably increases anti-ischemic, antioxidant and endothelium protective action of complex therapy) in women with fetal growth delay has the positive effect on oxidative-reductive hemeostasis and thiol-disulfide balance of mother-placenta-fetus system. Obstetric and perinatal results of delivery in the present group of pregnant women are characterized by statistically valid ($p < 0.05$) prevalence of estimation indexes under Apgar scale and correspondingly processes of adaptation as well as results of anthropomorphic measurements of newborns, their weight and height parameters and lower rate of neonatal encephalopathy and delivery of premature babies.

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