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ВЗАЄМОЗВ'ЯЗОК ОСОБИСТІСНИХ ВЛАСТИВОСТЕЙ ТА СХИЛЬНОСТІ ДО СУЇЦИДАЛЬНИХ ДІЙ В ОСІБ РІЗНОГО ВІКУ Фтемова Ю.Ю. ....	121
ДІАГНОСТИЧНІ ПІДХОДИ ДО ВИЗНАЧЕННЯ РИЗИКУ САМОРУЙНІВНИХ ПРОЯВІВ ОСОБИСТОСТІ Філонова К.С. ....	124
ЖИТТЄВИЙ ШЛЯХ І НАУКОВА СПАДЩИНА О.В.НЕРОВНІ Михальчишин Г.Є. ....	127
ОСОБЛИВОСТІ ТА РЕКОМЕНДАЦІЇ ВЗАЄМОДІЇ БАТЬКА З ДИТИНОЮ ПОСТНАТАЛЬНОГО ПЕРІОДУ Нечипорук І. ....	129
РЕГРЕСІЙНИЙ АНАЛІЗ У ПСИХОЛОГІЇ: ПРОГНОЗУВАННЯ ПОВЕДІНКОВИХ ТЕНДЕНЦІЙ Будник Д.П. ....	133
СОЦІАЛЬНО-ПСИХОЛОГІЧНІ ДЕТЕРМІНАНТИ ЦІННІСНИХ ОРІЄНТАЦІЙ ПРАЦІВНИКІВ АТОМНОЇ ЕНЕРГЕТИКИ Адамчук В.В. ....	137
«СУМКА З ТАЄМНИЦЯМИ» ЯК КРИЗОВА ПСИХОЛОГІЧНА ТЕХНІКА Михальчишин Г.Є. ....	141

## **SECTION 18.**

### **MEDICAL SCIENCES AND PUBLIC HEALTH**

FETO-FETAL TRANSFUSION SYNDROME

Scientific research group:

Siusiuka V., Bohuslavska N., Babinchuk O., Deinichenko O., Onopchenko S. .... 144

ЗНАЧЕННЯ ПРОФІЛАКТИЧНИХ ЗАХОДІВ У ЗНИЖЕННІ ЗАХВОРЮВАНOSTІ НА СЕРЦЕВО-СУДИННІ ХВОРОБИ: РОЛЬ СКРИНІНГІВ ТА ЗДОРОВОГО СПОСОБУ ЖИТТЯ

Винникова В.Ж., Макарова К.М. .... 147

ОСОБЛИВОСТІ ВЗАЄМОЗВ'ЯЗКІВ МІЖ ПОКАЗНИКАМИ ВІЗУАЛЬНО-АНАЛОГОВОЇ ШКАЛИ PSQ ТА ПОКАЗНИКАМИ М'ЯКИХ І ТВЕРДИХ ТКАНИН ПІСЛЯ ОДНОМОМЕНТНОЇ ДЕНТАЛЬНОЇ ІМПЛАНТАЦІЇ

Неженцев Є.Ю. .... 150

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## FETO-FETAL TRANSFUSION SYNDROME

Feto-fetal transfusion syndrome – Twin-to-Twin Transfusion Syndrome (FFTS) is a specific complication of multiple pregnancy (MP), which is diagnosed in 10-20% of monochorionic MP. This complication causes a high risk of perinatal morbidity and mortality, and clinical manifestations have a wide spectrum. The basis of the syndrome is the transfer of blood from one fetus (donor) to another (recipient). It occurs only in monochorionic twins, in which the fetuses have the same sex. That is why the importance of determining chorionicity (the number of placentas) and amnioticity (the number of amniotic cavities) for MP should be emphasized, which has a direct impact on the tactics of their management. All women with MP who have monochorionic placentation (with twins or triplets) have a follow-up ultrasound at least once every two weeks from 16 to 24 weeks of pregnancy. Clinical manifestations of FFTS have a wide spectrum. For example, in

some fetuses, there is a critical violation of blood flow in the umbilical artery and venous duct with a relatively small discrepancy in the amount of amniotic fluid, in other cases, pronounced heart failure develops in recipient fetuses, while the donor fetus may not have critical violations of blood flow in the umbilical artery .

FFTS leads to the death of one or both fetuses, miscarriage/premature birth, placental abruption, neurological disorders in the surviving fetus, respiratory and abdominal discomfort in the pregnant woman, paresthesia, asphyxia.

Dissociated fetal development is found in 19.2% and 24.4% of patients with monochorionic and dichorionic twins, while the frequency of antenatal fetal death in monochorionic twins is 3.9%. Intrauterine death of one of the fetuses is a specific complication of MP. There are conditions that affect only one fetus (developmental abnormalities, disruption of the formation or separation of one of the placentas, thrombosis of the umbilical vein, etc.) and conditions that can affect both fetuses (severe preeclampsia, chorioamnionitis, diabetes, etc.). This complication can occur as a result of certain conditions associated with twin-specific syndromes such as FFTS and reversed arterial perfusion. In such cases, intertwin anastomoses pose a threat to the living fetus.

Carrying out amnioreduction and aminoreduction with septostomy has advantages over expectant tactics. At the same time, the number of necessary amnioreductions, their frequency, and the volume of fluid excreted depend on the severity of polyhydramnios and the mother's clinical manifestations. Endoscopic laser coagulation of vascular anastomoses is the method of choice ("gold standard") for the treatment of FFTS, as it not only eliminates the cause of the disease, but also reliably improves perinatal outcomes. Indications for delivery in the case of FFTS are a pregnancy period of more than 26 weeks, the absence of available treatment methods or contraindications to their use, deterioration of FFTS (on the background of treatment or expectant tactics), the threat of death one of the fetuses. The choice of delivery method requires a comprehensive assessment of the obstetric situation, the state of the mother and the fetus. Caesarean section in most cases is justified by the severe condition of the fetus.

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