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Features of Women's Pregnancy with the Endocrine Form of Infertility in Anamnesis

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Abstract

The problems of mothers and children are a priority in major government programs on health care in Ukraine. In recent years, the World Health Organization (WHO) has developed a «The strategy of risk" aimed at identifying the causes of various complications of pregnancy and childbirth and to seek the ways to improve the maternal and children's health. At present there is no consensus on whether the different causes of infertility are the risk factor for obstetric and perinatal complications. On one hand, not just the infertility as unfavorable premorbid background adversely affects the course and outcome of pregnancy. The reasons for the obstetric and perinatal pathology in women with infertility of various origins in anamnesis are studied insufficiently and are ambiguously interpreted by different researchers.

Keywords: infertility, anamnesis, endocrine genesis, preventive measures, obstetric and perinatal complication.

Introduction

The purpose of the study was to reduce the frequency of obstetric and perinatal complications in women with infertility of endocrine genesis in history by studying the peculiarities of pregnancy and childbirth, the functional state of the placenta, endocrine changes and the development of the algorithm of organizational and preventive measures.

The object of study is the pregnancy and childbirth in women with endocrine form of infertility in history.

- Group I - 30 women with infertility of endocrine origin;

- Group II - 30 women with infertility of endocrine genesis treated during this pregnancy by offered preventive measures.

The control group was consisted of 30 women without genital and somatic pathology who gave birth for the first time.

Proposed treatment: In the first half of pregnancy the drugs for choice were: Duphaston - 40 mg at a time, then 1 tablet (10 mg) 2-3 times a day, Magne-B6 4-6 times a day (200-300 mg of magnesium per day)

Methods and materials of the study

were clinical, sonographic, functional, endocrinological, biochemical, immunological, morphological, and microbiological and statistical ones.

Research results. The duration of infertility in the group I was $4, 3 \pm 0, 4$ years, and in group II - $4, 5 \pm 0, 5$ years ($p > 0.05$). Depending on the origins of infertility, this figure was not significantly different as well ($4, 1 \pm 0, 4$ years; $4, 4 \pm 0, 4$ years and $4, 7 \pm 0, 5$ years respectively; $p > 0.05$). Infertility treatment of endocrine genesis was conducted according to the existing protocols Ministry of Health of Ukraine.

At this stage of our study we evaluated the effectiveness of improved techniques of treatment and prevention measures in women with endocrine infertility in history.

Based on the results we can state the decrease in complications in the first trimester in group II, especially such as its spontaneous interruption (Group I - 6.7% and group II- 3.3%) and violation of the genital tract microbiota (Group I - 16.7% and II - 10.0%), which, of course, are interrelated to each other.

Later, in the second trimester (Table. 1) it should be marked a reduction in group II such major complications as anemia in pregnant women (Group I - 50.0% and II - 30.0%); placental insufficiency (Group I - 40.0% and II- 26.7%) and preeclampsia (Group I - 26.7% and II- 13.3%), and against the background of normalization of genital tract microbiota disorders (Group I - 33, 3% and II - 16.7%).

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Table 1: The clinical course of the second trimester (14-27 weeks) in the surveyed women (%)

Complications	Groups of Women		
	Control. n =30	Groups	
		I n=30	II n=30
Placental insufficiency	13,3	40,0	26,7
Anemia of pregnant women	16,7	50,0	30,0
Preeclampsia	3,3	26,7	13,3
Violation of micro- biocenosis of genital tract	10,0	33,3	16,7
Respiratory viral infection	3,3	10,0	6,7
Abortion up to 22 weeks	-	3,3	-
Premature birth	-	3,3	3,3
Aggravation of somatic pathology	-	16,7	10,0

A similar pattern is in the analysis of the indexes in major subgroups in the third trimester of pregnancy. Among the wide range of options we would like to point out two-fold reduction in the frequency of placental insufficiency using our proposed treatment and preventive methods (Group I – 56.7% and II- 26.7%).

In turn, such differences between subgroups during the pregnancy significantly affected the frequency of major complications during delivery. So, first of all, it concerns the frequency of anomalies of labor activity (Group I - 36.7% and II- 20.0%) and fetal distress (Group I - 33.3% and II- 20.0%), which in its turn led to the reduction of the frequency of caesarean sections by 10.0% (group I - 26.7% and II - 16.7%). Consequently, the results of clinical studies confirm the clinical effectiveness of the proposed algorithm for treating women with endocrine infertility in history. However, for a better understanding of the results the additional methods of

study should be analyzed.

A characteristic feature of the results is that it can be stated a significant increase of E2 in the group II while reducing K ($p < 0.05$) in 28-32 weeks of pregnancy, which are the main indicators of Endocrinology, despite the fact that all other options were not significantly different ($p > 0.05$).

Compared with this, the content of placental proteins at the same gestational age had no significant changes in the surveyed women of the main and control groups ($p > 0.05$). The most significant dishormonal violations were stated the day before delivery.

Thus, despite the use of the proposed algorithm, E2 content in group II was significantly reduced ($p < 0.05$) with respect to the control group. Compared with this in group I all the parameters which were studied were significantly altered relatively not only to similar results in the control group, but in the group II as well ($p < 0.01$ and $p < 0.05$).

Table 2: Endocrinology indexes in 36-40 weeks of pregnancy in surveyed women.

Index	Control. n=30	I n=30	II n=30
E2 (nmol/L)	989,19±51,67	739,21±31,69**	882,21±45,19*
PG(nmol/L)	601,69±13,77	521,19±12,08*	597,19±12,05
PRL (nmol / L)	5231,09±310,68	4524,11 ±310,42*	5187,19±311,59
SW (nmol / L)	2423,09±164,87	2085,19±152,13*	2522,07±157,68
CG (nmol / L)	359,68±17,09	307,08±10,19*	356,39±14,77
K (nmol / L)	1742,38±128,53	2241,18±134,73*	1823,09±132,19

The reliability of p as to the control group is: * - < 0.05 ;

The results confirm the high level of dishormonal disorders in women with endocrine infertility in history, and their dependence on the algorithm of the used preventive measures. A similar pattern is observed while assessing the placental protein content on the eve of delivery.

Conclusions

Thus, the results of this phase of our research indicate the correlation of forms of infertility and the frequency of obstetric and perinatal complications of endocrine form of infertility in patients, which certainly should be considered when developing the algorithm of diagnostic and preventive measures.

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