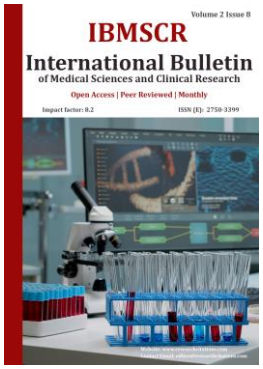

MANIFESTATIONS OF AUTOIMMUNE THYROIDITIS IN PREGNANT WOMEN

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Annotation. The article presents the results of the study on the evaluation of the effect of autoimmune thyroiditis on the pregnancy process and on the fetus in the endemic zone. Work was carried out on the basis of the maternity complex and gynecology department of the 1st clinic of Samarkand State Medical University. 40 women were examined and divided into 2 subgroups. The study showed that in the presence of iodine deficiency in pregnant women with autoimmune thyroiditis, subclinical hypothyroidism occurs and the risk of early miscarriage and preterm birth is significantly increased. Development delay and manifestation of hypoxic condition are observed in the fetus.

Keywords: iodine deficiency, autoimmune thyroiditis (AIT), pregnancy, Hashimoto's throat, endemic goiter.

Relevance. Thyroid diseases are one of the most important problems, especially in endemic areas. The disproportionate changes in our nature are also reflected in the health of the population. Studies by various authors have shown that the introduction of pharmacological doses of iodine can lead to the appearance of thyroid antibodies in genetically predisposed individuals [2, 4, 15, 18]. At the same time, a number of studies did not reveal the negative effect of physiological doses of iodine on autoimmune processes in the thyroid gland [3, 14, 19]. In addition, some studies suggest that iodine deficiency may be a predictor of hypothyroidism in patients with AIT [1, 6, 12].

Goal of work – to investigate the effects of AIT on pregnant women and fetuses living in an iodine-deficient area.

Materials and methods. A study was conducted based on the data of 40 pregnant women who applied to multidisciplinary clinic No. 1 of Samarkand State Medical University with autoimmune thyroiditis. The comparison group consisted of 20 pregnant women living in an endemic area with no reported cases of thyroid disease.

To determine the state of the thyroid gland, clinical and anamnestic research methods, laboratory analyzes and ultrasound examination are used.

A questionnaire was used to determine the somatic, genetic and obstetric-gynecological anamnesis. The study of the characteristics of pregnancy and childbirth was carried out on the basis of dynamic observation of pregnant women.

Results. The mean age of patients in both groups was comparable, with a mean of 26.8 ± 2.07 years. It was found that 20 (50%) pregnant women with AIT had a family history of thyroid diseases, in the comparison group - 2 (10%) ($p = 0.001$). When studying obstetric history, 7 (17.5%) women in the main group and 3 (7.5%) women had premature birth, 4 (10%) and 6 (15%) women had abortions. Overall, 12 (30%) patients with AIT and 2 (10%) patients in the control group had an aggravated reproductive history ($p = 0.006$).

History of gynecological diseases was found to be equally prevalent in both groups (72.5% in the main group and 65% in the comparison group). Thus, AIT during pregnancy is more often observed in women with thyroid diseases in the family, and they often have pregnancy complications with negative consequences. More than one-third of patients with AIT also have a history of severe reproductive problems characterized by infertility and miscarriage.

Analyzing iodine prophylaxis, we found the following: patients with AIT were characterized by late initiation of iodine prophylaxis. Only 10% of patients in the main group started iodine prophylaxis at the stage of conception, and 10% of women did not receive iodine preparations at all before contacting us. Perhaps, in this context, iodine deficiency is more pronounced in patients with AIT than in pregnant women without thyroid pathology. In addition, the iodine needs of pregnant women with AIT may be slightly different.

The main group had a higher risk of miscarriage than the control group. Thus, abortions in the main group occurred 3 times more often than in the control group.

In the main group, significantly more pregnancy complications, including preeclampsia, toxicosis of pregnancy were detected ($p = 0.045$).

In our study, when evaluating the function of the thyroid gland, it was found that subclinical hypothyroidism occurred 1.5 times more often in the first half of the group than in the second subgroup; reduction of thyroid hormones in peripheral blood was not noted in any case.

Fetometric changes, echocardiography of hypoxic events were found in the study of the condition of the fetus. CTG data showed bradycardia in 7.5% of fetuses and tachycardia in 10% of fetuses. Fetal growth retardation was noted in 17 patients (42.5%). These conditions lead to complications in childbirth, increase the need for CS in these women and complicate the mechanisms of adaptation in the postpartum period.

Conclusions. Pregnant women with AIT living in iodine-deficient areas need antenatal iodine prophylaxis, as complications such as hypoxia and fetal growth retardation occur in the fetus, and this has a negative impact on birth outcomes.

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