



MODERN ASPECTS OF DIAGNOSIS AND TREATMENT OF GESTATIONAL PYELONEPHRITIS

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Annotation. The study of the interaction of gestational pyelonephritis with pregnancy is relevant due to the high percentage of obstetric complications, negative perinatal outcomes and severe diseases in newborns, which emphasizes the medical and socio-economic importance of the problem. In chronic pyelonephritis, the course of pregnancy is complicated by iron deficiency anemia (35-70%), premature termination of pregnancy at various times (15-20%), and chronic placental insufficiency (30-35%), gestosis (35-70%). In 30-40% of cases, complications such as chronic uterine hypoxia (30-40%), fetal infection (20-30%) and growth retardation (12-15%) occur. Chronic pyelonephritis significantly impairs the ability of pregnant women to adapt to newborns and increases the risk of early neonatal mortality.

Keywords. Gestational pyelonephritis, treatment, premature birth, nephrostomy.

Relevance. Among pregnant women, chronic pyelonephritis occupies the first place among somatic pathologies (48-54%). Pyelonephritis has a negative impact on the course of pregnancy and the condition of the fetus, which manifests itself in the risk of miscarriage, premature birth, placental insufficiency, fetal hypoxia, intrauterine infection, gestosis and a complicated course of the adaptation period (V.V. Iremashvili). , 2007; L. E. Nicole, 2008; K. Shi et al., 2008; A. J. Schaeffer et al., 2010).

In pyelonephritis, the pathogenic factor affecting the chronic stage of inflammation loses its leading role, an important role is played by processes that affect the change in the rheological properties of blood and microcirculation, which leads to the development of a chronic condition. The causes of this disease are a risk factor for the mother and fetus, leading to perinatal losses.

Aim of the study. Determine the appropriate treatment for complicated gestational pyelonephritis.

Materials and methods. To achieve the goal and fulfill the tasks during 2020, the data of 55 pregnant women and their newborns who applied to the perinatal center of Samarkand on the basis of the Department of Obstetrics and Gynecology No. 1 of Samara State Medical University were studied. -2022. The women examined in the course of the study were divided into 2 groups: the main group - 35 pregnant women with gestational pyelonephritis (GP) and the control group - 20 conditionally healthy pregnant women.

Examination of pregnant women includes: determination of clinical and anamnestic features of the pregnancy process, laboratory diagnostics of inflammatory pathology of the kidneys,

examination of the kidneys and pelvic organs, as well as the condition of the fetus and fetoplacental system using instrumental methods. Methods.

Therapy of acute gestational pyelonephritis is aimed at:

- 1) eliminate the root cause that caused it;
- 2) normalization of urodynamics;
- 3) To improve the general condition of the pregnant woman and fetus and prevent complications

All women were given broad-spectrum antibiotic therapy, followed by antibiotics depending on sensitivity. In addition, infusion therapy (rheosorbilact) and nonsteroidal anti-inflammatory drugs were used to reduce the symptoms of intoxication, and canephron or uroset forte 2 capsules 3 times were prescribed to restore kidney function. Due to the swelling, a temporary splint was prescribed.

In the main group of patients analyzed, the need for drainage of the urinary tract in acute pyelonephritis of pregnancy arose in 35 cases due to complications. In 5 (14.3%) women, according to indications, ureteral drainage was performed by applying a nephrostomy. Stenting was applied to the remaining 30 (85.7%).

As a rule, in all cases, drainage of the kidney on one side was required. Most often, the need for kidney drainage arose in the 2nd and 3rd trimesters of pregnancy. In our case, no drainage was carried out in the 1st trimester of pregnancy.

In our practice, regardless of the manufacturer, we usually used polyurethane catheters, stents and nephrostomy (Cook, Rush, Level, VBraun). With a prolonged (6-8 weeks) stay of the "stent" in the urinary tract, the antireflux protection ceases to "work", which can cause pyelonephritis, ureteritis, cystitis. Therefore, in our study, the activity of these agents and renal drainage were under constant dynamic control.

Results and discussion. According to the clinical manifestations of the disease, all patients received conservative treatment, including infusion and antibacterial agents, depending on the severity of the general condition and local changes in the affected organ. Conservative treatment included:

- Antibiotic therapy
- B vitamins
- Antispasmodics
- Positional drainage therapy
- Infusion detoxification therapy in the presence of obvious signs of intoxication in the body.
- Symptomatic therapy

In addition to conservative therapy, patients were prescribed drainage of the damaged kidney, taking into account the risk of complications of GP and premature birth. Bladder stenting was required in 30 cases, nephrostomy in 5 cases. The indication for nephrostomy was the occurrence of hydronephrosis of 2-3 degrees and purulent pyelonephritis.

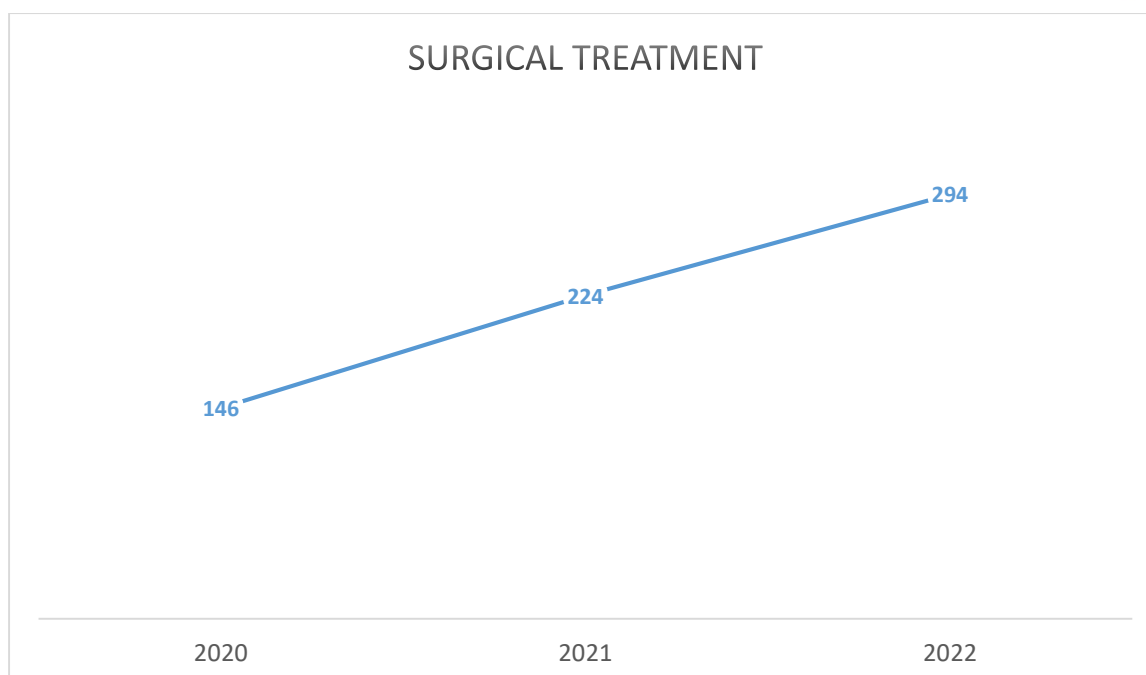


Figure 1. Frequency of surgical treatment

Nephrostomy was placed in the second trimester of pregnancy at an average of 27-28 weeks and removed in utero.

In 40% of women with preeclampsia, normalization of blood pressure was observed during medical procedures. The median number of days of hospital stay was 6.4 ± 0.15 days. Follow-up continued on an outpatient basis.

Laboratory analyses carried out after treatment showed a positive trend, expressed in the recurrence of inflammatory phenomena (normalization of the total number of leukocytes, normalization of ECT, disappearance of bacteriuria and leukocyturia) in all women of the main group.

When analyzing the results of childbirth, premature birth was noted only in 3 cases, and in 33 cases (94.3%) the birth at term was without complications. In 34.3% of women with signs of fetoplacental insufficiency, these signs were not detected after treatment, but in 25.7% of women, the weight of newborns was up to 3000 grams, and the average weight was 2745.4 ± 120.5 g.

In short, timely comprehensive treatment measures help to prevent complications of gestational pyelonephritis, improve the general condition of pregnancy and achieve a positive outcome of childbirth. In the second and third stages of hydronephrosis and purulent changes, the restoration of urinary tract patency and antibiotic therapy quickly lead to positive dynamics.

Conclusion. Pyelonephritis negatively affects the course of pregnancy and the condition of the fetus, which can manifest itself in the risk of pregnancy termination, premature birth, placental insufficiency, fetal hypoxia, intrauterine infection, gestosis, complications of the adaptation period of the newborn.

All pregnant women with gestational pyelonephritis have a high incidence of infectious diseases. The early period of pregnancy was accompanied by toxicosis, the threat of miscarriage, from the 20th to the 24th week it was complicated by cases of gestational pyelonephritis and hydronephrosis, in 40% of women gestosis was observed.

Complex therapy of gestational pyelonephritis with the use of nephrostomy significantly improves blood and urine parameters, reduces complications in the second and third trimesters of pregnancy, and has a positive effect on pregnancy outcomes compared to traditional treatment.

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