



Preeclampsia: Clinical and Morphological Characteristics of Causes of Fetus Intranatal Death

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Annotation: This article provides information about preeclampsia: clinical and morphological characteristics of the causes of intranatal fetal death, hypertensive diseases observed during pregnancy, current problems of modern obstetrics, prevention, diagnosis and treatment of hypertensive disorders.

Key words: *preeclampsia, hypertensive, hyperhomocysteinemia, inadequate placentation, endothelial dysfunction, spiral.*

Introduction

Hypertensive diseases observed during pregnancy are one of the urgent problems of modern obstetrics. Despite the progress made in the prevention, diagnosis and treatment of hypertensive disorders during pregnancy, perinatal and maternal morbidity and mortality from this pathology is 3-4 times higher than the number in the general population and occurs from 18 to 30%. Purpose: to determine the amount of biochemical markers in pregnant women with preeclampsia and, accordingly, to predict the initial signs of the development of obstetric and perinatal complications in pregnant women and to develop preventive criteria. Materials and styles. 104 pregnant women with preeclampsia and their babies were analyzed. The control group consisted of 31 healthy pregnant women without hypertensive disorders. Summary. It was found that hyperhomocysteinemia and vitamin D deficiency affect not only the health of the pregnant woman, but also the condition of the newborn.

REFERENCES AND METHODOLOGY.

Preeclampsia (PE) is one of the most serious complications of obstetric practice in the world. In developed countries, "hypertensive complications, which are the cause of maternal death, account for 30% of all factors, approximately 8.5 million cases of preeclampsia are recorded in the world every year, which is 2-8% of all pregnancies, 1% of women suffer from this disease every year. dies of pathology." In Uzbekistan, PE "for 5 years (2013-2017), preeclampsia accounted for 24.1% of the causes of maternal death." At the moment, reduction of perinatal losses, protection of mothers' and children's health, timely identification of risk groups, development of prognostic criteria, treatment and prevention of the disease are problems that need to be solved in obstetric practice. There are several theories of the occurrence of preeclampsia (PE), including: inadequate placentation, endothelial dysfunction, impaired remodeling of spiral arteries, and decreased immunity. The point that unites all theories is the development of secondary inflammation in any type of preeclampsia. Therefore, assessment of the inflammatory component in preeclampsia is an important indicator of this pathology. The search for new signs of endothelial dysfunction and systemic inflammation and their combinations is the most promising direction of clinical description of the severity of preeclampsia and its complications.

is the most important factor in damage to blood vessels, including the circulatory system of the heart, causing global endothelial dysfunction and the development of chronic heart failure. Hyperhomocysteinemia has a direct cytotoxic effect on the arterial endothelium, activates the mitotic activity of vascular smooth muscle cells and platelet aggregation. Blocks endothelial NO-synthesis, which



is manifested by endothelial dysfunction, and thereby causes thickening of arterial intima-media and increased thrombotic risk.

endothelial dysfunction and inflammation is not only general provoking stimuli (mechanical, chemical, immune, toxic, etc.), but also cellular factors that have a pathogenetic effect and are signs and factors of these conditions. and is also explained by a complex of humoral factors. This, in turn, leads to further damage to the endothelium and its dysfunction.

to blood vessels and tissues, the concentration of certain blood plasma proteins, collectively called "acute phase proteins", increases sharply ("positive" proteins) or, on the contrary, decreases ("negative" proteins). C reactive protein (CRP) beta-globulin also belongs to the positive proteins of the acute phase of inflammation. The concentration of CRP above 6 mg/l is used in the diagnosis of the inflammatory process and its strong indicator, a decrease in the level of CRP is an indicator of normalization.

RESULT AND DISCUSSION.

for vitamin D increases during pregnancy. Currently, there is no general understanding of the mechanism of connection between insufficient supply of vitamin D in the body of a pregnant woman and the development of preeclampsia and its complications. The role of vitamin D in the pathogenesis of preeclampsia (PE) affects calcium-phosphorus metabolism and vascular endothelium. It is known that the placenta synthesizes active metabolites of vitamin D, which enhance the synthesis of sex steroids by the placenta and regulate the release and secretion of human chorionic gonadotropin in the syncytiotrophoblast, which contributes to the complete implantation and invasion of the trophoblast.

Conclusion also possible to consider the lack of active metabolites of vitamin D as a factor in the development of endothelial dysfunction and the manifestation of preeclampsia. Active forms of vitamin D play an important role in various biological processes, including the regulation of cell growth, differentiation, and metabolic modulation. At the same time, vitamin D improves the angiogenic properties of endothelial progenitor cells. These data may explain the effect of vitamin D3 deficiency on the increased risk of PE.

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