ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

UDK 618.5-07+618.2-06+616.12-008

PROGNOSTIC SIGNIFICANCE OF CLINICAL AND IMMUNOLOGICAL PARAMETERS IN PREGNANT WOMEN WITH RHEUMATIC ETIOLOGY OF MITRAL STENOSIS

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Annotation: This article is dedicated to the topic of changes in blood during pregnancy and biomarkers of pathology in the circulatory system of your heart, the importance of diagnosing and treating this disease. Heart disease is an important cause of maternal mortality in developing countries. Rheumatic heart disease is the cause of most abuse and deaths, and mitral stenosis is the most common lesion. In accordance with the purpose and objectives of the study, 110 pregnant women were examined. The results of the study showed that pregnant women with mitral stenosis show signs of systemic inflammation (increased levels of CRP, il-α), hypercoagulation (high levels of fibrinogen and d-enzyme) and impaired immune balance (decreased levels of il-10, increased IL-2). IL

Key words: pregnancy, mitral valve stenosis, inflammation, hypercoagulation, immunity.

Real service. Pregnancy and heart disease are mainly a combination of diseases of the body observed in young women, and therefore the social significance of this problem is great. This problem is based on heart diseases, circulatory insufficiency leading to death, active rheumatic process, severe preeclampsia, which increases the risk level, and complications that occur during pregnancy or in the early postpartum period at the time of rupture, combined with complex hemodynamics[1, 5].

The most relevant issues of modern methods of early diagnosis and treatment of rheumatic heart defects in pregnant women are the existing ones: despite maternal mortality, fetal mortality in the postpartum period is not associated with a downward trend over the past 20 years[1,4,8].

The priority of this health problem is also one of the most important factors in reducing maternal and child mortality. Pathological etiology the most common heart defects in pregnant women with mitral rheumatism, 75-90%, are narrowing of the mitral valve, which often occurs in this case and is one of the opening heart defects[3,6,9].

Many scientific studies have been conducted on the pathology of the heart during pregnancy, despite the fact that their pregnancy goes beyond the tactics of influencing the circulatory process in the initial stages of the development of pregnancy forms and the predicted damage to the subclinics of the active rheumatoid process, it matters whether pregnancy occurs or stops the transition to solving the issue of choosing management methods in accordance with openness the course of the disease still remains.

Research objective. A pregnant woman with mitral stenosis studies the hemostatic system.

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Research objects and materials.

110 students were required to examine pregnant women in accordance with the goals and objectives of the work. The scientific program of the 2nd Department of Obstetrics and Gynecology of the perinatal Center of the Bukhara State Medical Institute, together with a number of Bukhara, Bukhara, is carried out on the basis of a combination of complications. Traditional diagnostic methods include clinical and biochemical laboratory tests - general blood control, rheumatological tests, sr, as well as determination of blood urea, creatinine, hemostasis, and parameters of li - fibrinogen, pta, D-enzyme, and INR art. Immunological tests - il-8, il-2, il-10, FN-a. Doppler imaging, maternal hemodynamics, ultrasound and fetal functional studies in the uterus, umbilical cord and midbrain, as well as determining blood flow in the arteries, covers their exocardiography.

the training of 110 students in pregnant women is deep. Group I consists of 40 people studying physiological pregnancy, pregnant women, group II of mitral stenosis in late pregnancy of 35 people, pregnant women, group III, which determines the level of risk of developing this pathology at the initial stages of pregnancy, assessment of the duration of pregnancy, timely drug therapy and the therapeutic antirheumatic drug used cardiotonic, consists of 35 women.

In the Center for Perinatal Treatment of Women in Bukhara, all checks of the Bukhara State Medical Institute are carried out on the basis of complex 2 complications-together with the Department of Obstetrics and Gynecology.

The main indicators of biochemical studies of blood serum samples taken from patients for the study of heart and functional activity by the "yoldosh" Doppler method using research methods and ultrasound were determined.

Results. Coagulation hemostasis consists of a cascade of reactions involving plasma factors, if it is carried out in 3 stages. In particular, activated partial thromboplastin time in stage 1 description (FQTV), 2-step prothrombin index (pta) assessment, and 3-step international relations assessment (xmm), while fibrinogen was used in the IZ assessment (1 see table).

1-table

Indicators of pregnant hemostasiologists participating in the study, M±m

Indicators	of the control group, n=35	1-sinof the spirit, n=35	2-guruh, n=35
FQTV, sec	36,8,8±0,30	29,4±0,31***^^	32,8±0,91 %***∞∞
PTA, %	92.2,2±0.51	89,9±0,69**^^	87,2±1,50*∞
Hmm	0,88±0,03	1,03±0,003**^	0,92±0,02**∞
Fibrinogen, g / l	2,9,95±0,39	4,35±0,71**^	3,51±0,15**∞

Comments on: * - differences between the control and the data are statistically significant

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(*P<0.05 to,
* * - P<0.01, * * * - P<0.001), ^ - 2 groups, significant differences compared to the data (^- P<0.05 to, ^ ^ - P<0.01, ^^^ - P<0.001),∞ - differences are 1-significant compared to the group data (∞- P<up to 0.05, ∞ ∞ - P < 0.01)

1- as can be seen from the table, in pregnant women of the 1st group, plasma FQTV decreased by 29.4±0.31 seconds, in the 2nd-group, that is, for taking treatment measures in pregnant women, while 32.8±0.91 percentaccounted for seconds, i.e. by 1.25 compared to the control group (P<0.001) and 1.12 (P<0.01) time reduction.

Thus, he showed the results of the study, and in the treatment of pregnant women complicated by mitral stenosis, the hole was not used, because when the pregnancy period is shortened, there is an increased risk, which means that the risk level increases. Active high coagulation, which occurs when activity in the system decreases, may be a sign of hypercoagulation, this probably increases the risk of thrombosis and indicates the height of thromboembolism.

As a proof of this, in the 1st pregnant woman participating in the group, FQTV (activated time of partial thromboplastination) was 29.4±0.31 seconds before the determination of kishkarish. Compared to the control group, this indicator decreased by 1.25 times (P<0.001). In the control group, the AQTV time was 36.8±0.30 seconds, respectively.According to the results obtained, 1 and 2 pregnant women showed hypercoagulation of the blood clotting time and plasma group compared to the control group of qisqarganligi hemostazide (increased blood clotting). This condition of the blood clotting system used in an active rheumatic process complicated by pregnancy has increased, and the development of events shows that the probability of thrombosis is high. The special prothrombin index was calculated according to the formula in the control group and from 9to 2.2,2±0.5 to1%, respectively. The 1st group of pregnant women who take therapeutic measures, this indicator is 89.9±0.69 therapeutic receptions in a pregnant woman, while 87.2±1.50% if they are equal, this indicates the presence of hypercoagulation during pregnancy.

As can be seen from the data shown in Table 3.2, the relationship also extends to 1 month in pregnant women of the international group, in whom y was observed in ily: 1-in the xmm group 1.03±0.003 v, in 2-in group b-0.92±0.02, respectively. In the control group, this indicator is 0.88±0.03, respectively. As can be seen from the results obtained, in the 1st group of pregnant women who participated in the second stage of blood clotting, it was shown that it significantly shifted towards hypercoagulation.

So the results of the study showed, since the level of fibrinogen in the blood plasma increased significantly, this showed that there was a shift in hypercoagulation (Karalsin table 3.2). The indicator of the control group in the 1st group of pregnant women was 1.47. The amount of fibrinogen (P<0.01) increased by a factor of 4.35±0.71 g / l / L. 2-pregnant women engaged in the group, while in 1.18 of the control group (P<0.01) time increases, 3.51±0.15 g/l, respectively. The highest indicator 1 is a group of women, that is, women come who take medical measures.

Needless to say, fibrinogen is synthesized mainly in the liver. The amount of protein in the blood and the infectious factors that it has access to will increase in the acute phase, with

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
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inflammation, stress and injuries.

The studies presented in the literature are compared with the results obtained, they are consistent with the data, complicated pregnancy in women is accompanied by preeclampsia and kidney diseases, systemic connective tissue diseases, rheumatism in pregnant women, in whom this indicator is not recorded during pregnancy.

Conclusion. Thus, our study showed that the results obtained indicate that in the case of mitral stenosis complicated by an orifice, used in pregnant women during mo hypercoagulationyin il track, changes in hemostasis were not observed as reliable as possible and extended in the direction of the duration of the increase in statistical indicators in pregnant women of the 1st group. Pregnant women go to reduce the duration of pregnancy, marker hypercoagulation develops, and the amount of fibrinogen increases in it. According to our conclusion, the blood coagulogram is an indicator in predicting the risk of pregnancy complications, since it can be used to detect these changes, the mother-companion-staz shows the development of the o'zan microcirculatory bed in the fetus.

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