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Assessment of clinical course of gestational pyelonephritis in pregnant women

Marufjon Salokhiddinov, Nodir Magzumov
Department of Nephrology, Tashkent Medical Academy, Uzbekistan

Objectives: The relevance of the issue of gestational pyelonephritis is due to an increase in the growth of infectious and inflammatory diseases of the urinary tract in women in recent years. Our aim is to analyze the clinical course of gestational pyelonephritis

Methods: The study involved 58 pregnant women who received treatment for GP in the urology departments of the State Nephrology Centre under Tashkent Medical Academy during 2016-2018

Results: The study showed that leukocyturia was detected in 38 pregnant women (65%), erythrocyturia in 18 (31.5%), proteinuria in 36 (62%), bacteriuria in 16 (27.5%). Leukocytosis was noted in 15 (26%), and an increase in ESR in 29 (50%). In all cases, treatment was carried out aimed at stopping the symptoms of GP, while antispasmodic drugs were used in 100%, and antibacterial drugs were used only in 18 patients (31%). Further monitoring of pregnant women revealed the following complications of gestation: the threat of termination of pregnancy (TTP) was diagnosed in (77.6%), anemia in 28 (48,2%), and placental insufficiency (PI) in 9 (15.5%), chronic fetal hypoxia - in 8 (13,8%), preeclampsia (PE) - in 5 (8,7%). In addition, the recurrence of GP was traced in 34% of cases. Preterm birth (PB) for periods of 22-31 weeks was observed in 11 women (19%)

Conclusions: Thus, according to our data, GP more often develops with gestational periods of 32-38 weeks, is accompanied by an erased clinical picture, negatively affects the further course of pregnancy, increasing the risk of PI, TTP, PE, and PB