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OF THE SOCIETY OF ENDOMETRIOSIS
AND UTERINE DISORDERS



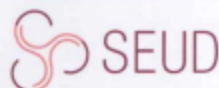
SEUD
CONGRESS
2024



FINAL PROGRAM

**ENDOMETRIOSIS
AND UTERINE DISORDERS:**

**TIME FOR INNOVATION,
PRECISION AND STRATEGY**



**Society of Endometriosis
and Uterine Disorders**

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THE ROLE OF PRENATAL PREPARATION OF WOMEN IN THE PREVENTION OF RELAPSE OF SEVERE PREECLAMPSIA DURING SUBSEQUENT PREGNANCY

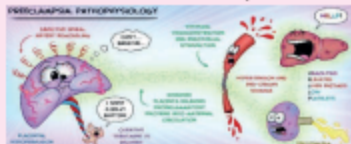
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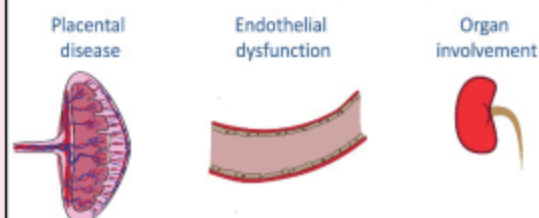
Preeclampsia is one of the most pressing problems of modern obstetrics, since it does not have reliable early prognostic and diagnostic signs, effective prevention and treatment measures. This disease is associated with high maternal and perinatal mortality, which ranges from 12.1 to 23.2%. In addition, the number of low-symptomatic and atypical forms of preeclampsia has increased. Currently, the most common hypothesis of pathogenesis, in which a key role is played by an imbalance of angiogenic and antiangiogenic factors (such as, for example, VEGF, PGF and their receptors related to tyrosine kinases), resulting from placental hypoxia. PE aggravates gestation in 6–8% of pregnant women in developing countries and 0.4% in developed countries. The incidence of secondary PE is 5.2%; with moderate arterial hypertension – 18.4%; for severe chronic hypertension – up to 100%. It has recently been shown that secondary PE can persist in patients for more than two years after childbirth. Thus, the development of PE during pregnancy leads to serious complications, and in subsequent pregnancies can lead to recurrence. Therefore, prevention of recurrence of PE during subsequent pregnancies in the preconception period is an urgent problem.

Purpose of the study: to optimize the prediction and prevention of relapse of preeclampsia through the use of clinical and laboratory markers and to determine the effectiveness of preconception preparation in women with concomitant pathology of the urinary system.

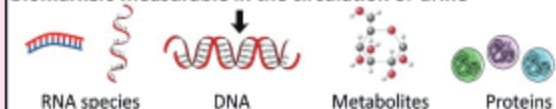
Research methods: retrospective - collection of anamnesis, the course of a previous pregnancy complicated by severe preeclampsia, clinical and biochemical tests of blood and urine, ultrasound of the kidneys.



Potential sources of biomarkers for preeclampsia



Biomarkers measurable in the circulation or urine



Results. We examined 56 women with severe preeclampsia due to pyelonephritis during a previous pregnancy, who were divided into 2 groups: group-1 - 35 women with pyelonephritis that developed during pregnancy; Group-2: 21 women with chronic pyelonephritis. A study of the patients' anamnesis showed that in group-1, severe preeclampsia (TP) developed in the second half of pregnancy (24 - 34 weeks). In group 2, the examined women with chronic pyelonephritis noted the onset of an increase in blood pressure in the first trimester at 14-22 weeks, and then after 28 weeks the development of TP. A clinical and laboratory examination of women in group-1 did not reveal any sharp deviations from the norm, while in group-2 anemia was detected, urine tests showed signs of inflammation, biochemical tests showed an increase in alkaline phosphatase, a relative increase in the level of liver transaminases by an average of 10 -15% of reference values. The level of VEGF was higher in women of group-2 by 14.3% compared to group-1. Ultrasound revealed structural abnormalities of the renal pyelocaliceal system. Preconceptional anti-inflammatory treatment with uroseptics, herbal medicine and immunocorrective therapy was carried out. Dynamic observation during the next pregnancy showed that in 28% of cases, re-treatment of patients in group-2 was required. In group-1, relapse of AFL was not observed..

Conclusion:

preconceptional treatment of kidney pathology can reduce the incidence of recurrent kidney failure and early delivery by 4.8 times

