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EVALUATION OF THE EFFECTIVENESS OF TREATMENT ON THE STATE OF UTERO-PLACENTAL CIRCULATION OF BLOOD OF WOMEN WHO HAVE BILIARY SLUDGE IN FETOPLACENTAL INSUFFICIENCY

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Aim: To study the possibility of using "Xofitol" for the correction of uteroplacental blood flow disorders in FPI, which developed in pregnant women against the background of biliary sludge.

Materials and methods: The study included 60 pregnant women with FPI, which developed against the background of biliary sludge in terms of 32 to 37 weeks. The average age of the patients was 29.2 ± 2.8 years. All women were divided into 3 groups. The main 1-group consisted of 40 pregnant women with biliary sludge, in the treatment of which, along with the complex metabolic therapy of FPI, the drug "Xofitol" was used, the 2nd group included 20 pregnant women with biliary sludge, who received the generally accepted complex therapy of FPI. 3-control 20 practically healthy pregnant women. All pregnant women underwent an assessment of uteroplacental blood flow according to Doppler data, and also analyzed the outcomes of childbirth and the early neonatal period. The Doppler study was performed using a Sonoscape ultrasonic diagnostic device equipped with a pulsed wave color Doppler unit. The state of uteroplacental hemodynamics was assessed by studying the curves of blood flow velocities in the right and left uterine arteries, the middle cerebral artery of the fetus, and also in the umbilical artery. To assess the velocity curves, the resistance index (RI) was calculated according to the formula $IR = (S-D)/C$, where C is the maximum systolic blood flow velocity; D — final diastolic blood flow velocity, followed by calculation of the systolic-diastolic ratio (SDR) according to the formula $SDR = S/D$.

Results: During the study, it was found that in the control group (n = 10) during physiological pregnancy, there is a decrease in placental resistance to blood flow and CSCs have two phases with a high diastolic blood flow velocity.

The characteristic signs of impaired blood flow in the uterine arteries were a decrease in the diastolic component, an excess of IR (up to 0.78 ± 0.083), which was noted in pregnant women from the 1st group before treatment. In 20 pregnant women before treatment, the so-called dicrotic notch was detected on spectrograms, which indicated more profound disorders of uteroplacental hemodynamics. There was a direct proportional relationship between the severity of preeclampsia and the frequency of severity of blood flow disorders in the uterine arteries. Pathological CSCs in the umbilical arteries with FPI were characterized by a decrease in the end diastolic blood flow velocity, which indicated a significant increase in the peripheral resistance of the fetal part of the placenta and was expressed by an increase in IR above the standard values (up to 0.79 ± 0.083). Pathological CSCs in the cerebral vessels, in contrast to the umbilical arteries, were characterized not by a decrease, but by an increase in the diastolic blood flow velocity and a decrease in the numerical values of IR (up to 0.38 ± 0.083). In the control study after the treatment in the main group, an increase in diastolic blood flow velocity and a decrease in IR in the uterine arteries to 0.46 ± 0.021 were noted; SDS up to 1.69 ± 0.02 , while in the 2nd group these indicators changed insignificantly (RI up to 0.83 ± 0.084 ; SDS up to 1.96 ± 0.25). Positive changes were also noted in the study of CSC in the umbilical artery, where IR in the main group approached the indicators of CSC in the control group (RI up to 0.48 ± 0.039 ; SDO up to 2.24 ± 0.03), in the 2nd group IR remained stable at numbers 0.71 ± 0.093 ; SDR decreased to 2.37 ± 0.02 . There was a change in RI in the middle cerebral artery in the main group, manifested by an increase in numerical values (RI up to 0.62 ± 0.084 ; SDO up to 4.03 ± 0.03), while in the 2nd group there was only a tendency to increase its values (RI up to 0.42 ± 0.043 ; SDO up to 3.7 ± 0.01). According to the results of the studies, in pregnant women of the control group, the indicators were normal, which was confirmed by a favorable perinatal outcome. The identified disorders in the fetoplacental system suggest that pregnant women with biliary sludge should be identified as a risk group and given preventive training throughout pregnancy and hospitalized in advance (at 37–38 weeks) to choose a rational method of delivery. In no case were complications or negative effects of the treatment with "Xofitol" on the course of pregnancy and the condition of the fetus noted. Thus, "Xofitol" has a beneficial effect on the state of the fetoplacental complex in women with biliary sludge, enhances the effect of complex therapy for FPI due to an additional positive effect on uteroplacental hemodynamics.

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