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MISSION OF PREGNANCY

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Summary
The paper presents the results of a retrospective study of the antiphospholipid syndrome and its place in the structure of miscarriage. The analysis of literature data for the last 5 years was carried out, as well as the retrospective study of the medical history of patients with miscarriage who were admitted to the first clinic of the Samara State Medical University.

Keywords: miscarriage, antiphoslipid syndrome (APS), antiphospholipid antibodies (APA), vascular factor, thrombosis, spontaneous abortion.

Relevance

Obstetrical APS (oAPS) is an autoimmune disease leading to the synthesis of autoantibodies capable of directly activating key cells of the vascular and/or placental pathophysiology. During pregnancy, the placenta is the most important organ. Placental dysfunction due to endothelial dysfunction, ischemia and placental microthrombosis are responsible for the development of obstetric complications: preeclampsia, HELLP syndrome, placental abruption, etc.

According to Goncharov A.A. (2018), the incidence of secondary APS in women is 7-9 times higher than in men, which is probably due to the greater predisposition of women to systemic connective tissue diseases. The author especially points out the importance of the fact that 22% of women with APS have a history of thrombosis, 6.9% - cerebral thrombosis. In addition, 24% of all thrombotic complications occur during pregnancy and the postpartum period. The risk of thrombotic complications increases during pregnancy and in the postpartum period, as there is a physiological increase in the coagulation potential of the blood against the background of hypervolemia [1, 4, 8].

Antiphospholipid syndrome (APS), as immune thrombophilia, is the cause of miscarriage in 40-60% of cases. The effect of antiphospholipid antibodies (APA) on the hemostasis system in case of an unfavorable pregnancy outcome is expressed in platelet hyperaggregation, hypercoagulation that does not correspond to the

gestational age, which is clinically manifested by vascular microthrombosis and placental infarction, as well as placental decidual occlusive vasculopathy.

Purpose of the study

To analyze the latest structures of miscarriage to determine the place of the antiphospholipid syndrome in it.

Materials and Methods of Research

The work was carried out on the basis of the first clinic of the Samara State Medical University, the medical records of patients with miscarriage for 2021-2022 were retrospectively studied. And also a study of literature data over the past 5 years was carried out to determine the indicators of APS abroad.

Results and Discussion

Literature data confirm that APS often complicates pregnancy by causing miscarriage in the early stages or by increasing coagulability, disturbances occur in the mother-placenta-fetus system, which causes chronic fetal hypoxia with impaired development, non-developing pregnancy is also observed [1,3,6].

APS can be both a primary independent disease and secondary against the background of systemic vasculitis and other diseases of autoimmune origin. Clinical and laboratory signs in primary and secondary APS are identical, and therefore many clinicians do not separate these two options [1,4,7].

As is known, APS is a systemic disease and can be manifested by one or several clinical signs at the same time on the part of various organs and systems, up to the development of acute multiple organ failure, resembling that of DIC, with the development of acute respiratory distress syndrome, CNS damage (stroke , stupor, disorientation), myocardial infarction and gastrointestinal organs, adrenal insufficiency, etc. [2,4,8]. In addition, against the backdrop of a pan-epidemic of covid infection in recent years, scientists note the development of “catastrophic APS” [6].

We studied 70 case histories with miscarriage. When analyzing the case histories, it was found that 40% of cases were in the second trimester of pregnancy, the gestation period averaged 17.2 ± 1.4 weeks, 4.17% were in the third trimester of pregnancy, and they were diagnosed with isthmic-cervical insufficiency. The remaining 55.7% of cases occurred in the first trimester.

According to the data, 2.86% of women came for a medical abortion due to abnormalities in the development of the fetus, 42.8% were diagnosed with a non-developing pregnancy. At the same time, the gestational age of the fetus was from 5 to

9 weeks, although women applied from 7 to 12 weeks of pregnancy. All women were re-pregnant, unfortunately, none of the women had a preconception period of preparation.

It should be noted that APS was diagnosed only in 4.28% of women from the total sample, which corresponds to 10% of women with non-developing pregnancy. The causes of non-developing pregnancy are multifaceted and have different etiopathogenesis. Among which there is also APS, in our case, women with only two or more abortions were examined for APS, which amounted to 4.28%. The rest of the women were not tested for antibodies.

Conclusions

Based on the study data, it can be concluded that APS occurs in the structure of miscarriage and its share in this case tends to increase. It should be noted that APS is more often diagnosed late after two or more abortions, leading to various complications for the female body, which requires improved methods of diagnosis and treatment.

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