



INTRAUTERINE INFECTION AND ITS CONSEQUENCES

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Abstract

In the modern healthcare system, against the background of a low level of infant mortality, a high incidence remains in the structure of infections specific to the early neonatal period, among which the leading position is occupied by intrauterine infections that are transmitted from mothers directly [1,3,4,6]. Infection of the fetus and newborns plays an important role in the development of infectious and inflammatory diseases. The aim of the work was to identify clinical and neurological features of congenital malformations of the central nervous system in children born to mothers with TORCH infection. In this study, we analyzed the results of a survey of 57 women and their children for the presence of intrauterine infection and its impact on the child. The main stages of laboratory diagnostics were identified. The presented article will allow doctors of specialized specialties to systematize for themselves such concepts as IUI and its risk factors, focus on the features of the clinic and diagnosis, as well as prevention of IUI, which will reduce morbidity and mortality in the structure of infections specific to the early neonatal period, as well as reduce an increase in disability among young children due to this pathology.

Keywords. intrauterine infection, TORCH infections, perinatal mortality, infantile morbidity, ARCNS, extragenital pathology, preeclampsia

Objective

Identify clinical and neurological features in children born to mothers with TORCH infection.

Materials and Methods

The study was conducted on the basis of the maternity complex of the th clinic of the Samarkand Medical University for the period 2019-2021. The study included 57 children under the age of 1 month.

Patients were divided into 3 study groups:

Group 1 of the study - children born to mothers with TORCH infection after a difficult birth included 17 girls, 20 boys, a total of 37





Group 2 of the study, children without signs of CNS disorders, born to mothers with TORCH infection included 9 girls, 11 boys, 20 in total.

The control group included 10 girls, 10 boys, 20 in total.

The study used clinical and anamnestic data, objective examination data, laboratory data (general blood count, general urinalysis, blood test for the detection of viral infection, biochemical blood test, bacteriological examination, bacteriological culture, flora culture, caprogram), additional research methods were used ECG, ultrasound, EEG and sonography were also consulted by a pediatric neurologist.

Results and Discussions

When analyzing the structure of the infectious factor by nosological forms, it was determined that most often (55% of cases) mothers were diagnosed with CMV + CH, and less often (in 4% of cases) CMV + CH + Chlamydial infection. It was found that the vast majority of them had combined forms of mixed infections, and the leading place of cytomegalovirus infection among all the others was also revealed.

Risk factors for the development of intrauterine infection in the antenatal period in our study were: burdened obstetric history - miscarriages, stillbirths, previous premature births, death of previous children in the neonatal period [7,8,9], abortions were determined in group 1 of the study in 40.5% (15) cases, in the 2nd study group in 20% (4) cases in the control group in 5% (1) cases.

The pathological course of pregnancy - preeclampsia, the threat of abortion, polyhydramnios, anemia in pregnant women, exacerbation of chronic infectious and somatic diseases, acute respiratory viral infections in the second half of pregnancy [12,15,17], in group 1 of the study was determined in 81% (30) cases; in the 2nd group of the study in 60% (9) cases and in the control group in 5% (1) cases. Extragenital pathology in the mother was determined in group 1 of the study in 32.4% (12) cases; in group 2 in 20% (4) cases; in the 3rd study group in 5% (1) cases. Analysis of birth weight in children showed that low birth weight in 56.7% (21) cases was determined in the 1st group of the study, compared with 40% (8) in the 2nd group of the study and 10% (2) in the control group of the study. Clinical and genealogical analysis showed a burden of congenital and hereditary pathology in 5.4% (2) families of the 1st group of the study, parents were found to have malformations, including malformations of the nervous system. Inbreeding of parents was established in 5.4% (2) cases in the 1st group of the study and in 5% (1) cases in the 2nd group of the study; in the control group of the study, related marriages were not determined. The study of the concentration of immunoglobulins in blood serum in children of the 1st group of the study showed that the level of IgG was 804.1 ± 43.72 mg/%, and in children of





the 2nd group of the study, a significantly increased content of IgG was observed - 1107.1 ± 44.21 mg/% ($P < 0.01$). The study of the IgM level showed that in the blood serum of healthy children it is within 11.3 ± 0.84 mg/%, and in children born from mothers with TORCH infection in the neonatal period, its content was increased by 1.5 times and amounted to on average - 16.95 mg/%, which is significantly higher than in the control ($P < 0.01$).

Conclusion

Thus, it becomes obvious that in children born to mothers with TORCH infection, against the background of a severe antenatal period and a high titer of IgG and IgM, severe brain lesions form during the first year of life, which complicates immediate and long-term prognosis.

References

1. Ибрагимов Б. Ф. и др. Новые Веяния В Оптимизации Комплексного Лечения Бесплодия При Синдроме Поликистозных Яичников //Актуальные вопросы современной медицины. – 2021. – С. 6-10.
2. Косенкова Т. В., Зазерская И. Е., Кликунова К. А. Лечение урогенитальных инфекций у беременных женщин и внутриутробного инфицирования у новорожденных детей препаратами рекомбинантного интерферона альфа-26: результаты мета-анализа //Вопросы гинекологии, акушерства и перинатологии. – 2020. – Т. 19. – №. 4. – С. 110-137.
3. Ортикбоева Н. Т., Сирожиддинова Х. Н. РЕЗУЛЬТАТЫ АНАЛИЗОВ НОВОРОЖДЕННЫХ С ВНУТРИУТРОБНЫМ ИНФИЦИРОВАНИЕМ //Eurasian Journal of Medical and Natural Sciences. – 2022. – Т. 2. – №. 4. – С. 28-32.
4. Семеняк А. В. и др. ВНУТРИУТРОБНОЕ ИНФИЦИРОВАНИЕ ПЛОДА-РЕАЛИИ ДИАГНОСТИКИ И ЛЕЧЕНИЯ //НЕОНАТОЛОГИЯ, ХИРУРГИЯ ТА ПЕРИНАТАЛЬНА МЕДИЦИНА. – С. 31.
5. АмировнаТИЛЯВОВА С., ХУДОЯРОВА Д. Р. РЕАЛИИ ВРЕМЕНИ. СИНДРОМ ГИПЕРАКТИВНОГО МОЧЕВОГО ПУЗЫРЯ И ПРЕМЕНОПАУЗА //БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ. – С. 25.
6. Тиялова С. А. MODERN APPROACHES TO THE DIAGNOSTICS AND TREATMENT OF URINATION DISTURBANCES IN PREMENOPAUSAL WOMEN //УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ. – 2022. – Т. 3. – №. 3.





7. Худоярова Д. Р., Шопулотова З. А. OPTIMIZATION OF MANAGEMENT OF PREGNANT WOMEN WITH CHRONIC PYELONEPHRITIS //УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ. – 2022. – Т. 3. – №. 3.
8. Шавкатова А., Шопулотова З., Худоярова Д. Влияние озонотерапии на фетоплацентарную недостаточность //Журнал гепатогастроэнтерологических исследований. – 2021. – Т. 2. – №. 3.2. – С. 63-66.
9. Шаматов И. и др. ВОЗМОЖНОСТИ КОМПЬЮТЕРНОЙ И МАГНИТНО-РЕЗОНАНСНОЙ ТОМОГРАФИИ В ВИЗУАЛИЗАЦИИ ПОЛОСТИ НОСА И ВЕРХНЕЧЕЛЮСТНОЙ ПАЗУХИ //Журнал вестник врача. – 2021. – Т. 1. – №. 2 (99). – С. 113-115.
10. Khudoyarova D. S. D. R., Tilavova S. A., Shopulotova Z. A. MANIFESTATIONS OF EXAMINATION OF CHRONIC PYELONEPHRITIS IN PREGNANT WOMEN (CLINICAL CASE) //Thematics Journal of Microbiology. – 2022. – Т. 6. – №. 1.
11. Tilyavova S. A., Karimova G. S. Realities Of Time. Chronic Gender Inflammation And Pelvic Pain //European Journal of Molecular & Clinical Medicine. – 2020. – Т. 7. – №. 03. – С. 2020.
12. Shavkatova G. S., Xudoyarova D. R., Shopulotova Z. A. METABOLIK SINDROM-ZAMONAVIY JAMIYATNING MUAMMOSI //Eurasian Journal of Academic Research. – 2022. – Т. 2. – №. 3. – С. 486-491.

