



CLINICO-LABORATORY OCCUPANCY OF COVID-19 BUCHAREST OBLECT OF EVERYONE

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Resume

Coronavirus disease COVID-19 quickly spread throughout the world. In December 2019, the coronavirus was first reported in Wuhan, Hubei Province, China. В последующие месяцы широко распространенная передача тяжелого острого респираторного синдрома коронавируса 2 (SARS-CoV-2), вируса, вызывающего коронавирусную болезнь 2019 года (COVID-19), была зарегистрирована на всех обитаемых континентах. Однако во время текущей вспышки COVID-19 у беременных женщин, по-видимому, было меньше нежелательных явлений со стороны матери и новорожденного, чем было зарегистрировано для SARS и MERS, но остается неясным, имеют ли беременные женщины клиническое течение и исходы, сопоставимые с небеременными .

Keywords : coronavirus infection, COVID -19 , pregnancy

Introduction.

According to an epidemiological study, it was revealed that people of any age are at risk of infection, however, the severity of the disease is associated with age and concomitant diseases [13]. For example, cancer patients infected with SARS-CoV-2 showed a higher risk of severe complications and mortality compared with patients without such diseases [9, 11, 16]. Patients with existing hypertensive conditions and diabetes mellitus suffered a new coronavirus infection with a large number of complications [1, 6, 12]. The higher vulnerability of these patients is possibly due to a decrease in the immune system due to underlying diseases or side effects of treatment, including surgery, chemotherapy and immunodrugs. Despite the fact that information about this disease continues, information about pregnancy remains limited [4, 7, 16]. During pregnancy, in the body of a woman, a special immunological adaptation is developed, which is necessary to maintain tolerance to the implantation of the fetus [8, 13]. This state of temporary suppressed immunity is associated with suppression of T-cell activity and, consequently, increases the risk of pregnant women becoming





infected with viral infections [5, 9, 1]. In addition, physiological changes occurring in the respiratory and cardiovascular systems associated with pregnancy, which lead to worsening of clinical symptoms during infection [17].

During previous pandemics such as SARS and H₁N₁, pregnant women were more susceptible to serious illness and had higher mortality rates than the general population. ⁴Во время пандемии гриппа H₁N₁ в 2009 году беременность вызвала более высокий риск тяжелой пневмонии, ОРДС, искусственной вентиляции легких и смерти по сравнению с небеременными женщинами репродуктивного возраста [2, 7, 17]. А нелогичные результаты были также получены для эпидемий тяжелого острого респираторного дистресс-синдрома (SARS) и ближневосточного респираторного дистресс-синдрома (MERS), когда у беременных развивалась дисфункция органов, приводящей к тяжелым осложнениям, в крайнее случае к смерти пациенток [9, 10, eleven]. Однако во время текущей вспышки COVID-19 у беременных женщин, по-видимому, было меньше нежелательных явлений со стороны матери и новорожденного, чем было зарегистрировано для SARS и MERS [12, 15], но остается неясным, имеют ли беременные женщины клиническое течение and outcomes comparable to non-pregnant women. In connection with the above, it is necessary to determine data on the course of the clinical characteristics of SARS-CoV-2 infection during pregnancy. In the same, it is an abundance of overwhelming up with the pusher of the Covid-19-in-laws to be the same in the same way.

All Iceland : Clinical manifestations of the novel coronavirus infection with COVID - 19 in the region of Bukhara region.

Materials and methods

A retrospective study was conducted over a period of 16 days, starting with the first case of polymerase chain reaction (PCR) - a confirmed case of COVID-19 in our facility on 29 September. The clinical characteristics, the severity of the disease and the duration of stay in the hospital were assessed.

All anamnestic, clinical and laboratory data were subjected to a prospective analysis using the Microsoft Excel package of applied programs for statistical processing. Statistical processing of the obtained data was carried out with the calculation of the following parameters: arithmetic mean, error of the mean, mean square deviation, correlation coefficient, confidence. Differences between the indicators were considered significant at the degree of probability $P < 0.05$. To reveal the relationship of several variables, Pearson's correlation coefficient was used.





Study Results

The study included 27 pregnant women with COVID-19 who had positive results of reverse transcription polymerase chain reaction (RT-PCR) from the respiratory tract. According to the degree of severity, the pregnant women were divided into 2 groups: (1) those who had mild clinical symptoms 18 pregnant women and (2) those who had a severe disease. The control group consisted of 21 pregnant women with a negative PCR test. The age of the patients was from 21 to 36 years, the average age was 28.5 ± 1.5 years (Table 1).

Table No. 1 Characteristics of patients with COVID-19

X characteristics _	Values _ _
In o zract mater,	28.5 ± 1.5
G ec tational view of the moment of diagnosis (Sun.),	33.5 ± 2.3
BMI (kg / m ²), c r e d ee (CO)	31.2 ± 0.6

Most of the examined were re-pregnant (61.8% - in group 1 and 88.0% - in group 2). Primiparous were 38.2% of women and 26.1% - in groups, respectively ($P < 0.001$); Repetitive children accounted for 61.8% and 73.9%, respectively ($P < 0.001$). No statistically significant difference in BMI between the 1st and 2nd groups was found during the studies; all patients had obesity of varying degrees and excess body weight, the average BMI of the cohort was 31.2 ± 0.6 kg/m² ($P > 0.05$). The anamnesis of the examined women was aggravated by various somatic diseases, the analysis of which showed a sufficient variability in the frequency of various nosological forms. Наиболее часто отмечалась анемия (38,3%), среди беременных 2-й группы также проявлялись хроническая гипертензия и заболевания мочевыделительной системы в 25,6% и 18% женщин соответственно, тогда как эти самотические заболевание были достоверно ниже у беременных с легкой формой COVID-19 ($p < 0.05$).

During the 2-week study period, 9 of 27 women (67.4%) admitted to the hospital reported symptoms consistent with COVID-19 who had a positive PCR test. Among them, 6 (69%) reported symptoms of COVID-19 as the main complaints of cough and high temperature < 38.4 ° C, and 3 (31%) reported primary obstetric complaints, but during routine screening were. The most common symptom on admission was dry cough ($n = 7$, 65.6%), lack of charm and taste (7, 65.6%) followed by fever ($n = 9$, 48.3%) and myalgia ($n = 3$, 37.9%). Less common symptoms included headache ($n = 2$, 27.6%), shortness of breath ($n = 2$, 24.1%), and chest pain ($n = 2$, 17.2%). Of the 9 women, 7 (89.7%) had a combination of these symptoms. In total, 3 women (34.5%) reported contacts with patients.



In our total cohort of pregnant women infected with COVID-19, 18 out of 27 patients (32.6%) initially had no symptoms associated with COVID-19. Two of these women were initially admitted for induction of labor for obstetric indications. Both developed symptoms mimicking obstetric complications, but were ultimately diagnosed with COVID-19 as part of a broad differential as previously described by this group.

Table №2 Clinical and laboratory data of pregnant women with COVID-19 in a comparative aspect with healthy patients

P o indicator	1st g p uppa, n=18	2nd g p uppa, n=9	K o control group, n=21
H b , g/l	84.2±1.3***	83.2±1.3***	99.4±4.3
E p rocytes, 10 ¹² /l	3.8±0.2**	4.2±0.2	4.8±0.3
H t , %	32.2±1.0	33±1.0	34.9±1.1
Leukocytes , 10 ⁹ /l	11.8±0.4*	18.7±0.4*	5.7±0.5
T p o mocytes, 10 ⁹ /l	168.3±11.5***	196.3±11.5	210.2±6.0
CO E , mm/h	22.6 ±1.1***	27.3 ±1.1*	19.5±0.6

Note : _ * - differences relative to the data of the control group are significant (* - P< 0.05 ; ** - P<0.01; *** - P<0.001)

Исследование лабораторных данных в динамике беременности у пациенток с COVID -19, показали, что уровни концентрации гемоглобина и количества эритроцитов были достоверно выше и являются компенсаторно-приспособительной реакцией организма матери. In the sex of the patients examined, anemia occurred: Hb - 84.2 ±1.3% p p and reduced values of Hb by 7.7%. A tendency to thrombocytopenia, an increase in ESR by 33.1%, and leukocytosis were noted (Table 2).

into account the high significance of COVID -19 as the occurrence of a risk factor for feasibility study, these women studied the blood coagulation system, with the presence of D-dimers, ferritin (Table 3).

Tablitz №3 Clinic o - laboratory data of pregnant women with COVID -19 in a careful perspective with healthy patients

P o indicator	1st g p uppa, n=18	2nd g p uppa, n=9	C o ntpolnaya group, n=21
PPI (PTI), %	96.2±1.1*	66.2±0.2*	121±3.2
Phoebe p inogen, g/l	4.0±0.6***	5.3±0.3***	3.5±0.5
Antibodies III, mg/l	74.1±1.2**	59.9±1.2*	95.6±1.7
A PTV	32.1±1.1**	30.7±2.3**	40.3±1.5
D-dimer ng /ml	3 70.2±6.0*	5 96.3±11.5*	168.3±11.5
F e rritin ng/ml	122.6 ±1.1*	227.3 ±1.1*	29.5±0.6

Note : _ * - differences relative to the data of the control group are significant (* - P< 0.05 ; ** - P<0.01; *** - P<0.001)



When examining the hemostasis system, some deviations were revealed: in pregnant women with COVID -19 , more pronounced disorders of the coagulation link of hemostasis were observed in comparison with the control group. Despite the mild course of the disease, changes in the hemostatic system were significantly higher ($P < 0.01$). An increase in fibrinogen has clinical significance. The level of D - dimer increases significantly in severe cases, which is, according to them, a potential risk factor and the basis for a poor prognosis. In patients receiving anticoagulant therapy, it is necessary to monitor the level of APTT , D-dimer, VSK. The request to stop anticoagulant therapy should be decided on the basis of coagulogram and D-dimer indicators.

COVID-19 poses a serious threat during pregnancy, which may well be the cause of various prenatal complications up to antenatal mortality. И сходя из текущих клинико-лабораторных исследований заболеваемости, необходимо ожидать, именно бессимптомное течение изменение в системе гемостаза достоверно выше, и тем самым обращение беременных за медицинской помощью снижается. Our results suggest that COVID -19 is often asymptomatic and should be considered in all pregnant women in high-prevalence regions.

Univ e oral testing for all pregnant women at birth has potential value for many reasons. It allows us to identify asymptomatic COVID -19 patients, facilitating early initiation of infection control measures, including isolation, as asymptomatic people are known to shed the virus.

asymptomatic COVID -19 in pregnant women are only now being investigated. This report may have important implications for obstetric practice during a pandemic, but our understanding will continue to evolve as we monitor these and other benefits. What 's more, the implications for their babies and family members are also unclear, especially if patients never develop symptoms. It should be noted that the total number of women tested for COVID -19 during the study period was not reported; however, this was a deliberate decision, given the change in testing strategy during the study period, which, in our opinion, will limit the conclusions. О ценка частоты выявления COVID-19 с помощью нашей текущей стратегии тестирования в больницах, которая включает универсальное тестирование для госпитализированных пациентов, является целью запланированного последующего исследования, которое в настоящее время проводится.

Output :

severity of COVID -19 in pregnant women is 86% mild, 9.3% severe. The universal testing strategy has identified asymptomatic women with COVID-19, many of whom





subsequently developed fever or symptoms of illness . Changes in the hemostatic system lead to disruption of the fetoplacental system, and this indicates the need for further research among pregnant women.

Т а ким образом, универсальное тестирование для всех беременных женщин, поступивших в родильное отделение, в дополнение к тем, которые обращаются для сортировочной оценки симптоматических жалоб, имеет очевидные преимущества, которые должны информировать о передовых методах защиты пациентов, их семей и поставщиков акушерской помощи.

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