The Course Of Pregnancy And Childbirth In Women With Varying Degrees Of Anemia, Suffering From Pulmonary Tuberculosis.

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ABSTRACT

In this given article you can find out the course of tuberculosis in pregnant women with varying degrees of anemia, the effectiveness of traditional drugs, herbal preparations.

Keywords: tuberculosis, pregnancy, therapy, complications in childbirth

Importance: the problem of tuberculosis and motherhood was all the same and remains an actual problem of scientific and practical physiotherapy. Scientists should pay special attention to this problem. In recent decades, there has been a global increase in the number of patients with tuberculosis and an increase in the incidence of it in men of reproductive age [1, 3]. Not only men, but also pregnant women with tuberculosis processes are most likely to be at high risk of pariental and maternal mortality. In this condition, an individual approach, proper tactical management of pregnancy, including joint monitoring by an obstetrician-gynecologist and a phthisiatrician, and adequate and timely correction of possible complications will be required to get rid of problems and illness.. The frequency of tuberculosis in pregnant women is 2.5 times higher than general tuberculosis, which is related to the endocrine-disrupting organism and immune system [2-5].

The aim of the study was to study methods for detecting tuberculosis in pregnant women and the effectiveness of various antianemic drugs, herbal preparations and other traditional medicine in the correction of anemia.

Materials and methods of research: the development included 36 patients with pulmonary tuberculosis with different stages of pregnancy, and the severity of anemia. All patients underwent a comprehensive clinical, radiological and instrumental examination with the inclusion of modern accelerated diagnostic methods Gene Xpert Rif - allowing for 2 hours to determine the presence of the causative agent of tuberculosis and drug sensitivity to the main drugs. Diaskin test was performed for all patients, especially this method helped in the diagnosis and differential of active pulmonary tuberculosis.

Research results and discussion: in 27 (75.0%) patients, the pregnancy was the first, in 7 the second and in 2 - the third pregnancy. The majority of patients - 24 (66.6%) are residents of the village. Age composition 19-24 years old - 20 (55.5%); 25-30 years old - 12 (33.3%) over 31 years old - 4 (11.1%). According to social status: 18 had a secondary specialized education, but only 10 patients

worked in their specialty, the rest of the patients had no special education and were housewives. Thus, 28 patients did not work in production, did housework and participated in field work. 45 women had a history of childbirth, 8 of them had this pregnancy for the first time, one woman had a history of abortion for medical reasons. Upon admission to the hospital, respiratory failure was found in 8 women, incl. 7 pregnant women were diagnosed with DN of 1-2 severity and in one case - DN of 2-3 severity.

Termination of pregnancy was carried out by operation of a small caesarean section and medical abortion for up to 12 weeks. A minor caesarean section was performed at 23–24 weeks. in 3 women. Medical abortion up to 12 weeks. pregnancy was performed in 50 women.

Among the studied patients, 28 were diagnosed with tuberculosis for the first time and 26 had drug-susceptible tuberculosis, and 2 patients were diagnosed with drug-resistant tuberculosis. 8 patients were registered, and 5 were deregistered due to recovery, 3 were in the active registration group.

More than half of the patients were identified when applying to the clinic for pregnancy, during the observation of a gynecologist and a therapist, an increase in anemia was noted in 12 patients, despite antianemic therapy. Subsequently, chest symptoms and an increase in intoxication joined, in connection with which, under the cover of a special apron, these patients underwent an x-ray examination and active pulmonary tuberculosis was diagnosed.

In the majority of pregnant women with anemia, infiltrative tuberculosis was diagnosed - in 25 patients, and in 20, decay and bacterial excretion were detected. After establishing a clinical diagnosis, taking into account the severity (prevalence) of a specific process, the presence of bacterial excretion and drug resistance, the patients were hospitalized in the specialized departments of the phthisiology and pulmonology center, where adequate standard therapy was started according to WHO recommendations.

In 9 out of 10 patients, iron deficiency anemia (IDA) is diagnosed during pregnancy. The frequency of IDA during pregnancy, according to various sources, ranges from 21 to 80% (judging by the level of hemoglobin) and from 49 to 99% (according to the level of serum iron) [4,5]

Chernov and co-authors developed the following classification of the degrees of iron deficiency anemia in pregnant women: Mild severity - hemoglobin level 90-110 g/l. Moderate severity - Hb concentration from 70 to 89 g / l. Severe anemia - hemoglobin content does not exceed 70 g/l [6].

Of those included in the study, 17 patients were diagnosed with mild anemia; 10 had moderate and 9 had severe anemia.

The complex treatment for patients with mild and moderate severity included: Hemofer (10 or 30 ml liquid in dark glass vials). Salt of 2-valent iron and ascorbic acid. Ferroplex. Ferric iron succinylate protein. Ferlatum solution, packaged in glass ampoules.

Patients with severe anemia used: Ferrum-Lek, represented by a liquid form of the drug. tardeferon, as well as herbal preparations. Conducting complex therapy in women with the first pregnancy before childbirth, it was possible to increase the level of hemoglobin to normal, childbirth proceeded without complications. In pregnant women with severe and moderate anemia: children were born with malnutrition in 4, with hypoxia in 12, childbirth was complicated by bleeding in 5 patients.

In 12 patients in the next month from the start of treatment, an improvement in hemogram parameters was noted. Currently, studies are underway on the use of herbal preparations and dietary supplements for active tuberculosis in combination with pregnancy and the presence of anemia.

Conclusions: in pregnant women with anemia in the process of increasing anemia and aggravation of the clinic, an increase in symptoms of intoxication and the appearance of chest symptoms require the immediate exclusion of pulmonary tuberculosis, since in most pregnant women the process is detected with decay and the presence of bacterial

excretion, in complex treatment it is necessary, in addition to traditional methods of treatment, to use herbal teas as economical and efficient means.

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