



MODERN VIEWS ON CHRONIC DISEASES OF THE UPPER RESPIRATORY TRACT IN PREGNANT WOMEN

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ABSTRACT

Chronic tonsillitis (CT) is considered one of the most common diseases among pregnant women. A chronic pathological process localized in the palatine tonsils becomes a focus of constant pathological impulses. Assessment of the state of the function of the fetoplacental complex in this cohort of patients is relevant at the present time. Development of prognostic criteria for the development of perinatal pathology, which allow timely therapeutic and preventive interventions are an important factor in improving patient birth outcomes.

One of the most priority areas of modern medicine is the protection of the reproductive health of women and their offspring. A special place is occupied by one of the most important problems of practical obstetrics - the prevention of perinatal pathology in pregnant women with extragenital diseases.

Pathology of the respiratory organs is one of the most unfavorable concomitant diseases in pregnancy and leads to a large number of complications, both during pregnancy and childbirth: exacerbation of the main extragenital pathology, fetal growth retardation, hypoxic syndrome at birth and intrauterine infection of newborns.

According to M.M. Shekhtman (2003), 15-20% of the adult population, including women of reproductive age, suffer from one or another pathology of the upper respiratory tract, namely chronic tonsillitis and rhinosinusitis. Despite the huge number of conservative and surgical methods for the treatment of URT diseases, they can cause complications in women during pregnancy in the early and late stages.

Chronic tonsillitis (CT) is an autoimmune disease that aggressively affects all organs and systems, including the fetoplacental circulation. Despite the huge number of conservative and surgical methods for the treatment of URT diseases, they can cause complications in women during pregnancy in the early and late stages.

With the activation of chronic processes of the upper respiratory tract during pregnancy, the incidence of perinatal mortality, fetal growth retardation syndrome increases, and in the future, children born to mothers with chronic tonsillitis and chronic diseases of the paranasal sinuses may be at risk for infectious diseases. The etiological factor in the development of CT is



bacteria, viruses and fungi. Moreover, hemolytic streptococcus and Staphylococcus aureus are in the first place. Mycoplasma, toxoplasma, and chlamydia play an important role in the development of CT.

The relationship between pregnancy and chronic tonsillitis is of great importance.

In the presence of pathological processes in the upper respiratory tract of a woman during pregnancy, there is a disruption of adaptation processes. In pregnant women, diseases of the upper respiratory tract lead to maladaptation, the development of functional insufficiency of the respiratory system and are a risk factor for various complications of the gestational period, leading to fetal disorders.

Under the influence of URT infections, which a woman suffered before and during pregnancy, changes occur in the respiratory organs of the fetus, leading to further imperfection of the immune response of the newborn.

There are studies on the morphological characteristics of the placentas of pregnant women suffering from URT, which indicate a disturbance of uteroplacental blood flow. This ultimately leads to decreased tissue respiration, placental insufficiency, and fetal hypoxic conditions. The outcomes of pregnancies and childbirth in URT pathology are directly related to the state of health of the woman and the adaptive capabilities of her body during gestation. The frequency of operative delivery, according to a number of researchers, ranges from 9.9% to 15%. URT is premature birth, which occurs in 14.2% of cases. Some authors point to a high incidence of untimely amniotic fluid and abnormalities of labor, which is apparently due to the increased content of biologically active substances such as histamine, serotonin, and pulmonary prostaglandins in the blood. It has been established that frequent attacks of suffocation in URT cause hypoxemia, acidosis, or respiratory alcosis, which leads to the development of chronic intrauterine fetal hypoxia. Analysis of perinatal outcomes of patients suffering from chronic pathology of URT of varying severity, in pregnant women without extragenital pathology, revealed that they are the cause of complications for the fetus to one degree or another. Intrauterine growth retardation (IUGR) occupies an important place in the structure of neonatal pathology. In pregnant women with bronchial asthma, the child is more likely to be born with hypotrophy of the 1st degree and the 2nd degree.

The most common complication in newborns from patients suffering from CT is a large number of intrauterine infections in infants. The most common complication in children from pregnant women with a severe course of the disease is asphyxia, and, as a result, asphyxia, maladaptation syndrome and damage to the central nervous system of hypoxic genesis.

Conclusion. Mixed bacterial-viral infection in URT pathology, acting through immune factors and the hemostasis system, can lead to fetal death, spontaneous miscarriage, fetoplacental insufficiency, and diseases of the newborn.

Summing up the above literature data, it should be noted that chronic tonsillitis is often combined with pregnancy. All this allows us to believe that tonsillogenic infection plays an important role in the occurrence of perinatal pathology. By preventing the activation of the latent infectious process, it is possible to prevent the development of a chain of pathogenetic reactions leading to the termination of pregnancy.



The development of prognostic criteria for the development of perinatal pathology, which allow timely treatment and preventive measures, is an important factor in improving the outcomes of childbirth in patients.

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