

DIAGNOSIS OF CHANGES IN PREGNANT WOMEN WITH VULVOVAGINITIS

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Relevance: Infectious diseases of the genital organs are one of the urgent problems of modern gynecology. Vaginal infections cause significant discomfort and negative consequences during pregnancy and childbirth. Although vaginal infections also occur in the hospital, they are often underestimated as a problem in society [3,5,7].

Candidiasis, aerobic vaginitis, bacterial vaginosis are the leading causes of vulvovaginitis, and women have had an episode of infection at least once in their lives, and pregnancy is a predisposing factor for infection of the genital tract [2,6].

Left untreated, these infections can lead to chorioamnionitis followed by spontaneous abortion, preterm birth, premature rupture of membranes, and infection of the fetus or newborn [1,4,8].

Purpose of the study: Data analysis of pregnant women with vulvovaginitis to identify complications and risk factors.

Materials and methods of research: in the maternity complex of the clinic of Samara State Medical University No. 1 for the period 2021-2022, 30 pregnant women with vulvovaginal infections in the third trimester of pregnancy (28-34 weeks) underwent the following examinations: general clinical, laboratory, bacteriological,

bacterioscopic, ultrasound of the uterus and fetal dopplerography, assessment of the birth canal on the Bishop scale.

Research results: The following types of infection were identified in patients: bacterial vaginosis - 12 (40%), vulvovaginal candidiasis - 9 (30%), aerobic vaginitis - 6 (20%), mixed infections - 3 (10%) cases.

As a result of observation, 23 (76.7%) pregnant women had an increased risk of preterm birth and the state of the cervix was assessed using the BISHOP scale. In 2 patients (6.7%), surgical treatment was performed taking into account other indications. In 14 of these pregnancies (46.7%), the pregnancy was maintained after effective treatment.

One patient (3.33%) was diagnosed with chorioamnionitis at 33 weeks of gestation, as a result of which surgery (Caesarean section) was decided by a council of doctors. A male fetus weighing 1800 g was extracted, 3-4 Apgar scores.

Premature rupture of membranes was diagnosed in 21 (70%) cases when patients complained of discharge of water from the vagina in various amounts, 4 of them (19%) had preterm labor.

Polyhydramnios syndrome was detected in 6 (20%) pregnant women during examination, ultrasound diagnosed 10 (33.3%) pregnant women with oligohydramnios. One (3.33%) pregnant woman with a complication of oligohydramnios sought medical help with a diagnosis of an anhydrous gap after 72 hours of observation with a diagnosis of severe malnutrition, an anhydrous gap of the fetus for more than 72 hours was taken for surgical treatment, in patients with pathologies of the amount of water in 11 cases, childbirth were premature. The rest of the pregnant women were under observation and the delivery was urgent.

Conclusions: Thus, it can be concluded that vulvovaginal infection caused by bacterial vaginosis, vulvovaginal candidiasis, aerobic vaginitis and mixed infections complicate the course of pregnancy and childbirth.

In pregnant women with vulvovaginitis, preterm birth was in 26.7%, chorioamnionitis in 3.3%, intrauterine rupture of membranes was in 70%, oligohydramnios in 33.3% and polyhydramnios in 20%.

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