

## SYMPHYSIOPATHY AND PREGNANCY

*Khasanova Diyora Zafarjon kizi*

*Resident in the direction of "Medical Radiology"*

*Scientific adviser: Khamidov Obid Abdurakhmonovich*

*Samarkand State Medical University, Samarkand, Uzbekistan.*

*Scientific adviser: Juraev Kamoliddin Danabaevich*

*Samarkand State Medical University, Samarkand, Uzbekistan.*

**Relevance.** Currently, symphysiopathy in pregnant women is considered as one of the variants of the syndrome associated with pregnancy pelvic girdle pain (pregnancy related pelvic girdle pain - PPGP syndrome). This clinical approach is well argued in terms of evidence-based medicine and is generally accepted by the medical community [1,4,7,8].

Chronic pelvic pain is a fairly common pathology, since 4-25% of women of reproductive age (of any ethnicity and social status) are diagnosed with chronic pelvic pain. In the USA, 5-15% of women report the presence of pain syndrome, in the UK, the corresponding diagnosis is made in 38 women out of 1,000. women go to the gynecologist. It is for the pain syndrome in the world that up to 27% of all laparoscopies and up to 15% of hysterectomies are performed (International Pelvic Pain Society) [1,2,6,9].

**Purpose:** To study the course of pregnancy and childbirth in patients with symphysiopathy in order to optimize management tactics.

**Materials and methods of research:** The data of 150 women who passed the questionnaire proposed in 2006 by Leadbetter to assess symphysiopathy in the maternity complex of the clinic of Samarkand State Medical University No. 1 were studied. Based on the data obtained, 30 women with symphysiopathy were identified.

The following methods were used for the study: clinical and anemnestic method; questionnaire to assess symphysiopathy; standard obstetric examination; general

clinical and laboratory studies (general blood count, general urinalysis, blood clotting); determination of calcium in the blood; sonography of the symphysis area.

**Research results.** The results of echography of the symphysis area in pregnant women showed that: in the 1st trimester in women, the diastasis indicators were within  $6.5 \pm 0.5$  mm, in the 2nd trimester:  $7.4 \pm 2.59$  mm and in the 3rd trimester  $7.3 \pm 3.8$  mm, while this indicator in healthy pregnant women is  $3.3 \pm 0.5$ ,  $4.2 \pm 0.7$  and  $4.5 \pm 0.7$  mm, respectively. After childbirth, this indicator was  $7.3 \pm 4.1$  mm, while normally it should be  $4.5 \pm 0.9$  mm. Based on the obtained echographic data and the severity of the pain syndrome, 68% of pregnant women were assessed as mild symphysiopathy, 28% had moderate and 4% severe symphysiopathy. The level of calcium in the blood of women was equal to 1.21-1.73 mmol/L. The results show that low calcium intake is one of the causes of symphysiopathy.

According to the results of the examination and according to the literature, we can talk about risk factors for symphysiopathy: Pelvic pain in previous pregnancies, a history of multiple pregnancy, fetal macrosomia, this multiple pregnancy, a history of post-term birth, surgical interventions during natural childbirth such as the Mac-Robert method, vacuum -extraction of the fetus.

In our study, 96% of pregnancies ended in natural childbirth, and in 4% of cases, in order to prevent injury due to the presence of severe symphysiopathy and risk factors in the anamnesis, as well as taking into account concomitant pathology, a caesarean section was performed.

In the postpartum period, women complained of an increase in soreness in the area of the pubic joint, of painful sensations when changing position. Patients were recommended painkillers and anti-inflammatory drugs, as well as physiotherapy.

**Conclusions:** Pelvic pain in previous pregnancies, a history of multiple pregnancies, fetal macrosomia, this multiple pregnancy, a history of post-term birth, surgical interventions during natural childbirth (the MacRobert method, vacuum extraction of the fetus) are risk factors for symphysiopathy and should alert the

attending physician for prevent symptoms of symphysiopathy and limit its effect on the course of pregnancy.

Ultrasound examination of the symphysis area is important in diagnosing symphysiopathy and determining its severity, although according to the literature it is not always decisive, since there are cases of inconsistency between echo data and clinical manifestations. This fact requires further study to improve the diagnosis of symphysiopathy.

Determination of calcium intake is an important factor in the prevention and treatment of symphysiopathy.

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