

HOMILADOR AYOLLAR ORASIDAGI QIZILCHA: XUSUSIYATLARI, XAVFLARI VA OLDINI OLISH

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Annotatsiya. Qizilcha - bu, ayniqsa, homiladorlikning dastlabki bosqichlarida jiddiy oqibatlariga olib kelishi mumkin bo‘lgan virusli infeksiya. Asosiy xavf tug‘ma qizilcha sindromi (TQS) bo‘lib, homilaning ko‘rish, eshitish, yurak tug‘ma nuqsonlari va markaziy asab tizimining jiddiy nuqsonlari bilan tavsiflanadi. Maqolada homilador ayollarda infeksiyaning kechishi, homila uchun xavflar, diagnostika va profilaktika usullari ko‘rib chiqiladi.

Kalit so‘zlar: Homiladorlik, virus, patologiya, asorat, xavf, simptomlar, o‘lim.

Аннотация. Краснуха — это вирусная инфекция, которая может иметь серьезные последствия для беременности, особенно на ранних сроках. Основной угрозой является врождённый синдром краснухи (ВСК), характеризующийся серьезными пороками развития плода, включая поражения зрения, слуха, сердца и центральной нервной системы. В статье рассматриваются особенности течения инфекции у беременных, риски для плода, методы диагностики и профилактики.

Ключевые слова: Беременность, вирус, патология, осложнение, риск, симптомами, летальность.

Annotation

Rubella is a viral infection that can have serious consequences for pregnancy, especially in the early stages. The main threat is congenital rubella syndrome (VSC), characterized by serious malformations of the fetus, including damage to vision, hearing, heart and central nervous system. The article discusses the features of the course of infection in pregnant women, risks to the fetus, methods of diagnosis and prevention.

Keywords: Pregnancy, virus, pathology, complication, risk, symptoms, mortality.

Kirish. Qizilcha yuqumliligi yuqori bo‘lgan virusli infeksiyon kasalligidir. Qizilcha virusi nafas olish, yo‘talish yoki aksirish orqali osonlik bilan tarqaladi. Qizilchaqa chalingan aksariyat bolalar va kattalarda tana haroratining yengil ko‘tarilishi va toshma kuzatiladi.

Agar ayol homiladorlikning dastlabki bosqichlarida qizilcha virusini yuqtirib olsa, virusning homilaga o‘tish ehtimoli 90% ni tashkil qiladi. Homiladorlik paytida qizilcha, ayniqsa, birinchi uch oylikda homilaning tushishi, o‘lishi, o‘lik tug‘ilishi yoki chaqaloqda tug‘ma nuqsonlar, ya’ni tug‘ma qizilcha sindromiga (TQS) olib kelishi mumkin.

Qizilcha va uning tarqalishining oldini olishning eng samarali usuli vaksinatsiya hisoblanadi. Vaksina xavfsiz va organizmga virusga qarshi kurashishga yordam beradi.

Hisob-kitoblarga ko‘ra, 2022 yilda xavfsiz va tejamkor vaktsina mavjudligiga qaramay, 78 mamlakatda 17 865 ta qizilcha kasalligi qayd etilgan.

2000 yildan beri Qizilcha va qizilchaga qarshi kurash bo‘yicha sheriklik (QQKK), avval Qizilcha va qizilchaga qarshi tashabbus deb nomlangan, qizilcha va qizilchaga qarshi vaktsinalarni dunyo bo‘ylab bolalarga yetkazishga yordam beradi, bu esa 57 million hayotni saqlab qolishga va TQS tufayli tug‘ma nuqsonlarni sezilarli darajada kamaytirishga yordam berdi.

Ishning maqsadi. Homilador ayollar orasidagi qizilcha kasalligining klinik kechish xususiyatlarini, homilaga bo‘lgan xavfini va oldini olish chora-tadbirlarini o‘rganish.

Rubella virusidan keltirib chiqaradigan qizilcha kasalligi havo-tomchi yo‘li bilan yuqadi va yuqumliligi yuqori. Infeksiya mavsumiy xarakterga ega bo‘lib, qish va bahor oylarida kasallanish ko‘payadi. Kattalarda, ayniqsa, homilador ayollarda infeksiya homilaga salbiy ta’sir ko‘rsatishi mumkinligi tufayli alohida ahamiyatga ega. Qizilchaning patogenezi va oldini olish usullarini tushunish jamoat salomatligi uchun muhim bo‘lib qolmoqda.

Homiladorlikning dastlabki bosqichlari homiladorlikning birinchi uch oyligida infeksiya eng xavfli hisoblanadi, chunki bu davrda homilaning organlari va tizimlari shakllanadi. Bu davrda virus yo‘ldosh to‘sig‘idan osonlik bilan o‘tadi va rivojlanayotgan to‘qimalarga zarar yetkazadi, bu quyidagilarga olib kelishi mumkin:

- Katarakta va boshqa ko‘rish nuqsonlari.
- Karlik.
- Yurakning tug‘ma nuqsonlari.
- Mikrotsefaliya va aqliy zaiflik.

Homiladorlikning birinchi 12 haftasida infeksiya yuqtirganda tug‘ma anomaliyalar xavfi 85% gacha yetadi.

Ikkinchi uch oylik 13 haftadan 20 haftagacha xavf sezilarli darajada kamayadi, ammo eshitish va boshqa organlarning shikastlanish ehtimoli saqlanib qoladi.

Uchinchi uch oylik homiladorlikning kechki bosqichlarida infeksiya kamdan-kam hollarda jiddiy oqibatlariga olib keladi, garchi ba’zi hollarda homilaning normal rivojlanishi buzilishi mumkin.

Homilador ayollarda qizilcha quyidagi alomatlar bilan namoyon bo‘lishi mumkin:

- Yengil isitma.
- Yuzda paydo bo‘ladigan va tanaga va qo‘llarga tarqaladigan mayda toshma.
- Ensa va bo‘yin limfa tugunlarining kattalashishi va og‘rishi.
- Umumiy holsizlik.

Shuni ta’kidlash kerakki, infeksiya holatlarining 50% gacha simptomlarsiz kechadi, bu esa kechki tashxis qo‘yish va kasallikni aniqlamaslik xavfini oshiradi.

Tashxis. Serologik usullar, O‘tkir infeksiyani aniqlash uchun qizilcha virusiga qarshi IgM antitanalarni aniqlash, Immunitetning mavjudligini baholash uchun IgG darajasini aniqlash, Polimeraz zanjirli reaksiya (PZR) PZR qon, siydik yoki amniotik suyuqlikda virus RNKsini aniqlash imkonini beradi.

Prenatal tashxis. Amniotsentez va kordotsentez, ayniqsa, tug‘ma qizilcha sindromiga shubha qilinganda, homiladagi virusni aniqlash uchun ishlatilishi mumkin.

Profilaktika. Vaksinatziya Qizilchaqa qarshi vaksinatziya - profilaktikaning asosiy usuli. Qizilcha virusiga qarshi tirik vakcina homiladorlikni rejalashtirishdan 1-3 oy oldin yuboriladi. Homilador ayollarga vaksinatziya mumkin emas. Immunitetni skrining qilish Homiladorlikni rejalashtirish bosqichida qizilcha virusiga qarshi IgG antitanalarni skrining qilish tavsiya etiladi. Immuniteti bo‘lmagan ayollar emlanishi kerak.



Alohidalash va kontakt orqali yuqishning oldini olish Homilador ayollar, ayniqsa, infeksiya tarqalgan paytda, infeksiyalangan odamlar bilan aloqa qilishdan qochishlari kerak.

Qizilchani davolashning maxsus viruslarga qarshi vositasi mavjud emas. Homiladorlikni boshqarish infeksiya yuqtirish muddatiga bogʻliq: Birinchi, ikkinchi va uchinchi uch oyliklarda: homila UTT va boshqa prenatal diagnostika usullari yordamida dinamik kuzatib boriladi.

Xulosa.

Qizilcha homilador ayollar va ularning avlodlari uchun jiddiy xavf boʻlib qolmoqda. Kasallikning oldini olishning asosiy choralari - samarali emlash va oʻz vaqtida skrining qilish. Reproduktiv yoshdagi ayollar oʻrtasida qizilcha xavflari haqida xabardorlikni oshirish va profilaktika dasturlarini takomillashtirish onalar va bolalar salomatligiga taʼsirini kamaytirishga yordam beradi.

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