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## **The possibilities of prolongation of pregnancy in women with leaking of amniotic fluid in the second and in the beginning of third trimester**

**Abstract:** With the development of premature rupture of membranes in terms 28–30.5 weeks, prolongation of pregnancy more than 48 hours, held-Niemi prevention of RDS contributes to significant decrease in perinatal mental and postnatal lethality, and lengthening the latent period of more than 168 hours, significantly reduce child morbidity.

**Keywords:** Prolongation of pregnancy, amniotic fluid.

The main tasks of Obstetrics are creating optimal conditions for the woman function of maternity, maintaining her health and providing the birth of healthy offspring. On the background of low birth rate the perinatal mortality remains rather high and exceeds the 12 %, although it has a tendency to decrease over the last 10 years [1; 2].

The premature labor has special significance in the structure of perinatal morbidity and mortality are against the backdrop of premature rupture of membranes, which is one of the most frequent reasons for initiating of patrimonial activity in 34.9–56 % of all preterm births [3].

Studying of features of pregnancy in case of premature rupture of membranes and determination of optimal duration of anhydrous interval, methods of preventing of infectious complications, the timing and method of the delivery at various gestational periods will reduce the number unfavorable outcomes in this serious pathology [4, 5].

Taking into account the national particularities, the living conditions of our women (chronic anemia, endemicity, resulting in frequent thyroid disease, isthmus cervical insufficiency, congenital malformations of the uterus, stress, etc.) the primary goal of our study to highlight the major prognostic factors and the development of preventive measures for prolongation of incomplete pregnancy complicated by premature rupture of membranes in the second and in the beginning of third trimesters [3].

Searching more information about the mechanisms of premature rupture of membranes allows developing drugs of pathogenetic action, which should help doctors around the world to cope with the problem of reducing the incidence of premature births [6].

Now the challenges of prolonging pregnancy for preterm rupture of membranes and determination of the optimal

duration of anhydrous interval poorly studied and were not worked out prognostic criteria of prolonging pregnancy.

**The aim** of our research was to determine the optimal duration of prolonging incomplete pregnancy complicated by premature rupture of membranes in terms of 22–34 weeks, as well as to reduce perinatal morbidity and mortality, and the number of infectious complications in pregnancy, parturients and puerperant.

**Material and methods.** The study is based on clinical and laboratory examination of 107 women surveyed patients and 40 healthy subjects of comparable age.

All patients were divided into 3 groups according to the duration of anhydrous interval:

- 1 group of 38 women with premature rupture of membranes, which will be conducted prolongation of pregnancy in conditions of dry period whose duration is 24 hours.
- group 2 — 39 women with premature rupture of membranes, which will be held of prolongation of pregnancy in conditions dry period, the duration of which is up to 72 hours.
- 3 group — 40 women with premature rupture of membranes, which will be held of prolongation of pregnancy in conditions dry period, the duration of which will be more than 72 hours.

**Results and discussion.** In the observed pregnancy was marked by a high incidence of chronic somatic diseases, despite the young average age (mean age 26.3 years). The most often met thyroid pathology, and how to consequence, disorders of lipid metabolism. This is due to the fact that the Andijan region is a zone where the low iodine content in drinking water. Less frequently detected chronic pyelonephritis and chronic hypertension.

In the majority of cases, women of all three groups were multiparous, and on average, each woman had three

pregnancies, which often ended in the same childbirth and abortion. A higher number of abortions in pregnant women is directly related to a large number of pregnancies. In the study group, nearly one in three pregnant had spontaneous abortions and the main group of pregnant women had three times more previous pregnancies which ended with premature labor.

Gynecological history was equally weighed down in pregnant women. Almost in every patient was found hyperandrogenism. From the inflammatory diseases of female genital organs high incidence of endometriosis in the main group of pregnant women is directly linked to a large number of pregnancies, spontaneous abortions and abortions.

Among sexually transmitted infections most often detected ureaplasmosis and gardnerelez lechenie, more rarely met mycoplasmosis and chlamydia, and in seven cases was found trichomoniasis. The incidence of viral infections (herpes simplex virus and cytomegalovirus) does not exceed 15 %. And in pregnant women of the main group three times more often were determined CMV infection, compared with patients in the control group.

The current of present pregnancy in early stage was complicated by the threat of miscarriage more than half of the surveyed women and each fifth had the starting abortion. Pathology of the placenta among the complications of pregnancy are fairly common and was represented by low placentation and with premature detachment the placenta in history.

For the prolongation of incomplete pregnancy complicated by premature rupture of membranes, all pregnant we spent antibacterial prophylaxis for five days of broad-spectrum drugs, because the appointment of semisynthetic penicillins, macrolides, and first-generation nitrofurans not effective due to the low sensitivity of microorganisms and increases the number of resistant microorganisms.

We found that the diagnosis of premature rupture of membranes at term 22–27.5 weeks should be possible to prolong pregnancy up to 168 hours or more, in compliance with the complex hygienic measures for significantly better perinatal and postnatal outcomes. With this tactics we have not observed increasing the incidence of infectious complications.

In the diagnosis of premature rupture of membranes at term 28–30.5 weeks, it is necessary to prolong the pregnancy at least 48 hours, for the prevention of RDS, that significantly reduces perinatal and postnatal mortality. The optimal duration of the latent period in the gestation, which allows reducing child morbidity, reached after 168 hours from the time of discharge of amniotic fluid without increasing the frequency of infectious complications.

In the diagnosis of premature rupture of membranes at term 31–33.5 weeks of pregnancy is necessary to prolong pregnancy more than 48 hours for the prevention of RDS fetus and subsequent careful childbirth within 7 days, because a further increase in dry period increases the risk of septic complications. In the presence in a pregnant breech presentation and the absence of data for the infectious process, it is possible prolongation of pregnancy within 48 hours conduct

of antimicrobial prophylaxis for the broad-spectrum drugs and subsequent childbirth by “Caesarean section”.

Maximum perinatal mortality observed in the development of premature birth in gestation from 22 to 28 weeks. In our study, antenatal fetus death occurred only in two cases, and, fetus died up to seven days of pregnancy prolongation. With the extension of dry period more than 168 hours we have not reveal increasing of frequency of fetal death, in premature rupture of membranes in terms 22–27.5 weeks. The frequency of intrapartum fetal death in pregnant women who received prolongation of pregnancy was 5 times lower than those who gave birth immediately. The group which managed to prolong pregnancy more than a week there is the biggest drop intrapartum mortality — 7 times. The highest percentage of early neonatal mortality rate was in the group where the duration of the dry period was less than 12 hours. Smaller than all died in the early neonatal period, only those newborns who were in a dry period of more than 7 days.

With prolongation of pregnancy complicated by premature rupture of membranes for more than 7 days, there is a fairly significant reduction in child mortality — 5 times. But the prolongation of pregnancy of less than 7 days the infant mortality rate is comparable with the group, which has not been the prolongation of pregnancy in general.

To sum to a common denominator all the mortality rates of fetuses and newborns in premature rupture of membranes, gestational 22–27.5 weeks, it should be possible to prolong the pregnancy at least 8 days because the only way to reduce the overall mortality rate from 83.3 to 19.2 %. With the development of premature births in the gestational age of 28 to 30.5 weeks, perinatal mortality is significantly reduced compared with the previous group. Fetal death in the gestation occurred in only one case, and with the continuation of pregnancy more than 7 days cases of fetal death were not. The frequency of intrapartum fetal death as not significant and does not depend on the applied tactics of pregnancy. When prolonging pregnancy over 48 hours, regardless of the duration of the further period of dry, there are no cases of early neonatal mortality compared with the group where the pregnancy is not prolonged. Therefore, the prolongation of incomplete pregnancy complicated by premature rupture of membranes occur a significant decrease in perinatal mortality from 15.6 to 6.0 %. When pregnancy prolongation for more than 7 days, the infant mortality rate decreased from 23 to 2.1 %, but with a further prolongation of pregnancy significant reduction of this indicator does not take place, despite the fact that at the maximum prolongation of pregnancy, child deaths was not observed at all. In our study, fetal death in terms 31–33.5 weeks, with prolongation of pregnancy was detected in only one case where duration of the dry period, when more than 7 days cases of fetal death were not.

With regard to intrapartum fetal death in pregnant women in the 31–33.5 weeks of gestation, childbirth complications is not met at all. Furthermore, when prolonging pregnancy for more than 2 days was significantly absent early

neonatal mortality, compared with the group where pregnancy is not prolonged. Therefore, the reductions of perinatal mortality in pregnant women with the conservative tactic of occur due to lower early neonatal mortality, and when prolongation of pregnancy more than 7 days, this figure is zero. In the groups in which were been prolonged pregnancies for more than 48 hours, child deaths were observed.

Prolonging pregnancies complicated by preterm premature rupture of membranes at term 22–33.5 week, the only

possible way to significantly reduce perinatal and postnatal morbidity and mortality, as well as improve the quality of life expectancy preterm infants.

**Conclusion.** With the development of premature rupture of membranes at term 28–33.5 weeks prolonging pregnancy over 48 hours to conduct the prevention of RDS contributes to a significant reduction in perinatal and postnatal mortality and a lengthening of the latent period more than 168 hours, significantly reduces the incidence of children.

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## Epilepsy: Modern methods of treatment

**Abstract:** Epilepsy is one of the most common neurologic problems worldwide. There is an increase of epilepsy in the population. As the consequence of Epilepsy can have adverse effects on social and psychological well-being. It is urgent to study modern methods of treating epileptic patients.

**Keywords:** epilepsy, treatment, anticonvulsants, neurostimulation.

Epilepsy is one of the most common neurologic problems worldwide. About 1 % of people worldwide (65 million) have epilepsy, and nearly 80 % of cases occur in developing countries. Epilepsy becomes more common as people age and brain injury and pregnancy [2; 3; 4; 5; 6]. In the developed world, onset of new cases occurs most frequently in infants, in the developing world this is in children and young adults, due to differences in the frequency of the underlying causes. About 5–10 % of all people will have an unprovoked seizure by the age of 80, and the chance of experiencing a second seizure is between 40 and 50 %. In many areas of the world those with epilepsy either have their ability to drive restricted or disallowed, but most are able to return to driving after a period of time without seizures [1; 7; 8].

There is an increase of epilepsy in the population. As the consequence of Epilepsy can have adverse effects on social and psychological well-being. These effects may include

social isolation, stigmatization, or disability. They may result in lower educational achievement and worse employment outcomes. Learning difficulties are common in epilepsy.

Certain disorders occur more often in people with epilepsy and epileptic syndrome. These include: depression, anxiety disorders, and migraines. Attention-deficit hyperactivity disorder affects three to five times more children with epilepsy than children in the general population [3; 4]. Epilepsy has significant consequences on a child's behavioral, learning, and social development. Epilepsy is also common in those with autism. In this regard, it is urgent to study modern methods of treating epileptic patients [1].

**Objective:** To study modern methods of treatment of epilepsy.

### Material and methods:

- The **incidence of epilepsy** looks at the number of new cases in a given year. It's often given in a ratio such as V out of 1,000 persons develops epilepsy each year.