DIFFERENTIATED APPROACH TO THE EXAMINATION AND TREATMENT OF WOMEN WITH THREATENED MISCARRIAGE

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The aim of this study was to develop a differentiated approach to the management of women with threatened miscarriage and retrochorial hematoma on the basis of echographic evaluation of the features of the ovum, the formation of hemodynamics of the embryo / fetus, hemostatic status of pregnant and production of growth factors. Detection retrochorial hematoma to 6 weeks gestation in 33.3-50% is a marker of early reproductive losses. Prognostically unfavorable ultrasound criteria for threatened abortion are: the absence of yolk sac at MID ovum > 10mm, the lack of visualization of the embryo at MID ovum > 14 mm, no cardiac activity at CRL> 16mm, the backlog of embryo growth of more than 2 weeks at CRL more than 18 mm., bradycardia (FHR<90 beats / min), a progressive decrease in the volume of amniotic and chorionic cavities retrochorial hematoma in the projection of the umbilical cord roots. In the first trimester (6-10 weeks) in the presence of retrochorial hematoma on the background of threatening abortion PIGF values and VEGF significantly changed. Thus, the average VEGF values higher in uncomplicated pregnancy by 2.04 times, and the average level of PIGF - 2.7 times lower. At 4.55% of pregnant women diagnosed with non-developing pregnancy subsequently noted the absence of FRP. Increased production of VEGF was observed in all cases when retrochorial hematoma in the first trimester, regardless of the outcome of pregnancy. In the presence of hematoma in pregnant retrochorial total share of thrombophilia was 67.44%, in the same group of patients with uncomplicated pregnancy - 1.89%. Women with retrochorial hematoma set high incidence of genetically caused thrombophilia (44.2%). At 8.14% of pregnant women with retrochorial hematoma occurred multigenic thrombophilia.

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