

# 17<sup>th</sup> World Congress of the Academy of Human Reproduction

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## TITLE

### **PREGNANCY AS A RISK FACTOR FOR THE PROGRESSION OF METABOLIC SYNDROME**

## AUTHOR/S

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## ABSTRACT

**OBJECTIVES:** to study dynamics of metabolic syndrome components in women during the pregnancy and postpartum.

**METHODS:** a prospective cohort study conducted among 100 women with abdominal obesity, metabolic syndrome according to ATP III criteria, a singleton pregnancy, absence of diabetes mellitus. Complex examinations included lipid profile, insulin, glomerular filtration rate by Cockcroft-Gault and MDRD, microalbuminuria, and OGTT with 75 g of glucose.

**RESULTS:** The average of pregnant women was  $30 \pm 4.4$ . In trimester III preeclampsia was diagnosed in 75 % cases. The rate of fetal growth restriction was 6.6% women with obesity I and 33.3% with obesity III, urinary tract infection 8.3 and 25% correspondingly, gestational diabetes mellitus 5 and 58.3% correspondingly, threat of preterm delivery – 20 and 41.6% correspondingly. Based on OGTT 16 cases of gestational diabetes were diagnosed. The renal hyperfiltration without microalbuminuria was detected in all cases. Delivery at term was in 75% cases. Cesarean section was performed in 33.3% cases. 30% postpartum women had increase of blood pressure up to 140/90 mm Hg, 20% - had progression of obesity to grade II. Dyslipidemia, hypertriglyceridemia, and insulinresistancy were detected in 97%. 62% women had microalbuminuria and renal hyperfiltration by Cockcroft-Gault.

**CONCLUSION:** Laboratory examination showed that in postpartum patients still have all laboratory signs of metabolic syndrome, and intensity of insulinresistancy significantly increases. In 62% women microalbuminemia was found. Results of glomerular filtration rate and spread of microalbuminuria indicate not only progression of chronic renal disease in patients with metabolic syndrome, but also objective signs of high risk of cardiovascular disease and its negative outcomes in the future

## INSTITUTE

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