

ASSESSMENT OF MYOCARDIAL CONDITION IN PATIENTS WITH HYPERTENSION DURING PREGNANCY: STUDY OF HEMODYNAMICS USING ECHOCG.

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Annotation: The prevalence of arterial hypertension (AH) in pregnant women in Uzbekistan, according to various data, is about 4-30%. Arterial hypertension in pregnant women is one of the most important clinically significant types of chronic extragenital pathology. At the present stage, extragenital diseases are the leading cause of maternal mortality - 18-35%, while disorders of the cardiovascular system in general, and hypertension in particular account for most of the deaths.

It is estimated that about half of these deaths are preventable. Also, hypertension remains the leading cause of adverse perinatal outcomes. Despite the available research and interest in the problem of hypertension during pregnancy, it is far from being solved. There are many inconsistent positions in the approaches to the examination, observation, and treatment of pregnant women with hypertension, which requires additional research. In the generally accepted classification of hypertensive disorders during pregnancy, chronic hypertension, gestational hypertension, preeclampsia and preeclampsia combined with HAG are distinguished. HAG is GB or secondary (symptomatic) hypertension - detected before pregnancy or up to the 19 th week, or persisting 42 days after delivery.

Key words: Arterial hypertension, preeclampsia, the left ventricle, gestosis, echocardiography

The purpose of the study:

Based on the study of the parameters of central hemodynamics, psycho-emotional status, assessment of compliance with antihypertensive therapy by the type of central hemodynamics to optimize the diagnosis and treatment of pregnant women with arterial hypertension.

Materials and methods of research:

Individual medical histories of pregnant women, as well as the history of the genus, were subject to analysis. The medical documentation of 33 women of the control group (practically healthy) and 19 women whose pregnancy took place against the background of hypertension were studied. At the same time, data concerning the age of women, obstetric and gynecological anamnesis, extragenital pathology, the course of a real pregnancy, the volume of drug therapy, the birth act, as well as the outcome of childbirth for the newborn were studied.

The study of heart function was studied using traditional EchoCG with Dopplerography. The study was performed on the basis of the SamSMU Department of Cardiology. Echocardiographic examination was carried out on an ACCUVIX device (South Korea), which has an anatomically M-mode. A clinical analysis of blood and urine was examined according to the standard method. The biochemical analysis of blood and urine was taken at the time of 14-16 weeks and 27-30 weeks.

Research results:

The formation of clinical groups was carried out according to generally accepted recommendations (Sidorova I.S., 2003, Kulakov V.I., Serov V.N., 2005), taking into account the results of EchoCG with Dopplerography and laboratory research methods. When studying the analysis of echocardiographic parameters of the studied pregnant women, it showed that in the second trimester, the average value of the end-diastolic LV volume in patients with PE on the background of hypertension was significantly lower than the volume indicators. When analyzing linear echocardiographic indicators, a significant decrease in LV CDR in PE on the background of hypertension progressed with the growth of pregnancy. The thickness of the interventricular septum and the posterior wall of the left ventricle in pregnant women with hypertension increased to a much lesser extent than with combined gestosis. Therefore, it is necessary to emphasize the independent importance of assessing the nature of LV diastolic function, the violation of which will be an early marker of inadequate restructuring of the cardiovascular system in pregnant women with op

Conclusions:

It is necessary to emphasize the independent importance of assessing the nature of LV diastolic function, the violation of which will be an early marker of inadequate restructuring of the cardiovascular system in pregnant women. The parameters of CG in pregnant women with hypertension characterize the stress in the work of the cardiovascular system: high SAD ($p < 0.05$), DAD ($p < 0.05$), ADsr ($p < 0.05$), SI ($p < 0.05$), volumetric ejection rate ($p < 0.05$), LV reduction power ($p < 0.05$), energy consumption per 1 liter of SV ($p < 0.05$). Significant differences in the parameters of the vascular link ($p < 0.01$) indicate increased vascular tone.

Pregnant women with hypertension are resistant to the development of anxiety and depression (compared with practically healthy pregnant women) against the background of low indicators of general health and social activity.

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