

*Materials of Conferences***RISK FACTORS OF INTRAUTERINE FETAL INFECTION**

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There were investigated 200 pregnant women with a high risk of intrauterine fetal infection maternity department of the Andijan regional perinatal center. The gestation time is 28–40 weeks.

High risk factors of intrauterine infection (IUI), which have diagnostic value, in addition to having a maternal history of chronic somatic diseases and inflammatory diseases of the female reproductive organs, were second pregnancy, complications during pregnancy with this threat of termination, obesity, anemia, acute respiratory infections.

Clinical high risk factors of IUI of newborns were moderate and severe conditions in the first day, degeneration of the skin and its derivatives, morphofunctional immaturity, regurgitation syndrome, impaired neonatal adaptation.

There was a significant relationship of the intrauterine infection of different etiology (enterovirus, herpes simplex virus, cytomegalovirus, influenza virus) with a history of maternal chronic disease (71,6%), miscarriages and stillbirths (41,5%), and such complications of pregnancy, as the threat of termination of pregnancy (37,6%), exacerbation of chronic disease (77,5%).

We have identified the fact that there hotbeds of acute or chronic infection in the history of women with intrauterine infection of the fetus, on the one hand, indicates the lack of specific immunological defense mechanisms and non-specific factors of resistance in the mother, and the other, is evidence of the existence of persistent infection. The main pathogenetic mechanism of disorders of the fetus is infectious factor. In the group of women with a high risk intrauterine infection fetoplacental insufficiency occurred in 35,2%. Infectious-inflammatory diseases of pregnancy adversely affect all parts of the fetoplacental complex. Infection of the ovum is often accompanied by abortion or subsequent delay in fetal development.

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THE SURFACE TENSION EXPERIMENTS AT THE DIAGNOSIS OF ASYMPTOMATIC NEUROSYPHILIS

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Analysis of the clinical features of modern syphilis in Ukraine reveals two significant tendencies: on the one hand, the cases of infection with malignant

course have become more frequent, on the other hand, the number of patients with latent forms of the disease has increased. The neurosyphilis (NS) is the lesion of the nervous system caused by a syphilitic infection, and results in specific changes of the liquor cerebrospinalis (cerebrospinal fluid, CSF). The NS diagnostics can be complicated because the syphilitic process in the nervous systems can either be asymptomatic or do not exhibit any clear clinical indications [1]. The traditional methodology used in the initial diagnostics of NS is based primarily on data obtained from the serologic studies of blood and CSF.

Clinical and anamnestic features of 33 patients with asymptomatic neurosyphilis (AN) were analyzed. The majority of the patients belong to a reproductive and able-bodied population. In 60% of the cases under study AN develops against the background of syphilis sustained earlier and treated with repository medicine of penicillin. Subjective symptoms are characterized by an asthenoneurotic syndrome in 70% of the cases.

Parameters of liquor in 33 patients with AN have been investigated. The average amount of cellular composition in the liquor was 20.3 cells/mm³. Pleocytosis (more than 8 cells/mm³) was observed in 57% patients. 10 person – had 20 cells in liquor with maximum amount 100 cells in mm³. The average level of protein was 0,16 gr/l, which is in line with the norm. Concentration of protein in liquor higher than 0,4 gr/l is one of the diagnostic criteria of NS. In our research only 14,5% of the patients examined had the level of albumen higher than the norm. The index of Pandi reaction was 1,5. A negative VDRL reactions made up 58% and highly positive results were observed only in 32% patients. The most informative parameter of NS diagnosis is an immunofluorescence reaction with integral liquor. The positive reaction was observed in 56% and highly positive – in 44% of patients. In this case the probability of a correct final diagnosis is between 30 and 70%. Therefore, the development of new highly informative methods for the study of CSF is of high interest for the diagnostics of this pathology.

The chemical composition of CSF is quite similar to that of blood serum: water, 89–90%; solid residues, 10–11%. The solid residues contain both organic (proteins, amino acids, hydrocarbons, urea, glycoproteins and lipoproteins) and inorganic substances. Most of the organic substances are surfactants; this fact makes it possible to employ dilational rheology studies of the CSF for NS diagnostics.

Presented below are the results obtained by the examination of 63 patients with NS and syphilis. The first group consisted of 33 patients suffering from AN, without any neurologic symptoms, but with positive syphilitic tests and changes in the clinical analysis of CSF. The reference group consisted of 30 syphilitic patients without any accompanying neurologic diseases.