

Clinical and Anamnestic Characteristics of Pregnant Women with Hypertension Conditions

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Abstract The aim of the study was the clinical and anamnestic features of hypertensive conditions in pregnant women. This article is based on data from a clinical examination of 104 pregnant women with hypertensive conditions. Characteristic anamnestic and clinical data on the course of the disease are given depending on the severity.

Keywords Preeclampsia, Hypertension, Pregnancy

1. Relevance

The world pays special attention to the diagnosis and treatment of hypertensive conditions in pregnant women, as well as related complications. Perinatal complications that occur after childbirth in women with preeclampsia and eclampsia are an urgent problem in modern medicine. [1-4]. Hypertension during pregnancy in recent years has been one of the most pressing and formidable problems of modern obstetrics, occupying a leading position among the causes of maternal and perinatal mortality. According to various authors, it is 12% in the world, and in developing countries this figure reaches 30% [5].

The urgency of the problem is also due to serious consequences. Many women who have had this disease may subsequently develop chronic kidney disease, endocrine disorders, and hypertension [6-9]. According to WHO, complications from hypertensive conditions are the main cause of perinatal morbidity and mortality [4,10-13].

2. Purpose

To study the clinical and anamnestic features of hypertensive conditions in pregnant women.

3. Materials and Methods

We conducted a study of 104 pregnant women admitted for hospital treatment in the II-III trimester, who were divided into three groups: The first group was 43 pregnant women with severe preeclampsia, the second group was 33

pregnant women with mild preeclampsia, the third group was 28 women with chronic arterial hypertension. Control group 107 pregnant women with a physiological course of the gestational period.

4. Study Results

The study groups included pregnant women aged 18-42 years. The average age of the examined women in the first group was 27.8 ± 0.97 years. In the second and third groups, 28.1 ± 0.91 and 28.5 ± 1.1 years, respectively. In the control group, pregnant women aged 19-38 years were examined, the average age was 27.3 ± 0.96 .

When collecting anamnesis, attention was paid to the number of pregnancies and parity of births. Primipara and primigravida women prevailed among women of the first group and amounted to 45.5%, in contrast to the second (30.3%) and third groups (25.9%). Women in the second group had a second birth in 39.4% of cases, while in the first group this figure was 20.5%, and in the third group 29.6%, respectively. In one case, a woman in the second group had her fifth birth. In 27.3% of women in the first group there was a spontaneous miscarriage, in the second in 24.2% of cases, and in the third 25.9%. Non-developing pregnancy was more common among women in the second group and amounted to 27.2%, and in the first group 22.7%, in the third 18.1% of cases. The history of the examined women included medical abortion; in all three groups it was 31.8%, 30.3% and 40.4%, respectively.

The somatic health of the women studied was studied in detail, as well as the presence of concomitant diseases. As is known, one of the main reasons for the development of hypertensive conditions during pregnancy is diseases of the endocrine system, in particular obesity, damage to the thyroid gland, etc. Thus, obesity was more observed in patients in the first group, and amounted to 40.9%. In the second group, a similar diagnosis was found in 39.3%, and in

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the third - 33.3% of cases. Varicose veins, especially of the lower extremities, were also more common in the first group (25.0%), in contrast to the second (18.2%) and third groups (18.5%). These women underwent an in-depth examination with consultation of a vascular surgeon. Also, the examined persons had thyroid diseases (diffuse toxic goiter, thyrotoxicosis, etc.) 24.2% of cases, these diseases were noted in the second group, and 20.5% and 14.8% in the first and third, respectively. We identified cases of urinary system disease, in particular exacerbation of chronic pyelonephritis. Patients noted complaints such as dysuria, increased body temperature, and pain in the lumbar region. BMI was observed in 22.7%, 27.3%, 33.3% of cases in all three groups. In addition, in all groups the development of anemia of varying severity was noted, more in the first group, namely 34.1%, in the second - 30.3%, and in the third - 33.3% of cases. One woman in the first group and one case in the second had pneumonia.

The outcomes of pregnancy and childbirth in the examined women were studied. Thus, the number of surgical deliveries was several times higher in pregnant women in the first group with severe preeclampsia. Deliveries by Caesarean section accounted for 45.5%, through the vaginal birth canal in 55.5%.

All Caesarean sections were performed on an emergency basis. Indications for surgery were mainly symptoms of impending eclampsia and lack of effect from the therapy. It should be noted that all patients received inpatient treatment in accordance with accepted national standards. In 47.7% of cases, women in the first group experienced premature birth. In two cases, perinatal fetal death was observed after childbirth (children with critical body weight were born), and in two cases, antenatal fetal death. During physiological childbirth, hypotonic postpartum hemorrhage was observed in 2 cases, without BCC deficiency. All vaginal deliveries were performed under epidural anesthesia.

In women of the second group, Caesarean section was noted in 24.2% of cases, physiological birth was noted in 75.8% of cases. In 45.5%, premature birth was detected. There were no postpartum obstetric or perinatal complications noted. In the third group, the examined persons had physiological births in 88.9% of cases, operative births in 11.1%. The number of premature births was 29.6%. Also, no complications were noted.

5. Conclusions

Hypertensive conditions during pregnancy have specific obstetric and somatic indicators in the anamnesis. They also have nonspecific clinical manifestations. Outcomes depend

on the severity of the disease.

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