

МРПТИ 76.29.48
УДК 618.009.003

PECULIARITIES OF IMMUNE-HORMONAL INDICATORS OF THE POST-FERRIN PERIOD

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ANNOTATION

Identification of the features of the course of gestation, childbirth and the postpartum period in pregnant women of reproductive age is one of the urgent problems of practical medicine.

The results of hormonal and them munological studies conducted by the Smooth puerperal with preserved lacquer function tations are important in studying the processes of formation of their reproductive function.

Thus , the data obtained This results in the absence of normalization of FSH, LH, progesterone and estradiol levels in the first 2 weeks of the postpartum period.

Key words: *LH – luteinizing hormone; FSH – follicle-stimulating hormone; ECL – estradiol; CT scan - cortisol.*

RELEVANCE

Questions of maternal and child health are among the priorities of modern obstetrics. To date, great strides have been made in the development of diagnostic and prognostic criteria for the physiological course of pregnancy and the development of the pathology of the gestational period. Meanwhile, in recent years, the intensity of economic pressure on the nervous and endocrine systems, the immune and metabolic status of pregnant women has increased significantly, which, naturally, cannot but manifest a certain dynamic of many functional and metabolic shifts in the mother – placenta – fetus system (1,2)

The assessment of the course of pregnancy throughout its length is carried out according to generally accepted integrative clinical and laboratory indicators, including the analysis of data from a subjective assessment of the course of pregnancy and the results of an objective examination of patients according to conventional clinical and laboratory indicators, results of obstetric examinations, infection, genetic and ultrasound screenings in each trimester gestation (3).

Noteworthy is the fact that at present in large parts of the population of Uzbekistan in nulliparous pregnant women prevail patient late reproductive age (35-45 years). In connection with the above, the identification of features of the course of gestation, childbirth and the postpartum period in pregnant women of late reproductive age is one of the urgent problems of practical medicine (4,5).

The postpartum period begins after childbirth and lasts approximately 42 days. This period is distinguished as the period of observation of the state of health of the woman after childbirth - puerperal. What changes occur in the body of a woman after childbirth?

The deliveries are considered complete only after the birth of the afterbirth, after which the uterus is greatly reduced and becomes round. During contraction, the gaping vessels of the

placental site overlap. After 2 weeks, the size of the uterus returns to its normal size. In the first-second day after birth, the endometrium is replaced - the inner uterine epithelium, which is manifested by bloody secretions. The process of epithelialization of the uterus continues for another 2-3 weeks after childbirth.

During the first week, the cervix comes to its original state. The walls of the vagina are restored a few weeks after birth, which is explained by microtraumas arising from the passage of the fetus through the extended birth canal.

Speaking about changes in the body of a woman, it is necessary to dwell on the process of lactation caused by changes in the hormonal background of a woman. The first three days from the mammary glands begins to stand out colostrum - a prototype of milk with a higher protein content and immunoglobulins . It is believed that colostrum is the most valuable for a child, is many times more nutritious than milk and contains a greater number of protection factors for the newborn. Therefore, recently applied to the breast of the child in the first hours after birth (in the case of normal delivery and a satisfactory condition of the newborn). Early application of the baby to the breast contributes to the normal secretion of milk by the mammary glands - the most valuable source of nutrients, microelements, vitamins, protection factors, etc., for the young body. For a woman, it is important from the very beginning not to allow milk to stagnate in the mammary glands, and to express it to the end, in case the child has not done this on her own. In case of stagnation, swelling, hardening, soreness are possible. mammary glands , and later fever and complications (mastitis).

The physiological course of childbirth and postpartum period is essential for the timely and full recovery of the menstrual and generative functions of the female body. The hormonal status in the postpartum period is not well understood. In domestic and foreign literature there are

conflicting data on the timing of the normalization her gonadotropic and steroid hormones. after childbirth (G.P. Myasnikov et al. ; Nakano et al. ; Vaidya et al.).

During pregnancy, in the body of a woman, there are also complex immune reactions that occur with the participation of both humoral and cellular GOVERNMENTAL facto moat immunity. Noteworthy is the specificity of the immune response in belt women. A number of adverse factors (the presence of diseases in the mother, aku Shersky pathology, antigenic incompatibility) can lead to disruption of immune processes. shares that play a large role in maintaining homeostasis in pregnant women.

Information about the functional state of the hormone and the immune system in women with f The natural postpartum period is highly fragmented. At the same time, it is not possible to study these indicators in pathology without comparison with the norm.

OBJECTIVE:

To study the immunological and hormonal parameters of the normal postpartum period.

Considering the above, we conducted a research quantitative content of gonadotropic and steroid hormones in blood plasma in 53 healthy puerperas with preserved lactation.

MATERIALS AND METHODS OF EXAMINATION:

of 53 healthy puerperas with preserved lactation, 38 of the women surveyed were primiparous, 15 - repetitive. Childbirth all had their own temporary, uncomplicated. Postpartum ne The period was uneventful. 53 born O full-term baby, whose condition Apgar was estimated at 8 - 10 points. The control group consisted of 20 non-pregnant women. A study of serum was also conducted. immunoglobulins A, M, G in 220 healthy women in the dynamics of pregnancy, childbirth and the postpartum period. To evaluate the obtained data, immunoglobulins were also studied in 120 non-pregnant women (primary donors) of reproductive age.

Blood for the study was taken from the 1st to the 42nd day of the postpartum period; Content in the blood plasma nadotropins - LH and FSH, as well as estradiol were determined by an immunological method using standard kits . Quantitative determination of progesterone and cortisol was carried out according to the principles tsiyu laboratory research . Quantification the division of serum IgA, IgM, IgG produced by the method of radial immunodiffusion of the international standard .

From the data obtained , what mothers have with normal During the postpartum period, certain quantitative changes occur holding gonadotropins and steroid hormones new The content of LH in the blood plasma of women on the 1 - 7th day of the normal postpartum period is high . By the 14th day after birth, do not lower elk to the level of its basal secretion during normal - menstrual cycle. By the end of the 1st stage a month (from day 22 of day 28) of physiologically flowing postpartum, the amount of LH, which corresponds to the basal secretion of this hormone into the follicular Noah phase and stage of flowering of the corpus luteum of the normal menstrual loop cycle. By the 42nd day after birth, the content

of the LG corresponds to its basal secretion - in the stage of regression of the corpus luteum at normal menstrual cycle

FSH level in the first 7 days after delivery was low. By the 14th day, by the end of the 1st month and even by the 42nd day after birth, the content of this gonadotropin remained elk below its level in the early (3 - 7th day) and late (8 - 12 days) stage of development of the follicle, but nearer to the average level in the luteal phase of a normal menstrual cycle.

Progesterone level in 1st week physiologists the postpartum period was high . By the 14th day it has gone down , which is significantly lower than the average content of this hormone in the heyday of the luteal phase of the luteal phase of the normal most menstrual cycle (17th - 23rd day). From the 15th to the 28th day of the postpartum period, an even greater decrease in the concentration of progesterone in the blood plasma of puerperas; by the end of the 42nd day its level corresponds to that in late folly ovulatory and normal menstrual phase rual cycle .

The amount of estradiol by the 14th day is normal Nogo poslerodov th period is reduced as compared with 1 - 7th day. On the 28th day the level of estra diol, which is statistically significantly lower than its basal secretion in the follicular and luteal phases of the normal menstrual cycle, but corresponds to the level in the periovulatory period.

The content of cortisol in the blood plasma by the 14th day of the postpartum period evenly below zhaetsya and the tendency to return it to the level characteristic of normal menstrual cycle (in the early follicular phase of normal menstrual CEC la). By the 15th - 21st day of the postpartum period, cortisol levels are normal.

THE RESULTS OF

Our research serum immunoglobulins in women with physiotherapy - gynecological pregnancy and normal Mr. Postpartum period studied in chronological terms. Comparison of data obtained from women con of the control group and other studied groups, it was found that only in healthy women, at gestational age of 36-38 weeks, in pregnant women and children - Dilnitsa 1 day after birth, the content of IgG and IgM is statistically significantly lower than that of non-pregnant women; no differences in IgA content were found. By the end of the 1st week most postpartum period detected increase in IgG concentration from the body's physiological response is affected belt women in conditions that preclude the entry of IgG from mother to fetus, due to the termination of the close relationship between their organisms. The content of IgA and IgM does not change. By the end of the 2nd week after birth, the levels of IgA, IgM, IgG stabilize and correspond to the observed non-pregnant women.

The results of hormonal and them munological studies conducted by the Smooth puerperal with preserved lacquer function tations are important in studying the processes of formation of their reproductive function.

CONCLUSIONS:

This, the data obtained This results in the absence of normalization of FSH, LH, progesterone and estradiol levels in the first 2 weeks of the postpartum period.

By the end of the 1st month after birth, the concentration the LH concentration approaches its basal secretion level in

the follicular phase of the normal menstrual cycle, by the 42nd day the LH content is equal to its basal secretion in the recurrent stage Gressa yellow body. However, by this time of the normal postpartum period, the number of LH does not reach the values inherent in the normal to the menstrual cycle.

The content of FSH by the end of the 1st month and even the day of the 42nd postpartum period remains lower than in early and late follicular phase, but approaching the middle with its concentration in the luteal phase of the normal menstrual cycle. On normalization level - gonadotropic hormones by the end of the 1st month of the

postpartum period and indicates G.P. Myasni Cova et al.

By this date, the postpartum period is not about comes complete estradiol secretion normalization diol and progesterone. The level of these steroid hormones remains low, which corresponds to the results of studies of E. A. Chernukha et al. However, it should be noted that by the 42nd day of most postpartum period progesterone level and oestradiol corresponds to that of the normal period of the menstrual cycle.

Cortisol content returned to normal by the 15th to 21st day of the normal postpartum period.

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РЕЗЮМЕ

ОСОБЕННОСТИ ИММУНО-ГОРМОНАЛЬНЫХ ПОКАЗАТЕЛЕЙ ПОСЛЕРОДОВОМ ПЕРИОДЕ

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Выявление особенностей течения гестации, родов и послеродового периода у беременных репродуктивного возраста представляет одну из актуальных проблем практической медицины.

Полученные результаты гормональных и иммунологических исследований, проведенных у здоровых рожениц с сохраненной функцией лактации, имеют большое значение при изучении процессов становления у них репродуктивной функции.

Таким образом, полученные данные указывают на отсутствие нормализации уровней ФСГ, ЛГ, прогестерона и эстрадиола в первые 2 нед послеродового периода.

Ключевые слова: ЛГ лютеинизирующий гормон; ФСГ – фолликулостимулирующий гормон; ЭСД – эстрадиол; КТ – кортизол.

ТЎЙЎНДЕМЕ

ТУГРУКДАН КЕЙНГИ ДАВРДА ИММУНОЛОГИК ВА ГОРМОНАЛ КУРСАТКИЧЛАРНИ АХАМИЯТИ

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Тугрук жараени ва тугрукдан кейинги давр репродуктив ешдаги аёлларда акушерлик ва гинекологиянинг энг долзарб муммоларидан бири.

Тугрукдан кейинги даврда аёлларда гормонал ва иммунологик курсаткичларни назорат қилиш ва уларнинг узга-



рувчанлигини кузатиш ва шу тарикада лактация жараёнининг ахамияти ва аелларда органларнинг аввалги ҳолатига кайтиши, яъни уларнинг субинволюцияси жараёни курсатилган.

Хулоса килиб шуни айтиш жоизки тугрукдан кейин биринчи ва иккинчи хафталигида прогестерон ва эстрадиол, ФСГ ва ЛГ гормонларининг нормадан узоклашуви курсатилган ва уларни нормаллаштириш ёритилган.

Калим сузлар: ЛГ – лютеин гормон; ФСГ – фолликула стимулловчи гормон; ЭСЛ – эст радиол; КТ – кортизол.