



system of mother-placenta-fetus is of great importance to obtain complete state of hemodynamics changes.

Object: to determine the blood flow state in the spiral arteries of the central and peripheral parts of the placenta in the dynamics of pregnancy in women with PD, on the base of which to elaborate new diagnostic and prognostic criteria of the fetus and newborn state.

86 patients in 6-8, 9-12, 16-18 weeks of pregnancy, who were divided retrospectively into groups depending upon the results of pathomorphology investigation of the placenta and presence or absence of FDRS signs in the newborns have been examined. The first group consisted of 30 pregnant women with compensated PD and fetus normotrophy (group of comparison), group II – 56 pregnant women with sub-or decompensated PD (basic group).

The ultrasound and dopplerometric methods were the main in our research. At dynamic dopplerometry of the pregnant women of the group of comparison it has been established that the resistance index of the spiral arteries (SA) in the central part of the placenta in the pregnancy dynamics didn't decrease, blood flow state was different in the peripheral part of the placenta. Resistance index (RI) meanings were higher in this part of the placenta than in the central part in all terms of examination. In the pregnancy dynamics the blood flow intensity increased in the peripheral part of the placenta, what manifested in RI decrease. Our results show that the blood flow intensity was higher in the central part of the placenta in the group of comparison in all terms of examination, than in the peripheral part, moreover, its per cent difference was the highest possible in 9-12 weeks ($p < 0.01$) and decreased during pregnancy almost three times (from 18.8% to 6.5%) at the expense of the hemodynamics improvement of the peripheral placenta areas.

Insignificant per cent difference in the blood flow intensity of the various areas of the placenta was observed in 16-18 weeks of pregnancy in women with the syndrome of the fetus development retardation (FDRS). In the peripheral part of the placenta it increased 2.3%. Treatment of IR SA of the peripheral part of the placenta to the central part had the meaning less than one unit in 16-18 weeks in 14 % of the pregnant women of the group of comparison and in 79.2% of the main group, herein, in 87.8% of pregnant women with FDRS.

Analysis of the average values of IR in SA has shown that in the pregnant women of the basic group indices were higher than in the group of comparison ($p < 0.01$), and in the first of its subgroup was higher than in the second one ($p < 0.05-0.001$), and in the dynamics of pregnancy they decreased in the basic group and in its second subgroup till 16-18 weeks ($p < 0.05$), and in pregnant women with FDRS didn't have a reliable decrease.

The exposed data enabled to establish the diagnostic parameter of the placental dysfunction, determined in 9-12 weeks of pregnancy concerning the resistance indices of the spiral arteries of the peripheral part of the placenta to the central one, and to diagnose placental dysfunction (PD) at the value less than 1.0, which in pregnancy dynamics is manifested in the form of sub-or decompensated type.

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MISCARRIAGE AND RETROCHORIAL HEMATOMA

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The formation of blood clots between the uterine wall and the chorion, when it is rejected from the uterus, is called in obstetrics - a retrochoric hematoma (RCG). It occurs mainly at threat of abortion, destruction of walls of vessels of a uterus.

Mechanical effects on the uterus, stress, physical activity, hormonal insufficiency, fetal egg abnormalities, inflammatory and neoplastic diseases of the uterus are among the multifaceted causes of RCG. The frequency of RCG in the first trimester of pregnancy is found in 3.0 % of pregnant women, which leads to the risk of negative complications on the part of the mother and the fetus (frequent surgery, preeclampsia).



Our purpose was to predict the complications of pregnancy, to identify the causes of formation of RCA.

Clinical and laboratory examination of 50 pregnant women in the first trimester of pregnancy, which were divided into 2 groups: the main (the first group - 30 pregnant women with RCA) and the control (the second group - 20 healthy pregnant women). Extragenital pathology was diagnosed in 40% of pregnant women of the main group, in 5% of the control group. The material for the study were vaginal discharge, cervical canal, scraping of the epithelium from the cervical canal, blood from the vein. Research methods microscopic, bacteriological, statistical, ultrasound results.

As a result no pathologic abnormalities and differences between groups were found in general clinical analyzes. RCG were found in the main group at 7-8 weeks at 40%, at 9-10 weeks at 40%, at 11-12 weeks at 20%, which indicates a higher probability of forming RCA at 7-10 weeks.

RGG in 50% of pregnant women went asymptomatic, in the rest - bloody discharge (26.7%), abdominal pain (13.3%), combined symptoms. In the study of vaginal microcinosis and cervical canal revealed: in women of the control group *Candida* - 4%, *Staphylococcus aureus* - 2%, *Staphylococcus epidermidis* - 12%, *Lactobacilli* - 80%.

Pregnant women in the main group revealed *Trichomonas vaginalis* in 6 pregnant women (20%), who had complicated pregnancy (infectious factor and formation of PCG). In 12 pregnant (40%) vaginal microcytosis is represented by: *Staphylococcus aureus* and *Staphylococcus epidermidis* in 10 women, *Staphylococcus aureus*, *Mycoplasma hominis* - in 2 women, *Lactobacilli* are absent, the number of leukocytes is normal (no inflammatory process, weak response). *Candida* was found in 12 women (40%), which was accompanied by an increased number of leukocytes in 50%, which was absent in the control group. The presence of *Lactobacilli* was detected in 6 pregnant women (12%), simultaneously with *Candida*, without elevation of leukocytes.

Therefore, RCG is formed at 7-10 weeks of pregnancy (80%), with 50% asymptomatic. Extragenital pathology results in the formation of RCG in 40%. Pathogenic microflora were found in 20%, so it was not main in the development of RCG, but conditionally pathogenic microflora was detected twice as often. In the presence of RCG, 40% of pregnant women have *Candida* and 40% of other conditionally pathogenic microflora, in the absence of an inflammatory reaction, indicating an immune factor, in the development of RCG.

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DETERMINATION OF CHORIONIC BLOOD FLOW AT LOW PLACENTATION IN EARLY GESTATION PERIOD

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Placental dysfunction is the main cause of perinatal morbidity and mortality today. Placental dysfunction should be considered as a decrease in its ability to maintain adequate metabolism between mother and fetal organisms. The formation of numerous placental functions is closely connected with its structure at different stages of the development. An adequate course of implantation, organogenesis is ensured, first of all, by the outstripping growth of the provisional organs, the change of the histotrophic type of the embryo nutrition from the beginning to the yolk, and subsequently to the hemochorial circulation.

Low chorionic placement in the first trimester of gestation carries a potential risk of disturbance of the normal development of the extraembryonic structures, processes of trophoblast invasion, gestational rearrangement of the spiral arteries and formation of fetal placental and uterine placental circulation. Hence, the need to study the features of the formation of the chorion vascular component at low placentation in the first trimester of gestation and to predict the development of primary placental dysfunction and the subsequent course of pregnancy becomes perspicuous.

There were 100 pregnant women under our observation. The main group under consisted of 50 pregnant women with low chorionic placement, including 25 women at gestation 5-8 weeks and