

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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**АКТУАЛЬНІ ПИТАННЯ АКУШЕРСТВА, ГІНЕКОЛОГІЇ,**  
**ДИТЯЧОЇ ТА ПІДЛІТКОВОЇ ГІНЕКОЛОГІЇ**

**Babii N.V.**

**FEATURES OF THE DIAGNOSIS OF HEART FAILURE IN PREGNANT WOMEN WITH PREECLAMPSIA**

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**Introduction.** New research shows that pregnant women with preeclampsia are much more likely to develop heart failure later in life than those without pregnancy-related blood pressure complications, especially in repeat pregnancies.

**The aim of the study.** diagnosis of heart failure in pregnant women with preeclampsia.

**Materials and methods.** The immunochemiluminescent research method was used.

**Results.** We conducted a study of the level of NT-proBNP in the blood of pregnant women with preeclampsia (this was an experimental group) and in healthy pregnant women without any pathology (control group) and found an increase in this marker in the experimental group. This indicates that pregnant women with preeclampsia need additional examination to detect heart failure and its timely prevention. It is worth paying attention to the main diagnostic tests when arterial hypertension and preeclampsia are suspected: 1. Primary diagnosis: ophthalmoscopy, electrocardiogram, level of hemoglobin, platelets, fibrinogen, level of creatinine in blood serum, glomerular filtration rate, level of electrolytes. 2. Specific tests: determination of cardiac troponin, N-terminal propeptide of natriuretic hormone (NT-proBNP) (if heart failure is suspected), sFlt-1/PlGF (preeclampsia excluded), echocardiography, computed tomography or magnetic resonance imaging, ultrasound diagnostics of kidneys and duplex dopplerography of arteries. 3. Assessment of the state of the fetus: electrocardiography of the fetus, ultrasound diagnosis of the fetus, assessment of amniotic fluid, dopplerometry of the uterine arteries. It is desirable to advise women who have experienced preeclampsia measures to achieve and maintain a body mass index within a healthy range (18.5–24.9 kg/m<sup>2</sup>) until the next pregnancy. In women who have had preeclampsia or gestational hypertension with preterm delivery before 34 weeks, consider counseling before the next pregnancy to discuss the possible risks of recurrent hypertensive disorders and how to prevent them. When a woman who has suffered from gestational hypertension or preeclampsia is discharged from a hospital after childbirth, it is necessary to draw up a management plan for continued observation by a general practitioner - family medicine.

**Conclusions.** Therefore, pregnant women from the risk group should be advised to take 100-150 mg of acetylsalicylic acid daily from 12 weeks to 36 weeks of pregnancy in the evening (when prescribing acetylsalicylic acid, the dose of folic acid should be increased to 800 mcg per day) and 1.5-2 g of calcium ( 1 g of elemental calcium is contained in 2.5 g of calcium carbonate or 4 g of calcium citrate) from 16 weeks of pregnancy (during meals).

**Bakun O.V.**

**MARKERS OF PERITONEAL DAMAGE IN THE DIAGNOSIS OF ENDOMETRIOSIS ASSOCIATED WITH FERTILITY**

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**Introduction.** The problem of infertility has an important socio-medical significance, which is caused by a sharp drop in the birth rate in the conditions of the current crisis. Despite years of research, endometriosis remains a disease of unknown etiology. Its prevalence is constantly increasing and is 15-50% of the entire population of women of reproductive age. The high social significance of the problem of endometriosis is determined by the fact that 30-40% of women with endometriosis suffer from infertility. In women with endometriosis, the addition of complications increases the level of stress, and the need for surgical correction creates prerequisites for