
ACUTE FATTY LIVER OF PREGNANCY: A REPORT OF 25 CASES

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To develop an optimal algorithm of early diagnostics of acute fatty liver of pregnancy (AFLP) an analysis was carried out of 25 prospectively detected cases of AFLP in 1985-1997 yrs. The age of patients was 21-40 years, among them 16 – nulliparas, 9 – multiparas. Clinical and statistical analysis has shown that AFLP develops mainly at the gestational age of 28-30 weeks. Two phases in clinical manifestation has been detected: 1. Nonicteric phase with length till 8 weeks, characterized by weakness, headaches, dizzinesses, weight loss, pruritus, heartburn (with exception of gasrointestinal disorders). 2. Icteric phase, with severe clinical picture (duration - from 2-3 weeks to 1-2 days). Laboratory studies have shown a significant decrease of total serum protein, Hb and of platelet count, 2-10-fold increase of bilirubin and liver enzymes activity (AsAT, AlAT); hypocoagulation resulting in DIC. ECG has detected myocardial metabolic changes associated with right ventricle hypoxia and signs of its overload. The designed algorithm of early AFLP detection has promoted timely diagnosis and appropriate therapy. Only 2 women died. The rest are under thorough surveillance. The research is being continued.

GESTOSIS AND OBSTETRICAL BLEEDING AS A CAUSE OF MATERNAL MORTALITY

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Objective. *The aim of our investigation was the elaboration and introduction of the system of correlation conditions of threaten maternal mortality from Gestosis / G/ and Obstetrical bleeding / OB /.*

Methods. *We have done retrospective analysis the histories of labors complicated with OB and G, all which had mortal out come.*

Results. *In 61,2% – 64,0% of cases somatic pathology took place. Among those died from OB inhabitants of the countryside / 54,5% / predominated and in the cases of G city – dwellers prevailed / 62,0% /. The untimely diagnostic the early forms of G, lack of anamnesis data, neglecting of laboratory findings and late direction to the hospital were reveled during the observation in the conditions of out – patient department. Of all the cases / 33,5% / with OB had late admission to the hospital. Protracted conservative therapy, the late beginning of operation, irrational infusion and transfusion therapy, unadequative observation and treatment in puerperal period were reveled in the analyze of labors histories with OB and G. The cases when OB occurred after abdominal delivery prevailed / 35,6 % /.*

Conclusions. *The complex system correction of given conditions was introduced, the algorithms of high-risk groups observation were elaborated, department of anesthesiology were improved, infusion therapy methods and indications to the operative delivery were perfected.*