
PREGNANCY AND NEPHROGENIC HYPERTENSION SYNDROME

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Objective: *The necessity to study nephrogenic in pregnancy is mandated by a continuing increase of number of patients affected by that disorder.*

Methods: *153 pregnant women with chronic pyelonephritis were examined. Methods of examination were: generally accepted clinical methods, biochemical, echographia, radioisotopic, cardiotocographia, dopplerometria.*

Results: *Hypertensive syndrome was found out in 32 (20,9 %) patients: 30 with parenchymatous form & 2 - with vasorenal form. The abortion for medical duration in the 1st trimester of pregnancy was done in 2 patients with vasorenal hypertension (arterial pressure 180/120 - 240/150 mm Hg) & in the 2nd trimester in 6 patients with parenchymatous hypertension of pregnancy tie to high hypertension & the progression of chronic renal insufficiency. Another 24 pregnant women continued 32-38 weeks with different degree of gravity & complications: with negatively influence on the condition of fetal (retardation 62,5 %, hypoxia 58,3 %) & women (the violation of nitric excretory function 83,3 %, the increase of chronic renal insufficiency 12,5 %). Perinatal mortality was 4,2 %.*

Conclusion: *The prolongation of pregnancy with nephrogenic hypertension must be decided individual.*

MODERN MANAGEMENT OF PREMATURE LABOR

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Objective: *Preterm labor is the leading cause of perinatal mortality and morbidity in the developed world. The purpose of this report is to analyze the current knowledge to prevent the preterm delivery and its practical management.*

Methods: *Report is based on literature, and on research reports from Finland.*

Results: *In Finland, the births before 37 completed weeks account for 5.4% of all births, and babies with a birth weight below 2500 g 4.4% and below 1500 g about 1.0% of all newborns. The main predictive factors of preterm birth are multiple pregnancy, previous preterm birth, and second trimester bleeding. Clinically, the most promising methods for prediction may be vaginal ultrasound and presence of fibronectin in cervical secretions. Home monitoring of uterine contractions may not be worthwhile. Cervico-vaginal infection may play substantial role in the development of pre-term labor with or without pre-labor rupture of membranes. The role of antibiotics in the management is intensively researched. Tocolysis has been attempted with ethanol, beta-agonists, magnesium, prostaglandin synthetase inhibitors, calcium channel blockers, glyceryl trinitrate, oxytocin antagonist, and inhibitors of inducible form of cyclooxygenase. So far, no real progress has been achieved in the prevention of preterm delivery. Instead, remarkable advances have been achieved in the care of very low birth weight and low birth weight babies.*

Conclusion: *Therefore the main goals are: to postpone the delivery in order to transfer the mother to a center with neonatal intensive care unit, to gain time for corticosteroid treatment, and to minimize the neonatal consequences of preterm labor.*