
DIAGNOSTIC SYMPTOMS OF ENDOTOXICOSIS DURING PREGNANCY AS A PROGNOSTIC OF SEPSIS

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Objective: *The work was aimed at the elaboration of the diagnostic criteria of endotoxiosis during pregnancy, previous to the development of postnatal sepsis.*

Methods: *general clinical examination, ultrasound investigation, dopplerometry, bacteriologic, immunologic and haemostasiologic examination.*

Results: *the diagnostic criteria of the developing endotoxiosis are the combination of the following symptoms:*

Presence of the one or more inflammatory nidi, even at the stage of remission.

A high degree of vaginal bacterization or bacteriuria.

Appearance and increase of proteins of acute phase of inflammation and placental microglobulin over 30 ng/ml.

Anemia, hypoproteinemia, lymphopenia, leucocytosis with a shift to the left.

Deviation in hemostasiograms.

Reduction of general and local hemodynamic reserves.

Indications of fetal infection.

Increase of middle molecules.

Signs of atypical and constant threat of abortion.

Conclusions: *effectlessness of the complex of efferent detoxicational measures indicates the necessity of pregnancy termination. Prolongation of pregnancy without detoxication or the effect results in serious septic complications in 75-80%.*

THE EARLY DIAGNOSTICS OF OBSTETRIC SEPSIS

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Objective: *the research aimed at the working out the syndrome diagnostics of the progress of pregnancy endotoxemia into sepsis.*

Methods: *there were examined 86 women, presumably having sepsis during delivery and in the first hours and days of postnatal stage. There were applied clinical, immunologic, hemostasiological, dopplerometrical, ultrasonic, bacteriologic, biochemical, electrocardiographical methods of investigation.*

Results: *there were identified different variations of the transition to the septic state, characterized by the combination of laboratory, ultrasonic and bacteriologic criteria. The most frequent and predictably dangerous diseases were the following variants: the 1 variant - punctopenia and anemia, extension of all coagulation tests with an appearance of products of fibrin degradation, the increase in urea, creatinine, direct bilirubine, transaminase levels, the increase in R-protein, homoreactants level, IgG decrease; the 2 variant - hyper leucocytoses with a regenerative deviation of neutrophils till leucomoides reaction, anemia with a great number of reticulocytes, the increase in nonconjugated blood bilirubine, a tendency to hypercoagulation and hyperagrigation of trombocytes, the high level of IgM and the intensive rise of vagina pathogen flora.*

Conclusions: *individual treatment foresees the immunity stimulating therapy in the first variants, the urgent detoxemia treatment is needed in the second variant. The ultrasonic signs identification of a shock uterus with manifested miometritis in absence of full clinical symptomatic with no effect of detoxemia treatment in 12 - 24 hours needs drastic operative treatment.*