PREVENTION OF RDS IN PREMATURELY BORN VERY LOW BIRTH WEIGHT INFANTS

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Objective: *to evaluate the influence of antenatal thyrotropin-releasing hormone and glucocorticoids therapy for prevention of respiratory distress syndrome and for survival rate in group of prematurely born very low birth weight infants (<=1500g).*

Patients and methods: *We evaluated 240 neonates born at the Department of Obstetrics and Perinatology of University School of Medicine in Lublin.The study was carried out on 46 neonates whose mothers receiving antenatal TRH and glucocorticoids (group I). A control group were 194 neonates, whose mothers receiving only glucocorticods for accelerating fetal lung maturity (group II). Statistical analysis was performed. Baseline and outcome variables were tested with Student's t-test and c^2 analysis. We need $p< 0,05$ for statistical significance.*

Results: *Respiratory distress syndrome occured in 156 premature infants. 84 very low birth weight infants were without respiratory distress syndrome.*

Conclusions: *Combined use of antenatal TRH and glucocorticoids was associated with a statistically significant ($p<0.05$) reduction in the risk of respiratory distress syndrome (RDS) in prematurely born very low birth infants. Better survival rate of very low birth infants was observed in the TRH plus glucocorticoids group than in only steroids one. But this difference was statistically insignificant. Further investigations to determine the safety and efficacy of antenatal TRH therapy are needed.*

THE NEW POSSIBILITIES OF EXTRAPERITONEAL CESAREAN SECTION APPLICATION

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Objective: *to provide the delivery for women with severe septic complications at up to 30 weeks of gestation the extraperitoneal cesarean section was applied.*

Methods: *as the base of research there were taken 22 women who had delivery by extraperitoneal cesarean section in an urgent way at 24-30 weeks of gestation. 20 of them were primipara and 2 unipara. The average age of the women was 22,3 $\pm$ 0,5. The grounds for urgent delivery by extraperitoneal cesarean section: 12 women had syndrome of systemic inflammatory reaction after ineffective attempts of pregnancy interruption and 10 women had severe purulent renal lesion with associated urological sepsis at the second term of pregnancy .*

Results: *in all cases the operations caused no intraoperative complications and the scope of operation was not extended despite its difficulty and the hazard of the further generalization of infection. The operation issue was successful for women. 17 fetus were born dead with extremely little mass (up to 1000g) and 5 neonates were born with little mass (up to 1300g); one of the neonates was antenatal morbidity and 4 of the were taken to the second stage of nursing.*

Conclusions: *thus, extraperitoneal cesarean section can be considered the most optimum operation in case of septic complications at the different terms of pregnancy and impossibility of normal delivery by way of natural maternal passages.*