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## INFECTION AND PRETERM LABOR

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R.Nadisauskiene, D.Vaitkiene

Kaunas Medical University, Kaunas, Lithuania

*Preterm birth is one of the greatest unsolved problems in modern obstetrics. It has been showed that intraamniotic infection (IAI) from microorganisms found in the lower genital tract are implicated both in the etiology and in the complications of preterm birth. In Lithuania this problem is particularly severe, since the prevalence of genital and particularly sexually transmitted diseases (STD) is high. At the Department of Obstetrics and Gynecology of Kaunas Medical University Hospital, a tertiary-care perinatal referral center, the studies on preterm labor and infection were performed during period 1992 - 1996. We have shown that IAI and vaginal carriage of C.trachomatis, E.coli, Staphylococcus aureus are associated with an increased risk of PROM-P. These associations remained valid after taking account of other obstetric and demographic variables namely marital status, neonatal sex, previous elective abortions. The presence of one or more of these conditions in late second or early third trimester may therefore be considered predictive of PROM. It was concluded that E.coli and S.aureus are significantly more prevalent in endocervical cultures from woman in preterm than from those in term labor. Our results demonstrate that in pregnancies with PROM-P cultures from the lower genital tract (endocervix) provide sensitive but nonspecific prediction of IAI. We suggest that clinical management of pregnancies with PROM-P should not rely only on the results of cultures of swabs from the lower genital tract. In our study we have shown that AF culture can identify patients with an increased risk of adverse maternal and neonatal outcome in patients with preterm PROM.*

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## FUNCTIONAL ACTIVITY OF THYROID GLAND OF WOMEN WITH PHYSIOLOGICAL PREGNANCY AND WITH COMBINATION LATE GESTOSIS

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Olshevskay E. V. , Miroshnikova T. S.

Medical University, Donetsk, Ukraine

**Objective.** *The aim of the work was the investigation of functional activity of thyroid gland of women with physiological pregnancy and the nature of disorders of functions of thyroid gland of pregnant women with late combination gestosis.*

**Methods.** *Thyroid hormonal status was investigated in 56 pregnant women with chronicl infectional-inflammatory extragenital and genital diseases, whose pregnancy was complicated by late gestosis, 36 women had gestosis of light degree and 20 women had gestosis of serious degree. The group under control consisted of 16 women with normal pregnancy. The hormonal tests of diagnostics of function of thyroid gland were used. Serum total thyroxin ( $T_4$ ), total triiodothyronine ( $T_3$ ) were radioimmunoassayed in 72 women. The standard sets of medical substances of the firm "Immunotech" ( Chekhia ). The results are tested by the method of the variational statistics and correlation analysis.*

**Results.** *According to the results of the investigation of thyroid status in physiological normal pregnancy the function of thyroid gland is stimulated,  $T_3$   $-2,63 \pm 0,21$  nmol/l,  $T_4$   $-141,9 \pm 8,41$  nmol/l . Increase of functional activity of thyroid gland was revealed by investigations of indexes of thyroid hormones in women with late combinational gestosis of light degree -  $T_3$   $-2,81 \pm 0,11$  nmol/l ,  $T_4$   $-154,23 \pm 7,16$  nmol/l . The authenticity of the differences as to healthy pregnant women has not been found ( $p > 0,05$ ). The considerable decrease of content of total triiodothyronine and total thyroxin was marked in pregnant with serious degree of combinational gestosis -  $T_3$   $-1,04 \pm 0,11$  nmol/l,  $T_4$   $-66,10 \pm 6,59$  nmol/l . The differences among groups are authentic ( $p < 0,05$ ).*

**Conclusion.** *Chronicl inflamatory genital and extragenital diseases influence on thyroid function and represent unfavorable prognostic criterion of the development of late gestosis. Taking it into consideration women with chronicl inflamatory pathology, must be entered into "the group of risk" because of the development of gestosis. Dysfunction of thyroid gland is a marker, confirming participation of endocrine factors in the development of gestosis. Interconnection of hormonal activity of thyroid gland, reflecting , the degree of breaking of compensatory adapted process in the organism of pregnant, so the functional state of the gland is the diagnostic criterion of gravity of gestosis. Taking into consideration above mentioned the functional state of thyroid gland must be used as a criterion of prognosis of flow and outcome of pregnancy.*