CONGENITAL AND PERINATAL INFECTIONS

Stray-Pedersen B.
Department of Gynecology/Obstetrics National Hospital, University of Oslo, Norway

A large number of microorganisms is capable of crossing the placenta and infecting the ferns with diverse results. If a mother acquires a primary infection during pregnancy, the outcome may vary from spontaneous abortion to fetal death, premature birth or congenital disease. In addition, some sexually transmitted pathogens and also normal cervical-vaginal bacteria may infect the fetus by ascension from the lower genital tract or by direct contact during delivery.
The adverse outcome may be prevented by detection and treatment m pregnancy or by immunazation before or after gestation. In some cases, hygienic precautions and appropriate advice can significantly reduce the risk.
This presentation reviews the current knowledge of the most important viral, protozoal and bacterial infections in pregnancy, their impact on fetus, and the preventive methods offered today.

UTERINE MYOMA: ELECTROCORRECTION OF POSTOPERTIVE HEMODYNAMIC DISORDERS

Strugatski V.M., Arslanyan K.N., Omarova M.R., Yarotskaya E.L.
Scientific Centre for Obstetrics, Gynecology and Perinatology RAMS, Moscow, Russia

Uterine myoma is often accompanied by arterial hypertension (AH), which may become more severe after surgery for the gynecologic disease.
Study objective: *substantiation of intensive electroimpulse therapy (IEIT), as permitting to eliminate hemodynamic disorders in patients with AH after subtotal hysterectomy.*
Methods: *clinical and complex physiologic examination (conjuctival vasoscopy, rheoencephalography, electrocardiography) of 55 operated patients (average age 44±1,3 yrs). 28 patients underwent cranial IEIT (consisting of 15-20 procedures - 2-3 daily) 4 weeks after surgery, 27 patients presented control group.*
Results: *IEIT appear to enhance microcirculation, hemocirculation in the brain hemispheres and heart automatism, resulting in stable hypotensive effect (for 8-10 mnth) in patients with mild AH, and benefits for patients life quality. In case of initial arterial pressure higher than 170/105 mm hg, the effects of IEIT last no longer than 3 mnths and require combination with drugs in individually reduced doses.*
Conclusions: *the study demonstrates potentialities and advisability of electrocorrection of hemodynamic disorders after surgical treatment of uterine myoma, using IEIT, as of the alternative to medical therapy of mild AH and means of reduction of medicamental load in cases of moderate AH.*