
PERINATAL OUTCOMES IN PREGNANCIES WITH PATHOGEN OF CYTOMEGALOVIRUS AND HERPES SIMPLEX DETECTED IN PRETERM PLACENTA

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Objective: 182 cases of women with herpes simplex virus and cytomegalovirus infections were examined to study the peculiarity of their pregnancy, delivery, status of fetus and neonates in comparison with functional condition of fetal placental complex and morphologic changes in afterbirth.

Methods: The morphological study was carried out by: 1. light microscopy; 2. immunohistochemistry, using indirect immunofluorescence with monospecific antibodies; 3. ultramicroscopy.

Results: Signs of HSV infection were detected in 24.5 %, CMV infection - in 15.3 % & combined HSV & CMV - in 61.2 %. It was found, that the HSV & CMV infections results in significant changes such as: characteristic viral inclusions, inflammation, vascular damage.

In our study it promote to decrease of fetal and maternal blood flow in 17,6 %, intrauterine growth retardation in 21,7 %, oligohydramnion in 17,6 %, hydramnion in 21,6 %, placental calcinosis in 54,4 %, intrauterine hypoxia in 29,6 % and infection diseases in newborns in 27,4 %.

Conclusion: All morphological changes of afterbirth oblige to begin the pathogenetic therapy of newborns, which assist to reduce frequency of gravity form neonatal herpes.

PLACENTAL INSUFFICIENCY TREATMENT IN PATIENTS WITH HERPES VIRUS INFECTION

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Objective: To evaluate the efficacy of immunocorrective therapy in complex treatment of placental insufficiency in pregnant women with herpes virus infection (herpes simplex virus infection and cytomegalovirus).

Methods: 77 cases with disease relapses and asymptomatic elimination of virus were examined.

Results: Discovered disorders in immune and interferon statuses allow to prescribe for these patients immunocorrective therapy. For this purpose we have used intravenous injections of immunoglobulin (250 mg/kg) 3 times a day in I, II and III trimesters of pregnancy. We have also used rectal suppositories with viferon (which consist of 150 000 ME alpha-2b interferon) 2 times a day for 5 days since 28 to 34 weeks of gestation. Viferon suppositories consisted of 500 000 ME of alpha-2b interferon have been prescribed 2 times daily after 35 weeks of gestation. Totally we use a 12 week course of weekly viferon.

Conclusions: It was found that this therapy leads to a firm normalization of immune and interferon status in pregnant women with herpes virus infection and improves the effect of complex treatment of placental deficiency in these patients.