
A RATE OF PERINATAL INFECTIONS IN THE STRUCTURE OF FETUS MORTALITY

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Purpose: to determine the rate and meaning of perinatal infections in the structure of mortality.

Methods: retrospective analysis of mortality since 1996 up to 1998 in clinical Maternity House №5, Krasnoyarsk.

Results: Basic indexes for the period of 1996-1998: perinatal mortality – 10,11%, 16,2%, and 13%, intrauterine death fetus – 7,1%, 12,4% and 9,4%, dead in early neonatal period – 3%, 3,8% and 3,6% correlatively. Perinatal infections are one of the major reasons of antenatal fetus mortality in 72,7%, 70,5% and 57,9%, severe placenta insufficiency – 46,6%, 47,4%, and 66%, fetus anomaly 85,7% 83,3% and 40% (since 1996 up to 1998 correlatively).

In the lack of perinatal infection tests only morbid anatomist can determine fetus mortality correlation with infections. Hystology afterbirth study carried extremely important information in this subject.

Conclusions: High rate of infections has been established in the structure of perinatal mortality;

There was revealed a close dependence of this pathology with heavy placenta insufficiency and fetal letalis anomalies.

SYNDROME APPROACH TO DIAGNOSTICS AND TREATMENT OF THE LATE POSTDELIVERY PYO-FLAMMATORY COMPLICATIONS OF ORGANS AND TISSUES OF SMALL PELVIS AFTER DELIVERY AND CESAREAN SECTION

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Objective. To determine clinical syndromes and principles of treatment on the basis of up-to-date diagnostic technologies.

Methods. 88 case histories of the patients hospitalized for 42 days after delivery were analysed retrospectively. These patients underwent transabdominal, transvaginal ultrasonic estimation of small pelvis, hysteroscopy, laparoscopy and diagnostics of endogenous intoxication.

Results. 74 patients were after spontaneous delivery (1st group), 14 patients were after cesarean section (2nd group).

The following clinical variants of the course of a disease were selected in the 1st group: 1) the Systematic inflammatory response syndrome. (SIRS). 26 patients had endometritis in combination with metrophlebothrombosis, 6 patients had only endometritis and 2 patients had endometritis in combination with parametritis; 1 patient had subinvolution of uterus. 2) SIRS in combination with pains in small pelvis. 11 patients had endometritis in combination with phlebothrombosis in small pelvis. 3) Secretions vaginales anormales. 7 patients had secretions containing some blood. 2 patients had flammatory secretions. 4) Pains in small pelvis. 1 patient had endometritis. 5) Without prevailing clinical syndrome. 12 patients had only endometritis; 6 – subinvolution of uterus. 3 clinical variants were selected in the 2nd group. 1) SIRS. 3 patients had only endometritis. 2) SIRS in combination with pains in small pelvis. 4 patients had endometritis in combination with metrophlebothrombosis. 2 patients had endometritis with a complete sequester of stitches on uterus and abscess of the front abdominal wall. 3) Without prevailing clinical syndrome. 3 patients had endometritis with partial sequester of stitches on uterus.

Conclusions. In case of prevailing of SIRS, SIRS in combination with pains systematic complex intensive treatment was used. In other variants local treatment prevailed. In all cases an outcome was satisfactory without hysterectomy.