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FETAL MACROSOMIA – FEATURES OF THE COURSED PREGNANCY AND CHILDBIRTH

In modern conditions, fetal macrosomia is one of the urgent medical and social problems that deserve close attention of doctors of different specialties – obstetricians, neonatologists, neurologists, as pregnancy and childbirth with a large fetus are often pathological.



ABSTRACT

In modern conditions, fetal macrosomia is one of the urgent medical and social problems that deserve close attention of doctors of different specialties – obstetricians, neonatologists, neurologists, as pregnancy and childbirth with a large fetus are often pathological.

Keywords: pregnancy, large children, risk factors, extragenital pathology, pregnancy complications, childbirth, adaptation period.

RELEVANCE

The results of the who population-based study, which included 246, 659 puerperas from 23 countries WHO, have showed that birth weight $\geq 4,000$ g was 2 times more likely to be associated with adverse obstetric and perinatal outcomes [4]. It is known that in 50% of cases the development of fetal macrosomia occurs in repeated births with a history of a large child and a short inter-gravidar interval, as well as in mothers with 3 or more children. [5]

According to a data of authors, the leading risk factors for fetal macrosomia are diabetes, obesity, diseases of the cardiovascular system, later menarche, re-birth, a large fetus in history, abortions, pregnancy, weight gain pregnant more than 20 kg, taking vasoactive drugs in the II and III trimester of pregnancy (pentoxifylline, kurantil). Antenatal risk factors for the development of the fetus macrosomia are receiving progestins (duphaston, utrogestan) in the 1st trimester, vasoactive drugs (trental, curantyl, Actovegin), vitamin E in the 2-3 trimester. [6,7]

It is known that pregnancy is accompanied by physiological increase in insulin resistance that allows to consider even physiologically proceeding pregnancy as «diabetogenic state». During pregnancy, a state of relative hyperinsulinism with peripheral insulin resistance develops due to an increase in the concentration of counterinsular hormones. [8]

Among the factors of macrosomia is leading overweight mother and the corresponding metabolic disorders. The severity of the metabolic syndrome is directly correlated with the degree of insulin resistance and the amount of visceral fat. The presence of it more than 5 times increases the risk of type 2 diabetes. The presence of these factors in women of reproductive age during pregnancy is accompanied by an increase in the incidence of gestational diabetes. The prevalence varies from 1 to 14%, averaging 7%. In 2010, the prevalence of GSD in Europe was 20.7%, and by 2030, it is projected to grow to 49.3%. According to the literature, high-risk factors include pre-pregnancy diabetes, gestational diabetes mellitus (GSD), overweight and obesity. The number of cases of macrosomy in GSD, according to the literature, ranges from 5.3 to 35%. [9,10]

The prevailing majority of births in macrosomia are characterized by a high frequency of abnormalities of labor, discrepancy between the size of the fetal head and the size of the pelvis, an increase in the frequency of cesarean section, vacuum extraction of the fetus, the imposition of obstetric forceps [11]. One of the severe complications of macrosomia is shoulder dystocia, which occurs in 5-24% of cases and increases with in-

creasing fetal weight: 5-6% with fetal weight 4 000 – 4 500 and 12-19% with fetal weight more than 4 500 [1]. Shoulder dystocia can lead to fracture of the clavicle and, less frequently, humerus, and scapula, damage to the brachial plexus (paralysis ERB-Duchenne, paralysis Degerin-Klumpke), acute hypoxia, intrapartum death of a newborn. In the neonatal period, large-scale newborns are more likely than children with normal weight to have electrolyte and metabolic disorders, such as hypoglycemia and hyperbilirubinemia. [12]

Macrosomy significantly increases the risk of amniotic aspiration syndrome, birth trauma in mother and child, and a higher rate of asphyxia at birth [13]. In the sequence and the early postpartum period due to the distension of the uterus because of large fetus more likely to have hypotonic bleeding. [14]

Perinatal mortality rates in macrosomy are 1.5-3 times higher than in newborns with normal body weight. Gyurkovits Z. et al., analyzed perinatal outcomes, revealed a high rate of hemorrhage in the adrenal glands of newborns weighing 4 500 or more after natural childbirth. The same authors noted high risks of clavicle fractures, low assessment of neonatal status on the Apgar scale at 5 minutes, and birth in a state of hypoglycemia in fetal macrosomy. [15]

The consequences of chronic suffering of a large fetus in the antenatal period lead to deviations in physical, somatic and neuropsychic development in the postnatal period of ontogenesis [16]. Macrosomia in girls at birth in the puberty period is manifested by the advance of physical development with a relative delay in sexual development. Menstrual function is characterized by hypermenstrual syndrome and irregular menstrual cycle (15.7%), high frequency of dysmenorrhea (52.8%), uterine bleeding puberty (39.3%), dishormonal changes of the mammary glands (64%) and hyperandrogenia (53.9%) with echographic signs of peripheral type of polycystic ovaries and persistent ovarian retention formations. [17]

PURPOSE OF RESEARCH

To study the features of the course of pregnancy, labour, postpartum and early neonatal periods in fetal macrosomia.

MATERIALS AND METHODS OF RESEARCH

The study was conducted in the city clinical maternity hospital №5 in Almaty (is the clinical base of the Department of obstetrics and gynecology). The frequency of childbirth large fruit, the results of the annual report for 2018, amounted to 9,0%. The features of the course of pregnancy, childbirth, postpartum and early neonatal periods of 150 histories of births that were delivered to the maternity hospital are analyzed. The criteria for exclusion of patients from the study were: diabetes mellitus of any type, the presence of any somatic pathology in the decompensation stage, the woman's refusal to participate in the study. Statistical processing of the data was carried out on a computer using the application program Microsoft Excel 2016.

RESULTS AND DISCUSSIONS

Of the total number surveyed aged primiparas was 21.3%, power voltage was 78.7%. In the age aspect, one in four (25.6%) were aged 18 to 24 years, one in two (44.7%) were aged 25 to 30 years, one in three (29.8%) were over 30 years. The mean age of the examined patients was 28.3 ± 2.9 years. The prevailing majority of newborn fathers were between 25 and 34 years of age, with an average age of 31.2 ± 7.3 years.

All pregnant women were registered in the women's clinic, visited the district doctor on average 7 times. Of the total number of pregnant women who gave birth to large children, 29.3% were Housewives. This factor, which determines a sedentary lifestyle, is an additional background for the development of fetal macrosomia. In 24.7% of patients, obesity of 1-2 degrees was diagnosed, the body mass index ranged from 29 to 37.

The study of reproductive function showed that in 27.3% of the surveyed, previous births ended with the birth of a large fetus. Obstetric and gynecological history was burdened in 28.7% of patients: spontaneous miscarriage at various stages of pregnancy, non-developing pregnancy, previous infertility, ectopic pregnancy, medical abortions.

In the history of 48.7% of pregnant women revealed various extragenital pathology, with the prevalence of chronic respiratory diseases (16.7%) and urinary tract (13.3%). Further, diseases of the gastrointestinal tract (8.7%), thyroid gland (5.3%) and cardiovascular system (4.7%) were noted in the frequency of occurrence.

A trend toward higher birthweights has emerged in recent decades. Reflected in this trend is a rise in the prevalence of infant macrosomia, commonly defined as either a birthweight greater than 4 000 g or a birthweight for gestational age greater than the 90th percentile relative to a fetal growth standard.

When analyzing the course of pregnancy in patients with a large fetus, we found that the complicated course of pregnancy was observed in 73.3%. Moreover, the most common anemia of varying severity – 59.3%, hypertensive conditions during pregnancy – 16.7% infection of the respiratory system and urinary tract – 12.7%, polyhydramnios – 8.7%.

The clinical diagnosis of a large fetus in the antenatal period is based on the calculation of the estimated body weight of the fetus, on the data of measuring the height of the fundus and abdominal circumference, confirmed by ultrasound data.

Of the total number of examined pregnant women with fetal macrosomia, 15.3% were delivered by cesarean surgery, 56% of them on a planned basis, 44% on an emergency basis. The main indications for planned operative delivery were: the estimated fetal weight – 4 500.0 and more and/or a combination of a large fetus with another obstetric pathology: pregnancy occurred with the use of

assisted reproductive technologies, pelvic presentation of the fetus, uterine scar. An emergency cesarean section was performed by prenatal outpouring of amniotic fluid and unpreparedness of the birth canal, weakness of labor activity, with discrepancy between the size of the fetal head and the size of the pelvis of the woman in labor, threatening the fetus in the first period of labor.

Labour vaginally amounted to 84.7%, the number of induced s to labours 10.7%. The duration of the first period of labor averaged 10-12 hours, the second period 60-80 minutes. With informed consent, active management of the third period of labor – 10 IU of oxytocin/m after the birth of the anterior shoulder was carried out. Total blood loss was 320.0±50.0. Ruptures of the soft tissues of the birth canal (vaginal tears, perineum 1-2 degrees) were diagnosed in 21.3%. The postpartum period was uneventful.

In 91.3% of newborns, birth weight was 4 000-4 500, more than 4 500 in 8.7%. Violation of the adaptation period was observed in 30.7% of newborns, 9.3% were diagnosed with brain ischemia, for which newborns received treatment recommended by a neurologist. Cardiorespiratory distress of the fetus was observed in 2.7% of newborns, in three cases, which amounted to 2.0% of the birth tumor was detected. After the examination and treatment, all newborns were discharged home in a satisfactory condition under the supervision of a pediatrician and neurologist.

Thus, according to the results of the study of 150 pregnant women with fetal macrosomy, the following conclusions can be drawn:

- risk factors for fetal macrosomia are: sedentary lifestyle (29.3%), the birth of a large child in previous births (27.3%), obesity 1-2 degrees in 24.7% of cases;
- complicated course of pregnancy was observed in 73.3% of the examined, with anemia of varying severity was diagnosed in 59.3% of the examined, in 16.7% there was arterial hypertension during pregnancy, respiratory and urinary tract infection in 12.7% and in 8.7% of pregnant women a large fetus in combination with polyhydramnios;
- operative delivery rate was 15.3%, with the prevalence of planned cesarean section, aimed at improving perinatal outcomes;
- the neonatal period every third (30.7%) was characterized by the violation of the period of adaptation and brain ischemia one in ten (9.3%) of the newborn.

ТҮЙІНДЕМЕ

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ІРІ ҰРЫҚ – ЖҮКТІЛІК ЖӘНЕ БОСАНУ АҒЫМЫНЫҢ ЕРЕКШЕЛІКТЕРІ

Ірі ұрық кезінде жүктілік пен босану жиі патологиялық жағдайларға әкелетін болғандықтан, ұрық макросомиясы өзекті медико-социальды мәселе және әр түрлі мамандардың – акушерлер, неонатологтар, невропатологтардың мұқият көзқарасын талап етеді. Себебі, акушерлік асқынулар және перинатальдық аурушылдық пен өлімнің кездесуі 2 есеге дейін жоғары. Әлемде, жалпы босанулардың ішінде, ірі ұрықпен туылатын балалар жиілігі орташа 8-12%, бірақ, соңғы онжылдықта көп елдерде макросомия жиілігінің 20%-ға дейін жоғарлауы байқалады. Алматы қаласы бойынша акушерлік қызмет көрсететін мекемелерде, ірі ұрықпен туылатын балалар жиілігі 18,5%.

Түйін сөздер: жүктілік, ірі нәресте, қауіп факторлар, экстрагенитальды патология, жүктілік асқынуы, босану, бейімделу кезеңі.

РЕЗЮМЕ

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КРУПНЫЙ ПЛОД: ОСОБЕННОСТИ ТЕЧЕНИЯ БЕРЕМЕННОСТИ И РОДОВ

Макросомия плода остается одной из актуальных медицинских и социальных проблем, требующей пристального внимания врачей разных специальностей (акушеров, неонатологов, невропатологов), так как беременность и роды при крупном плоде часто носят патологический характер. Случаи акушерских осложнений, перинатальной заболеваемости и общее количество смертных случаев увеличились в 2 раза. Частота рождения крупных детей во всем мире составляет, в среднем, 8-12% от общего количества родов. В последние десятилетия во многих странах все чаще встречается патология – макросомия плода. По данным родовспомогательных учреждений города Алматы, частота родов крупным плодом составляет 18,5%.

Ключевые слова: беременность, крупный плод, факторы риска, экстрагенитальная патология, осложнения беременности, роды, период адаптации.

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БЕЗОПАСНОСТЬ ЛЕКАРСТВ

Уникальное лекарство от ожирения доказало свою эффективность

Менее чем через два года после своего дебюта ведущий экспериментальный препарат биофармацевтической компании из Бостона Rhythm Pharmaceuticals прошел два опорных испытания в группе пациентов с редкими формами ожирения, обусловленными генетическими нарушениями.

Препарат сетмеланотид, вводимый ежедневно инъекционным путем, оценивался в двух аналогичных клинических исследованиях в течение одного года. Первичная конечная точка исследований заключалась в процентном соотношении участников, достигших, по меньшей мере, 10-процентной потери веса с помощью экспериментального препарата.

Сетмеланотид является циклическим пептидом, состоящим всего из восьми аминокислот, и первым в своей группе агонистом рецептора меланокортина – 4 (MC4R). Препарат активирует MC4R, часть сигнального пути лептина-меланокортина, который, как считается, регулирует метаболизм и пищевое поведение и играет ключевую роль в регуляции веса, увеличивая расход энергии и снижая аппетит.

Определенные варианты генов, таких как проопиомеланокортин (POMC) и рецептор лептина (LEPR), нарушают функцию сигнального пути лептина-меланокортина и связаны с неослабевающим голодом (гиперфагией) и тяжелым ожирением с ранним началом. В двух опорных исследованиях сетмеланотида приняли участие группы пациентов с мутациями в этих генах.

Rhythm Pharmaceuticals, которая также разрабатывает формулу для еженедельного приема сетмеланотида, готовится завершить досье на маркетинговую заявку FDA к концу этого года или в первом квартале 2020 года. Производитель параллельно готовит документацию для европейского регулятора.

В компании рассчитывают, что пиковые продажи препарата составят до \$750 миллионов, но при этом планируют расширить группу потенциальных пациентов и увеличить продажи до более чем 1 млрд долларов США.



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