FEATURES ASSISTING PREGNAT WOMEN WITH GASTROINTESTINAL BLEEDING NON-VARICOSE GENESIS

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The prevalence of this pathology in pregnant women is 24,8-1,2 cases in 35 thousand (0.76%). We have devised a method of providing specialized care for pregnant women with gastroduodenal bleeding of non-varicose origin.

Methods

In the third trimester, before endoscopic examination, in order to prevent premature birth, give patients an intravenous infusion of 10 mg hexoprenaline dissolved in 500 ml of 0.9% sodium chloride solution at a speed of 5-10 drops per minute, and administer an intramuscular injection of dexamethasone, as prevention of respiratory distress syndrome of the fetus, at a dose of 6 mg every 12 hours for 48 hours.

Thereafter perform endoscopy, establish the presence, location and character of the source of bleeding, and endoscopically determine the state of local hemostasis in terms of the Forrest classification. Using the endoscopic tool, feed injector and at the source of bleeding inject 10-20ml of 0.9% sodium chloride and 1 ml of 0.18% solution of epinephrine.

Results

When we treated pregnant patients with gastroduodenal bleeding of non-varicose origin with the definitive treatment of endoscopic intervention, there was no gastrointestinal bleeding. In the comparison group of 15 women (observation period 2007 - 2011) endoscopic intervention for gastrointestinal bleeding was carried out in 2 (13.3%) cases, with the further development of preeclampsia and severe preeclampsia, accompanied by antenatal fetal death.