

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ЗАПОРІЗЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**

**ВСЕУКРАЇНСЬКА
НАУКОВО-ПРАКТИЧНА КОНФЕРЕНЦІЯ**

**«АКТУАЛЬНІ ПИТАННЯ АКУШЕРСТВА,
ГІНЕКОЛОГІЇ І РЕПРОДУКТИВНОЇ МЕДИЦИНИ»**

ТЕЗИ ДОПОВІДЕЙ

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м. Запоріжжя

Тому ми поставили собі за мету провести ретроспективний аналіз побутових умов життя 30 дітей з алергічним ринітом на час їх внутрішньоутробного розвитку.

Так, при анкетуванні із залученням питань, що стосувалися характеристики умов проживання сім'ї в період очікування дитини, ми визначили, що 90% опитуваних мешкали в квартирах. Кімнатні рослини, як інтер'єр побуту, мали 80% сімей. Вироби з пуху та пір'я (подушки) зустрічались в помешканні лише в 13,33% випадках. В 26,67% родин держали домашніх тварин (кішки, собаки), 10% - мали акваріум. Килими в помешканні були майже в кожній родині (83,33%) і щоденно використовували засоби побутової хімії для прибирання 36,67% родин, в той час як родини 28 здорових дітей, щоденно засоби побутової хімії для прибирання не використовували.

Отже, найбільш часто в помешканні сімей реєструвалась наявність килимів, кімнатних рослин та відмічалось щоденне застосування побутових хімічних речовин, що необхідно враховувати при проведенні первинної профілактики для попередження розвитку алергічного риніту у дітей ще на етапі їх внутрішньоутробного розвитку.

PROBLEM OF GENITAL HERPES IN PREGNANCY

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Introduction. Infectious diseases of the mother in 67-70% of cases lead to infertility, miscarriage of pregnancy, and the cause can be both severe systemic infectious diseases, and asymptomatic infections of the genital tract.

Genital herpes (GH) remains one of the most common diseases in the world and represents an important medical and social problem. During pregnancy, GH is one of the causes of fetal death, stillbirth, premature birth of the fetus. Under influence of herpes virus, 30% of spontaneous abortions occur in the early terms of pregnancy, and more than 50% of late miscarriages. Infection with the herpes virus remains poorly controlled, due to the lack of the possibility of complete removal of the herpes simplex virus (HSV) from the human body.

Aim. To study the treatment regimens and methods of delivery of pregnant women with genital herpes.

Materials and methods. Examination of pregnant women infected with GH includes: microscopic examination of smears from the vagina, cervical canal and urethra for determining the nature of the microbial flora; polymerase chain reaction smear from the cervical canal to the herpes simplex virus and cytomegalovirus;

Serological determination in the blood serum of specific antibodies of classes M, G to herpes simplex virus, as well as IgG avidity index.

The definition of the avidity index of specific antibodies allows to diagnose significantly an acute infection. If Ig G with low avidity is detected in the blood in the presence of IgM, this indicates a primary infection, and the presence of highly antibodies IgG (in the presence of IgM) indicates a relapse of the infectious process.

It is also necessary to study the immunogram indices (CD4 + T-helper level) and hemostasiograms.

The results of the research and their discussion. The treating tactics of infection with the herpes virus depend on the duration of pregnancy and the clinical form of genital herpes.

In the first trimester of pregnancy, when the diagnosis of primary genital herpes is detected and confirmed, the question of interruption of pregnancy due to medical indications is raised, with relapse of disease acyclovir is prescribed in the form of a 5% cream on the rash zone 4-5 times a day for 5-10 days .

In the II and III trimesters of pregnancy, with acute or recurrent GH, the administration of acyclovir 200 mg orally 5 times a day for 5 days is indicated; Immunoglobulin human 25 ml intravenous drip per 200 ml of saline every other day, only 3 times per course of treatment; drug Viferon, suppositories rectal for 500 thousand units 2 times a day for 7 days; local application of 5% cream "Acyclovir" 4-5 times a day on the zone of rashes within 5-10 days. The use of these regimens does not exclude the possibility of infection of the fetus and the newborn, while the activity of the viruses decreases.

To prevent an exacerbation of the infectious process in pregnant women with a recurrent form of GH and possible delivery through the natural birth canal, it is recommended that suppressive therapy with acyclovir is administered 400 mg orally 2 times a day from 36 weeks before the term of labor.

Delivery by cesarean section is indicated if a pregnant woman has a clinically active, manifest form (primary or recurrent form) of herpetic infection. With an anhydrous interval of more than 6 hours, delivery takes place through the natural birth canal.

Conclusions. The tactics of treatment of genital infection depends on the period of pregnancy and the clinical form of genital herpes. The use of the above treatment regimens leads to a decrease in the activity of infection with the herpes virus, but does not exclude the possibility of infection of the fetus and the newborn. The prevailing method of delivery with genital herpes is the operation of caesarean section.