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MANIFESTATIONS OF EXACERBATION OF CHRONIC PYELONEPHRITIS IN PREGNANT WOMEN

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Abstract. This article reviews the manifestations of exacerbation of chronic pyelonephritis in pregnant women.

Keywords: kidney, calyces, chronic pyelonephritis, interstitial renal tissue, hypertensive disorders, Pasternadsky's symptom, albuminuria, antianemic treatment.

ПРОЯВЛЕНИЯ ОБОСТРЕНИЯ ХРОНИЧЕСКОГО ПИЕЛОНЕФРИТА У БЕРЕМЕННЫХ

Аннотация. В статье рассматриваются проявления обострения хронического пиелонефрита у беременных.

Ключевые слова: почки, чашечки, хронический пиелонефрит, интерстициальная ткань почек, гипертензивные расстройства, симптом Пастернадского, альбуминурия, антианемическое лечение.

Relevance. Chronic pyelonephritis is a sluggish pathology of inflammatory-infectious genesis, affecting the structures of the kidney that regulate the outflow of urine, interstitial renal tissue, renal pelvis and calyces, with subsequent sclerosis of the parenchyma and shrinkage of the kidney. According to the authors Bragina T.V. et al. (2021), kidney pathology ranks second in the structure of extragenital pathology, which leads to complicated pregnancy, childbirth, and the postpartum period. As Djaitanbekova E.K. points out in her prospective study. (2020) one of the pressing problems of modern obstetrics is inflammatory kidney disease, which has a negative impact on the reproductive function of a woman, complicating the course of pregnancy and childbirth in approximately 6% of women on average, which is manifested by the development of hypertensive disorders, miscarriage, premature birth of children, an increased frequency of postpartum renal and extrarenal complications. The same data are given in their study by Antonova M. L., Paramonova T. K., Dallakyan V. V. (2018), noting that this is the most dangerous concomitant disease in pregnant women and negatively affects perinatal and maternal mortality rates. The inflammatory process can be observed at all stages of the gestational period, that is, during pregnancy, childbirth and the postpartum period.

Objective: To study the course of pregnancy in a patient with exacerbation of chronic pyelonephritis and to determine risk factors for complications of pregnancy and childbirth.

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Materials and methods. The materials of the work were the data of patient M., born in 1997, who was admitted to the maternity ward of the Clinic No. 1 of the Bukhara State Medical Institute in the third trimester of pregnancy with complaints of pain in the lower back, in the abdominal area, radiating down the abdomen, headaches, an increase in body temperature to 38.5 C. The research methods were a complete clinical and laboratory examination and Doppler sonography of the fetus.

Results and discussions. According to the anamnesis of the disease, the woman considers herself ill for several years, periodically received treatment in the urology department of the city hospital for pyelonephritis, the disease is not associated with anything. Before admission, she was treated at home on her own for 3 days, since her condition did not improve, she went to the clinic of the Bukhara State Medical University No. 1. The patient has a history of frequent cases of acute respiratory infections and acute respiratory viral infections. She has not received any injuries.

Among gynecological diseases, she notes the presence of cytomegalovirus infection and herpes virus, for which she received treatment during pre-pregnancy preparation. According to the patient, she has no bad habits (drinking alcoholic beverages, tobacco products, salty, bitter and frequent caffeine consumption). Her diet is regular and nutritious. Heredity, epidemiological and allergic history are unremarkable. She takes NSAIDs several times a month, during an attack of pain in the lumbar region on the right. Objectively: the condition is satisfactory, consciousness is clear. The skin is pale pink. Percussion sound over the entire surface of the lungs is clear pulmonary.

On auscultation: vesicular breathing. RR = 19/min. Heart sounds are muffled, rhythmic.

HR = 82/min. BP = 130/80 mmHg on both arms. The abdomen is soft and painless on palpation, enlarged due to pregnancy and corresponds to the gestational age. The liver does not protrude from under the costal margin, the edge is smooth, elastic, painless. The spleen is not palpable.

Pasternadsky's symptom is positive on the right. Diuresis is preserved. Edema of the legs. A general blood test shows signs of inflammation (leukocytes 9.1 * 10 ^ 12 / 1, ESR - 36 mm / h), anemia (hemoglobin 74 g / 1, erythrocytes 3.1 * 10 ^ 12 / 1, CI 0.8). Urine analysis reveals albuminuria (MALB- 30 mg / L), leukocyturia (5-7-9). Biochemical blood analysis indicates an increase in AST and ALT, and total protein was also reduced. Due to the patient's pregnancy, radiation diagnostic methods are excluded and the main instrumental method remains ultrasound, which simultaneously makes it possible to check both the patient and the fetus. Kidney ultrasound data: Signs of urinary tract obstruction are not detected, topographically, the kidneys are displaced upward, compression is observed.

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Contours are smooth, the capsule is traced along the entire length, 2 mm thick, hyperechoic. The thickness of the renal parenchyma is 11-12 mm. The parenchyma is homogeneous, granular. The renal pelvis is dilated, not deformed. According to fetal Doppler sonography: Pregnancy is 35 weeks, fetoplacental blood flow disorders are not detected. Single umbilical cord entanglement around the fetal neck. Hypertonicity of the uterus.

The following treatment was prescribed: Diet table No. 7, anti-inflammatory therapy (NSAIDs), antibiotic therapy (according to sensitivity), infusion therapy (reosorbilact), monitoring of diuresis, blood pressure and fetal condition. It is worth noting that penicillin antibiotics did not give an effect in the patient, after which cephalosporins were prescribed. The patient noted a decrease in body temperature during treatment the next day after admission, the general condition improved. With good treatment dynamics, blood pressure decreased. The pregnancy was prolonged. Dispensary registration at the place of residence, antianemic treatment are recommended.

Conclusion and findings. Thus, based on the case, it can be concluded that timely treatment can prevent the development of further complications, which is important for the mother and child. With the help of early diagnosis of the disease, the correct treatment plan and prognosis will be prescribed in time, which will allow prolonging the pregnancy.

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