

EARLY CLINICAL MANIFESTATIONS OF TROPHOBLASTIC DISEASE IN WOMEN WITH UNDEVELOPED PREGNANCY**Yusupova D.O., Matyakubova S.A.**

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Trophoblastic disease is characteristic only of pregnant women of reproductive age and occurs in 0.1-0.25% of all pregnancies. Cystic fibrosis is most often diagnosed among this pathology. According to WHO (2011), on average, there is one cystic fibrosis per 1,000 births, and approximately 2 out of 100,000 women develop chorioncinoma after childbirth and in the same proportion after abortions.

The aim of the study was to evaluate the clinical characteristics of cystic fibrosis among women of reproductive age.

Research materials and methods: the study was conducted among 53 women of reproductive age who were treated at the Khorezm branch of the Republican Specialized Scientific and Practical Medical Center for Oncology and Radiology. The diagnosis of cystic drift was established morphologically. The studies included general clinical and gynecological studies, laboratory studies.

Depending on the morphological data, the patients were divided into the following groups: Group I - simple cystic fibrosis - 35 patients (67.2%), group II - patients with proliferating cystic fibrosis - 14 patients (26.6%), group III - invasive cystic fibrosis - 4 patients (6.2%). The age of the women ranged from 21 to 43 years (on average, 31.0 ± 0.6 years). In group I, women aged 21-40 years significantly prevailed, women with proliferating cystic fibrosis were aged 31 to 40 years.

The results of the study: simple cystic fibrosis most often developed after spontaneous miscarriage (42.8%), with a frozen pregnancy (16.2%), against the background of the first pregnancy (37.8%), after an ectopic pregnancy (1.8%). The proliferating form of cystic fibrosis developed after spontaneous miscarriage in 41.6% of cases, frozen pregnancy in 35% of cases, childbirth in 8.6%, after ectopic pregnancy in 8.4%, and during the first pregnancy in 37.8%. Cystic fibrosis was most common in women with blood groups I (44.3%) and II (32%).

The analysis of complaints showed that mostly women were concerned about spotting from the genital tract (75.4% of cases), pain in the lower abdomen and toxicosis (19.2%), the discrepancy between the size of the uterus and the gestation period occurred in 49.1% of cases.

With blistering, the level of human chorionic gonadotropin exceeded the standard values from 3 to 10 times with a gestational age of more than 8 weeks.

Ultrasound examination of the uterus with complete cystic fibrosis revealed in 37.8% of cases its elements in the form of a homogeneous small-cell mass and the absence of a fetus, as well as the presence of luteal cysts of the ovaries. With partial cystic drift, deformed elements of the fetus (embryo), membranes, placenta, and amniotic cavity were visualized on sonograms, and a section of the cellular structure (cystic drift) was retrochorially determined.

Conclusion: Women over the age of 30 and with blood groups I and II were significantly more likely to have a high risk of developing cystic fibrosis. One of the criteria for diagnosis may be the absence of a decrease in the level of chorionic gonadotropin in the blood serum after 8 weeks of pregnancy.