Pharmacological correction of a spontaneous abortion at women with noncarrying of pregnancy

YU. V. KUKHARCHIK, L. V. GUTIKOVA

Abstract

The article contains results of the treatment of 38 patients with risk of spontaneous abortion applying didrogesterone 30 mg daily for 10 days. Levels of a progesterone and estradiol at the first inspection at healthy pregnant women and women with the raised risk of an abortion authentically did not differ. So, level estradiol in control and basic groups in the first inspection was 601.11 ± 354.3 pg/ml and 1089.56 ± 321.9 pg/ml accordingly, and in the second inspection 1056.51 ± 832.9 pg/ml and 1089.56 ± 321.9 pg/ml accordingly. It is necessary to notice that progesterone level in control and basic groups in the first inspection was 22.57 ± 4.3 ng/ml and 24.45 ± 5.4 ng/ml accordingly, and in the second inspection 28.67 ± 6.4 ng/ml and 23.76 ± 7.1 ng/ml accordingly. That is at normal pregnancy and concentration of a progesterone, and concentration estradiol raised by the time of the second inspection while concentration of progesterone in whey at women with the raised risk of an abortion did not rise, despite therapy didrogesteron. Didrogesterone application decrease risk of spontaneous abortion in women with noncarrying of pregnancy. The substitution correction is highly effective for women with lower level of progesterone.

Key words: spontaneous abortion, didrogesterone, medical treatment
of clinical symptoms of danger of the abortion, registered to or at the moment of the research beginning) – control group took place.

Women of the basic group with the raised risk of a spontaneous abortion received within 10 days didrogesteron (30 mg/days). Correction was not spending to women of control group.

Criterion of inclusion in the basic and control groups was term of pregnancy till 12 weeks. Research joined only women with singlet fation.

Criteria of an exception were the following: chronic diseases, for example, a hypertension, a diabetes, a nephritic or warm pathology, anomalies of sexual ways of mother, genetic or anatomic defects of a fetus, and also application of others progestogen to or during research, hypersensitivity or medical contra-indications to didrogesteron.

For each of patients specially developed questionnaire, concerning a medical history, demographic, constitutional factors and environment factors, with special accent on clinical symptoms of danger of an abortion, such, for example, as bloody issue, drawing pain in the bottom of a stomach before pharmacological correction was filled.

Clinical methods of research of patients included: gathering anamnestic data, the general survey and special gynecologic research. To all patients the standard laboratory-tool methods of research are conducted: clinical and a number of the basic biochemical indicators of blood, the urine analysis; definition of a blood type, a rhesus factor-accessory, bacterioscopic and bacteriological research of a contained vagina and cervical canal; ultrasound investigation of internal genitals (definition of presence of an embryo and palpitation on early terms, conformity of the sizes of a uterus gestational term, character of implantation, presence of pathological formations in a cervix, a body of a uterus and its appendages).

All women were observed till the end of pregnancy. Gestational age at sorts, the weight of the newborn, and a way of sorts were brought in the generated database.

Samples of a venous blood were selected to and in 10 days after the therapy beginning. Levels of a progesterone and estradiol defined a method enzyme multiplied immunoassay on immunoenzymometric analyzer of the third generation «Sunrise» with use of standard sets of reactants of firm of Open Company «Analyses Plus».

The results of the research were processed on PC using computer program «Statistica», Microsoft Excel.

The results of the research and discussion

Under our data, between group of women with the raised risk of an abortion and control group there were no significant distinctions on age of mother (24.63 ± 3.20 in the basic group and 25.01 ± 2.25 in control) or gestational age (7.82 ± 2.37 in the basic group and 8.31 ± 2.23 in control) at the moment of the research beginning. The average interval between the first and the second inspections also was approximately identical, namely: 10.02 ± 3.20 days in group with the raised risk of an abortion and 10.21 ± 2.60 days in control group. The fourth part of women of both groups had a bad habit smoking. Women in group with the raised risk of an abortion had lower educational level.

At women with the raised risk of an abortion and healthy pregnant women it was not observed considerable distinctions in a pregnancy outcome. Duration gestational period were similar in both groups (39.1 ± 2.21 in the basic group and 39.3 ± 1.18 in control). The weight of newborns also authentically did not differ in both groups (3465.72 ± 567.32 in the basic group and 3576.21 ± 698.29 in control). At two women with the raised risk of an abortion and at one with clinically normal pregnancy has come to the end with a full spontaneous abortion. At two women of the basic group pregnancy has come to the end on 37 week of pre-natal development while in control group of premature birth it is noted.

Us it is revealed that levels of a progesterone and estradiol at the first inspection at healthy pregnant women and women with the raised risk of an abortion authentically did not differ. So, level estradiol in control and basic groups in the first inspection was 601.11 ± 354.3 pg/ml and 684.17 ± 982.3 pg/ml accordingly, and in the second inspection 1056.51 ± 832.9 pg/ml and 1089.56 ± 321.9 pg/ml accordingly. It is necessary to notice that progesterone level in control and basic groups in the first inspection was 3465.72 ± 567.32 in the basic group and 3576.21 ± 698.29 in control). At two women with the raised risk of an abortion and at one with clinically normal pregnancy has come to the end with a full spontaneous abortion. At two women of the basic group pregnancy has come to the end on 37 week of pre-natal development while in control group of premature birth it is noted.

According to the data received by us, the women which pregnancy has come to the end with an abortion,
at the first and second inspections had a progesterone average level in whey of blood much more low in comparison with women with successfully come to the end pregnancy.

It is possible to conclude that in spite of the fact that level of a progesterone at treat women at the second inspection authentically did not raise, therapy didrogesteron at these women with clinical symptoms of the raised risk of an abortion leads to pregnancy preservation as duration of pregnancy and average weight of the newborn considerably do not differ from corresponding indicators for healthy pregnant women control group.

This fact, according to a number of authors, it is possible to explain to that didrogesteron contacts receptors of a progesterone and it is capable to induce of the progesterone blocking factor (IPBF), being antiabortion means at mouse [7, 10].

According to the literature, concentration IPBF during normal pregnancy authentically raises, that does not occur at a number of pathological conditions, in particular, at spontaneous interruption of pregnancy of early terms. By authors it is established that induction IPBF at women with the raised risk of the abortion, passing therapy didrogesteron, specifies that normalization of concentration IPBF can be that mechanism by means of which additives didrogesteron can raise frequency of successful outcomes of pregnancy. Hennes, in the same degree, as natural progesterone, inducing manufacture of the blocking factor induced by progesterone, didrogesteron can raise probability of successful pregnancy at the woman with the raised risk of an abortion [8, 10].

Conclusion

Thus, therapeutic efficiency of application dydrogesteron at the raised risk of spontaneous abortion at women with noncarrying pregnancy is proved, namely: hormonal level on early terms of pregnancy specifies in its possible outcome, progesterone level is the indicator of predicted risk spontaneous abortion and replaceable progesterone correction reduces this risk.

References