

and 0.3% in other locations. During the first 12 hours from the time of the development of stroke patients who were in PSO: 54,5% in ischemic stroke (AI) and 59.6% in hemorrhagic stroke (GI). At admission impaired consciousness was identified in 22.4% of patients, with GI – 42,4%, AI – 19%.

Among patients with AI, the lesion is often localized in the vertebral-basilar pool, in the pool right artery and the pool left artery. In patients with GI lesions were more frequent in the right hemisphere of the brain and in the basin of the cerebellum. Most of the enrolled individuals included the following precursors of stroke: headache (92,6%), dizziness (66,6%), speech disorder (44,7%), nausea (35,6%), rise in blood pressure (32,5%), epistaxis (1.7 percent).

To enroll in PSO, the average systolic blood pressure (SBP) of patients was 178, 3 mm Hg, mean diastolic blood pressure (DBP) is 97.4 mm Hg After the treatment of AD decreased the GARDEN to 137.6 mm Hg, DBP to 87.5 mm Hg. All patients had the risk factors (RF) such as hypertension and 97% of family history – 84%, dyslipidemia – 77%, obesity – 67%, Smoking – 68%, alcohol abuse 18%. Of the comorbidities identified: AG – 97%, cerebral atherosclerosis – 69%, coronary heart disease – 48%, atrial fibrillation - 25%, chronic obstructive pulmonary disease – 13%, diabetes 44%, respectively.

In 55% of patients are often detected disturbing and depressing events. In 67% of patients, arterial hypertension was the third degree, 20% second, 13% the first. The duration of hypertension averaged 10±1.7 years. Baseline antihypertensive therapy was received by only 14 people (14.7 per cent), episodic treatment was diagnosed in 23 patients (24,2%), 58 patients (61.1 %) have hypertension is not treated.

Analysis of outcomes of hospitalization showed that the recovery выписано 7,6%, improvement – 78,8%, "no change" - 0,6%. Death is set at 11.5% of patients.

Thus, the obtained results can be used when planning measures for the prevention of cerebral complications of hypertension.

Literature

1. Zakharchuk N. In. Functional and metabolic characteristics of the vascular endothelium and cerebral blood flow in hypertension: author. dis. kand. med. Sciences. Vladivostok, 2008. 25 C.
2. Izmailov I. A. Etiology, pathogenesis, clinical diagnosis, differential diagnosis and treatment of acute disorders of cerebral circulation // Russian medical journal. 2003. No. 10. P. 17 – 21.
3. Ionova V. G., Suslina Z. A., Rheological properties of blood in ischemic disorders of cerebral circulation // Neurological journal. 2002. No. 3. C. 4 – 10.
4. Lipovetsky B. M. About the peculiarities of cerebrovascular disease based on the data of visualization of cerebral vessels and evaluating the perfusion of the brain // Journal of neurology and psychiatry. S. S. Korsakov. 2011. No. 5. P. 50-52.
5. Martynov M. Y. Chronic cerebrovascular insufficiency and ischemic stroke: author. dis. ... doctor of medical Sciences, Moscow, 2002, p. 45
6. Martynov, M. Y., Shchukin I. A., Nikonov A. A. Therapy of chronic cerebral vascular insufficiency (Electronic resource). Available at: <http://www.consilium medicum.com/06.08/71>.
7. Martynov, M. Yu., Aslanova A. N., Kolesnikova T. I., Shchukin I. A., Glukharev, A. P., Chubykin, V. I., Chronic cerebral vascular insufficiency // Directory of outpatient physician. 2011. No. 8. P. 49-53.

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PNEUMONIA IN PREGNANT WOMEN DURING INFLUENZA PANDEMIC-IMPORTANT PROBLEM OF PULMONOLOGY

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Abstract The etiology of pneumonia, particularly in pregnant women and the effectiveness of antibiotic therapy in the period of epidemic influenza in the Amur region were studied. 49 pregnant women with community-acquired pneumonia were examined and treated. 1. Influenza A/H1N1swl in pregnant women is developing severity and is accompanied by a high rate of complications as pneumonia, respiratory distress syndrome, placental insufficiency and the formation of post pneumonic pulmonary fibrosis in the outcome. In pregnant women with viral-bacterial pneumonia occurred against the background of severe forms of influenza A/H1N1 swl, you must apply the causal combination therapy: Relenza, oseltamivir treatment with antibiotics. One of the criteria for the effectiveness of the treatment is the dynamics of Leukocyte formula (an increase in the percentage of neutrophils). During the stages of intensive therapy, it was necessary to evaluate the hemostatic system and to make corrections of identified hemocoagulation damages.

Key words: pneumonia, pregnancy, influenza, treatment.

Incidence of pneumonias in pregnant women does not differ from the incidence in the general population. However, pneumonia in pregnant pose a serious threat not only to the health of women, but also for the future of the child. The incidence of pregnant women is 0.15%. More common among pregnant women meet unspecified forms of pneumonia.

Mainly pneumonia during pregnancy occurs in the third trimester, it is related to physiological changes in the body of the mother: pulmonary ventilation increases by approximately 40%, increases the formation of CO₂ and increases the sensitivity of respiratory centre to the CO₂. Growing respiratory volume with 500 to 700 ml. The 1st trimester chronic compensated respiratory alkalosis. In the third trimester is marked deepening costal-diaphragmatic sinuses due to the high standing of the diaphragm. Such changes in respiratory function provide creation of optimal conditions of gas exchange between organisms mother and fetus, however, affect the course of pneumonia in pregnant women.

Flu epidemic contributed to frequent pneumonias caused by influenza viruses A, B, C, parainfluenza, adenoviruses etc. believe that viruses serve as conductors that produce "ground" for accession bacterial and Mycoplasma infection.

To study the etiology of pneumonia, especially currents in pregnant women and the effectiveness of antimicrobial therapy during the flu epidemic in the Amur region.

Materials and methods. Treated 49 pregnant women with pneumonia (35 of them in the Amur regional clinical hospital and 14 in the city hospital). Definition of influenza virus A/H1N1 swl polymerase chain reaction was performed in women no later than 3-4 days after the manifestation of clinical symptoms.

Results and discussion. In 2009, during the epidemic of influenza A/H1N1 swl there has been a significant increase of cases pregnant-pneumonia associated with a viral infection. With a view to improving the provision of medical care during the influenza epidemic in the Amur regional clinical hospital from November 2009 to February 2010 was organized by gynecology №. 2 to treat pregnant women with respiratory pathology of upper and lower respiratory tract.

During the flu epidemic in 2016, in the Amur regional clinical hospital beds were arranged to treat pregnant women with respiratory pathology. For the period January-February-March 2016 11 pregnant women have been treated with respiratory pathology. Among patients who received treatment, two pregnant women diagnosed with pneumonia associated with viral infection (influenza virus type A and A/H1N1 swl).

The average age of the cases amounted to 25.6 ± 2.8 years, with the ratio of nulliparous to repeatedly parous was 1:1. 41 the woman is hospitalized in moderate condition, in severe - 8. Most of the women were in the III trimester of pregnancy - 62%, in the first and second is 10% and 28%, respectively. Women accounted for 66%, 34% unemployed. Inpatient care received 34% of women from rural areas and 66 per cent of urban women. Among all patients with human - 24 associated with influenza virus A/H1N1 swl, 6 people - seasonal influenza virus type A. All pregnant noted the development of viral-bacterial pneumonia with flu type. Vaccinated against influenza among patients was not. Contact with patients of viral infection indicated 20 women, denied contact with patients of viral infection 10. These patients constituted the first group of study. In the second group were observed 19 pregnant women where there were negative for the presence of influenza viruses.

The interval between the appearance of the first respiratory symptoms and signs of involvement in lung parenchyma in patients in the first group ranged from 3 to 6 days. In the first 3 days of illness received 23 women, by the end of the first week 26 were pregnant.

In the clinical picture in pregnant women suffering-there have been the following: clinical syndromes:

- Infectious-toxic (acute fever permanent type, chills, headache, arthralgia, myalgia). Was observed in 100% of cases in both groups.
- Inflammation of lung tissue seals (dulling the sound percussion over an area of destruction, entering the breathing, moist rales, crepitus). In the first group of 50 % of cases, in 2-nd – 84 %.
- Respiratory failure (shortness of breath, cyanosis).
- Bronhitichesky (dry cough or sputum allocation, dry wheezing).
- Asthenic (weakness, impaired appetite, malaise).

Noted the absence in 50% of cases of typical clinical signs of pneumonia patients in the first group, making the diagnosis of pneumonia.

In most cases women, ill-experienced adverse premorbid background, while the patients of group 1-st it was observed in 100% of cases, and 2-nd - 74%.

On radiographs of the thorax organs almost all identified characteristic cases-drain infiltration of lung tissue with increased pulmonary picture due to vascular and peribronchial components, expansion of the roots of the lungs. At the time the X-ray picture often did not meet the degree of gas exchange. In terms of destruction of lung tissue in the first group, one patient was diagnosed with pneumonia of total, 3 - sided equity, the 26 – equity. In the second group, one patient discovered total pneumonia, even in one – sided equity, 13 – lobar, 4 segmental pneumonia.

All patients received the following treatments:

- Antiviral therapy in recommended doses (neuraminidase inhibitors Relenza, Tamiflu).
- Antibacterial therapy: cephalosporins III and IV generations, azithromycin, carbapenem, vancomycin, zivoks.
- Respiratory support: inhalation of oxygen required wet 7 women, non-invasive ventilation in CPAP mode received 3 women, artificial lung ventilation 1 conducted a pregnant.
- Bronchodilator therapy included inhalation of salbutamol/berodual via the nebulization and oral mucolytics.
- Physical therapy, therapy of obstetric complications.

The average length of hospitalization accounted for 17.5 days. With recovery issued 33 women, 5 women formed post pneumonic pulmonary fibrosis was 1 death 1 patient group with very heavy over total pneumonia and formation of distress syndrome adult.

Conclusions

1. Influenza A/H1N1swl in pregnant women is leaking heavily and is accompanied by a high rate of complications as pneumonia, respiratory distress syndrome, placental insufficiency and the formation of post pneumonic pulmonary fibrosis in the outcome.

2. In pregnant women with viral-bacterial pneumonia occurred against the backdrop of heavy currents influenza A/H1N1 swl, you must apply the causal combination therapy: Relenza, oseltamivir treatment with antibiotics. One of the criteria for the effectiveness of the treatment is the dynamics of Leukocyte formula (an increase in the percentage of neutrophils).

3. During the stages of intensive therapy, it was necessary to evaluate the hemostatic system and to make corrections identified hemocoagulation violations.

Literature

1. Bariffi F, Sandussi F, Pontisiella a. Epidemiology of tract infections several lover. J of Chemot 1996; 7 (4): 263-76.

2. Belokrinickaya I.E., Shapovalov K.G., Lareva N.V. and others. The experience of intensive care of pregnant women with severe complicated forms of influenza A/H1N1 and seasonal flu. Journal of obstetrics and women's diseases. 2009; 6:6-9.

3. Brito V, Niederman MS. complicating pregnancy 2 Clin Chest Med 2011

4. Deeva E.G. Flu. On the verge of a pandemic: guide for doctors. M.: geotar-media, 2008. 208 s.

5. Graves CR. Usefulness in Obstet Gynecol Clin pregnancy. 2010

6. Newsletter № 24-0/10/1-5039 from August 25, 2009 (as amended on November 3, 2009)-"interim guidelines" scheme of treatment and prevention of influenza caused by A/H1N1 type virus".

7. Shachtman M. Extragenital pathology guide pregnant.-m.: Triada-X, 2008. 816 s.

8. Neligan PJ, Laffey JG. Clinical review: Special populations-critical illness and pregnancy. Crit Care 2011.

9. Sheffield, J.S. Community-acquired usefulness in pregnancy/J.S. Sheffield, F.G. Cunningham/Obstet. Gynecol.-2009. -No. 114 (4). P. 915-922.

10. Sokolova, M.y. extragenital pathology in pregnancy/M.y. Sokolova//Medical News Agency. 2011. 336 s.

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THE USE OF ADAPTOGENIC HERBAL PRODUCTS FOR THE CORRECTION OF HEAT AND COLD STRESS ON THE BODY

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Abstract The purpose of this research was to study the possibility of using a mixture food products from *Hypericum perforatum* and *Rhodiola rosea* for the stimulation of the body's compensatory responses to the conditions of high and low temperatures.

Key words: adaptogens, resistance of organism, cold stress, heat stress.

The human activities in the climatic conditions of cold and heat are one of the most important problems of modern biomedical science.

A perspective direction in regulation of metabolic processes in conditions of high and low latitudes is pathogenetically justified anticold and antiheat preventive nutrition with the use of adaptogens, which can be considered as one of the most important factors contributing to the stimulation of compensatory reactions of the organism, in terms of functional deviations is determinative.