

formed 30 minutes and 12 hours after coronary angiography in control and experimental groups. The intensity of peroxidation processes was assessed by examining the contents of lipids hydroperoxides, diene conjugates, malonic dialdehyde and the main components of the antioxidant system (ceruloplasmin, vitamin E) in the plasma of blood. The results obtained were subjected to statistical analysis with calculation of parametric criteria of Student.

The results showed that the introduction of cytoflavin contributes to the decrease in the intensity of peroxidation processes, as indicated by the decrease in the content of hydroperoxides of lipids (24-28%), diene conjugates (29-32%), malonic dialdehyde (18-22%) in blood plasma of patients of the experimental group in comparison with control. In turn, analyzing the effect of cytoflavin on the activity of antioxidant system, increased levels of vitamin E and ceruloplasmin by 20-23% and 26-30%, respectively in patients after coronary angiography (stenting).

Thus, the stabilization of processes of lipid peroxidation of biomembranes in conditions of introduction of the intravenous drip of cytoflavin patients reduces the incidence of reperfusion arrhythmias.

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#### MORPHOLOGICAL CHANGES OF PLACENTA IN PATIENTS WITH BRONCHIAL ASTHMA

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**Abstract** Placental insufficiency is a symptom testifying inhibition of gestational dominants. PI is associated with impaired maternal hemodynamics, aided and bronchial asthma. The analysis of the placenta of 82 patients with asthma of varying severity was made. There were 3 groups - patients with exacerbation of asthma during pregnancy; without exacerbation; healthy patients - control group. The article considers the condition of the placenta by morphological study with the influence of bronchial asthma.

**Key words:** bronchial asthma, pregnancy, placenta

Placental insufficiency - a symptom arising in many pregnancy complications, indicative about inhibition of gestational dominants. One of the leading stages of pathogenesis of placental insufficiency is a problems of adaptation mechanisms in the system "mother-placenta-fetus". The development of placental insufficiency associated with impaired maternal hemodynamics, aided by the complicated course of pregnancy and extra-

genital pathology, including asthma.

Material and research methods. Have been analyzed morphological examination of placenta 82 patients with asthma of varying severity. Group I consisted of 48 patients with asthma with acute exacerbation of the disease during gestation (with uncontrolled asthma), II group - 34 patients without exacerbations (partially or completely controlled asthma), III group - 26 pregnant women without bronchopulmonary disease (control group). In 60% of cases detected placental insufficiency, while in 19% - sub- and decompensated, 9.7% of the observed breach of maturation of the placenta. These data suggest that placental insufficiency in patients with asthma ( $p < 0,01$ ), in particular, uncontrolled, has developed more than in the comparison group ( $p < 0,001$ ).

It is known that the development of placental insufficiency slows down the process of adaptation of the fetus and newborn, resulting to pathological conditions (predisposition to posthypoxic encephalopathy, birth asphyxia, the development of immunodeficiency) [1,2].

It was found that the frequency compensated placental insufficiency was higher in the group of patients with controlled asthma than without its control ( $p < 0,05$ ). Unlike the control group, patients with asthma in 7 cases occurred subcompensated and decompensated placental insufficiency. The development of acute placental insufficiency in 6 patients with asthma can be attributed by surgical intervention (cesarean section) when developing plethora of all parts of the bloodstream of placenta in conjunction with diffuse plethora and thrombosis intervillous space. In the comparison group, a similar situation was observed in 2 women during the development of primary and secondary weakness of labor with subsequent stimulation.

In patients with asthma, in contrast to the control group ( $p < 0,01$ ), often marked pathological immaturity of placenta, which determines a poor prognosis for a newborn. All cases of delayed and accelerated placenta maturation observed in patients with moderate and severe course uncontrolled asthma. In 3 of 11 cases of placenta immaturity (among patients with asthma) showed dissociated maturation, which is formed by the dissociation in forming of the villi and lagging development their capillary bed, which indicates the unfavorable course of pregnancy in the II - III trimesters of pregnancy.

It is known that in chronic allergic inflammation in the pathological process involves microvasculature placenta, thus disturbed the terms of its formation. The placenta has a large compensatory capacity, aimed at ensuring the normal development of the fetal life. Effects of pathological factors on the placenta does not pass unnoticed, as evidenced by the presence of pathological conditions such as inflammatory lesions, degenerative and circulatory changes.

In the placenta of women of all groups were more frequent circulatory changes ( $p < 0,01$ ), rarely - degenerative and inflammatory. In patients with asthma in the placenta was dominated circulatory changes, combined with inflammatory and degenerative only with uncontrolled course of the disease - in 11 (22.9%) cases. In the II group of patients the frequency of circulatory and degenerative conditions placenta was close to the comparison group indicators.

In patients with exacerbations of asthma in the period of gestation, 1.4 times more than in the comparison group, was dominated degenerative changes in the placenta, appearing at disorders of autoregulation of cells and function of transport systems, and are often the cause of intrauterine dystrophy afterbirth. Detected during morphological examination a large number of villi with degenerative changes of the stroma thereby reducing the permeability of placenta, fetal hypoxia, metabolic, hypotrophic disorders, the appearance of pulmonary distress syndrome.

Circulatory disorder characterized by changes in blood flow in the placenta (the presence of pseudo infarction, blood disorders - stasis, hemorrhage, extensive subbasal infarction, necrotic villi), disorders utero-placental and placental-fetal blood flow in the placenta were observed in patients with asthma, 1.3 times more likely than in the comparison group. In the group of patients with exacerbation of asthma during gestation, difference with the comparison group is slightly higher - 1.4 times.

Disorders of blood circulation in the placenta, changes of circulation lengthen the adaptation process of the fetus, contribute to the development of hypoxic condition and appearance of degenerative, inflammatory processes. The findings bring to the leading positions focal disorders of circulation in the placenta, especially during exacerbation of asthma - hemorrhage and thrombosis, infarction, necrosis, collapse intervillous space, uneven blood circulation and vascularization of the villi, stasis, promote the development of fetal hypoxia.

It should be noted that those pathological reactions as hemorrhage, thrombosis, infarction and necrosis villi occurred with greater frequency in placenta of patients with asthma than in the control group, while in the group II - 2 times less. Circulatory disorders were more frequent in the placenta of patients with asthma I group. At the same time, is more common in group II angiomatosis villous syncytial kidneys and testified about higher compensatory opportunities of placenta of patients with controlled asthma.

Among the inflammatory changes that promote hypoxic state, more than 1/2 of cases was dominated basal deciduitis, intervilluzit, viluzit indicating disorders of utero-placental circulation. Rarely observed membrane deciduitis, mainly in the group with exacerbation of asthma during gestation ( $p > 0,05$ ).

Conclusions. In general, the inflammatory condition of placenta in Group I were more frequent than in II

( $p < 0.01$ ), especially when non-allergic and mixed forms of asthma ( $r = 0,72$ ,  $p < 0.01$ ), the presence of chronic diseases of otolaryngology organs ( $r = 0,54$ ,  $p < 0.05$ ).

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### SOME ASPECTS OF CLINICAL COURSE AND TREATMENT OF PNEUMONIA AT THE CURRENT STAGE

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**Abstract** Respiratory pathology now has the leading role in morbidity structure of adult population. Despite the success of pharmacotherapy, the development of more and more new generations of antimicrobial drugs, pneumonia occupies a significant position in the human structure of morbidity. In Russia, more than 1.5 million people are observed by doctors in connection with this disease each year, 20% of them – are admitted to hospital in a severe condition. During the study it was found that a diagnosis of pneumonia and the using of antibacterial therapy during the first day of the onset of the disease was observed in 19% of cases, within 7 days from the onset of the disease - in 76.6% of cases, 14 days or more - 4 2%. The presence of comorbidities that exacerbate pneumonia was seen in 80.9% of patients. SARS preceded the development of pneumonia in 61.9% of patients.

**Key words:** pneumonia, clinical course, antibiotic therapy

Pneumonia is one of the serious problems of clinical medicine in modern society. The incidence of com-