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PECULIARITIES OF PLACENTA STRUCTURE IN PATIENTS WITH BRONCHIAL ASTHMA DEPENDING ON THE COURSE OF THE DISEASE DURING PREGNANCY

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Abstracts. This article analyzes the morphological features of the placenta of women depending on the severity and nature of the course of bronchial asthma in combination with the pathology of pregnancy. There was examination of the pathological effect of the placental complex on the course of pregnancy and the process of fetal adaptation in patients with bronchial asthma.

Key words: bronchial asthma, pregnancy, placental insufficiency

Bronchial asthma occupies a leading place in the structure of respiratory diseases in pregnant women (8.4% - 13.9%), which is the reason for the growing interest in this problem throughout the world. The development of placental insufficiency is associated with a violation of maternal hemodynamics, which is facilitated by a complicated course of pregnancy and extragenital pathology, including bronchial asthma (BA). Placental insufficiency (PN) is a complex of symptoms that occurs with many complications of pregnancy, indicating the inhibition of the gestational dominant. One of the leading links in the pathogenesis of PN is the disruption of adaptation mechanisms in the mother-placenta-fetus system.

According to the literature, women suffering from asthma have a risk of having children with hypotrophy, asphyxia, neurological disorders, congenital malformations, especially in severe BAA number of studies have shown that the course of pregnancy in AD can be complicated by toxemia (up to 37%), gestosis (up to 43%), threat of interruption (up to 26%), chronic placental insufficiency (CPI) (up to 29%), premature birth (up to 19%) [1].

Material and methods. An analysis of the morphological study of the placenta in 42 patients with asthma of different severity was carried out. Group I comprised 22 patients with asthma with exacerbation of the disease during gestation (with uncontrolled course of asthma), group II - 20 patients without exacerbations (partially or completely controlled by asthma), group III - 26 pregnant women without bronchopulmonary pathology (control group). In 57% of cases there was placental insufficiency, while in 17% - sub- and decompensated, in 8% of cases there was a violation of maturation of the placenta. Presented data indicate that placental insufficiency in patients with asthma ($p < 0.01$), especially in uncontrolled flow, was developing more often than in the comparison group ($p < 0.001$).

Results and discussion. In patients with asthma, in contrast to the comparison group ($p < 0.01$), the pathological immaturity of the placenta was noted more often, which predetermined the unfavorable prognosis for the newborn. All cases of delayed and accelerated maturation of the placenta were observed in patients with moderate and severe course of uncontrolled asthma. In 2 out of 10 cases of immaturity of the placenta (among patients with asthma) there was observed dissociated maturation, which is formed as a result of dyschronosis in the formation of villi and lagging behind the development of their capillary channel, which indicates a poor pregnancy in the II - III trimesters of pregnancy.

In the placenta of women of all groups, circulatory changes were more frequent ($p < 0.01$), less often - dystrophic and inflammatory. In patients with asthma in placentas were dominating circulatory changes, at the same time combining with inflammatory and dystrophic only in the uncontrolled course of the disease - in 10 cases. In the II group of patients, the frequency of circulatory and dystrophic conditions of the placenta was approaching the parameters of the comparison group.

In patients with exacerbations of asthma during gestation, dystrophic changes in the placenta were dominating 1.3 times more often than in the comparison group, which occur when the autoregulation of cells and the function of transport systems, are often responsible for intrauterine dystrophy of the placenta. Large number of villi with dystrophic changes in the stroma identified in the morphological study contributes to reduced permeability of the placenta, hypoxia of the fetus, metabolic, hypotrophic disorders, the appearance of pulmonary diastreme stress syndrome.

Circulatory disorders that characterize the change in blood circulation in the placenta (the presence of pseudoinfarctions, blood flow disorders - stasis, hemorrhages, extensive subbasal infarcts, necrosis of villi), disorders of utero-placental and placental-fetal blood flow were observed in the placenta in patients with asthma, 1.2 times more often, than in the control group. In the group of people with exacerbation of asthma during gestation, the difference with the comparison group is slightly higher, 1.4 times. Disorders of blood circulation in the placenta, changes in circulation prolong the process of adaptation of the fetus, contribute to the development of the hypoxic state and the appearance of dystrophic, inflammatory processes. Obtained data put forward focal disturbances of circulation in the placenta, especially in case of exacerbation of asthma - hemorrhages and thromboses, infarcts, necrosis, collapse of the intervillous space, uneven filling of the villi and their vascularization, stasis that promote the development of intrauterine hypoxia of the fetus.

Among inflammatory changes contributing to the development of hypoxic state, in more than 1/2 cases, basal decidua

itis, intervillitis, and villitis, indicating a violation of uteroplacental blood circulation. Less often there was a membranitis, deciduitis, mainly in the group with exacerbation of asthma during gestation ($p > 0.05$). In general, inflammatory conditions of the placenta in patients of the I group were noted more often than in II ($p < 0.01$), especially with non-allergic and mixed forms of asthma ($r = 0.72$, $p < 0.01$), chronic diseases of ENT organs ($r = 0.54$, $p < 0.05$).

It should be noted that such pathological reactions as hemorrhages, thromboses, infarcts and necrosis of villi have met with a greater frequency in the placenta of patients with asthma than in the comparison group, while in group II it is 2 times less. Circulatory disorders were more often observed in the placenta in patients with BA of group I. Along with this, the nasal angiomas and syncytial kidneys more common in group II testified to a higher compensatory potential for the placenta of patients with controlled asthma.

Conclusions. Thus, the study of the placenta in patients with allergic diseases is of particular interest, since on the one hand the placenta is a reliable barrier, an immunocompetent organ that determines the natural mechanism of fetal protection and the normal course of pregnancy, and on the other, it is a target organ in which, immunological changes are releasing.

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THE PROBLEM OF CIVILIZATION IN THE SYSTEM OF UNIVERSAL EDUCATION

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Summary. Settle the main goal of General education designed to combine in the twenty-first century, countries, peoples, religion, in the common positive development. They include as a mandatory imperative, the concept of “civilization”. However, contrary to the hopes of mankind in the new Millennium has moved many of the problems of the triad “Nature – Consciousness – People”, denying a key idea – the civilized world! In this regard, prior to teaching, all teachers, regardless of seniority and teaching experience, there is a need for: on the basis of knowledge of problems, including global, forming life position of the young man - “for positive development, for civilized world, in which reigns the MIND”!

Key words: civilization, criteria anticivilian of world development, aims and objects of education.

The strategic goal in this regard is the creation of scientific foundations of Bioethics - moral concept of Life. Only on its basis with the participation of natural Sciences and Humanities, will open a new ideology of generations: “do Not harm!”, “Help!”, “Know thyself!” “Create yourself!”. It is the future ideology of humanity, the self, poster-