

Sixty-nine women of childbearing age have been diagnosed with various cancers (BC, CC, ovarian cancer, etc.) and were referred to oncology for further treatment in oncological dispensaries at their place of residence.

Conclusion

This review of the condition and perspective development of oncologic service in Uzbekistan the main directions of development and current measures. Further strategy and perspective development of oncologic service consists in the following:

1. Improvement and solution of problems of early diagnostics of MN due to increase of oncologic health care doctors.
2. Active primary prevention due to introduction and promotion of healthy lifestyles among population with the help of mass media and public medical organizations.
3. Wider introduction of reconstructive-plastic and minimally invasive surgical interventions resulting in decreased disability among MN patients.
4. Integration of Oncology Service of Uzbekistan in Randomized Multicenter Cooperative Trials.
5. Introduction of molecular- genetic, immunohistochemical investigations into clinical practice, introduction of genotyping of patients and their relatives to reveal proto- and oncogenes in the set of diagnostic measures with population groups at high risk of oncological diseases.
6. Based on basic research wider use and implementation of cytostatic and targeted, as well as gene therapy for MN.

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PREVALENCE OF PREECLAMPSIA WITH RISK FACTORS IN ASSOCIATION WITH COVID-19

Introduction

Preeclampsia (PE) is a hypertensive disorder which is a well-known reason for maternal, perinatal morbidity and mortality worldwide [1]. It is a multi-organ system disorder which causing large number of obstetric deaths every year, but the exact reasons are not well identified and proven [2]. COVID-19 is a globally recognized respiratory illness caused by the SARS-CoV-2 virus which has a significant influence on preeclampsia [3,4]. The severe Covid-19 infection virus enters the host cells through the angiotensin converting enzyme 2 receptors and can results symptoms due to vasoconstriction and disturbing the renin-angiotensin system.

Vasoconstriction can lead to endothelial damage as a result of placental ischemia and release of inflammatory mediators. The imbalance between angiogenic and antiangiogenic factors can lead to shoot up blood pressure, proteinuria, renal impairment, elevated liver enzymes and thrombocytopenia (HELLP-syndrome). Identifying the predisposing risk factors, association between COVID-19 and gestational hypertension has a greater importance as it can help to prevent the development of preeclampsia and further maternal and fetal complications [1, 3, 4].

Goal

To compare prevalence of preeclampsia with risk factors, comparing the distribution of risk factors in Eastern and Western world, understanding how COVID-19 influences to the development of preeclampsia.

Material and methods of research

The study was designed with a questioner and conducted in March 2023 with the participation of pregnant women in maternal hospital number 3, Gomel, Belarus. 30 patients with mild PE (1 group) and 29 patients without PE (2 group) and gestational age of 8–40 weeks were invited to participate in the study. Information about risk factors including maternal age, previous history of preeclampsia, family history of hypertension, parturition, obesity, chronic hypertension, chronic kidney diseases, diabetes mellitus, maternal smoking, alcohol consumption and history of COVID-19 infection were gathered. Results have been compared with data from literature. Statistical analysis of data was conducted with non-parametric criteria (χ^2), $P < 0,05$.

The results of the research and their discussion

The age of the participated pregnant women of both groups ranges between 18–38 years. 15 patients (50,0 %) of 1 group were primiparity versus 5 (17,2 %) of the 2group, $P = 0,01$. Primiparity is varying as a risk factor in between countries [1]. Eastern world has 48,5 % of nulliparity rate with PE, in Western counties it is 45,7 %, in Africa and Latin America it is 34,8 % and 41,2%. According to the analyzed BMI 12 (40,0%) of them were overweight versus 6 (20,6%), 1 (3,3 %) were obese (1st degree), 14 (46,7 %) were normal weight and 3 (10,0 %) had healthy weight according to their BMI. Apparently white women experiencing high gestational weight gain (54,0 %) than Asian (43,0 %), obesity is less common (21,2%) in pregnant women in countries like China, Sri Lanka, India [1]. Among 30 of them 3 (10,0 %) had previous history of preeclampsia, 4 (13,3 %) had a family history of hypertensive disorders in pregnancy, 5 (16,7 %) had chronic hypertension prior to pregnancy, so 12 (40,0 %) had any types of hypertensive disorders versus 3 (10,3 %), $P = 0,02$. 5 (16,7 %) of patients have diagnosed for having diabetes and gestational diabetes versus 5 (17,2 %), 5 (16,7 %) for having chronic kidney diseases versus 3 (10,3 %). Among those 59 patients no one was smokers, 3 (10,0 %) of 30 patients consume alcohol occasionally. About 10 (33,0 %) patients of 1 group had Covid-19 infection before pregnancy versus only 2 (6,9 %) in the 2 group, $P = 0,03$. The proportion of cases at high risk for preeclampsia was significantly higher among the COVID-19 group compared with the general population (19,0 % and 13,2 %, respectively, $P = 0,012$) [3, 4].

Conclusion

Participants of our study who were primigravida ($P = 0,01$), with any types of hypertensive disorders ($P = 0,02$), Covid-19 infection before pregnancy ($P = 0,03$) had high risk of preeclampsia. Those who with risk factors should undergo proper investigations, a proper prenatal care to prevent preeclampsia during pregnancy. Further studies should be done to identify the actual mechanism and development of preeclampsia to identify the most prominent risk factors causing the disease.

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PREGNANCY OUTCOMES WITH PROPER TREATMENT STRATEGIES IN WOMEN WITH ANTIPHOSPHOLIPID SYNDROME IN SRILANKA

Introduction

Antiphospholipid syndrome (APLS) is an autoimmune disease which is associated with recurrent pregnancy loss with the presence of antiphospholipid antibodies (APAs) in the body and arterial or venous thrombosis and/or complications during pregnancy [1]. In pregnancy, these antibodies can cause miscarriage, intrauterine growth restriction (IUGR) and/or fetal death with pre-eclampsia [2]. According to the International Consensus guidelines for APLS (Sydney criteria, 2006), in order to confirm APLS at least one clinical criterion (vascular thrombosis or pregnancy morbidity) and at least one of the laboratory criteria should be fulfilled. Under clinical criteria, vascular thrombosis can be venous, arterial or micro vascular and confirmed by an objective validated criteria without any evidence of inflammation in vessel wall and the pregnancy morbidity can be: (1) one or more unexplained deaths of morphologically normal fetuses at or beyond the 10th week of gestation, or (2) one or more premature births of a morphological mother before the 34th week of gestation due to severe pre-eclampsia (3) placental insufficiency < 34 weeks or (4) three or more consecutive spontaneous miscarriage before the 10 weeks where maternal anatomical, hormonal causes and paternal chromosomal causes have to be excluded [3,4]. Laboratory evidence must be in two or more occasions with 12 weeks apart. It can be anticardiolipin IgG and/or IgM antibody in medium and high titers (> 40, or above the 99th percentile) or lupus anticoagulant in plasma and anti b2 glycoprotein I antibody IgG and/or IgM in serum plasma present in titer more than 99th percentile [3, 4].

Goal

The aim of the study is to get a clear view and evaluation about the pregnancy outcomes in women APLS with and without proper therapeutic management in Srilanka.

Material and methods of research

The analysis and generalization of modern medical scientific literature on this topic. All the necessary data was obtained from the faculty of medicine, University of Colombo based on the patients visited to the Castle street hospital, Colombo from 2016–2022. Statistical analysis was carried out using non-parametric criteria – χ^2 , $P < 0,005$.

The results of the research and their discussion

145 women were recruited for the research activity. There were about 646 gestations in 145 women. Among them 146 (22,6 %) received specific treatment, 500 patients didn't receive