ОСОБЕННОСТИ ТЕЧЕНИЯ ОСЛОЖНЕНИЙ И ИСХОДЫ БЕРЕМЕННОСТИ У ЖЕНЩИН С ОДНОЙ ПОЧКОЙ

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Abstract. Pregnancy with a solitary kidney is a gestation that occurs in a woman with an undeveloped or removed kidney. A single kidney can be a congenital malformation or remain after the removal of the second kidney due to any diseases (hydronephrosis, pyelonephritis, injuries, urolithiasis, tumors, etc.). Whatever the cause of the absence of the kidney, the possibility of maintaining pregnancy depends primarily on the condition of the remaining single functioning kidney. Therefore, a very thorough study of its function is necessary, identifying the presence of pathologies of the urinary tract. When comparing the incidence of various pregnancy complications in women with no single kidney disease, it was found that in the presence of kidney infection, the frequency of threatened miscarriage, premature birth increases and the percentage of surgical delivery increases. The presence of an infectious process in a single functioning kidney significantly complicated the course and outcomes of pregnancy.

Keywords: solitary kidney, complications, cesarean section, kidney insufficiency

Резюме. Беременность с единственной почкой – это гестация, возникающая у женщины с неразвитой или удаленной почкой. Единственная почка может быть врожденным пороком развития или остаться после удаления второй почки вследствие каких-либо заболеваний (гидронефроз, пиелонефрит, травмы, мочекаменная болезнь, опухоли и др.). Какова бы ни была причина отсутствия почки, возможность сохранения беременности зависит в первую очередь от состояния оставшейся единственной функционирующей почки. Поэтому необходимо очень тщательное исследование его функции, выявление наличия патологий мочевыводящих путей. При сравнении частоты различных осложнений беременности у женщин без заболевания единственной почки установлено, что при наличии почечной инфекции увеличивается частота угрожающего выкидыша, преждевременных родов и увеличивается процент оперативного родоразрешения. Наличие инфекционного процесса в единственной функционирующей почке значительно осложняло течение и исходы беременности.

Ключевые слова: единственная почка, осложнения, кесарево сечение, почечная недостаточность.

Xulosa. Yakka buyrak bilan homiladorlik - bu rivojlanmagan yoki ko'chirilgan buyrakli ayolda sodir bo'ladigan homiladorlik. Bitta buyrak konjenital

malformatsiya bo'lishi mumkin yoki har qanday kasalliklar (gidronefroz, pielonefrit, shikastlanishlar, urolitiyoz, o'smalar va boshqalar) tufayli ikkinchi buyrakni olib tashlangandan keyin qolishi mumkin. Buyrak etishmovchiligining sababi nima bo'lishidan qat'i nazar, homiladorlikni saqlab qolish imkoniyati birinchi navbatda qolgan bitta ishlaydigan buyrakning holatiga bog'liq. Shuning uchun siydik yo'llarining patologiyalari mavjudligini aniqlab, uning funktsiyasini juda chuqur o'rganish kerak. Yagona buyrak kasalligi bo'lmagan ayollarda homiladorlikning turli xil asoratlari bilan kasallanish darajasini solishtirganda, buyrak infektsiyasi mavjud bo'lganda, homiladorlik xavfi, erta tug'ilish xavfi ortadi va jarrohlik yo'li bilan tug'ilish foizi ortadi. Bitta ishlaydigan buyrakda yuqumli jarayonning mavjudligi homiladorlikning borishi va natijalarini sezilarli darajada murakkablashtirdi.

Kalit so'zlar: yolg'iz buyrak, asoratlar, sezaryen, buyrak etishmovchiligi

The frequency of complications in pregnant women with solitary kidney is quite high and is associated with the progression of the disease [1, 2]. In the absence of pathological processes in the congenital single kidney, this anomaly often remains unrecognized and can be detected for the first time during pregnancy. The rate of delivery in women - 10 with a solitary kidney, according to various authors, is 125-230 cases per 40,000 births [3, 4]. The prognosis for a congenital absence of one kidney is worse than for women with a solitary kidney remaining after removal of the contralateral one. A single congenital kidney can be abnormal – bifurcated, ectopic, or polycystic, and is often combined with other abnormalities of the genitourinary system [5, 6]. As mentioned above, in the absence of pathological changes in the solitary kidney, this defect can be detected for the first time during pregnancy [7, 8]. often, kidney aplasia is combined with malformations of the reproductive system, which is explained by the generality of embryogenesis. In clinical practice, women with a single remaining kidney are more common [9, 10].

Purpose of the research. To study the problems of pregnancy and its outcomes in patients with solitary kidney.

Materials and methods of the research. We studied 27 women in the main group with a solitary kidney who were in the maternity hospital No. 3 of the Samarkand city, and were also observed in the reproductive health centers of Samarkand for the period 2016 -2019. Of the total number of patients, 6 (22%) were diagnosed with congenital kidney aplasia and a non - functioning hypoplasticized kidney, 3 (11%) had a second hypoplasia kidney, and 18 (67%) had a single remaining kidney after nephrectomy. The average age of women was 26.4 years, ranging from 18 to 43 years. The majority of patients were aged 21 to 27 years (39.7%). Among them, there were 6 rural residents (22.2%), 21 urban residents (77.8%). There were 10 – firstborn (37%), 14– second born (52%), and 3 – multi-born (11%). All these pregnant women were under the supervision of an obstetrician-gynecologist and a nephrologist. In 3 patients from the main group, pregnancy ended in a late spontaneous miscarriage, and in 7 patients, a mini-

abortion was performed for medical and social reasons. The control group consisted of 19 pregnant women with two kidneys. During pregnancy, the most common extragenital diseases associated with pregnancy in patients with solitary kidney were: chronic pyelonephritis-in 10 (52.6%) cases, exacerbation of which was observed in the second and third trimesters of pregnancy, viral respiratory infections – in 5 (26%) women, and anemia – in 4 (21%) cases. Along with general clinical studies, the filtration function of the kidneys was studied, which included the Rehberg test: glomerular filtration, reabsorption, minute diuresis; concentration function: creatinine and blood urea. The research was conducted in the clinical laboratory of 1st- clinic of Samarkand State Medical Institute.

The results of the study and their discussion. The studying of the reproductive history of patients with solitary kidney showed that this group has a high rate of miscarriage. As can be seen, there is a high frequency of the threat of miscarriage in patients with solitary kidney who were treated in a hospital. In one case, the treatment was ineffective and a miscarriage occurred. 14 (52%) patients had various manifestations of hypertensive disorders, which were treated at the antenatal level and in the hospital, depending on the severity of the complication.

Analysis of the conducted studies showed the presence of blood flow disorders in the fetoplacental system in 18.5% of pregnant women with a solitary kidney.

Conclusions. Thus, the results of studies of the course of pregnancies, childbirth and perinatal outcomes in patients with solitary kidney indicate a complicated course of pregnancy in this cohort, which was manifested by a high frequency of the threat of miscarriage, hypertensive disorders and intrauterine fetal suffering. The latter was expressed in a violation of blood flow in the mother-placenta-fetus system and a delay in fetal development, which were confirmed after delivery. Consequently, patients with solitary kidney are at risk for pregnancy complications and adverse perinatal outcomes. Pregravidar training, prevention of complications in pregnant women with solitary kidney, high-quality antenatal care and joint supervision of a family doctor, an obstetriciangynecologist and a nephrologist are mandatory components of the management of this contingent.

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