



VARICOSE DISEASE AND PRECNCANCY

Journal Website:
<https://theusajournals.com/index.php/ijmscr>

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Submission Date: April 08, 2023, Accepted Date: April 13, 2023,

Published Date: April 18, 2023

Crossref doi: <https://doi.org/10.37547/ijmscr/Volume03Issue04-07>

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ABSTRACT

The article presents observational data of patients with varicose veins and analyzes the course of pregnancy. The patients were divided into three groups depending on the type of varicose veins, the control group consisted of healthy pregnant women who developed varicose veins during this pregnancy. The work was carried out on the basis of the Department of Obstetrics and Gynecology No. 1 of the Samarkand State Medical University. The study revealed exacerbation of the phenomena of varicose veins in the second - third trimester of pregnancy, as well as complications of pregnancy compared with the control group.

KEYWORDS

Varicose disease, varicose veins of the lower extremities, varicose changes in the genitals, pregnancy, complications.

INTRODUCTION

The etiological factors in the development of chronic venous insufficiency during pregnancy are considered to be weakness of the vascular wall, dysfunction of the endothelium of the veins, damage to the venous

valves, compression of the inferior vena cava and iliac veins by the growing uterus. An important point is also an increase in the concentration of progesterone in the dynamics of pregnancy and an increase in the

coagulation potential of the blood in combination with congenital anomalies of the hemostasis system [1, 2, 4, 13, 15].

As a result, pregnancy creates favorable conditions for the formation of CVI, but the mechanism of its development has not been fully elucidated [3, 9, 17, 20]. Risk factors include a burdened family history of venous pathologies; female; increased intra-abdominal pressure (occurs as a result of an increase in body weight); pregnancy; various pathologies of the gastrointestinal tract and their various manifestations (for example, constipation); prolonged standing.

Possible complications include infection, leg ulcers, blood stasis, and thrombosis [1, 5, 7, 11]. Symptoms, discomfort in the lower extremities in the form of a sensation of edema, a feeling of heaviness and fullness, convulsive twitching of the muscles of the legs, the presence of pain (typical already in the later stages of the development of the disease) [8, 12, 16].

Purpose of the study: to study the course of pregnancy in pregnant women with varicose veins of various forms.

MATERIALS AND METHODS

The examination data and the results of observation of 30 pregnant women with varicose veins who were in the obstetrics and gynecology departments of the first clinic of the Samarkand State Medical University from

2020 to 2022 were analyzed. Patients made the following methods of examination: complete blood count; blood biochemistry; coagulogram; blood coagulation time, ultrasound and dopplerometry of the vessels of the lower limb and the condition of the fetus.

Depending on the type of varicose veins, the pregnant women were divided into 3 groups: the 1st group included pregnant women with varicose veins with manifestations on the legs, the 2nd group included patients with manifestations of varicose veins on the genitals, the 3rd group included pregnant women with varicose veins manifesting both on the legs and on the genitals. The control group consisted of 20 practically healthy pregnant women who developed varicose veins during this pregnancy.

RESULTS AND DISCUSSION

The majority of pregnant women with varicose veins were between the ages of 22 and 35, and the mean age was 25.7±2.1 years. Patients in the control group were also comparable in age. When clarifying the nature of the work, it was found that varicose veins occur more often in women who are in a vertical orthostatic position for a long time, while in women leading a sedentary lifestyle, the incidence occurred in 30% of cases. Our studies allow us to confirm the data that in the vertical position of the body under conditions of orthostatic venous pressure, a significant expansion of

the lumen of the saphenous and deep veins occurs. From the anamnesis it followed that varicose veins were observed either in the mother, or in the father, or in close relatives of both sexes. Thus, every third patient with varicose veins has a hereditary predisposition to this disease. In patients with varicose veins, according to the anamnesis, miscarriage was noted in 16.67% of cases, and 6.67% of women had 2 miscarriages in anamnesis, more than 3 miscarriages - 3.33%. The anamnesis of the examined women is aggravated by various extragenital diseases. The most common anemia was 80% (24) among all patients with varicose veins, obesity among the first group was 30%, in the second and third groups, obesity occurred in 20% and 40% of women, respectively. There was no obesity in the control group.

In women who suffered from varicose veins before pregnancy, progression of the disease was observed depending on the duration of pregnancy. This was manifested by edema, cramps in the lower extremities and paresthesia, an increase in the number and diameter of varicose veins. From the anamnesis, it was revealed that the course of the first trimester of pregnancy in 80% of the main group proceeded without complications. In the II trimester, pregnancy proceeded without complications in patients with varicose veins in 60% in the control group in 80%. The third trimester of pregnancy was characterized by a progressive course of varicose veins in each patient of

the main group; chronic placental insufficiency and fetal distress were more often diagnosed.

CONCLUSIONS

Based on the data, we can confidently say that varicose veins become more complicated during pregnancy and lead to complications during pregnancy.

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