

Diseases Associated With Pregnancy and Childbirth

Khurmatova Dilorom Adashevna

Head of the Department of "Obstetrics and Gynecology and Family Obstetrics" of the Termez Branch of the TMA

Abstract: This article discusses diseases of the female reproductive system, types of eclampsia, and their symptoms. The article also specifically examines ectopic pregnancy and trophoblastic disease. Pregnancy and childbirth, while often a time of excitement and joy, can be complicated by various medical conditions that pose risks to both the mother and the baby. These conditions can be classified into pre-existing, gestational, and pregnancy-related disorders. Pre-existing conditions such as diabetes, hypertension, and thyroid disorders may exacerbate during pregnancy, leading to complications like gestational diabetes, preeclampsia, and thyroid dysfunctions. Pregnancy-related conditions include conditions such as preeclampsia, eclampsia, gestational hypertension, and placenta previa. Additionally, infectious diseases like urinary tract infections, bacterial vaginosis, and viral infections (e.g., HIV, Zika virus) are also prevalent and can affect pregnancy outcomes. Other complications, including deep vein thrombosis (DVT), anemia, and postpartum hemorrhage, further highlight the importance of regular prenatal care and timely medical intervention. Early detection and effective management of these conditions are crucial to improving maternal and fetal health outcomes.

Keywords: ectopic pregnancy, trophoblastic disease, pregnancy, childbirth, pregnancy period.

Introduction

During pregnancy, significant changes occur in the regulation of metabolism and physiological functions in women, governed by neural and humoral mechanisms. The development of the fetus proceeds in complex interconnection with the mother's body. These unique characteristics create conditions that may lead to diseases associated with pregnancy. Among them, eclampsia, ectopic pregnancy, and trophoblastic disease are of significant importance.

Eclampsia: Eclampsia is a severe and dangerous form of pregnancy toxicosis, occurring during the second half of pregnancy, during childbirth, or in the postpartum period. It manifests as seizures, loss of consciousness, jaundice, and edema, accompanied by liver and kidney failure. Kidney-liver failure, as well as cerebral hemorrhage, often leads to maternal mortality. The exact etiology of eclampsia remains unclear. Some researchers believe that the maternal body becomes sensitized to fetal and placental proteins. Endocrine disorders during pregnancy are also thought to play a role in the development of eclampsia. Autopsy findings in women who died of eclampsia often reveal an enlarged and heterogeneous liver. The liver appears soft and cloudy, with numerous hemorrhages and necrotic foci. Hepatocytes exhibit protein and lipid dystrophy, with occasional necrotic areas. Capillaries and venules are engorged with blood, and fibrinoid necrosis is often observed in vessel walls, along with thrombus formation.

Methodology

The kidneys are also enlarged and soft, with cortical necrosis being a common finding. The arterioles often exhibit fibrinoid necrosis, and trophoblastic cell emboli can be found in the glomerular spaces. The epithelial cells in the tubules undergo dystrophic and necrotic changes, often shedding into the tubules and forming casts. The kidney stroma shows extensive hemorrhages, which are also observed in serous membranes, the brain, heart, and lungs. **Ectopic Pregnancy:** Ectopic pregnancy is a pathological condition occurring during the first half of pregnancy. The embryo develops outside the uterus, typically in the fallopian tube (tubal pregnancy), ovary (ovarian pregnancy), or abdominal cavity (abdominal pregnancy). Ectopic pregnancies are often caused by structural changes or

narrowing of the fallopian tubes following inflammation, preventing the fertilized egg from reaching the uterus. In tubal pregnancies, decidual tissue and chorionic villi develop in the fallopian tube mucosa. The chorionic villi invade the mucosal lining, leading to rupture of the tube. During ectopic pregnancy, the uterus enlarges slightly, and weak decidual changes occur in the endometrium. Typically, between 5–10 weeks of pregnancy, bleeding occurs, leading to fetal death and expulsion into the fallopian tube—referred to as an incomplete tubal abortion. If the embryo, along with its membranes, is expelled into the abdominal cavity, a complete tubal abortion occurs. In cases of tubal pregnancy, rupture of the fallopian tube may occur, leading to massive intra-abdominal hemorrhage, collapse, and potentially death due to blood loss. In rare cases, the fetus may calcify or mummify in the abdominal cavity, forming a “stone fetus.” Spontaneous Abortion: Pregnancy loss before 14 weeks is referred to as spontaneous abortion or miscarriage. Pregnancy loss between 14 and 28 weeks is termed late miscarriage, while delivery between 28 and 39 weeks is considered premature birth. Spontaneous abortion is usually caused by pathological changes in the endometrium that prevent normal implantation and development of the fertilized egg, as well as uterine tumors (e.g., fibroids). In some cases, psychological trauma may also lead to pregnancy loss.

Results and discussion

Following spontaneous abortion, the uterine cavity is usually curetted. Histological examination often reveals fragments of the fetal sac, chorionic villi, and pieces of decidual tissue. Trophoblastic Disease: Trophoblastic disease encompasses three pathological conditions: syncytial endometritis, hydatidiform mole, and choriocarcinoma.

Syncytial Endometritis:

This condition occurs in the early stages of fetal development or following abortion or delivery. It is characterized by invasion of trophoblastic syncytial cells into the uterine muscle layer at the site of implantation. While this form of trophoblastic disease is benign, it is associated with endometrial inflammation.

Hydatidiform Mole:

A hydatidiform mole is a rare disease of unknown etiology, primarily occurring in middle-aged women who have previously given birth. The placenta develops into clusters of vesicles resembling grape-like structures.

Conclusion

The fetus dies during this process. Excessive proliferation of epithelial and syncytial cells of the chorionic villi is often observed, with villi invading the uterine wall and even blood vessels. In severe cases, vesicles may embolize to the lungs, causing pulmonary embolism. Choriocarcinoma: Choriocarcinoma is a rare and malignant tumor of trophoblastic origin, often arising after a hydatidiform mole, abortion, or ectopic pregnancy. The tumor appears as a soft, cavernous mass with alternating areas of necrosis and hemorrhage. Microscopically, it consists of atypical Langhans cells and syncytium invading the uterine wall. Choriocarcinoma frequently metastasizes to the lungs via the bloodstream. Infection During Delivery: Microbial infections caused by pathogens such as streptococci, staphylococci, and *E. coli* may lead to severe inflammation of the endometrium (endometritis). This condition can occur before, during, or after delivery. Infections during the second half of pregnancy may also contribute to endometritis. Severe endometritis often results from failure to adhere to aseptic principles during delivery. Septic endometritis is particularly dangerous and is characterized by purulent or necrotic inflammation. The endometrium appears yellowish and cloudy. The infection may spread through lymphatic vessels or veins, leading to sepsis. Inflammation may extend to the uterine muscle (metritis), serous layer (parametritis), or peritoneum (peritonitis). In cases of purulent endometritis and sepsis, death occurs due to severe systemic intoxication.

REFERENCES

1. Ya.N. Allayorov. Reproduktiv salomatlik va kontratseptiv texnologiya.– T.: «Istiqlol» nashriyoti, 2005.
2. Я.Н. Аллаёров, М.И. Расулова, Д.У. Юсупова. Патологик акушерлик.– Самарқанд, 2007.
3. Ya.N. Allayorov. Akusherlik.– T.: «O‘zbekiston Milliy entsiklopediyasi» Davlat ilmiy nashriyoti, 2008.
4. Ya.N. Allayorov, N. I. Zokirova, A. T. Safarov, F. Q. Asqarova. Akusherlikda shoshilinch yordam.– Samarqand, 2009.
5. Р.У. Арзикулов. Репродуктив саломатлик асослари. – Т.: «Ўзбекистон миллий энциклопедияси» Давлат илмий нашриёти, 2010.
6. Ю.А. Гуркин, В.И. Грицюк. Гинекология. Справочник семейного врача. Москва – Санкт-Петербург, 2005.
7. В.И. Дуда, В.И. Дуда, И.В. Дуда. Акушерство.– Минск: «Вышэйшая школа», 2004.
8. M.F. Ziyayeva, G.X. Mavlyanova. Ginekologiya. – T.: «O‘qituvchi» nashriyot matbaa ijodiy uyi, 2007.
9. Н.Е. Кретьова, Л.М. Смирнова. Акушерлик ва гинекология. – Т.: «Ибн Сино» номидаги нашриёт, 1991.