

# The Influence of the Severity of Undifferentiated Connective Tissue Dysplasia on the Treatment of the Pregnancy and Early Childhood Period

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**Abstract:** This article discusses the impact of the severity of undifferentiated connective tissue dysplasia on the course of labor and early postpartum period.

**Keywords:** dysplasia, postpartum period, pelvic, pneumothorax, varicose, fetal hypoxia, hemostatic systems, reproductive activity.

**Relevance:** according to many authors, undifferentiated connective tissue dysplasia occurs in 40-80% of women of reproductive age and has a negative impact on the course of pregnancy, childbirth and the postpartum period, as well as perinatal outcomes. At the same time, this pathology also causes a number of disorders in the cardiovascular, musculoskeletal, urinary, and hemostatic systems that affect reproductive activity. Therefore, studying the importance of undifferentiated connective tissue dysplasia in obstetrics allows for the uncomplicated course of pregnancy and improvement of perinatal outcomes, as well as the development of preventive measures.

**Purpose of the study:** to study the clinical features of childbirth and early postpartum period in women depending on the severity of undifferentiated connective tissue dysplasia.

**Materials and methods of the study:** 95 women who gave birth in the Bukhara city maternity complex in 2019-2022 were included in the study. They were selected based on the presence of 5 or more external and internal phenotypic signs of undifferentiated connective tissue dysplasia, such as joint hypermobility, increased skin elasticity, scoliosis, congenital dysplasia or dislocation of the hip-pelvic joints, spontaneous pneumothorax, nephroptosis, renal and/or urinary tract duplication, bleeding tendency, myopia, varicose veins of the legs. Women Salomova D.Y. were divided into 3 groups according to the criteria: group 1 - 38 women (40%) with mild symptoms, group 2 - 43 women (45.3%) with moderate severity, group 3 - 14 women (14.7%) with progressive dysplasia. Microsoft Excel 2016 and Statistica 6.0 were used for statistical analysis of the data.

**Results and discussion:** the average age of women was  $24.8 \pm 1.1$  in group 1,  $24.9 \pm 1.1$  in group 2,  $24.6 \pm 1.1$  in group 3 ( $p > 0.05$ ). 78% of women in group 1, 73% in group 2, and 72.8% in group 3 were employed ( $p > 0.05$ ). Almost all women live in good socio-economic conditions: 93.4% in group 1, 95% in group 2, 92.4% in group 3 ( $p > 0.05$ ). Out of 95 pregnant women, 91 (95.8%) delivered, and 15 had preterm labor (15.7%). Women in group 3 were more prone to complications: spontaneous abortion was observed in 14.3% of pregnant women ( $p < 0.05$ ), and preterm labor was observed in 35.7% of women ( $p < 0.01$ ). For groups 1 and 2, this figure was 2.63%-2.3% and 13.2%-11.6%, respectively. In pregnant women with severe undifferentiated connective tissue dysplasia, term delivery was accompanied by a higher incidence of complications than in women in other groups. In particular, preterm rupture of the membranes was observed in 6 pregnant women (15.8%) in group 1, 7 pregnant women (16.3%) in group 2, and 6 pregnant women (42.9%) in group 3 ( $p < 0.05$ ). Labor activity was impaired in 13.2% (5) of women in group 1, 9.3% (4) of women in group 2, and 50% (7) of women in group 3 ( $p = 0.001$ ). Discoordinated labor activity was observed in 5 (13.2%) women with mild undifferentiated connective tissue dysplasia, 5 (11.6%) with moderate dysplasia, and 6 (42.9%) with severe dysplasia ( $p < 0.01$ ). Acute fetal hypoxia was observed in 10.5% (4) of women in group 1, 11.6% (5) in group 2, and 35.7% (5) in group 3. Delivery was completed operatively in 21% of women with mild undifferentiated connective tissue dysplasia, 14% with moderate dysplasia, and 14.3% with

severe dysplasia. When studying the relationship between the period of chilla and the degree of undifferentiated connective tissue dysplasia, it was found that endometritis was less common in patients with severe degrees of undifferentiated connective tissue dysplasia than in those with mild degrees (21.4% and 42.1%, respectively,  $p < 0.05$ ). Severe anemia in the early chilla period was more common in group 3 than in group 1 (35.7% and 13.2%,  $p < 0.05$ ).

**Conclusion:** Thus, the course of labor and early chilla in pregnant women with undifferentiated connective tissue dysplasia depends on its degree. Women with severe degrees of undifferentiated connective tissue dysplasia are more likely to have spontaneous abortions and premature births. Also, women in this contingent are prone to slow labor activity, uncoordinated labor activity, preterm rupture of the membranes, acute fetal hypoxia, and severe anemia in the early postpartum period.

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