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Modern Approach to the Principles of Treatment of the Course and Complications of Ovarian Apoplexy in Women with Thrombocytopathy

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Abstract: The occurrence of autoimmune diseases in modern medicine is growing rapidly. In particular, the increasingly damaged and deteriorating ecological environment, the artificialization of food and modern lifestyle - all this leads to the derailment of the immune system, and as a result, the human body does not recognize its own cells and produces antibodies against them. As a result, disorders of some organs and systems, as well as the whole body, occur.

Keywords: Thrombocytopathy, ovarian apoplexy, hemorrhage, pregnancy.

Introduction. Thrombocytopathy disease is very dangerous and can begin without clinical signs or with symptoms similar to other diseases, which makes it difficult to diagnose and treat severe forms of the disease in the early stages and leads to the development of various complications. (2). Thrombocytopathies are a widespread group of diseases caused by a qualitative deficiency of platelets. Most bleeding: menstrual bleeding of unknown origin, bleeding from the gums and nose, long-term bleeding after tooth extraction and minor injuries are observed in cases related to this pathology. Such bleedings, where the amount of platelets in the blood is normal and there are few changes in the coagulogram, always lead the doctor to the opinion that there is a qualitative deficiency of platelets.

Literary review. Among hereditary hemorrhagic diatheses, recorded thrombocytopathies take the first place in terms of occurrence and make up 36% of the total number of patients. The rate of occurrence of light forms reaches 60-65%. J. N. Austin, N. P. Pepper in 1913 and A. F. Hess in 1916 observed purpura characteristic of Wehrlhof's disease with a normal number of platelets. In 1918, E. Glanzmann described hereditary hemorrhagic thrombosthenia, a disorder of blood clot retraction explained by a deficiency of the hypothesized retraktozyme substance in platelets. In 1926, E.A. Willebrand described angiohemophilia, platelet dysfunction was also noted, which leads to impaired thrombus formation and prolongation of bleeding time. In 1948, J.Bernard and J.P.Soulier proved the existence of a new syndrome called thrombocytodystrophy, characterized by a violation of thrombin use and the presence of large platelets. In 1965, O.N. Ulutin and in 1967, H.J. Weiss showed the existence of a violation of the platelet release reaction. Ulutin called this form primary (functional) thrombocytopathy. In addition to hereditary forms of thrombocytopathies, there are also types of secondary disorders of platelet function that often develop in hemoblastosis, liver and kidney diseases, toxic and medicinal, massive blood transfusions, disseminated intravascular syndrome, and many other reasons. (4, 5).

The incidence of thrombocytopathy in the world is 1.3-2.8 per 100,000 population per year. The prevalence among adults and children is 3.6 to 17 per 100,000 population. Men suffer from thrombocytopenia 3-4 times less often than women, and in reproductive age this difference is even greater - 5-6 times (5). It is often observed between 10 and 35 years (54%), 40 and 60 years (20%). In 1951, Martin, Zollinger, Williams reported on a 24-year-old woman with thrombocytopathy and 27 weeks' gestation (cerebral hemorrhage and placenta previa). According to K. Gill, thrombocytopathy among women of childbearing age is 1:59 per 10,000 live births, which is about 2% of maternal

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thrombocytopathy during childbirth. Females predominate in patients with thrombocytopathy at a ratio of 3.9:1, and this ratio increases to 9:1 in reproductive age. Among hemorrhagic diatheses, thrombocytopathy is often the main cause of hemorrhagic syndrome (34%) in obstetrics and hematological practice. (7). According to the results of Q. Wang's ten-year observation, the incidence of thrombocytopathy among pregnant women in a Chinese clinic was 2.4% (3). According to M. Subbaiah et al., patients diagnosed with thrombocytopathy during pregnancy have significantly more severe cases of the disease during childbirth than cases diagnosed before pregnancy (p = 0.04) (107). occurs quickly. Ovarian apoplexy is a disease accompanied by sudden bleeding into the ovaries, rupture of the vessels of Graaff's cyst, ovarian stroma, follicular cyst or corpus luteum cyst, violation of the integrity of the ovarian tissues, and bleeding into the abdominal cavity. Ovarian apoplexy occurs mainly in women aged 20-35. Ovarian apoplexy is life-threatening in patients with thrombocytopathy. Since the principles of treatment for women with thrombocytopathy have not been developed until recently, the diagnosis of patients is somewhat difficult, which prevents adequate therapy in the early stages of the disease. As a result, it puts gynecologists and hematologists in a difficult position and exposes patients to unnecessary risks.

The purpose of the work. to improve the effectiveness of early diagnosis and treatment of complications of ovarian apoplexy in patients with thrombocytopathy treated in the hematology and gynecology departments of the multidisciplinary medical center of Samarkand region.

Materials and methods. the clinical and laboratory parameters of 9 patients aged 20-41, treated in the hematology and gynecology departments of the multidisciplinary medical center of Samarkand region, were analyzed. 6 of them were diagnosed with chronic recurrent form of thrombocytopathy, 3 with acute form. All patients were admitted to the gynecology department after consultation with a hematologist for examination and preparation for surgery. They were admitted to the department 5-7 days before the manifestation of this pathology. In the early period of the disease, the clinical manifestation was rarely manifested. However, symptoms of apoplexy, such as sudden abdominal pain (pains transmitted to the anus, external genitalia, and also to the flanks); nausea, vomiting, severe weakness, dizziness; whitening of the skin and mucous membranes; decreased arterial blood pressure, tachycardia was observed in 3 patients. In the rest of the patients, these symptoms were rarely manifested, and the diagnosis was confirmed after ultrasound examination of the pelvic organs and abdominal puncture through the back of the vagina. Ectopic pregnancy was suspected in 3 patients with chronic thrombocytopathy. Among the signs characteristic of thrombocytopathy, 76% of patients had a positive result of the pinch test, 34% of the patients had a positive result of the patch test. The number of platelets in 6 patients is 150-186 thousand; In 3 people, it was in the range of 102-145x109 / l. Hemostasis indicators remained low. Prednisolone 120-140 mg v/i to women before and after surgery, every 4-6 hours until the end of the surgical wound, 150-250 ml IV 3-4 times fresh frozen plasma infusion, aminocaproic acid 5% - 200.0 t/i No. 3-4, trexamine 500 mg- t/i, ascorbic acid 5% - 8.0 t/i, hemoglobin less than 70 g/l and hematocrit less than 16%, hemotransfusion was performed. In addition, patients are traditionally treated with ATF (2 ml of 1% solution intramuscularly per day for 3-4 weeks) simultaneously with magnesium sulfate (intramuscularly, 5-10 ml of 25% solution for 5-10 days) is used. In the postoperative period, all patients received the same treatment as before the operation. The postoperative period was uneventful for all women. After surgery and treatment with adequate doses of prednisolone, the platelet count was above the critical value in all women, and changes in hemostasis normalized. Petechial rashes of hemorrhagic diathesis that appeared before the operation remained in 2 patients 1-1.5 weeks after the operation. Macropreparations taken from patients during surgery had the following characteristics: the ovary was dark red in color and showed a gradual increase in bleeding.

Conclusion. Thus, hereditary and acquired types of thrombocytopathy can be hematological and non-hematological, including forms complicated by ovarian apoplexy. Based on the accumulated experience, it will be possible to choose the optimal tactics of treatment of patients with thrombocytopathy complicated by ovarian apoplexy, conservative treatment methods by a hematologist and operative treatment methods by a gynecologist depending on the form. Timely

detection of thrombocytopathy in women and adequate preventive therapy can prevent severe blood loss and improve the quality of life.

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