

## A STUDY OF PATIENTS WITH A UTERINE SCAR USING GENERAL CLINICAL TESTS

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**Abstract.** *Cesarean section operation is included in surgical operation of moderate or severe degree. According to information from various sources, complications after CK surgery are 7-19.5%. These complications are explained by obstetric and extragenital pathologies. With the increase in the frequency of cesarean sections, as well as with the improvement in the quality and spread of ultrasound diagnostics, the quality of uterine scar examination has steadily increased from year to year. In recent years, in the literature and at gynecological conferences of the highest level, more and more attention has been paid to such a concept as "niches" in the area of the cesarean section scar. The defect appears as a fluid-filled abnormality in the anterior wall of the uterus at the site of a previous cesarean section.*

**Keywords:** *cesarean section, biochemical analysis, urinalysis thinning of the myometrium, uterine, scar, "Niche" symptom, erythrocyte sedimentation rate (ESR)*

**Relevance.** According to information from various sources, complications after cesarean section surgery are 7-19.5%. These complications are explained by obstetric and extragenital pathologies. The first stage lasts an average of 2-7 days from the moment of injury, and its duration depends on the size and type of injury. The developing microcirculation changes depend on changes in vascular tone, impaired permeability of vascular walls, and the nature of biosynthesis of biologically active substances (cyclic nucleotides, prostacyclin, etc.) The second stage of wound healing usually begins on the 4th-6th day after the injury. In this case, there can be two types of regeneration: representing incomplete regeneration - substitution and when the scar is not clinically identified - restitution. It has been suggested that replacement of the myometrial defect with smooth muscle tissue that exhibits contractile activity is more appropriate than with inert connective tissue.

During regeneration, fibroblasts become the main cells. New formation and maturation of granulation tissue occurs in several steps including capillary growth, fibroblast migration and proliferation, accumulation of glycosaminoglycans, collagen biosynthesis and fibrillogenesis, collagen fiber maturation and fibrous tissue formation.

Initially, capillaries and fibroblasts are arranged randomly along the flow of fibrin fibers, which play the role of a foundation. Then, under the influence of hemodynamic forces, the capillaries acquire the character of vertical rings. Some fibroblasts accompany the capillaries and are located parallel to their direction, while others take a horizontal direction parallel to the wound surface. Collagen fibers are oriented accordingly. Thus, the granulation tissue acquires its own architecture.

**Purpose of the study.** Statistical study of patients after cesarean section surgery using general clinical analyzes.

**Materials and methods of research.** During the collection of anamneses, childhood diseases, the formation of menarche, living conditions were studied, the characteristics of the obstetric-gynecological and objective condition of each patient were analyzed. Particular attention was paid to the characteristics of the previous pregnancy, childbirth and their results for the mother and the fetus, as well as the changes that occurred after cesarean section.

The following general clinical analyzes were performed from laboratory tests:

- general blood analysis,
- general urinalysis,
- blood group and rhesus
- coagulogram
- biochemical analysis of blood.

The created diagnostic algorithm will help to implement in practical gynecology, to treat gynecological diseases in this group of patients, to treat secondary infertility, and to plan pregnancy correctly.

**Research results and discussion.** Research was performed on 30 women using general clinical analyzes were performed from laboratory tests like general blood analysis, general urinalysis, blood group and rhesus, coagulogram, biochemical analysis of blood. Blood biochemical analysis was also conducted in all women. Anemia was noted in 76.7% of the women who underwent general blood analysis, in which 13 women (43.3%) had mild anemia, 5 (16.67%) had moderate anemia, and 3 (10%) had severe anemia. The results of this analysis are presented in Table 3.5. No significant changes were noted in other indicators. Average number of erythrocytes  $3.6 \pm 0.75 \cdot 10^{12}$ , number of leukocytes  $13.47 \pm 0.36 \cdot 10^9$ , number of platelets  $287.86 \pm 36.44 \cdot 10^9$ , reticulocytes  $1.11 \pm 0.57\%$ , Color index  $0.83 \pm 0.07$ ; ESR was  $12.6 \pm 1.4$  mm/h.

**Table 1**

*Biochemical analysis of blood of examined patients is indicative.*

Indicators	Amount	Unit of measure	P
Glucose	4.8±0,4	Mmol/l	<0,02
Total bilirubin	13,17±6,59	mmol /l	<0,05
Total protein	68.32±12,19	g/l	<0,05
Urea	4.5 ±1,18	mmol /l	<0,05
Creatinine	63,9 ±7,66	Mkmol/l	<0,05
AST	18.95±4,15	U/l	<0,05
ALT	22.55±3,28	U/l	<0,05
Total cholesterol	5,6±0,4	Mkmol/l	<0,02
High density lipoproteins	1,0±0,1	mmol /l	>0,2
Low density lipoproteins	3,7±0,2	mmol /l	<0,001

As can be seen from the table, the biochemical parameters of all women were within normal limits. At the same time, blood analysis for coagulogram was conducted from women. In the analysis of the coagulogram, the indicators were within normal limits in all women.

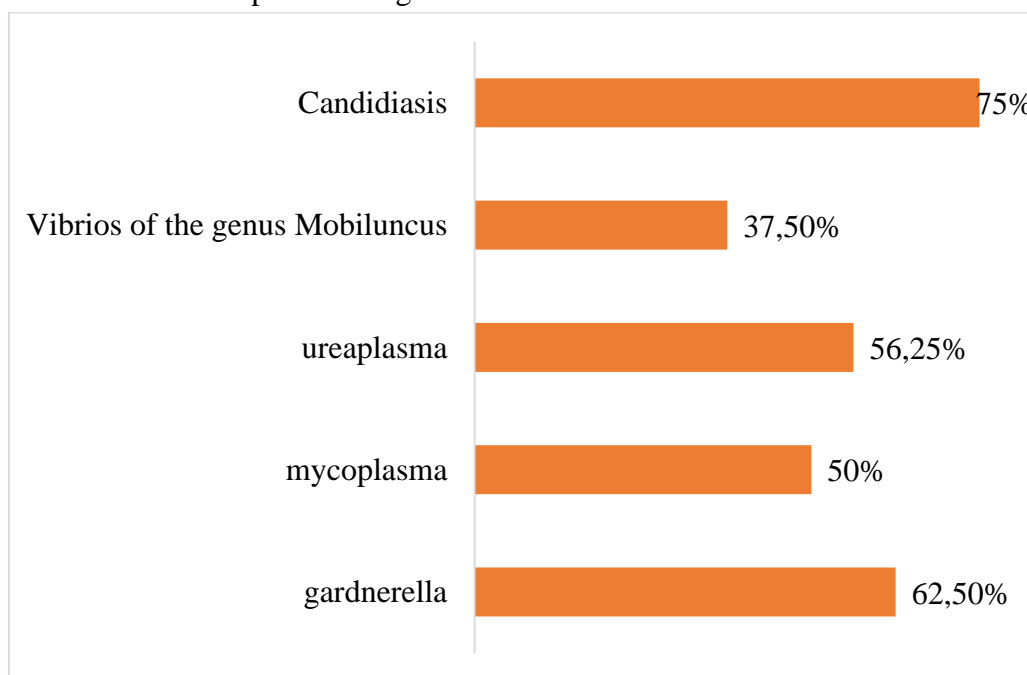
There were almost no significant changes in the general urine analysis. Only 40% of women had signs of inflammation - the number of epithelia and leukocytes increased. Bacteria were detected in only 30% of women. The indicators of general urinalysis are presented in table 2 below.

**Table 2**

***Indicators of general urinalysis in the studied women***

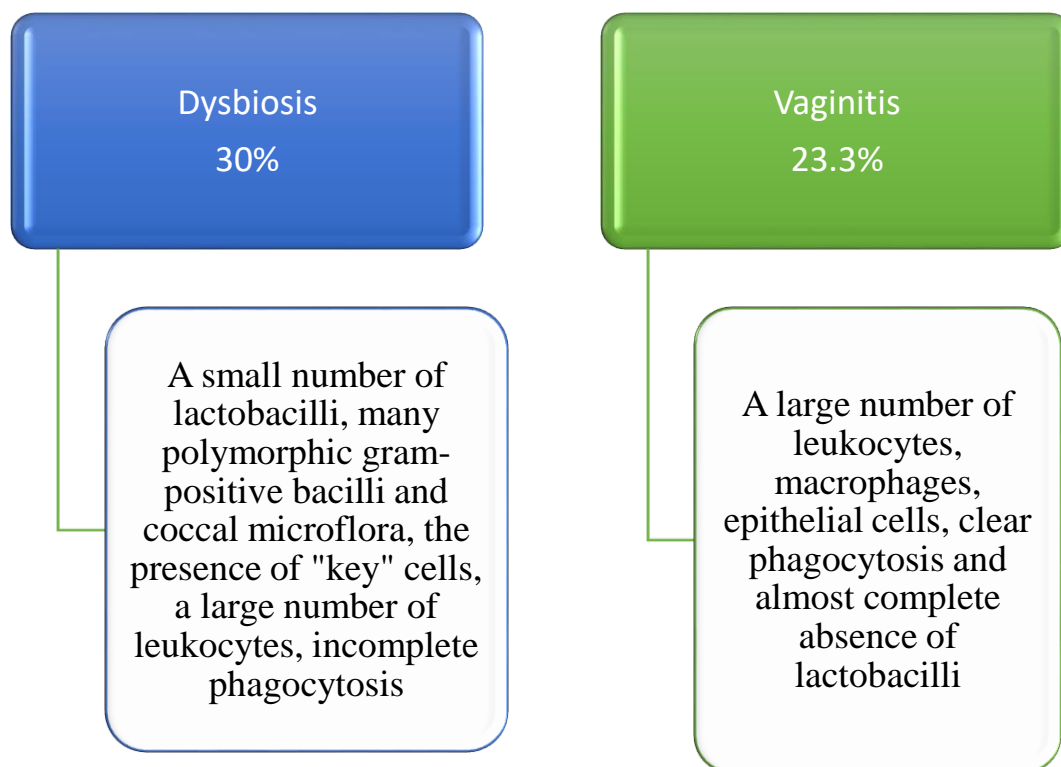
<b>№</b>	<b>Indicator</b>	<b>Amount</b>	<b>P</b>
1	Epithelium	6,7±1.3	<0,05
2	Slime	++	<0,05
3	Protein	Abs/ 0.0033	<0,05
4	Leukocytes	9,8±1,2	<0,05
5	Fungi	++	<0,05
6	Salts	++	<0,05

\*Indicators are compared with general normal limits



***Diagram 1. Smear analysis results***

According to the analysis of vaginal smear, non-specific microflora was detected in women with dysbiosis and vaginitis, which included gardnerella (62.5%), mycoplasma (50%), ureaplasma (56.25%), vibrios of the genus Mobiluncus (37.5%) and candidiasis (75%) was characterized by (diagram 1).



**Figure 1. Changes as a result of waxing**

Anti-inflammatory therapy was prescribed to women with all inflammatory symptoms. Smears were taken from women with bacteria detected, the type of microflora was determined (Figure 1), and antibacterial therapy was prescribed depending on the sensitivity. Most of the women were diagnosed with yeast infection and prescribed fluconazole capsules.

**Conclusions.** It is necessary to analyze the necessary time for scar recovery for women who have undergone cesarean section, and the factors that can affect it. Treatment of chronic diseases, proper planning of pregnancy and proper rehabilitation after surgery in women who underwent cesarean section will allow complete and perfect healing of the scar, while reducing scar deformation and "niche" symptoms. prevents. It helps to improve the tactics of carrying women with deformation in the area of the scar, to plan pregnancy correctly and to make it go without complications, and to eliminate complications in time. The created diagnostic algorithm will help to implement in practical gynecology, to treat gynecological diseases in this group of patients, to treat secondary infertility, and to plan pregnancy correctly.

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