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## THE ROLE OF ANTIPHOSPHOLIPID SYNDROME IN THE CAUSE OF REPRODUCTIVE LOSSES

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**Abstract.** This article provides an overview of scientific studies and their results on miscarriage, miscarriage, the role of antiphospholipid syndrome in preterm birth. According to the conclusions of domestic and foreign authors, the improvement of the principles of pregravid preparation is of unsurpassed importance in the prevention of complications of the antiphospholipid syndrome.

**Key words:** fetoplacental system, antiphospholipid syndrome, reproductive losses, hemostasis, hypoxia, malnutrition.

## РОЛЬ АНТИФОСФОЛИПИДНОГО СИНДРОМА В ПРИЧИНАХ РЕПРОДУКТИВНЫХ ПОТЕРЬ

**Аннотация.** В этой статье представлен обзор научных исследований и их результатов, касающихся невынашивания беременности, невынашивания беременности, роли антифосфолипидного синдрома в преждевременных родах. Согласно выводам отечественных и зарубежных авторов, совершенствование принципов прегравидарной подготовки имеет непревзойденное значение в профилактике осложнений антифосфолипидного синдрома.

**Ключевые слова:** фетоплацентарная система, антифосфолипидный синдром, репродуктивные потери, гемостаз, гипоксия, недостаточное питание.

### Actuality.

Inability to bear a pregnancy is one of the most common obstetric pathologies among women in the world, and in recent years, a large number of scientific researches have been carried out to prevent this pathology, the development of childbirth complications and reproductive losses in pregnancy. is devoted to the identification of high-risk groups. According to the World Health Organization (WHO), infertility is 7-10% of all pregnancies in developed countries, and 15-20% in developing countries. Antiphospholipid syndrome and disorders of the hemostasis system in women who are unable to bear pregnancy, improvement of the principles of pregravidarum training in order to prevent reproductive losses based on the study is one of the serious problems that need to be solved today.

At the world level, a number of scientific researches are being carried out in order to achieve high efficiency in terms of the causes, course and results of treatment tactics of infertility

in women. In particular, to assess the role of antiphospholipid antibodies in the development of disorders of the hemostasis system from the first period of pregnancy and their effect on local blood flow, the formation of functional disorders of the placental system; to determine the role of antiphospholipid syndrome and its markers in predicting and early diagnosis of dysfunction of the fetoplacental system; The development of modern methods of measures to reduce disability and death among pregnant women complicated by normal miscarriage remains the priority of scientific research.

The results obtained from the scientific research carried out so far at the world level have revealed the role of antiphospholipid syndrome in the inability to bear a pregnancy. It was found that the appearance of antiphospholipid autoantibodies, including IgG and IgM-type antibodies b2-glycoprotein, in the blood of a pregnant woman leads to the inability to carry a pregnancy [13, 24-30 b; 23, 1032-1036 b]. According to modern views, AFS contributes to activation of hemostasis thrombocyte connection, violation of hemostatic potential and increase of endothelial damage. Such changes have a negative effect on the formation of infarct zones, ischemia of the chorion with villi, disruption of the utero-placental system, development of hypoxia and hypotrophy in the fetus, as well as the development of the fetus [21, 126-127 b; 22, 31 b].

The aim of the study is to achieve early diagnosis and reduction of reproductive losses based on studying the characteristics of the hemostasis system and fetoplacental blood circulation system in pregnant women with antiphospholipid syndrome.

#### **Material and methods**

Methods such as general clinical-laboratory, biochemical examination, determination of hemostasiogram, functional-diagnostic examinations (UTT examination), statistical analysis were used in the research.

#### **Results and analyses**

The practical significance of the research is that the obtained results, developed scientific conclusions are useful in the implementation of complex treatment measures for the biochemical status of women with normal miscarriage, as well as early diagnosis of the risk factors of reproductive losses, prepregnancy preparation in women with biochemical markers. , it is explained by conducting pregnancy according to an improved algorithm, carrying out complex medical measures on time, increasing the effectiveness of treatment and improving the quality of life.

The scientific significance of the results of the research is that as a result of determining the anamnestic, biochemical, condition of women with inability to bear pregnancy, AFA,  $\beta$ 2-glycoprotein, volchanic anticoagulants contribute to the development of normal miscarriage and early diagnosis and prognosis of reproductive losses, as well as in the development of comprehensive treatment measures and women makes a significant contribution to the improvement of scientific research in the field of obstetrics and gynecology. The obtained results are explained by the fact that they allow to determine new aspects in theoretical and practical medicine. Based on the scientific results obtained on the determination of the condition of antiphospholipid syndrome in normal miscarriage at the reproductive age:

Methodological recommendation "Methods to increase the efficiency of detection of antiphospholipid syndrome in infertility" was approved (Reference No. 8n-d/54 dated January 25,

2022 of the Ministry of Health). As a result, it served to create optimal options for early diagnosis, clinical course, and laboratory diagnosis of complications with inability to bear pregnancy;

The results obtained during the research in terms of improving the efficiency of diagnosis and treatment were applied to health care practice, including the practice of family polyclinic No. 8 in Bukhara and the maternity complex of Bukhara city, the maternity hospital of Bukhara district medical association (Health conclusions of the Ministry of Conservation No. 8n-7/102 of February 2, 2022). Results applied to practice in women with infertility complications, improve the quality of treatment and diagnosis, reduce the frequency of complications of the disease and women's death, reduce the cost of treatment and assess the quality of life of patients.

### **Summary**

1. An increase in Volchanka anticoagulant  $>2$ , antiphospholipids and  $\beta 2$  GP  $>10$ U/ml led to a sharp formation of autoantibodies and activation of coagulation hemostasis with a procoagulant effect, which contributes to an increase in the risk of microthrombosis and is an early sign of the development of implantation and placentation disorders.

2. An increase in the production of antiphospholipid antibodies  $> 12$ U ml and its binding to cell membrane phospholipids leads to a decrease in blood flow in the vessels of the uterus-placental system and a tendency to thrombosis, which leads to metabolic changes.

3. Blood flow in the uterine artery (right) in women with AAA due to normal miscarriage during early pregnancy with the determination of blood flow in the uterine artery during the first trimester and pre-clinic study of the violation of FPS formation patterns and termination of pregnancy is the first sign to predict the diagnosis of the threat. An unfavorable prognostic criterion for the development of structural and functional disorders of the placenta is an increase in the resistance index in the uterine artery by 10.2% and the systolic-diastolic ratio by 3.1%.

4. In women with AFS, complex treatment including anticoagulants, antiaggregants, and cyclic hormonal therapy prior to pregnancy ensures successful subsequent pregnancies and improves perinatal outcomes by -87%.

5. Detection and timely correction of early hemostasiological disorders in patients with AFS before and during pregnancy, reproductive losses - 2.5 times, damage to the perinatal central nervous system in newborns - 2.3 times, and fetal growth restriction - 3.0 times is significantly reduced and serves to improve.

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