RISK FACTORS INCREASE THE ACTIVITY OF LIVER TRANSAMINASES IN THE FIRST HALF OF PREGNANCY AND THE POSSIBILITY OF ITS CORRECTION.

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During physiological pregnancy is possible to change some parameters of liver function. However, changing the parameters of ALT and AST indicates liver damage. We observed 25 women with increased activity of transaminases occurred in the first half of pregnancy. The changes mainly made their debut on the age 15-17 weeks of pregnancy. Indicators of transaminases in excess of normal values in the 3 to 15 times. In 60% of the cases of liver biochemical changes observed in patients with pregnancy after IVF or ovulation induction. In 52% of cases marked repeated superovulation induction and IVF protocol, which could be a predictor of adverse reactions in the liver during pregnancy occurs. In 4% of the cases the change of parameters of transaminases was noted on the background of mild ovarian hyperstimulation syndrome. All patients received treatment aimed at prolonging pregnancy (hormonal, antispasmodics, magnesium). In 36 % of the cases in the observation group were multiple pregnancy. In 48 % of the cases patients had markers of hereditary thrombophilia and laboratory signs of increased activity of the blood coagulation system. An ultrasound in patients were determined by normal or mildly enlarged liver and signs of biliary sludge. The patient dose minimized or canceled medicines. Patients administered the drug ursodeoxycholic acid (UDCA) 15 mg / kg per day. Patients with the activation of the blood coagulation system additionally received low molecular weight heparins. In all patients, there is stabilization and normalization of liver function by the end of the second or third week of treatment. Subsequently, the entire period of pregnancy maintenance therapy UDCA 10 mg / kg body weight. In all patients, timed pregnancies ended in spontaneous or operative delivery. No adverse effects on the mother and fetus in patients receiving UDCA is not identified in either case.