THE BASES OF PLACENTAL DYSFUNCTION IN PREGNANT WOMEN WITH METABOLIC SYNDROME

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Objective: to reveal the perinatal risks for patients with metabolic syndrome while studying the hemostasis indices and morphological parameters.

Methods. 127 pregnant women with metabolic syndrome in II - III trimesters of pregnancy have been investigated. In study clinical, hemostasiological, morphological, immunohistochemical and statistical have been used.

Results. The important peculiarity of hemostasiological disorders in patients with metabolic syndrome was a hyperactivity combination of platelet and plasma links of hemostasis. In 53% of women a hypercoagulation, mismatching to duration of gestation was accompanied by reliable signs of intravascular thrombogenesis as chronic form of DIC syndrome.

Revealed disorders in hemostasis system were the changes found in morphological study of placentas, these changes testified to a widespread fibrosis stroma of intermediate and anchor villi with formation of pseudoinfarction. Immunohistochemical analysis of regions of placentas testified to nonuniformity of allocation of collagens I, II and III types. The expression of I type collagen was watched as among the fibroblasts disposed in stromal frame around the vessels, and in sides of arteries and veins of various diameter that indicated to a development of sclerotic changes. Changes in differential expression of III and IV types collagens reflected the development of chronic placental insufficiency and degenerate changes in a placenta.

Conclusions. The trigger of perinatal complications in pregnant with metabolic syndrome is the disadaptation of hemostasis system with development of chronic form of DIC syndrome and expressed placental dysfunction.

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