

УДК:343.5

Valiyeva N.M.

Assistant of the Department of Infectious Diseases

Andijan State Medical Institute

Andijan, Uzbekistan

LATENTITY AND FEATURES OF THE COURSE OF HIV INFECTION IN PREGNANT WOMEN

Summary. Since during pregnancy, most patients are diagnosed with stages I-III of the disease, pathological clinical signs are absent or look nonspecific. During the first three months after infection, 50-90% of those infected have an early acute immune reaction, which is manifested by weakness, slight fever, urticarial, petechial, papular rash, inflammation of the mucous membranes of the nasopharynx, vagina. Some pregnant women have swollen lymph nodes and diarrhea. With a significant decrease in immunity, short-term, mild candidiasis, herpes infection, and other intercurrent diseases may occur.

Keywords: alanine aminotransferase, aspartate aminotransferase, antiretroviral therapy, antiretroviral drug, T-lymphocytes expressing CD4 receptor, central nervous system.

Валиева Н.М.

ассистент кафедры инфекционных болезней

Андижанский государственный медицинский институт

Андижан, Узбекистан

ЛАТЕНТНОСТЬ И ОСОБЕННОСТИ ТЕЧЕНИЯ ВИЧ-ИНФЕКЦИИ У БЕРЕМЕННЫХ

Резюме. Поскольку во время беременности у большинства пациенток определяются I-III стадии заболевания, патологические клинические признаки отсутствуют или выглядят неспецифичными. В течение первых трех месяцев после инфицирования у 50-90% зараженных наблюдается ранняя острая иммунная реакция, которая проявляется слабостью, незначительным повышением температуры, уртикарной, петехиальной, папулезной сыпью, воспалением слизистых оболочек носоглотки, влагалища. У некоторых беременных увеличиваются лимфатические узлы, развивается диарея. При значительном снижении иммунитета возможно возникновение кратковременных, слабо выраженных кандидозов, герпетической инфекции, других интеркуррентных заболеваний.

Ключевые слова: аланинаминотрансфераза, аспартатаминотрансфераза, антиретровирусная терапия, антиретровирусный препарат, Т-лимфоциты, экспрессирующие рецептор CD4, центральная нервная система.

Relevance. Statistics from the World Health Organization show that since the discovery of the disease, 79 million people have been infected with HIV in the world, according to data for 2018, the number of people living with HIV amounted to 37.9 million people and 1.7 million new cases of HIV infection were recorded . In 2018, 770,000 people died from HIV-related causes. Of the 37.9 million people, 62% received treatment and 53% achieved suppression of the HIV virus to a level that precludes the possibility of infecting another person. The vast majority (93.5%) of detected cases are in the adult population. The percentage of women is about half. And the number of deaths due to HIV, as can be seen from the above data, for the entire time of the study of infection is more than 35 million people.

The Republic of Uzbekistan, having acceded to the International Covenant on Economic, Social and Cultural Rights and recognizing other international principles and norms in the field of combating the spread of HIV/AIDS, has formed its own legal framework for the protection of human rights in the context of HIV/AIDS.

The basic principles of non-discrimination of people living with HIV and other citizens associated with this problem are enshrined in the Constitution of the Republic of Uzbekistan.

Purpose of the study. to study the characteristics of the course of HIV infection in pregnant women and to optimize chemoprevention schemes for perinatal transmission of HIV infection.

Materials and research methods. The study was carried out on the basis of the Andijan Regional AIDS Center.

During the study, the clinical, virological and immunological parameters of women were evaluated for 2 years. The study included 30 women with HIV infection aged 18-35, of which 7 women (23.3%) were aged 18-25, 14 (46.7%) were aged 26-30, 9 (30.0%) at the age of 31-35 years, who are registered with the dispensary.

Results and discussion. The analysis of indicators of social, epidemiological and somatic anamnesis of the studied groups of women was carried out.

An analysis of marriage and family relations showed that all pregnant women were officially married, 22 women had children, the remaining 8 became pregnant for the first time.

Pregnant women were divided into stages of HIV infection in accordance with the 2015 National Clinical Protocol for Dispensary Observation and Treatment of Patients with HIV Infection.

In 13 (43.3%) women, the diagnosis of HIV infection was established during pregnancy, in 17 (56.7%) before pregnancy. The clinical condition in 13 (43.3%) women corresponded to stage 1, in 16 (53.3%) women of stage 2 and in the 1st (3.3%) patient of stage -3.

Anemia was detected in 27 (90%) pregnant women, mild anemia was detected in 24 pregnant women, and moderate degree in 3 pregnant women.

Somatic pathology in pregnant women was also predominantly noted as diseases of the endocrine system in 24 (80%) women, which in all cases was combined with anemia, diseases of the urinary system in the form of chronic

pyelonephritis were found in 17 (56.7%) women. Diseases of the gastrointestinal tract in 8 (26.7%), respiratory organs - in 1 (3.3%), diseases of the musculoskeletal system - in 2 (6.7%) and diseases of the cardiovascular system were detected in 1 (3, 3%) of a pregnant woman.

Among the examined women, 7 women (23.3%) were infected with chronic viral hepatitis B and 5 women (16.7%) were infected with chronic viral hepatitis C. Before starting antiretroviral therapy, pregnant women were diagnosed with mild anemia and mild thrombocytopenia.

When evaluating the indicators of a clinical blood test, significant differences were found between the indicators of hemoglobin, leukocytes and platelets before the start of ART and after the start of treatment, $p < 0.05$. In the dynamics of the study - after 3 and 6 months - no significant differences were found in the studied groups in terms of the level of hemoglobin, erythrocytes, leukocytes and platelets. The main hematological blood parameters (hemoglobin, erythrocytes, leukocytes, platelets) both at the beginning of the study and during 6 months of the study were within the age norm and did not undergo significantly significant changes.

Conclusion. During the first 14 weeks of pregnancy, the fetus is most vulnerable to any toxic effects of antiretrovirals. Taking antiretroviral therapy at this time may increase the risk of fetal abnormalities, so it is recommended to start prophylactic ARV treatment for pregnant women with HIV infection from the 14th week of gestation.

Pregnancy is a state of natural immunosuppression due to high levels of progesterone (a hormone that maintains pregnancy). In the absence of antiretroviral therapy, HIV during pregnancy can progress, move from a latent stage to a stage with complications, which threatens not only the health, but also the life of a pregnant woman. Therefore, it is necessary to start ARV therapy in a timely manner.

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