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ОЦЕНКА В СИСТЕМЕ ГЕМОСТАЗА У БЕРЕМЕННЫХ С АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИЕЙ

Introduction. A hyperpiesis (AH) is examined as a syndrome with different changes in the system of hemostases. A synthesis and metabolism of certain active substances change as a result of formation of placenta, that causes reduction of vessels as locally, so in the whole organism. Permeability of vascular wall changes on this background, activation of hemostases takes place [1; 3; 11; 14]. The systems of hemostases of mother and fruit during pregnancy function relatively separately [10]. On the function of spiral arteriol, by means of which the blood supply of placenta comes true, the system of hemostases of maternal organism influences, first of all thrombocyte link. Thrombocytes carry out adjusting of blood stream in spiral arteriols by co-operation of them thrombocytogenerating systems and prostacyclingenerating systems of endothelia [6; 13]. The changes of the coagulant system of blood during pregnancy consist in the permanent decline of fibrinolytic activity and increase of coagulation of blood. These changes have the expressed adaptation character directed, foremost, on the decline of volume of physiological blood loss during childbirth [9; 12; 15].

At physiological flowing pregnancy tension of hemostases is forced and it is well compensated, however and at her development of thrombohemorrhagic complications is possible. At the hypertension states for pregnant risk of development of similar complications, including the disseminated intravascular coagulation (DIC), rises [8].

It is set that pregnancy always flows with the phenomena of hypercoagulability, thus in III trimester and especially before labor there is the expressed predominance of processes of hemostasis above the processes of fibrinolysis. It takes place due to the increase of concentration of Fibrinogenum. The increase of prothrombin index takes place also in the end III of trimester and it is related to the increase of total activity of factors of clotting [2; 4;].

By the end of pregnancy there is a fall-off of activity of the fibrinolytic system, there is deleting from the of the circulatory system river-bed of fibrin deposits and prevention of formation of fibrin clots [5; 7].

Materials and research methods.

In researches the pregnant took part without a hyperpiesis: it is bored a 141 population, 139 populations of Russians and with a hyperpiesis: 130 the pregnant of population are bored and 130 pregnant of the Russian population. Taking into account, that every trimester of pregnancy the norms are peculiar to, an inspection was conducted in the dynamics of pregnancy on trimesters on the base of the Republican perinatal center Ulan Ude. Middle age of investigating patients are from 25 to 34

For determination of vascular-thrombocyte link of hemostases Fibrinogenum, soluble fibrin-monomere complexes, aggregating with UIA, prothrombin time, activated partial thromboplastin time, thrombin time on the sets of reagents of firm "Technology-standard" (Russia) on the programmable optico-mechanic coagulometer of "Minilab-701"; time of hemostasis (on Lee White) is in the chamber of Goryaev were analysed.

Statistical calculations were conducted by participation of department of informatics and computer technologies of SES EPE the "Irkutsk state institute of improvement of doctors". The got results are brought in tables in a kind - arithmetical mean \pm standard deviation ($M \pm \sigma$) at the attained level of meaningfulness of signs of $p < 0,05$.

Results and discussion.

On our researches at the persons of Buryat nationality with a hyperpiesis from data of coagulogram a hypercoagulability is diagnosed due to the increase of procoagulation link. Most essential is an increase of concentration of Fibrinogenum at the end of pregnancy, which exceeds a norm in a group with a hyperpiesis by comparison to a group without AH. Concentration of протромбина in our researches it is indexes of prothrombine time (IPT) and the international normalized relation (INR) for certain is exceeded in a group from AH, that testifies to activating of external way of hemopexis. By the end of pregnancy there is a fall-off of activity of the fibrinolytic system, there is deleting from the of the circulatory system river-bed of fibrine deposits and prevention of formation of fibrine clots [6; 7]. At the end of pregnancy of the Buryat women with a hyperpiesis has an increase of concentration of derivatives Fibrinogenum - exceeding of soluble fibrin-monomeres complexes (SFMC) comparing to the group without hypertension in this population, that specifies on activity of inopexi. Time of hemopexis in a group without AH at the end of pregnancy for certain ($p < 0,0005$) higher, than for pregnant from AH, and bleeding duration in the second and third trimesters of gestoses for certain ($p_2 < 0,05$; $p_3 < 0,01$ accordingly) exceeds for pregnant from AH, what in a group without hypertension. Time of aggregating of thrombocytes with the compatible inductor of activating (CIA) for certain exceeds for pregnant from AH in the end of hestation ($11,13 \pm 3,73$), thus this index in a group without AH to the third trimester diminishes. Because of our researches in the Buryat population there are reliable distinctions on the indexes of hemostases between pregnant without hypertension and pregnant with essential hypertension.

It is educed at the analysis of the Russian population, that INR for certain exceeds for pregnant with a hyperpiesis during all hestation, but does not exceed a norm ($0,8-1,2$). Activated partial thromboplastine time (APTT), which reflects the internal mechanism of hemopexis in the first trimester of both groups is at one level, to the middle of pregnancy there is the reliable exceeding of this index for pregnant without AH are $32,30 \pm 4,13$ secs., against a $29,06 \pm 5,18$ sec. in a group from AH, and in the third trimester the reliable diminishing of this index registers in a group without hypertension. APTT for pregnant with a hyperpiesis during all period of hestation remains at one level, and it assists maintenance of activity of internal mechanism of hemopexis practically at one level and is an adaptation mechanism. Fibrinogenum in this population the pregnant with a hyperpiesis practically have at one level and for certain exceeds indexes in the first and second trimesters of pregnancy for women without hypertension, in which an increase of index was by the end of pregnancy. Prothrombine time in the first and second, and thrombine time in the third trimesters of pregnancy observed for certain below in a group without hypertension. Soluble fibrine-monomeres complexes for certain higher in the first trimester for pregnant with a hyperpiesis, thus in this group an index does not change practically. Aggregating with UIA for certain ($p < 0,05$) higher for women without hypertension. Time of hemopexis is reliable ($p < 0,001$) higher in a group without hypertension, and bleeding ($p < 0,01$) duration in a group from AH. In the Russian population also the indexes of procoagulants for patients with a hyperpiesis exceed indexes for women without hypertension, but for pregnant it is marked from AH, that parameters of coagulogram are at one level, or go back to the number of the first trimester at the end of pregnancy (table 1).

Conclusion

Thus, in the Russian population there are compensation-adapting mechanisms at a hyperpiesis, which assist maintenance of indexes of procoagulants practically at one level, what is not observed in the Buryat population. Most model in regard to a hyperpiesis in a бурятской population in the first and second trimesters of pregnancy there are data of INR and IPT, at the end of pregnancy changes touch APTT, to aggregating with UIA, time of rolling up and bleeding duration. The height of INR and IPT is also marked at the beginning and to the middle of pregnancy in the Buryat population at hypertension. At the persons of the Buryat nationality with a hyperpiesis from data of coagulogram a hypercoagulability is diagnosed due to the

increase of procoagulation link. Most essential is an increase of concentration of Fibrinogenum at the end of pregnancy, which exceeds a norm in a group with a hyperpiesis by comparison to a group without AH. Concentration of протромбина in our researches it the indexes of протромбинового time and INR for certain exceed in a group from AH, that testifies to activating of external way of hemopexis.

At the end of pregnancy the Buryat women with a hyperpiesis has an increase of concentration of derivates Fibrinogenum - exceeding of soluble of fibrine-monomeasured complexes comparing to the group without hypertension in this population, that specifies on activity of inopexi.