### **CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES**



# Volume: 02 Issue: 05 | Sep-Oct 2021 ISSN: 2660-4159

http://cajmns.centralasianstudies.org

#### **Comparative Diagnosis of Kidney Diseases in Pregnancy**

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*Received 27<sup>th</sup>Aug 2021, Accepted 29<sup>th</sup> Sep 2021, Online 16<sup>th</sup> Oct 2021*  **Аннотация:** According to the WHO, urinary tract diseases are the most common extragenetic diseases in pregnancy, and cardiovascular diseases are the most common. Diseases of the urinary system account for 20% of pregnancies. [1]

Ключевые слова: Хронический гнойный средний отит, факторы риска.

<sup>1,2,3</sup> Termez branch of the Tashkent Medical Academy.

Another major cause of urinary excretion and circulatory disorders in the kidneys is the effect of the hormone progesterone on the urinary tract, kidney stones during pregnancy. Pyelonephritis is more common in the right kidney and in women who are pregnant for the first time. Pyelonephritis - 86.6% of women who give birth in the second half of pregnancy (22-28 weeks) may start the disease from 4-6-9-12 days during the chill period [2]

The incidence of acute cystitis in pregnancy is 1-3%. The incidence of acute cystitis in Russia is 26-36 million people annually. [3]

Pyelonephritis is a life-threatening disease that is more common in pregnant women. This inflammatory condition occurs during pregnancy, childbirth and during chills. The rate (frequency) of pyelonephritis is on average 3-30%. This is 17% in women who give birth during 48% of pregnancies and 35% during chills. [4]

Kidney stones account for 1-3% of global morbidity, and urological diseases account for 32-40%. Kidney stone disease in pregnant women is 0.2-0.8%. [5]

**Objective of the study:** To make a comparative diagnosis of kidney disease with pregnancy and comorbidities.

**Research methods and results:** The study conducted retrospective analysis of 100 patients diagnosed with additional diseases of pregnancy: acute cystitis, pyelonephritis, glomerulonephritis, kidney stone disease in the prenatal center of Surkhandarya region in 2019-2021. This represents 29.5% of the total number of patients admitted to the hospital. Epidemiological, clinical, laboratory (bacteriological, serological), instrumental diagnostic methods were used in this work.

Pregnant women of childbearing age were taken under observation. Patients were divided by age as follows: Group 1: 18-25 years 48 people (48%), Group 2: 26-30 years 32 people (32%), Group 3: 31-

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45 years 20 people (20%) formed. Of these patients, 45.8% are urban residents and 54.2% are rural residents.

The frequency of infectious and other diseases of the urinary system in pregnant women:

Asymptomatic bacteriuria 25-30%;

acute cystitis 30-40%;

pyelonephritis 12.5-20%;

kidney stone disease 0.2-5%;

glomerulonephritis 0.1-0.2%;

developmental anomaly, <0.1% had hydronephrosis.

Renal glomerulonephritis and in pregnant women in our study

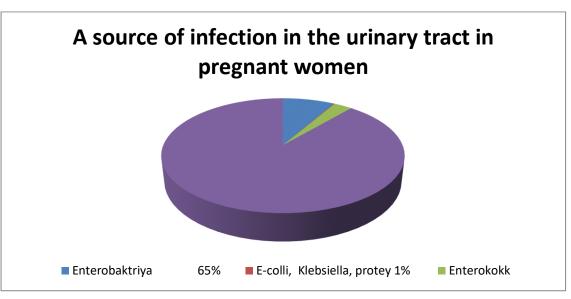
pyelonephritis was differentially diagnosed as follows. Table 1.

Reasons	Glomerulonephritis	Pyelonephritis
Inquiry.	Pre-pregnancy diagnosis of kidney	Pyelonephritis, acute cystitis can be
	disease.	detected before or in early pregnancy.
Blood pressure.	Increases (hypertensive) and in	Always in the norm
	mixed form.	4
Swollen	Nephrotic tumor or mixed	No.
Diuresis	Decreased	Normal
Urine density	A little normal	Below the norm.
Proteinuria	It is often detected.	Not more than 1 g / l.
Hematuria	Detected.	No.
Cylindruria	Detected	Then - in the end.
Glomerular	Decreased	Normal
filtration		
Leukocyturia	No.	Detected.
Bacteriuria	No.	Detected.

When studying the occurrence of systemic diseases of the urinary tract in pregnant women from the anamnesis:

Disease-causing microorganisms can include 65% enterobacteria, 1% Escherichia coli, Klebsiella, Proteus, 23% Enterococci, rarely Staphylococcus, and so on. The main sources of infection are mainly inflammation of the female genitals, boils, inflammation of the urinary tract, the presence of diseased teeth, anus is a chronic inflammation of the glands. Infections can be transmitted in the body: through the blood, lymphatic tract and urinary tract. If a pregnant woman with pyelonephritis becomes ill in the first 3 months of pregnancy, it is forbidden to continue the pregnancy. Because this period is the period of formation of the internal organs of the fetus necessary for life. [6]

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In our survey, it was found that pregnant women do a lot of work related to moisture during the survey, and consume a lot of salty products (pickles) during pregnancy. There is also a hereditary predisposition to kidney stones.

In group 1 patients, asymptomatic bacteriuria was observed in 20 patients, acute cystitis in 18 patients, pyelonephritis in 5 patients, kidney stone disease in 3 patients, and glomerulonephritis in 2 pregnant women.

In group 2 patients, asymptomatic bacteriuria was observed in 14 patients, acute cystitis in 10 patients, pyelonephritis in 2 patients, kidney stone disease in 2 patients, and glomerulonephritis in 4 pregnant women.

In group 3 patients, asymptomatic bacteriuria was observed in 8 patients, acute cystitis in 5 patients, pyelonephritis in 2 patients, and kidney stones in 4 pregnant women.

Conclusions: In our study, urinary tract diseases in pregnant women accounted for 54.2% of rural women. Acute cystitis was 37.5% in group 1 patients. The incidence of glomerulonephritis in our group 2 patients was 12.5%. Kidney stone disease accounted for 20% of our group 3 patients. It is obvious that given the high incidence of urinary tract diseases in pregnancy, which can lead to severe complications and complications of pregnancy, it is necessary to strengthen the practice of pregnancy practice in general practice doctors and nurses in family clinics, rural clinics.

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