

Menstrual dysfunction in the evaluated patients was depend on the type of HV. Hypermenstrual syndrome and uterine bleeding were found in 2,4% patients. But $22.6 \pm 1.48\%$ patients revealed a hypomenstrual syndrome and 67,5% was with amenorrhea. The disorder was more manifest in patients with HVC ($35,3 \pm 2,3\%$) and in those with mix-hepatitis ($28,58 \pm 1,08\%$). Analysis of hormone's reflects a wide range of variations in the content of estradiol (from 70.3 to 670 nmol / l) and progesterone (from 1.42 to 5.5 nmol / l). Hyperestrogenemia prevail in patients with severe HVB and those with mixed forms (in $63.75 \pm 3.1\%$ cases). Progesterone was dropped in $67,5 \pm 2,9\%$ patients and varied from 1,42 to 7,42 nmol/l, thus indicating an essential hypoprogesteronemia ($p > 0,05$). FSH seric concentrations ($6,62 \pm 0,3$ mME/ml) and LH ($2,7 \pm 0,08$ mME/ml) slightly exceeded the maximal tolerated limit. High levels of Prolactin ($505,3 \pm 46,3$ ng/ml ($p < 0,05$)) were registered in the majority of cases.

At the ultrasound investigation performed in the 13th day of the menstrual cycle, it has been observed a decreased M-echo till $4.0 + 0.9$ mm, in patients with HVB, $3.0 + 1.1$ mm – with HVC, and $3.2 + 0.8$ mm – with mix- hepatitis.

The results of the study reveal serious disturbances in all hepatic functions in patients with viral hepatitis with direct repercussions over the ovaries, which lead to derangements in ovarian hormone biosynthesis. The correction of menstrual abnormalities depends on the activity degree of the viral hepatitis activity and the length of these dysfunctions.

In the 1st group a gradual normalization of hepatic function after 3 months of traditional treatment was observed, a full recuperation of the menstrual function using only hepatoprotectors is not possible. Duphaston is a selected treatment for correcting the menstrual function at women with the minimum and moderate hepatitis activity degree, contributed to menstrual cycle adjustment, thus decreasing menstrual cycle dysfunction's incidence with 52% compared with 1-st group (RR=0,246; IC=0,52±0,098; ($p < 0,001$)). Femoston is recommended for the recovery of serious hormonal dysfunctions, caused by viral the mixed hepatitis, moderate or severe forms. The high efficiency of the Femoston therapy was observed in 67.74% of cases (RR=0.51, IC=0.34±0.098, ($p < 0.05$)).

Conclusions. The clinical researches showed the lack of adverse effects of the Femoston and Duphaston therapies over the hepatic function.



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PREECLAMPSIA AND FUTURE CARDIOVASCULAR RISK

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Introduction: Preeclampsia is a pregnancy-specific disorder resulting in hypertension and multiorgan dysfunction. There is growing evidence that these effects persist after pregnancy. We aimed to systematically evaluate and quantify the evidence on the relationship between preeclampsia and the future risk of cardiovascular diseases. The goal of this review is to determine the association of preeclampsia and future cardiovascular risk and to explore the potential management options for these high-risk women.

Materials and methods: Study of obstetrical history of patients with a ischemic cardiovascular diseases. The study performed in the Cardiology department of IMSP SCM-3 mun. Chișinău during 2014-2016. The study also included 98 pregnant women whose pregnancy was complicated by preeclampsia of various degrees of severity during 2010-2012, analyzed after 5 years.

Discussion results The study found that 29 patients out of 52 had complicated pregnancies with preeclampsia, accounting for 56%, 13 patients having complicated pregnancies - 25%, and 19% - 10 patients had a physiological pregnancy. Preeclampsia is a major risk factor for developing cardiovascular complications 3 times more frequently than uncomplicated pregnancies (OR 17.62; 95% CI 6.65 to 46.4) $P < 0.001$. Women with a history of preeclampsia have a double risk of subsequent ischemic heart disease, stroke and thromboembolic events within the next 5-15 years after pregnancy. None of the 98 women after birth complicated with preeclampsia was not monitored, and so they developed complications.

Conclusion: Preeclampsia is associated with a 4-fold increase in future incident heart failure and a 2-fold increased risk in coronary heart disease, stroke, and death because of coronary heart or cardiovascular disease. This important association can be used to screen for women with an increased risk to better target counselling on lifestyle modifications such as weight loss, exercise, and a healthier diet.