

90. EPIDEMIOLOGICAL, CLINICAL FEATURES AND RISK FACTORS IN FAILURE TO PROGRESS

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The purpose: The aim of this work is to analyze risk factors, epidemiological and clinical features in failure to progress.

The objectives:

- Evaluation of the epidemiological aspects in failure to progress.
- Evaluation of the risk factors for the failure to progress.
- Evaluation of delivery progress, postnatal and neonatal periods in failure to progress.

Materials and Methods: This work is a retrospective study in which we used the following series of survey methods: sampling data from medical documents, statistics and mathematical analysis of the results. The material was collected in Chisinau Maternity IMSP SCM nr. 1. To implement the objectives of this work we studied the process of delivery, postpartum and neonatal periods in 5306 childbirth stories. From 5306 clinical cases studied were selected 368 labor histories, among which 184 - all the clinical cases of childbirth complicated by the failure to progress (contains 3.5%), which compose a workgroup. For comparison, we have selected 184 clinical cases with physiological parturition in the control group. Information derived from labor histories with particularities in anamnesis, pregnancy, delivery process were registered in a specially questionnaire.

Conclusions:

1. The failure to progress occurs with a frequency of 3.5% (293 cases out of 8336). During our research, we found that the frequency of the weakness of labor depends on the following factors: age (more prevalent among 21-30 age), weight (obesity increases the risk of failure to progress in 2.3 times) and smoking (increased risk of failure to progress in 3 times).

2. The following predominant risk factors were revealed in our study: extragenital diseases (RR-relative risk= 2.44), especially endocrine (RR = 3), urogenital (RR = 3), cardiovascular pathology (RR = 3), gynecological diseases (RR = 4.2) in history, especially vulvovaginitis (RR = 2.3), vaginitis (RR = 2.6). It was found in our study, that nulliparous women 21-30 years have the risk of failure to progress increased by 1.5 times. Increasing the duration of pregnancy (RR = 2.4), presence of abortion in anamnesis, pathology of amniotic fluid, especially meconium (RR = 4.6) are also risk factors which in our opinion can lead to failure to progress.

3. There are 102 (55.4%) cases of cesarean section in work group. 134 (72.8%) women has received Oxytocin and 50 (27.2%) women had urgent indications for caesarean section. 62 (33.7%) received oxytocin finished by caesarean section. The remaining 72 (39.1%) women gave birth naturally. The complications in progress to failure are associated with a weak tone of the uterus, low tendency to involution and high tendency to bleed. Thus, the most frequent complication of postpartum are: hemorrhage (RR = 4), endometritis (RR = 5), the remnants of placental tissue (RR = 2.4) and postoperative complications (RR = 3). Increasing the duration of dry periods and pathological changes of amniotic fluid affect the neonatal period: increasing number of children with hypoxia (RR = 4) and posthypoxic encephalopathy (RR = 1.5).

91. INFANTILE HYPERTROPHIC PYLORIC STENOSIS

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Introduction: The pyloric muscle is a sphincter defining the transition between the stomach and duodenum, it control the outflow from the stomach preventing passage of large pieces of food to the duodenum, and to prevent backflow of intestinal content to the stomach. Infantile hypertrophic pyloric stenosis (IHPS) is familiar to most pediatric and general practitioners. There is hypertrophy and hyperplasia of the antropyloric portion of the stomach, which becomes abnormally thickened, it manifests as obstruction to gastric emptying.