

CONDUITA MEDICALĂ ÎN PIERDERILE REPRODUCTIVE

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Introducere. Avorturile spontane, sarcinile stagnante și decesul in utero se referă la pierderile reproductive. Etiopatogenia este multifactorială și necesită conduită medico-socială complexă. **Scopul.** Analiza conduitei cazurilor clinice diagnosticate cu pierderi reproductive. **Material și metode.** Au fost cercetate 174 paciente internate în Institutul Mamei și Copilului. Datele clinice și paraclinice au fost colectate din fișele medicale. **Rezultate.** Vârsta pacientelor a fost 21-34 ani în 103/59.2%. În 57/32.8% femeile au avut ≥ 35 ani; în 14/8.0% ≥ 41 ani, ultima fiind asociată cu aberații cromozomiale și malformații fetale. Pacientele s-au adresat cu acuze la dureri, eliminări sangvinolente. Stabilite: avort spontan precoce (87/50.0%), avort spontan tardiv complet (27/15.5%) și incomplet (26/15.0%), sarcini stagnante (30/17.2%), anembrionie (4/2.3%). Din anamneză: pierderi reproductive precoce au declarat 27/15.5% paciente; avorturi habituale- 11/6.3%, fiind apreciate trombofilii congenitale, infertilitate; sarcina stagnată- 14/8.0%. Pacientele au menționat semne de depresie. Volumul hemoragiei preponderent ≤ 300 ml (133 /76.4%). Fiecare a treia femeie a manifestat anemie; în 37/21.2% apreciată leucocitoza. Vacuum aspirația cavității uterine efectuată în 126/72.4%; anestezia generală practică în 132/75.9%. Pacientele au urmat tratament uterotonic, spasmolitic. Externarea la a treia zi; recomandat examen ecografic, contracepție, consultul psihologului. **Concluzie.** Pierderile reproductive constituie o problemă și necesită abordare medico-socială, vizite de follow-up și stabilirea unui plan preconcepțional. **Cuvinte-cheie:** pierderi reproductive, avort spontan, sarcina stagnată.

MEDICAL MANAGEMENT IN REPRODUCTIVE LOSSES

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Background. Spontaneous abortions, miscarriages and intrauterine deaths refer to reproductive losses. Etiopathogenesis is multifactorial and requires a complex medical and social approach. **Objective of the study.** The analysis of the clinical management of cases diagnosed with reproductive losses. **Material and methods.** A total of 174 patients with reproductive losses, admitted and treated at the Institute of Mother and Child, were studied. Clinical and paraclinical data were collected from medical records. **Results.** The age of the patients ranged from 21 to 34 years in 103 cases (59.2%). In 57 cases (32.8%), the women were aged ≥ 35 years; in 14 cases (8.0%) they were ≥ 41 years, the latter being associated with chromosomal aberrations and fetal malformations. The patients came in with complaints of pain and bleeding. Diagnoses established included early spontaneous abortion (87/50.0%), complete late spontaneous abortion (27/15.5%), incomplete late spontaneous abortion (26/15.0%), miscarriages (30/17.2%), and anembryonic (4/2.3%). From the anamnesis: early reproductive losses were reported by 27 patients (15.5%); repeated miscarriages by 11 patients (6.3%), with congenital thrombophilia and infertility noted; miscarriages by 14 patients (8.0%). The patients reported signs of depression. The amount of hemorrhage was predominantly ≤ 300 ml (133/76.4%). Every third woman presented anemia; in 37 cases (21.2%) leukocytosis was noted. Vacuum aspiration of the uterine cavity was performed in 126 cases (72.4%); general anesthesia was used in 132 cases (75.9%). Patients received uterotonic and antispasmodic treatment. They were being discharged on the third day; ultrasound examination, contraception, and psychologist consultation were advised. **Conclusion.** Reproductive losses constitute a significant issue and require a medical-social approach, follow-up visits and a preconception plan. **Keywords:** reproductive losses, spontaneous abortion, miscarriages.