

DIAGNOSTIC METHODS OF VAGINAL DYSBIOSIS DURING PREGNANCY

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Annotation: The incidence of bacterial vaginosis in non-pregnant women is 15-35.5%, and in pregnant women it is 38%.

Key words: Vaginal dysbiosis, vaginal microbiocenosis, bacterial vaginosis, probiotic, prebiotic.

Vaginal dysbiosis of pregnant women describes a violation of the qualitative and quantitative composition of the bacterial microflora. Dysbiosis includes diseases related not only to bacterial microflora, but also to other representatives of microbiocenosis (fungi, viruses, protozoa).

Among the disorders of the vaginal microbiocenosis of pregnant women, TORCH - infection takes the leading place. TORCH infection is a collection of clinical signs of congenital infections. The term TORCH was first coined by Andre Namias in 1971. TORCH infection can affect people of any age and gender, but is a term that only applies to pregnant women and infants. [2,4]

One of the important features of TORCH infection is that the symptoms of the disease pass almost without symptoms, mainly the development of the fetus and the course of pregnancy are affected. Detection of TORCH infection is considered the most accurate laboratory diagnostic method, focusing on the detection of immunoglobulins in the blood. TORCH infection remains in the blood for a long time, sometimes throughout life, and appears when the body's immune system is weakened.

Diagnosis of vaginal microbiocenosis disorders in pregnant women mainly includes clinical laboratory diagnostic methods. Clinical laboratory examination methods, in turn, are divided into two groups: direct methods are used to isolate microorganisms from biological fluids and tissues, and indirect methods are used to determine specific immune responses to allergens and antigens corresponding to the nature of the infection. [8]

Direct examination methods performed in pregnant women include transabdominal amniocentesis or cordocentesis to determine the level of specific antibodies in the blood. Indirect methods of diagnosis include taking smears from the cervical canal, urethra and vagina for bacteriological and bacterioscopic examinations in order to study the type of causative agent, as well as serological methods to determine the level of specific antibodies in the blood.

To diagnose vaginal dysbiosis in pregnant women, the following clinical laboratory tests are prescribed [1,3,5]:

(.) smear is a microscopic examination method that allows to determine the qualitative and quantitative composition of microflora and vaginal dysbiosis. For a smear sample, discharge is taken from the vagina, cervix, and urethra.

Assessment of the condition of the fetus and fetoplacental complex is carried out on the basis of cardiomonitoring observations. Among them, ultrasound fetometry, dopplerometry, macro- and micro-examinations are carried out in pregnant women at high risk of infection.[9,10]

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