

МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ
КАФЕДРА ІНФЕКЦІЙНИХ ХВОРОБ З ЕПІДЕМІОЛОГІЄЮ
ГО «АСОЦІАЦІЯ ІНФЕКЦІОНІСТІВ СУМЩИНИ»

**Інфекційні хвороби
в практиці лікаря-інтерніста:
сучасні аспекти**

*Infectious diseases in practice of physician-internist: modern
aspects*

Матеріали Всеукраїнської науково-практичної конференції,
присвяченої 20-річчю кафедри інфекційних хвороб з епідеміологією
СумДУ
(Суми, 25–26 травня 2017 року)

Суми
Сумський державний університет
2017

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**CURRENT CLINICAL AND EPIDEMIOLOGICAL
CHARACTERISTICS OF CHICKENPOX IN PREGNANT
WOMAN IN BUKOVINA**

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**СУЧАСНА КЛІНІКО-ЕПІДЕМІОЛОГІЧНА
ХАРАКТЕРИСТИКА ВІТРЯНОЇ ВІСПИ У ВАГІТНИХ НА
БУКОВИНІ**

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Резюме. Вітряна віспа є однією із найбільш висококонтагіозних інфекцій з переважно повітряно-краплинним механізмом передачі, а також вертикальним та контактним (під час пологів). Збудником вітряної віспи є вірус *Varicella-zoster*. З вітряною пов'язаний ризик розвитку ускладнень вітряної віспи у вагітних, виникнення тяжких форм перебігу, патології вагітності, вроджених вад розвитку та захворювань, що визначають перинатальну та малякову смертність.

Adjective. *Varicella-zoster* virus is the cause of chickenpox. The most common mechanism of transmission is air-borne but it is also possible vertical. Susceptibility to *Varicella-zoster* virus is the total except children in the first two months of age. Chickenpox during pregnancy can cause complications, both for the pregnant woman and the unborn baby. However, the actual risk of any complications occurring is low. Chickenpox is a "children" respiratory infection.

Інфекційні хвороби в практиці лікаря-інтерніста: сучасні аспекти : матеріали Всеукраїнської науково-практичної конференції, м. Суми, 25–26.05.2017 р. СумДУ

However, in today's conditions, one of its peculiarities is adults affection with registration severe and specific complications. Therefore, the problems of chickenpox in pregnant women becomes actual.

“Growing up” of chickenpox, the risk of complications, the increasing of Varicella zoster infection in pregnant women, the negative impact on the health of the child population, economical losses prioritize prevention, timely diagnosis and treatment of infections in modern conditions. Vaccination is a priority for women planning pregnancy and pregnant women. Monitoring of immune, including and post-vaccination status is most convenient to women at the stage of planning of pregnancy.

Research purpose. To analyze the clinical and epidemiological features of chickenpox in pregnant woman hospitalized in infectious department of Chernivtsy Municipal Hospital.

Materials and methods. The work presents the results of retrospective analysis of medical charts of pregnant women with chickenpox who were hospitalized and treated in the infectious department of Chernivtsy Municipal Hospital for 2015-2016 years.

Results. During the last 4 years were recorded 16 cases of chickenpox in pregnant women who were hospitalized in the infectious department. All pregnant women with chickenpox asked for medical help in the winter. 6 of them were students. 4 patients worked in kindergartens, 6 other were unemployed.

All women confirmed contact with infected people and all they had not been vaccinated before pregnancy by live anti-influenza vaccine.

Pregnant women aged 20-30 years. 5 were women were in gestational age, which corresponded to the second trimester (18-26 weeks) and 11 patients were in period, which corresponded to the third trimester (34-35 weeks). It is known that women in the last months of pregnancy and before childbirth are less resistant to any, especially viral, infections. Therefore they are more prone to the Varicella-zoster virus infection.

Pregnants were in the hospital for 9 bed days. All requested medical help within 2-3 days from the beginning of the disease. The diagnosis chickenpox was based on clinical and epidemiological criteria. The course of disease corresponded typically a relatively moderate childhood illness with a characteristic exanthem.

In 13 patients the disease does not affect the normal course of pregnancy. However, 3 pregnant while in the hospital noted the aching pain below the abdomen. Based on this data and ultrasound examination the doctor-gynecologist diagnosed: the risk of miscarriage.

In 10 patients CBC was characterized by leukopenia, in 9 women's CBC was anemia.

Patients had antiviral, pathogenetic and also symptomatic therapy.

Conclusions.

1. The retrospective analysis given of medical records in patients and results of previous studies found that the cases among pregnant with chickenpox remains unchanged.
2. Susceptibility to the chickenpox virus increases as the gestation period increases.
3. Chickenpox in pregnancy is moderate providing timely appeal to doctors and their optimal management and treatment. In 3 patients there were complications like risk of miscarriage.