



PREVALENCE OF GYNECOLOGICAL DISEASES AND REPRODUCTIVELY SIGNIFICANT INFECTIONS IN THE MEDICAL HISTORY OF WOMEN WITH NON-PROGRESSIVE PREGNANCY

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ABSTRACT

Non-progressive pregnancy (NPP), or missed abortion, remains a critical challenge in modern obstetrics. Identifying the "anamnesic portrait" of these patients is vital for preventing recurrent pregnancy loss and improving reproductive outcomes..

Objective. To analyze the prevalence of gynecological pathologies and reproductively significant infections in the medical history of women diagnosed with non-progressive pregnancy.

Materials and Methods. A retrospective study was conducted on 120 women (ages 18–42) with confirmed first-trimester NPP (study group). The control group consisted of 50 women with healthy physiological pregnancies. Data were collected via clinical history analysis, PCR testing for STIs, and bacteriological cultures of the urogenital tract.

Results: Chronic Pelvic Inflammatory Disease (CPID): Observed in 68% of the study group, significantly higher than the control group ($p < 0.05$).

Structural Pathologies: Endometriosis was found in 22% of cases, and uterine fibroids in 15%.

Obstetric History: 42% of patients had a history of induced abortions or prior spontaneous miscarriages, suggesting a pattern of secondary infertility or recurrent loss.

Infection Profile: Infectious agents were detected in 76% of NPP cases, often as polymicrobial associations. Leading Pathogens: Ureaplasma urealyticum: 34%, Chlamydia trachomatis: 18%, Mycoplasma hominis: 12%

Viral Load: Herpes Simplex Virus (HSV-1/2) and Cytomegalovirus (CMV) were present in 28% of the study group, often correlating with histological signs of chronic endometritis.

Vaginal Microbiocenosis: Bacterial vaginosis and severe dysbiosis were diagnosed in 54% of women with NPP. A significant reduction in Lactobacillus counts was noted, creating a permissive environment for ascending infection of the gestational sac.

Conclusion. The study confirms that a history of chronic inflammatory diseases and persistent urogenital infections are major risk factors for non-progressive pregnancy. These conditions lead to subclinical endometritis, which impairs proper embryo implantation and placentation.

For women with a history of NPP, pre-conceptual care must prioritize the eradication of STIs and the restoration of vaginal normocenosis at least 3–6 months prior to conception to minimize the risk of recurrence.

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