

# Pregnancy Outcome in Women with Autoimmune Thyroiditis

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## ABSTRACT

Miscarriage is one of the pressing problems of modern obstetrics. Among the latter, the leading place is occupied by the pathology of the thyroid gland. In this connection, we decided to study the thyroid status in women with miscarriage and autoimmune thyroiditis outside and during gestation, to develop diagnostic criteria and optimal methods of combined pathogenetically based therapy. During the study, 96 pregnant women with autoimmune thyroiditis were examined, which were divided into 2 groups: primiparous and multiparous. In total, complications of pregnancy were noted in 54.8% of women.

**KEYWORDS:** autoimmune thyroiditis, miscarriage, iodine deficiency, pregnancy, gestation, thyroid gland

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## INTRODUCTION

Diseases of the thyroid gland can cause not only violations of the woman's reproductive system and have an adverse effect on the processes of embryogenesis, placentation and gestation, worsen the course of pregnancy and the outcome of childbirth, negatively affect the growth and development of the fetus, but also significantly affect the woman's body as a whole, worsen the quality life and performance.

**Material and research methods.** For 2019-2020, we examined 96 pregnant women with autoimmune thyroiditis (AIT) with gestational age up to 34 weeks. The state of the thyroid gland (thyroid gland) was studied, the hormonal background was investigated (the level of the thyroid

hormone, free thyroxine and antibodies to thyroid peroxidase), ultrasound of the thyroid gland was performed. All pregnant women were examined by an endocrinologist and, if indicated, by other specialists. The surveyed were divided into 2 groups. The first group consisted of pregnant women with AIT (60 women), the second - pregnant women with a normal course of gestation (36 pregnant women) without thyroid pathology.

## Research results

The applicants complained of pain in the lower abdomen and lower back, palpitations, irritability, and sometimes tremors. There were 18 primiparas (18.7%), primiparous and multiparous were 78 (81.2%). The average age of primiparas was 19.4 + 3.8 years, multiparous - 27.6 + - 8.7 years. A burdened obstetric and gynecological anamnesis was observed in 47%, anemia was noted in 62% of pregnant women. Pregnancy was complicated by hypertensive disorders in 9.4% of cases, including preeclampsia - in 7.3%, oligohydramnios was noted in 6.2%, polyhydramnios - in 7.6%, the threat of termination of pregnancy occurred in 34.3% of cases, in 10.8% there were miscarriages in early and late gestation, in 3.1% - non-developing pregnancy, distress and intrauterine growth retardation were noted in 11.9%. In total, complications of pregnancy were noted in 54.8% of women. The TSH level in patients with AIT ranged on average from 2.5 to 3.1 mU / L, which was higher than those in the control group. The thyroxine level was 14.0 mmol / l, its increase in the main group was compassionate in iodine deficiency.

At the same time, there was a decrease in free thyroxine and an increase in the level of antibodies to peroxidase (TPO) -18.9, which is apparently associated with destructive changes in the thyroid gland and a decrease in its function, which is an indicator of its autoimmune damage. The ultrasound picture in AIT was characterized by an enlargement of the thyroid gland, a decrease in its echogenicity and averaged 13.9 cm<sup>3</sup>.

### Conclusion

1. In an iodine-deficient region, which is our region, AIT is the most common endocrine pathology.
2. AIT has an adverse effect on the course of pregnancy, there is a high risk of miscarriage and abortion.
3. In pregnant women with AIT, there was a decrease in the level of thyroid hormones and an increase in the level of TSH in comparison with similar indicators of healthy pregnant women.
4. For the prevention of complications of gestation and premature pregnancy in women with AIT, it is recommended to routinely determine TSH blood from early gestation.

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