# THE RESULTS OF THE USE OF AMNIOREDUCTION IN POLYHYDRAMNIOS

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**Relevance.** Polyhydramnios (hydramnios) is an excessive accumulation of amniotic fluid (amniotic fluid). Pathology is observed in approximately 1-1.5% of pregnant women. Polyhydramnios is said to be when the amniotic fluid index exceeds 24 cm. Chronic hydramnios is more common, when excess amniotic fluid accumulates gradually. In the acute form, the volume of amniotic fluid increases dramatically (in a few hours or days). You should know the dangers of polyhydramnios.

**The purpose of the study:** to evaluate the effectiveness of amnioreduction in progressive polyhydramnios.

**Material and methods of research:** Examination of pregnant women was carried out using Sono Scape 60 ultrasound machine. The diagnosis of "polyhydramnios" was made on the basis of the volume of amniotic fluid when the amniotic fluid index is >240mm. Amnioreduction was performed in themDepartment of Fetal Medicine at the Republician specialized scientific practice medical center of Obstetrician and Gynecology.

**The results of the study.** A prospective study was conducted from January 2021 to February 2022. During this period, 8 pregnant women with acute polyhydramnios underwent amnioreduction. The examined women with acute polyhydramnios had the following pathological conditions: congenital malformations of the abdominal and thoracic cavities – 5 (62.5%), chorionangioma-1 (12.5%), polyhydramnios for no apparent reason – 1 (12.5%), feto-fetal transfusion syndrome of monochorionic diamniotic twins – 1 (12.5%).

Depending on the manifestation of polyhydramnios and the intensity of its increase, the procedure of amnioreduction was carried out from 1 to 3 times in one pregnant woman. The average volume of amniotic fluid released during amnioreduction was 1200ml. With these procedures, pregnancy could be prolonged for an average of 44 ±6 days. Premature operative delivery was carried out in 26-37 weeks of pregnancy to 4 women (50%) with fetal pathology, the remaining 4 (50%) women were delivered at 38-40 weeks. In 25% (2) of women with polyhydramnios, pregnancy ended unfavorably: one had premature detachment of a normally located placenta at 37 weeks of pregnancy with congenital malformation of the intestinal tube of the fetus, and the second had antenatal fetal death at 26 weeks of pregnancy with monochorionic diamniotic twins on the background of fetal transfusion syndrome.

**Conclusions:** Thus, amnioreduction is an integral part in the treatment of polyhydramnios. Ultrasound diagnostics of fetal malformations and disorders of

the course of pregnancy with the manifestation of increasing polyhydramnios allows for the timely application of an effective method of prolongation of pregnancy – amnioreduction under ultrasound guidance and gives almost 95% survival rate of newborns with correctable malformations.