Title: Particularities of tuberculosis in pregnant women and women during of the first 3 years after childbirth

Dr. Ecaterina 28118 Evstratii evs-ecaterina@yandex.ru MD and Dr. Valentina 28119 Vilc valentina_vilc@yahoo.co.uk MD. ¹ Pneumophthysiology, State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova, 2004 and ² Pneumophthysiology, State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova, 2004.

Body: Background: Unfavorable epidemiological situation of tuberculosis (TB) in Moldova led to the spread of TB in pregnant and women after childbirth. Aim: to characterise clinical evolution of TB in pregnant women and women during of the first 3 years after childbirth, evaluation of risk factors in the development TB. Methods: This was a retrospective study (2001-2010) of 66 women which divided in two groups: I – 33 cases of pregnancy associated with TB and II – 33 cases of TB in women during of the first 3 years after childbirth. Results: TB in pregnant women were detected more frequently by active method (72,7%), in II group – 57,6% cases. In I group detected a higher degree of presence Pulmonary TB (39,4%) and Pleural TB (39,4%), in II group predominated Pulmonary TB – 84,8%. In 33,3% in I group and 27,3% in II group TB developed with complications. According to the results, more than half of pregnant women with pulmonary TB was detected in the third trimester of pregnancy – 57,6% of cases. In 72,7% of cases TB were detected during the pregnancy, in 27,3% cases pregnancy was detected in women with active TB. The majority of women lead the pregnancy at term – 87,9% and 12,1% finished with abortion. In II group TB was found more frequently in the first 6 months after birth - 39.5%. The main risk factor in the development of TB in I and II groups birth was the presence of comorbidities, while second place at pregnant women were social factors and women in II group - contact with TB patients. Conclusions: Pregnant and women after childbirth must be included in the risk group of development of TB, and in relation to this population should have maximum caution.