

GESTOSIS

ALGORITHM OF EXAMINATION FOR PATIENTS

OUT OF PREGNANCY

(Goal: detection of cause, degrees of abnormality and correction of prior to pregnancy beginning)

1. CLINICAL EXAMINATION OF MARRIED COUPLES

- Anamnesis
- Consultations of geneticist
- Clinical monitoring

2. LABORATORY METHODS

(for detection of the causes and correction thereof)

- Hormonal status of patient
- Immunoincompatibility of couple (Rh, ABO, HLA, etc.)
- Autoimmune status of patient
- Hemostasia of patient
- TORCH-STD-s infections (general and local at a patient)

DURING PREGNANCY

Goal: diagnostics and treatment for prolongation of existing pregnancy)

1. CLINICAL EXAMINATION OF PREGNANT ONES

- Anamnesis
- Clinical dynamic supervision during pregnancy (including ultrasound, Dopplerometry and other methods of functional monitoring)

2. LABORATORY METHODS

(for confirmation of diagnosis and therapy control)

- Hemostasia
- Immunoincompatibility
- Autoimmune status

- The present algorithm is proposed only for routine clinical examination
- Laboratory methods: quantity and choice of the method depends on the concrete laboratory resources. In any case for routine clinical examination the optimal quantity of methods from above indicated number is required. Meanwhile, there should exist the minimal test panel for each of sections (hemostasia, immunoincompatibility, etc.) and additional ones, the laboratory resources being available.
- The wider spectrum of laboratory examination should be used at the out of pregnancy stage. As concerns the situation of examination at pregnancy stage – in this case one can confine oneself with minimal possible tests set confirming pathology, mechanism of origin and allowing carry out treatment control.
- Implementation of novel laboratory methods of examination is possible only after their wide inter-clinical approbation.

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