



IDIOPATIK ODATIY HOMILA TASHLASHLI JUFTLIKLARNI OLIB BORISH TAKTIKASI: TERAPEVTIK ARALASHUVLARNING DALILLAR BAZASI (ADABIYOTLAR SHARHI)

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Kirish. Idiopatik odatiy homila tashlash (OHT) ko'pincha empirik davolash - progesterondan immunoterapiyagacha - bilan olib boriladi, biroq bunday davolash doim ham randomizatsiyalangan ma'lumotlar bilan tasdiqlanmagan. Isbotlangan usullarsiz ham juftliklarning ko'pchiligi tirik bola tug'ilishiga erishadi, shuning uchun aralashuvlarning haqiqiy samaradorligini baholash tamoyiliy ahamiyatga ega [1, 2].

Kalit so'zlar: idiopatik odatiy homila tashlash, progesteron, heparin, immunoterapiya, dalillarga asoslangan tibbiyot.

Maqsad - idiopatik OHTda asosiy terapevtik yondashuvlarning samaradorligi haqidagi ma'lumotlarni tizimlashtirish.

Material va usullar. Narrativ sharh. PubMed, Scopus, Cochrane Library va eLIBRARY.ru bazalarida «recurrent miscarriage», «unexplained», «progesterone», «heparin», «aspirin», «immunotherapy», «odatiy homila tashlash» so'rovlari bo'yicha qidiruv o'tkazildi. Klinik tavsiyalar, randomizatsiyalangan tadqiqotlar va tizimli sharhlar kiritildi; dalillar sifati tadqiqot turiga qarab baholandi.

Natijalar. *Qo'llab-quvvatlovchi yordam.* Erta muddatlarda muntazam kuzatuv, psixologik yordam va turmush tarzini tuzatish olib borishning asosi bo'lib qolmoqda; bu yo'nalishdagi ishlarda muvaffaqiyatli homiladorliklarning yuqori ulushi qayd etilgan [3]. *Progesteron.* PROMISE tadqiqotida progesteron tushuntirib bo'lmaydigan OHT bilan og'rigan ayollarda tirik bola tug'ilish chastotasini oshirmadi [4]; PRISM tadqiqotida foyda erta muddatda qon ketishi va uch va undan ortiq oldingi yo'qotishi bo'lgan kichik guruhda qayd etildi [5];



bu ESHRE tavsiyalarida aks ettirilgan [1]. *Antitrombotik terapiya*. Antifosfolipid sindromida aspirin va geparin kombinatsiyasi asoslangan [6], biroq tushuntirib bo'lmaydigan OHTda randomizatsiyalangan tadqiqot aspirin bilan geparin yoki yolg'iz aspirin qo'llanganda tirik bola tug'ilish chastotasining oshishini aniqlamadi [7]. *Qalqonsimon bez.* TABLET tadqiqotida TPO antitanachalari bo'lgan ayollarda levotiroksin tirik bola tug'ilish chastotasini oshirmadi [8]. *Immunoterapiya*. Vena ichiga yuboriladigan immunoglobulin ko'p markazli tadqiqotda platsebodan ustun kelmadi [9]; glyukokortikoidlar bo'yicha ma'lumotlar cheklangan va asosan endometrial NK-hujayralar o'zgarishiga tegishli [10]. *YRT*. Aneuploidiyaga implantatsiyadan oldingi genetik tekshiruv kutish taktikasiga nisbatan ustunlik ko'rsatmadi va tirik tug'ilish chastotasini oshirish uchun tavsiya etilmaydi [1, 11].

Muhokama va xulosalar. Dalillar bazasi cheklangan: aralashuvlarning ko'pchiligi platsebo yoki kuzatuvdan ustunligini ko'rsatmagan, dori vositalarini qo'llashning katta qismi esa asossiz qolmoqda. Klinitsist uchun amaliy xulosa - davolashni faqat isbotlangan samaradorlikka ega ko'rsatmalar mavjud bo'lganda buyurish, qolgan hollarda tuzilgan kuzatuv va juftlikka yordamni ta'minlash; isbotlanmagan aralashuvlarni klinik tadqiqotlar doirasida qo'llash maqsadga muvofiq. Kelgusi ishlar bemorlarni biomarkerlar bo'yicha stratifikatsiya qilishga va yirik ko'p markazli randomizatsiyalangan tadqiqotlarga yo'naltirilishi kerak.

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