Short Communication

iMedPub Journals
http://www.imedpub.com

Genetics and Molecular Biology Research

2022
Vol 6. No. 1

Reproductive Anamnesis of Women's Cohort with Turner Syndrome from L'viv Region (West Ukraine)

Nataliya Kitsera
National Academy of Medical Sciences of Ukraine, Ukraine

Abstract

All women carrying the diagnosis of Turner syndrome are at risk during pregnancy, and there is no distinction between those with 45, X karyotypes and those with partial X chromosome deletions or mosaic karyotypes. Methods: 68 women with Turner syndrome aged 18-44 from L'viv region (Ukraine) who had problems with the start, the duration of menstruation or infertility were obtained by face-to-face interview or assessment of hospital medical records (1997-2018). Results: In this cohort prevailed amenorrhea or irregular menses, short and broad neck, absence of hair growth on the body, cubits valgus, delayed puberty, pectus excavatum, mitral valve prolapse, hypertension, thyroid dysfunction (hypothyroidism). These patients had short stature with a median adult height at 153 cm (126-167) and primary amenorrhea in the majority of cases. Among 68 adolescent patients only 20 (29.4%) had spontaneous menarche. Conclusion: Among these women only two (2.9%) women with Turner syndrome from this cohort have been observed for reproductive history due to pregnant. The five infants were non-dysmorphic and without chromosomal anomalies. All women carrying the diagnosis of Turner syndrome are at risk during pregnancy, and there is no distinction between those with 45, X karyotypes and those with partial X chromosome deletions or mosaic karyotypes. Consultation with specialists in cardiovascular disease, endocrinology, and high-risk obstetrics is required to ensure the best chance for a successful pregnancy and delivery of a healthy infant . Pregnancies in women of Turner syndrome are more likely to be complicated by thyroid dysfunction, obesity, diabetes and hypertensive disorders, including pre-eclampsia (up to 40%). Low birth weight, intrauterine growth restriction, preterm labor and preterm delivery are also more likely in pregnancies in women with TS. He prevalence of spontaneous pregnancies in this French cohort was 5.6%. Here were 18 patients (3.8%) who had at least one live born child. Women were obtained by face-to-face interview or assessment of hospital medical records. All patients were assessed with physical examination and underwent a set of diagnostic tests including general clinical tests, abdominal ultrasonography. We considered the following data for each patient: Age at diagnosis of TS, age at the time of the study, height and weight for review time, medical history and karyotype. Clinical history was recorded. Reproductive history was collected; Occurrence and age of spontaneous menarche, age at pregnancy, outcome of spontaneous pregnancies including maternal and fetal complications.

Received: January 12, 2022; **Accepted:** January 18, 2022; **Published:** January 28, 2022

Biography

Nataliya Kitserathe is from the Institute of Hereditary Pathology at National Academy of Medical Sciences of Ukraine at Lviv Ukraine. She completed her MD. And Ph.D. she is expertise in Molecular Genetics, Electronics and Communication Engineering. Keywords: Turner syndrome; X chromosome; Phenotype; Pregnancy; Female infertility

© Under License of Creative Commons Attribution 3.0 License