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PECULIARITIES OF PREGNANCY, CHILDBIRTH AND THE POSTPARTUM PERIOD IN WOMEN WITH ENDOMETRIOSIS

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Endometriosis - a widespread disease in women of reproductive age and perimenopausal. Endometriosis is a chronic progressive disease and recurrent disease, which affects 12 to 60% of women of reproductive age. In women with different forms of endometriosis pregnancy occurs according to the latest research with significant abnormalities. According to other authors, 30 - 40% of patients with endometriosis suffer from infertility.

Objective. To evaluate the peculiarities of pregnancy, childbirth and the postpartum period in women with endometriosis.

Material and methods. In Chernivtsi city maternity hospital №1 were examined 60 pregnant women of reproductive age from 21 to 42 years (average age was $31,5 \pm 3,26$ years), the main group included 30 women with clinical signs of endometriosis and in control - 30 women without gynecological and somatic disorders.

The study of pregnancy in the examined groups showed that in the study group threatened miscarriage occurred 5,9 times more frequently than among patients in the control group. In assessing obstetric complications was found that 76,7% of women with endometriosis, birth complicated by premature rupture of the amniotic membranes, 15% - fetal distress, 8,3% - primary and secondary weakness of labor activity, 3 women was hypotonic bleeding. According Apgar scale the results were better in the control group. Early and late postnatal complications noted the following: uterine bleeding 5% childbirth main group and 1,2% - childbirth control group, subinvolution of uterus in 8,3% and 3,6% respectively. Lohiometra occurred in 30% of patients with endometriosis and 3,6% of patients in the control group. The hospital asked about lactostasis 13,3% childbirth main group and 7,1% in the control group of women in childbirth.

Conclusions. 1. Preterm labor occurred 10,4 times more in women with endometriosis than the control group. 2. Labor by Cesarean section was a third of the patients of the main group. 3. Condition of newborns of women with endometriosis were not significantly different from the condition of infants in the control group.

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TREATMENT OF AUTOIMMUNE OVARIAN DAMAGE

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Introduction. To investigate levels of antiovarian autoantibodies in girls and young women with disturbances of menstrual cycle before and during treatment with hormonal therapy. To explain morphological changes in ovarian structure in these patients.

Menopause usually occurs approximately at the age of 50. Premature ovarian failure (POF) is a disorder defined as a pathologic termination of menstrual cycle after puberty and before the age of 40. Frequency of this disorder is approximately 1%. Hormonal levels show hypergonadotrophic hypoestrism (FSH more than 40 IU/l). The onset of the disease may be very slow. Menarche and regular menstrual cycles may be followed by menstrual cycle disorders – oligomenorrhoea or secondary amenorrhoea. Sterility or infertility at the reproductive age could be manifestations of the early stage of the disease. One of the possible causes of premature ovarian failure could be an autoimmune process beginning at any time during the reproductive period. Autoimmune damage of the ovarian hormonal production places this disease between the autoimmune endocrinopathies, characterized by direct destruction of the target cells, such as thyroiditis, insulin dependent diabetes and Addison's disease. Animal models proved that the manifestation of the disease is preceded by complex process that is influenced by genetic, immunologic and environmental factors.

Material and methods. Studied group included 39 patients. 18 patients were treated for primary amenorrhoea, 21 for menstrual cycle disorders. Patients included in the study were repeatedly examined at the beginning of the study and after six months during which they were treated by estrogen and gestagen. In all patients we have tested FSH, LH and FSH/LH ratio, presence of antiovarian antibodies. Results were compared with those obtained in control women. 21 antiovarian antibodies positive patients were indicated for laparoscopic biopsy. Bioptic sample was examined using light and electron microscopy.

Results. Our treatment with hormonal therapy lead to the reduction of ovarian antigens. In 85% of the cases marked decrease of antiovarian autoantibodies levels was observed, while in 28% of the cases the levels were undetectable. From morphological changes of the bioptic sample enhanced atresia of follicles at different developmental stages was frequently observed. It evoked marked reduction of follicular apparatus up to its complete disappearing.

Conclusion. The results of our study and mapping of the antiovarian antibodies positivity support our hypothesis that the antiovarian antibodies positivity corresponds with the clinical symptoms. Appropriate treatment with hormonal replacement therapy minimizes ovarian destruction, preserves ovarian hormonal functions and saves healthy ovarian tissue.