

PECULIARITIES OF PREMENSTRUAL SYNDROME TREATMENT IN WOMEN WITH HYPERTHYROIDISM

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Today among all endocrinological disease in women thyroid pathology is the second only to diabetes. Premenstrual syndrome (PMS) plays a leading role in reducing the quality of life for women of the reproductive age. The manifestations of PMS are particularly worse in women with hyperthyroidism.

We examined 35 patients with premenstrual syndrome and / or irregular menstruation with concomitant hyperthyroidism. In the examined patients the nature of the menstrual cycle, the degree of manifestation of premenstrual syndrome, the level of PRL and its biologically active fraction (BFA), LH, FSH, estradiol (E2), progesterone (Pg) were analyzed. In order to correct the detected impairments a dose of up to 30 drops of Mastodinon twice a day for three menstrual cycles was used. Mastodinon caused a significant decrease in the levels of total prolactin ($15,5 \pm 1,0$) IU / l, BFA to ($8,5 \pm 0,7$) IU / l and its contents - to the ($54,7 \pm 4,5$)%, significant increase in LH concentration to ($9,3 \pm 0,6$) IU / l, FSH - to ($7,7 \pm 0,7$) IU / l, E2 - up ($179,2 \pm 9,9$) ng / L and Pg - to ($20,5 \pm 1,8$) mg / l.

Restoration of ovulatory cycles occurred in 86.0% of patients, regular menstrual cycles were established in 94.3% of patients, all patients had normal length of the menstrual cycle, duration and volume of menstrual bleeding.

Use of Mastodinon led to the elimination of Algodysmenorrhea, emotional and psychological, neurovegetative, vegetative vascular and endocrine-metabolic manifestations of PMS in 94.3% of patients. After using Mastodinon for 3 menstrual cycles breast secretions continued only in 4 (11.4%) patients. Thus the use of Mastodinon had positive effects on the menstrual function and PMS by eliminating hyperprolactinemia and restoring the pituitary regulation of reproductive function.

PAROXYSMAL DISORDERS IN CHILDREN, BORN BY YOUNG MOTHERS

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Mothers' young age is the first of the factors, leading to the development of pathology in the period of pregnancy, morbidity and mortality of newborns. P.Olaussoy, S.Chattiugius, B. Haghund (2001) determined, the risk of perinatal complications at the age of 13-15 years is four times higher than at the age of 20 - 24, and at the age 16 - 17 is twice higher.

Purpose of the work is to study the variants of paroxysmal disorders in children, born by young mothers. We examined 150 children, born by young mothers (mothers aged 13-17 years), who were treated in the children's municipal clinic No 8. 15 children had paroxysmal disorders (10 boys and 5 girls).

2 children had paroxysmal disorders from the first day of life, in the other 5 – disorders developed during the first six months, in the other 3- during the first year, in other 5 – during 3 years and during 10 years 2 children developed the disease. The paroxysmal disorders structure includes symptomatic focal epilepsy (33,3%), symptomatic multifocal epilepsy (6,7%), cryptogenic-focal epilepsy (20%), situational-conditioned epilepsy (affective-provoked) (6,7%), symptomatic generalized epilepsy (13,3%).