



It has been established that the mean concentration of PSG1 in both subgroups with complicated pregnancy is significantly lower than in control group ($p < 0.05$). It is true for 6-8 and 12-13 weeks of gestation. The level of PSG1 was higher in subgroup of correction than in subgroup with traditional treatment by the end of the 1st trimester ($p < 0.05$). Concerning PAEP it was unveiled that the mean level of this protein at 12th-13th week of pregnancy was higher both in subgroup of correction and control group, comparing with subgroup with traditional treatment ($p < 0.05$).

Progressive decreasing of the serum concentrations of the placental proteins is linked with the dysfunction of placenta which is forming. In our opinion, it can cause appearance of more severe disorders in the system of regulation of aggregation of the blood, what might lead to impairment of the blood supply of the fetal egg. The proposed complex of treatment improves the function of the trophoblast.

Byrchak I.V.

PROGNOSIS OF PREGNANCY COMPLICATIONS ON THE BASIS OF CHORIONIC VASCULAR COMPONENT STUDY IN HABITUAL NONCARRYING IN THE EARLY STAGES OF GESTATION

*Department of Obstetrics, Gynecology and Perinatology
Higher State Educational Institution of Ukraine
«Bukovinian State Medical University»*

There has been a stable negative ratio in birth rate and total mortality in recent years in our country, that's why each pregnancy preservation and provision of its favorable outcomes for the mother and the birth of a healthy child are declared at the state level. Today a significant reduction in the total index of population health leads to its decline in general. In Ukraine reproductive losses due to miscarriage are 36-40 thousand annually. In the miscarriage structure the incidence of habitual abortion constitutes from 5 to 20%.

Habitual miscarriage (habitual abortion) is defined as the result of two or more pregnancies ended in the spontaneous abortion. The incidence of spontaneous abortions and preterm deliveries remains stable worldwide, at the level of 10-25%, in 78-80% of cases it occurs in the first trimester. The risk of spontaneous abortion (SA) after the first previous SA is 20-25%, after two spontaneous abortions it is 25-30%, after three SA – 30-35%.

Miscarriage is traditionally viewed as a multifactorial pathology, but the significance and influence degree of various factors is constantly changing. The etiological causes of miscarriages are diverse, among them are: chromosomal abnormalities, inherited from parents or arising de novo; hormonal disorders; infectious diseases; autoimmune factors, which include increased levels of antibodies to cardiolipin and other phospholipids, glycoproteins, native and denatured DNA, thyroid factors, alloimmune factors, in which the cause of miscarriage is the ratio of histocompatibility antigens in a couple, anatomical changes of genitalia (malformations, intrauterine synechia, isthmic-cervical failure, genital infantilism, etc.).

Causes of spontaneous abortion are not always possible to detect, but their determination is a prerequisite for women's future reproductive capacity with the definite prognosis of pregnancy development and such complications of gestation as placental dysfunction, intrauterine growth retardation, and late gestosis.

In recent years, scientists and clinicians are paying increasingly more attention to the aspects of formation and functioning of the mother-placenta-fetus system beginning from the moment of ovum implantation, cytotrophoblast invasion and subsequent transformation of the spiral arteries. Nowadays it is convincingly demonstrated that intrauterine suffering of the fetus begins to occur in the early stages of gestation, when the state of woman's endo- and myometrium causes defective embryo development and extraembryonic new growth, primarily the placenta and placental bed.

With the introduction of three-dimensional ultrasound diagnostic technologies into clinical practice there appeared an opportunity of noninvasive volumetric reconstruction of chorionic and placental blood flow. Diagnostic criteria of the volumetric placental blood flow disorders at different nosology are not developed yet, in the future it would allow to carry out an early diagnostics of the state of uterine-placental-fetal complex and initial forms of antenatal fetal suffering, to reduce perinatal morbidity and mortality of hypoxic-ischemic origin. Hence, the creation of criteria of patients selection especially from the risk group with the complicated development of pregnancy, beginning from the I trimester of gestation is considered to be a topical issue.

Gresko M.D.

DIFFERENTIATED APPROACH TO A COMPREHENSIVE INSPECTION AND MANAGEMENT OF PATIENTS WITH CLIMACTERIC SYNDROME

*Department of Obstetrics and Gynecology
Higher educational institute of Ukraine
"Bukovinian State Medical University"*

In Ukraine, the scientists dealing with menopause, try to destroy the dominant point of view of non-intervention in the natural biological process of aging and passive observation involutive processes. Clinicians are not always paid due attention to the effects of estrogen deficiency in menopause remote time, shown the development of metabolic syndrome, increased risk of cardiovascular disease, osteoporosis. Until now there was no consensus on tactics differentiated approach in the appointment of hormone replacement therapy (HRT) in view of the existing system disorders in women.

Clinical course and systemic disorders in perimenopausal patients who suffered from a history of endocrine infertility and miscarriage, found the prevalence of neurovegetative disorders (84%), exchange-trophic disorders (32%)