



Встановлено, що протигрибкова дія нового класу похідних естерів 4-R-бензилпірол-3-карбонової кислоти стосовно музейних штамів міцеліальних грибів: *Aspergillus niger* K9, *Aspergillus fumigatus* K11, *Aspergillus amstelodali* K12 помірна. Досліджувані сполуки проявляють фунгіостатичну дію у межах від 31,25 мкг/мл до 62,5 мкг/мл, а фунгіцидну – у межах від 31,25 мкг/мл до 125 мкг/мл.

Отже, вивчення біологічної активності нових синтезованих похідних естерів 4-R-бензилпірол-3-карбонової кислоти, свідчить про доцільність відбору їх найбільш перспективних представників, подальшого синтезу та вивчення антимікробної активності.

СЕКЦІЯ 11 АКТУАЛЬНІ ПИТАННЯ АКУШЕРСТВА, ГІНЕКОЛОГІЇ, ДИТЯЧОЇ ТА ПІДЛІТКОВОЇ ГІНЕКОЛОГІЇ

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FEATURES OF OVARIAN RESERVE IN PATIENTS WITH INFERTILITY AND OVARIAN ENDOMETRIOSIS

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An important milestone in the study of the pathogenesis of infertility development in endometriosis of ovaries was the study of its correlation with the ovarian reserve, which is defined as the functional potential of the ovary, reflected by the number and quality of the follicles that have a good response to controlled ovulation stimulation by exogenous gonadotropin. Markers of the ovarian reserve are the level of anti-Müllerian hormone (AMH) in the blood, as well as the echographic number of antral follicles (AFC).

Echography was performed on 100 patients (the main group) with infertility and ovarian endometriosis with the number of antral follicles count using a transvaginal sensor in the first phase of the menstrual cycle in each ovary. All measurements were performed in the morning at free urinary bladder. During the scan, we identified the number of antral follicles in diameter from 2 to 10 mm in each ovary.

Having conducted a correlation analysis of the association of AFC with the age of patients we found a reverse dependence, that is, with age, there was a gradual decrease in AFC in the ovaries of the examined patients, which coincided with the literature data on the general tendency of changes of AFC with age in women.

According to the data, patients with primary and secondary infertility at endometriosis of the ovaries AFC was significantly lower ($p < 0,05$) in both the right and the left ovary (respectively, $4,9 \pm 0,007$ and $4,6 \pm 0,006$, $3,4 \pm 0,004$ and $4,1 \pm 0,005$) compared with the control group (6.7 ± 0.28 and 7.0 ± 0.29 , 6.1 ± 0.27 and 6.8 ± 0.28).

The number of antral follicles in infertility patients with ovarian endometriosis is significantly lower in comparison with patients with infertility in the absence of endometriosis, but the level of anti-Müllerian hormone in the blood in patients with infertility and endometriosis of the ovaries did not differ from its level in the blood in patients with infertility without endometriosis. That is, counting the number of antral follicles in patients with infertility in the endometriomas of the ovaries is not a likely indicator of ovarian reserve, which, in our opinion, is associated with the difficulty of counting follicles with altered topography of the ovary of the endometrium.

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REPRODUCTIVE LIFE PLANS AND CERVICAL INSUFFICIENCY

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Reproductive health, as defined by the World Health Organization (WHO), is a state of physical, mental and social well-being that characterizes the ability to conceive, safe pregnancy, childbirth and the birth of healthy children. One of the factors of miscarriage is isthmic-cervical



insufficiency, which can be diagnosed by careful retrospective analysis or in early pregnancy. However, cervical insufficiency is clinically manifested in the II-III trimesters of pregnancy.

There are many factors, ranging from genetic, anatomical, functional, to organic disorders, namely acquired due to mechanical damage to the cervix and cervix, leading to isthmio-cervical insufficiency. We should not forget about infectious-inflammatory and dysbiotic conditions.

For early diagnosis of cervical insufficiency, in the "age of information and scientific knowledge", thanks to the rapid development of new technologies, it is best to use the technique of three-dimensional transvaginal scanning in 8-9 weeks (in static reconstruction) to address the feasibility and timeliness of cervical suturing in pregnant women at risk for cervical insufficiency and subsequent pregnancy with the possible use of obstetric pessaries.

A retrospective analysis of 100 case histories was performed. It was found that the therapy aimed at prolonging pregnancy was less needed by those women who were fitted with an obstetric pessary. The same results were shown comparing the effect of suturing the cervix and the administration of progesterone if the length of the cervix is 25 mm or less.

To date, various modifications of suturing have been proposed, as well as a variety of suture materials, which makes it possible to increase the effectiveness of surgical treatment during pregnancy to 88.8%. The double P-shaped suture superimposed on the area of the internal pharynx was proposed by A.I Lyubimova and N.M Mamedaliyev, the efficiency is 94%. This suture has many advantages, namely: reliable, the ability to perform this manipulation in a normal maternity hospital and in case of prolapse of the amniotic sac, does not lead to increased uterine tone and the development of contractile activity, low trauma. Up to now, there are no convincing data on the benefits of prescribing progesterone, suturing or obstetric pessary in case of cervical contraction.

The material used for suturing also plays a significant role. It should be noted that when applying cervical cerclage with mercilene tape (Etikon) instead of the usual mylar used, gave more advantages for practical use. Because mersilene is more elastic and less traumatic than mylar. Also, this material does not violate the structure and innervation of the cervix.

Therefore, the diagnosis and treatment of cervical insufficiency require a comprehensive approach, and the method of treatment must be carefully selected, weighing all the advantages and disadvantages. However, the use of obstetric discharge pessary and / or cervical cerclage with mersilene tape in high-risk groups for the prevention and treatment of cervical insufficiency can reduce perinatal losses by reducing the number of preterm infants.

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CORRELATION OF SOME HORMONES IN THE BLOOD OF WOMEN WITH ENDOMETRIOSIS WHICH ASSOCIATED WITH INFERTILITY

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Most authors consider that the products lutropina (LH) and folitropin (FSH) is different types of cell functional activity which is controlled by a common releasing hormone.

Despite the existence of a general stimulator of the hypothalamic gonadotropin products, the degree of response of the pituitary effect uniform for LH and FSH.

The aim of our study was to examine the concentration of pituitary hormones in the blood of women with endometriosis associated with infertility.

For the purpose of the research we have conducted a special study of protein (lutropin-LH, folitropin-FSH) hormones level in the blood plasma of women with endometriosis associated with infertility, which formed the main group of 20 people. Similar studies of protein hormones level were performed in the control group, which made somatically healthy women of reproductive function preserved, whose age corresponded to the age of patients of the main group.

In the study (women with infertility) and control groups conducted a special study of protein (lutropin-LH, folitropin-FSH) hormones level in the blood plasma of 2-3-day menstrual cycle - basic and on the day of the puncture of ovarian stimulation cycle in superovulation. The level of