

The aim of the study was to analyze the contemporary data about the examination and management of patients in case of presence of climacteric syndrome.

There are many issues that require comprehensive study: first assessment of benefit and risk in longer HRT due to cancer, physician vigilance by the reaction of hormone target organs (endometrial, breast) in the treatment and others.

A new approach to a comprehensive examination and management of patients in menopause such as menopause management should be implemented in clinical practice - a holistic approach to the health and preservation of quality of life for women in menopause, which implies a healthy lifestyle and appropriate therapy, which should help to improve the quality of life and effectively eliminate menopausal symptoms (hot flashes, sleep disturbances, mood swings), provide a protective effect on the bone tissue, positively affect sexual function and libido, reduce the number of side effects due to low dose, and have favourable cardiovascular profile.

This change in lifestyle and hormonal therapy is the main method preventing hormone-dependent diseases and maintain a high quality of life for women in menopause.

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ULTRASOUND ASPECTS OF FETAL DEVELOPMENT AND EXTRAEMBRYO STRUCTURES IN PREGNANT WOMEN WITH RECURRENT MISCARRIAGE

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Miscarriage is a serious problem in modern obstetrics, which is one of the most common causes of perinatal loss. That is why the issue of early diagnosis of this pathology occupies an important place.

The aim of the study: to establish the value of ultrasound changes in pregnant women with miscarriage in the first trimester of pregnancy as a prognostic sign. Ultrasound study of 40 pregnant women with miscarriage was made.

A retrospective analysis showed that in pregnant of the main group 82.3% of the observed phenomena were threat of interruption of pregnancy, and 52% - in previous pregnancies. In 69.1% of pregnant women in previous history there were spontaneous abortions in the period to 13 weeks, as well as 13.5% of late spontaneous abortions in the period of 22-25 weeks. In 34.5% pregnancy was associated with blood smear in the early embryonic period and partial detachment of the chorion. In 16.2% of cases pregnant women in their previous history had dead pregnancy in the term before 10 weeks. With the aim of identifying characteristics of growth and development of a fertilized egg in the first trimester of pregnancy at the time of ultrasonic research of rating agencies embryo was conducted, indicators of cardiac activity embryo and the volume retrochorial hematoma were estimated. Observations in 11 (27.5%) patients with a history of miscarriage found coccygeal-parietal size (CPS) from the expected values by 6-10 days. At repeated ultrasound scan performed after 2 weeks, in 9 (22.5%) observations there was a positive increase in embryometric parameters and their compliance with gestational age. In 3 (7.5%) pregnant women, the embryo's CPS lagged behind the gestational age by no more than 7 days. At dynamic ultrasonic control and carrying out fetometry fluctuations of biometric parameters of a fruit within normative limits for term are noted. At the same time, in 7 (17.5%) patients, a progressive decrease in the CPS of the embryo in combination with a decrease in the volume of the ovum (VO) allowed to diagnose growth retardation of the embryo, which was a clinical symptom of miscarriage. Subsequently, these observations diagnosed various complications of the gestation process: undeveloped pregnancy - 4 (10.0%) and miscarriage within 10 weeks - 3 (7.5%). Of the 40 pregnant women, 9 (22.5%) had an embryo CPS lag of more than 2 weeks of gestation during the first ultrasound examination. It should be noted that in 4 observational data with CPS of the embryo less than 18 mm, all pregnancies ended in miscarriage. At the same time at CPS more than 18 mm in any supervision (5) there was no involuntary termination of pregnancy. It should be noted that the delay of embryometric parameters (CPS) was diagnosed in the presence of the threat of abortion. At the same time, there was a clear tendency to improve the growth of embryometric parameters after the

relief of symptoms of miscarriage. Thus, according to the obtained result, the values of the CPS of the embryo are the most informative for the prediction of the course and outcome of the gestational process in the first trimester of pregnancy. When assessing the heart rate of the embryo in the group of pregnant women with habitual pregnancy loss in most cases (70%), the dynamics of changes in heart rate (HR) of the embryo corresponded to the parameters of physiological pregnancy. Thus, the heart rate of the embryo gradually increased from 6 weeks of gestation (107 ± 12 beats / min) to 9-10 weeks (176 ± 11 beats / min), then to 12 weeks decreased to 159 ± 6 beats / min. The highest heart rate (180 beats / min; $p < 0.05$) was also observed at 9 weeks of pregnancy. However, in 3 (5.71%) cases with CPS of the embryo of 14 mm and more (14-26 mm) no cardiac activity of the embryo was registered, which allowed to diagnose a non-developing pregnancy.

The ultrasound picture in pregnant women with miscarriage in the first trimester of pregnancy is an important prognostic sign.

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NEW GESTOSIS PREVENTION METHODS IN PREGNANT WOMEN WITH MISCARRIAGE

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Late gestosis is one of the most common complications of pregnancy and is accompanied by significant hemodynamic and metabolic disorders, which are largely determined by changes in renal function and water-salt homeostasis.

Aim of study: to study pathogenesis and development of new methods of corrective therapy for late toxicosis of pregnant women is the most important task of modern obstetrics. The study of the kidneys function, water and mineral balance in pregnant depending on the form of late toxicosis and those transformations was conducted. 377 pregnant women with late toxic goat aged 18 to 48 years were examined, of which 221 were first-born and 156 were reborn. All pregnant women, depending on the lane Eden therapy were divided into two groups: the control included 161 pregnant women, who treated according to the classical scheme, the main group - 216 pregnant women, among whom was applicable anomalies targeted to corrective therapy in 153, and maintenance in 63.

A study of these indicators was also conducted in 40 healthy non-pregnant women and 48 pregnant women. All women underwent a general clinical examination, the dynamics of the level of electrolytes and trace elements in plasma and erythrocytes of blood and urine was determined. The content of natriuretic factor was expressed in conventional units, which were calculated by the change in sodium excretion (in μ / mol / h) in test rats after administration of appropriate amounts of blood plasma of the examined women. The results of our studies indicate a profound disorder of renal function, water-mineral balance and acid-base balance in severe forms of late toxicosis of pregnant women and dictate the need for targeted correction of these disorders. It was also found that after the main course of effective therapy remained reduced until discharge from the hospital glomerular filtration in the kidneys (84.84 ± 3.34 ml / min), their excretion of sodium and potassium (respectively 101.6 ± 5.11 and $64, 13 \pm 1.78$ mmol / s) and increased excretion of calcium and magnesium (6.45 ± 0.08 and 4.38 ± 0.21 mmol / s, respectively). Osmotic pressure of urine, as well as total blood protein (57.2 ± 1.8 g / l) and disturbed - the ratio of protein fractions in the direction of coarse (albumin-globulin ratio -0.9 ± 0.04) remained underestimated. The above material convincingly shows that the reversibility of clinical, functional and biochemical changes under the influence of treatment is not the same and in clinical recovery the function of some organs and metabolic processes are not normalized and clearly indicate trace pathogenetic disorders that require constant monitoring and continuation of therapy.

The consequence of underestimation of these data is recurrence of toxicosis, and in more severe forms. Thus, in the control group they were observed in 23.4% discharged after recovery from the hospital. These facts made it possible to review existing regulations on the management of patients with toxicosis and to outline treatment measures for early and more complete regression of