

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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biochemical blood test, a study of vaginal secretions, and the concentration of inhibin-B in the blood serum of the studied patients was determined. Normally, the indicators of this hormone in women are 40-100 (in the follicular phase - 30-90 and in the ovulatory phase - 80-200 pg/ml).

Results. According to the literature, ovarian dysfunction is determined by the serum level of (follicle-stimulating hormone) FSH and estradiol. It was found that the secretion of FSH is inhibited by inhibin-B and estrogens, since inhibin-B is produced by granulosa cells of all types of ovarian follicles. As its concentration in the blood increases, the secretion of FSH decreases. Since inhibin-B is cyclodependent, studies were conducted on days 2-5 of the menstrual cycle. Normally, its maximum concentration occurs at the beginning of the follicular phase, which should be taken into account for the selection of the dominant follicle in reproductive technologies. It was found that the amount of inhibin-B decreases in menopause. At its concentration of 40–45 pg/ml, we can confidently talk about a significant decrease in the ovarian reserve. 40 women took part in the sample, the average age was from 25 to 48 years. The conducted clinical studies of pathology did not reveal what made it possible to make a diagnosis of idiopathic infertility. Of the total number, only patients with elevated levels of inhibin-B (15 women) were included in the study. All of the above makes it possible to confirm that the increased level of inhibin-B in the ovaries is one of the controlling factors that lead to infertility

Conclusions. The effect of inhibin-B as one of the components of the endocrine factor of infertility in women was revealed. The results of the study showed the expediency of prescribing a complex determination of the level of inhibin-B in idiopathic infertility. It is advisable to include the study of inhibin-B as one of the priority indicators for the diagnosis of infertility in clinical recommendations for reproductive technologies.

Yurieva L.M.

MODERN APPROACHES TO THE TREATMENT FOR PRIMARY PLACENTAL DYSFUNCTION

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Introduction. One of the pathological conditions that arise in the early pregnancy stages and play a significant role in the development of adverse events in gestation is primary placental dysfunction (PPD), which is reported in 47,1-84,8% of pregnancies with early threatened spontaneous abortion. Early pregnancy losses occur in 10% of all clinically recognized pregnancy, approximately 80% happens in the 1st trimester [Dugas C, Slane VH., 2022]. Violation of the physiological mechanisms of implantation, occurring in the first trimester of pregnancy, is the dominant cause of the development of obstetric complications in late gestation period, such as premature birth, placental pathology (primary placental dysfunction, placental abruption, FGR, fetal distress).

The aim of the study. To assess the effects of treatment of primary placental dysfunction against a background of threatened spontaneous abortion in the first trimester.

Materials and methods. 100 pregnant women with primary placental dysfunction against the background of threatened spontaneous abortion in the first trimester. The patients were divided into the groups, depending on the prescribed treatment regimen: The 1st clinical group (comparison group), who received basic therapy - women in whom the generally accepted pregnancy management scheme was used (n=40). II clinical group (main group) - pregnant women who, in addition to standard therapy of the threat of spontaneous abortion, used the proposed treatment and prevention complex (n=60). The prophylactic complex included Mg (in a dosage of 240-480 mg daily) and multivitamins complex supplementation beginning early and maintained throughout pregnancy; vaginal micronized progesterone 400 mg twice a day until the 16th week of pregnancy; Diosmin 600 mg per day (1 tablet) on an empty stomach, in terms of 12-16 weeks, 22-26 weeks, and 30-34 weeks.

Results. According to the result of study, more often, gestational complications were in pregnant women of the group 1, who took the basic treatment regimen, than in patients of the group

2, who used the therapeutic complex improved by us. An optimized treatment complex made it possible to reliably reduce the frequency of gestational complications in the first half of pregnancy: chorionic detachment by 4.0 times, early and late miscarriages by 3.0 times each. The onset of treatment for primary placental dysfunction against the background of threatened spontaneous abortion in the first trimester allowed for the reduction of the frequency of gestational complications in the second and third stages of pregnancy. In particular, short cervix syndrome by 3.5 times, premature birth by 3.0 times, late preeclampsia by 3.4 times, fetal growth retardation by 2.5 times, and fetal distress by 4.5 times in the second and third stages of pregnancy. Premature maturation of the placenta, which was manifested by structural changes in it on ultrasound, was manifested almost three times more often in women of the group 1 - in 5 (16.7%) versus 3 (5.6%) of pregnant women in the group 2.

Conclusion. The data we received indicate that the use of our proposed treatment complex for primary placental dysfunction in pregnant women with early threatening spontaneous abortion with the appointment of micronized progesterone, Diosmin and modern nutritional supplementation contributes to the regression of clinical symptoms of the early abortion threat, reducing the frequency of early reproductive losses and complicated pregnancy in its later terms.

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THE LEVEL OF MELATONIN IN THE BLOOD AND FOLLICULAR FLUID IN WOMEN WITH INFERTILITY IN THE PROGRAM OF ASSISTED REPRODUCTIVE TECHNOLOGIES AND THE EFFECTIVENESS OF ITS APPLICATION

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Introduction. According to Ukrainian and foreign scientists, the occurrence of infertility can be considered as direct reproductive losses. In Ukraine today, the frequency of female infertility is 60%, and male infertility is 40%. Traditional methods of diagnosis and treatment of infertility cannot always eliminate the problem. The methods of assisted reproductive technologies have taken the main place in solving the problems of human reproduction. But even these technologies do not provide a full guarantee of overcoming infertility. This is due to a number of factors that negatively influence their effectiveness, in particular, the age of the patient, the duration of the history of infertility and previously used treatment methods, ovulatory reserve, the correct selection of patients and the choice of the ovulation stimulation method and fertilization technology, the quality of oocytes and embryos, and many other components. At the same time, assisted reproductive technologies are constantly improving.

The aim of the study was to investigate the level of melatonin in the blood and follicular fluid in women treated with infertility by ART method, and to evaluate the effectiveness of melatonin in their preparation for programs.

Material and methods. 89 women were examined. The first (control) group included 13 healthy women oocyte donors who gave birth to their own healthy children. The second group included 33 women with infertility, who two weeks before and during ovulation stimulation were taken simultaneously at the same time before bedtime 3 mg of the drug "Vita-melatonin" produced by "Kyiv Vitamin Plant". The third group included 43 women with infertility who did not take the drug melatonin during ovulation stimulation. ELISA (Germany) reagent kits were used to determine melatonin levels. Melatonin levels were determined in blood plasma and follicular fluid obtained during the puncture at 9:00 am.

Results. The level of melatonin in the blood of female donor oocytes was 130.85 ± 16.91 pg/ml. This rate in the blood of women who used the drug melatonin before and during ovulation stimulation was significantly higher than in the blood of women who did not take the drug (respectively, 143.06 ± 14.87 pg/ml and 123.40 ± 12.65 pg/ml, $p < 0.05$). In the follicular fluid there was an inverse relationship: the level of melatonin in women of the first group was 97.15 ± 8.69 pg/ml, the second group – 39.46 ± 4.52 pg/ml, which is significantly less ($p < 0.05$), the third