

**СЕКЦІЯ АКУШЕРСТВА, ГІНЕКОЛОГІЇ, ПЕДІАТРІЇ  
ТА ДЕРМАТОВЕНЕРОЛОГІЇ**

**SECTION OF OBSTETRICS, GYNECOLOGY, PEDIATRICS AND  
DERMATOVENEROLOGY**

**Інформаційно-аналітичний центр  
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**УСНІ ДОПОВІДІ:  
SPOKEN REPORT:**

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**1. STUDY OF THE ANTIOVARIAN ANTIBODIES LEVEL IN INFERTILE WOMEN**

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**Introduction.** In the structure of infertile marriage the main place has still been kept by a tubal factor. The frequency of this infertility factor reaches 18-73%.

**Target of the study.** To determine the level of antiovarian antibodies in the blood of women with tubal infertility.

**Materials and methods.** A clinical-laboratory examination has been made of 109 women which were divided into 2 groups: 1 group (main) – 58 women with infertility of tubal origin; 2 group (control) – 51 women. The antiovarian antibodies were determined by means of immunoferrmental set made by the firm Bioserv Ovari-Antibodi ELISA for determination in the blood serum of autoantibodies directed against ovarian antigens.

**Results.** 30 women have been examined and divided in two groups in our study. The first group included 20 women with infertility of tubal origin. The second group consisted of 10 healthy women with a preserved reproductive function. The average age of women in the main group didn't differ from the women's age of the control group. Significant majority in the number of women with chronic salpingoophoritis in the main group (6 times more) testified to the possibility of autoimmune salpingoophoritis initiation in the group under study. The level of antiovarian antibodies was determined equal to  $7,1 \pm 0,9$  and in the main group –  $4,1 \pm 0,5$ , which is 1,7 times less than in the control group.

**Conclusions.** 1. The level of antibodies in the main group of women under study and rise of the level have been determined in patients with a secondary infertility who didn't impregnate for more than 5 years and underwent the following surgery; tubectomy, cystectomy, adnexectomy.

2. On the contrary, the decreased level of antiovarian antibodies has been discovered in patients with a primary infertility who did not impregnate for 5 years as well as in women with uterine pathology and myoma.

**2. TUBAL FLUSHING FOR SUBFERTILITY**

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**Introduction.** A possible therapeutic effect of diagnostic tubal patency testing has been debated in the literature for half a century. Further debate surrounds whether oil-soluble or water-soluble contrast media might have the bigger fertility-enhancing effect. Historically a variety of agents have been used to “flush” the fallopian tubes, although tubal flushing does not currently form part of routine practice in the treatment of fertility delay.

**Target of the study.** To evaluate the effect of flushing a woman's fallopian tubes with oil- or water-soluble contrast media on subsequent pregnancy outcomes in couples with infertility.

**Materials and methods.** Eight randomised controlled trials were identified and included in this review. A further one randomised controlled trial is ongoing. All trials were assessed for quality criteria. The studied outcomes were pregnancy, live birth (and ongoing pregnancy), miscarriage, ectopic pregnancy, treatment complications including pain, intravasation of contrast medium, infection and haemorrhage, and image quality.

**Results.** Tubal flushing with oil-soluble media versus no intervention was associated with a significant increase in the odds of pregnancy (OR 3.57, 95%CI 1.76-7.23). There were no data from RCTs to assess tubal flushing with water-soluble media versus no intervention. Tubal flushing with oil-soluble media was associated with a significant increase in the odds of live birth versus tubal flushing with water-soluble media (OR 1.49, 95%CI 1.05-2.11) but the odds of pregnancy showed no significant difference (OR 1.23, 95%CI 0.95-1.60) and there was evidence of statistical heterogeneity for these two outcomes. The addition of oil-soluble media to flushing with water-soluble media (water-soluble plus oil-soluble media versus water-soluble media alone) showed no significant difference in the odds of pregnancy (OR 1.16, 95%CI 0.78-1.70) or live birth (OR 1.06, 95%CI 0.64-1.77).

**Conclusions.** There is some evidence of effectiveness of tubal flushing with oil-soluble contrast media in increasing the odds of pregnancy versus no intervention. The limited evidence of an increase in the odds of live birth from tubal flushing with oil-soluble contrast media versus water-soluble contrast media must be interpreted cautiously. Further robust randomised trials, comparing oil-soluble versus water-soluble media and comparing each versus no intervention, are required to provide convincing evidence as to whether the technique should be accepted into widespread clinical practice.

### 3. TREATMENT OF AUTOIMMUNE OVARIAN DAMAGE

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**Introduction:** To investigate levels of antiovarian autoantibodies in girls and young women with disturbances of menstrual cycle before and during treatment with hormonal therapy.

Menopause usually occurs approximately at the age of 50. Premature ovarian failure (POF) is a disorder defined as a pathologic termination of menstrual cycle after puberty and before the age of 40. Frequency of this disorder is approximately 1%. Hormonal levels show hypergonadotrophic hypostriam (FSH more than 40 IU/l). The onset of the disease may be very slow. Menarche and regular menstrual cycles may be followed by menstrual cycle disorders – oligomenorrhoea or secondary amenorrhoea. Sterility or infertility at the reproductive age could be manifestations of the early stage of the disease. One of the possible causes of premature ovarian failure could be an autoimmune process beginning at any time during the reproductive period. Autoimmune damage of the ovarian hormonal production places this disease between the autoimmune endocrinopathies, characterized by direct destruction of the target cells, such as thyroiditis, insulin dependent diabetes and Addison's disease.

**Material and methods:** Studied group included 39 patients. 18 patients were treated for primary amenorrhoea, 21 for menstrual cycle disorders. Patients included in the study were repeatedly examined at the beginning of the study and after six months during which they were treated by estrogen and gestagen. In all patients we have tested FSH, LH and FSH/LH ratio, presence of antiovarian antibodies. Results were compared with those obtained in control