

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 hypopituitarism (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

women. 21 antiovarian antibodies positive patients were indicated for laparoscopic biopsy. Biopsysample was examined using light and electron microscopy.

Results: Our treatment with hormonal therapy lead to the reduction of ovarian antigens. In 85% of the cases marked decrease of antiovarian autoantibodies levels was observed, while in 28% of the cases the levels were undetectable. From morphological changes of the bioptic sample enhanced atresia of follicules at different developmental stages was frequently observed. It evoked marked reduction of follicular apparatus up to its complete disappearing.

Conclusion: The results of our study and mapping of the antiovarian antibodies positivity support our hypothesis that the antiovarian antibodies positivity corresponds with the clinical symptoms. Appropriate treatment with hormonal replacement therapy minimizes ovarian destruction, preserves ovarian hormonal functions and saves healthy ovarian tissue necessary for future fertility.

4. ДОСЛІДЖЕННЯ ПОКАЗНИКІВ ФІЗИЧНОГО РОЗВИТКУ НЕДОНОШЕНИХ ДІТЕЙ 1-ОГО РОКУ ЖИТТЯ В ЗАЛЕЖНОСТІ ВІД МАСИ ТІЛА ПРИ НАРОДЖЕННІ

RESEARCH OF INDICATORS OF PHYSICAL DEVELOPMENT PRETERM INFANTS DURING THE FIRST YEAR DEPENDING ON BODY WEIGHT AFTER BIRTH

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Вступ. Народження недоношеної дитини пов'язане з певним ризиком постнатальної затримки фізичного розвитку (ФР).

Мета. Дослідити динаміку показників ФР недоношених дітей залежно від маси тіла з моменту народження, і вплив грудного вигодовування на швидкість ФР протягом 1-го року.

Матеріали і методи дослідження. Використовувалися центильні таблиці для недоношених від 22 до 50 тижнів (Fetal-infant Growth Chart for preterm infants, WHO, 2006), антропометричний калькулятор ВООЗ Anthro з обчисленням сигмальних відхилень (Z- scores). Всі діти були розділені на 3 групи залежно від маси тіла при народженні (1-а - 2499-1500г, 2-а - 1499 -1000г, 3-я - ≤999г).

Висновки. Частота затримки ФР серед дітей у віці 6 місяців була 26,87%, (95% ДІ 17,72-38,52%) в 1-й групі; 77,78%(95% ДІ 63,73-87,46%) у 2-й групі; 100% у 3-й групі. Частота затримки ФР серед дітей у віці 1 року була 7,46% (95% ДІ 3,23-16,31%), 33,33%(95% ДІ 21,36-47,93%), 63,16 % (95% ДІ 41,04-80,85%) відповідно. Затримка маси відносно довжини тіла помічена серед дітей у віці 6 місяців: 5,97%(95% ДІ 2,35-14,37%) в 1-й групі, 33,33% (95% ДІ 21,36-47,93%) у 2-й групі, 47,37% (95% ДІ 27,33-68,29%) в 3-й групі. Серед дітей у віці 1 року 2,99% (95% ДІ 0,82-10,25%) 1-ї групи, 8,89% (95% ДІ 3,51-20,73%) 2-ї групи, 15,79% (95% ДІ 5,52-37,57%) 3-ї групи також відмітим дефіцит маси відносно довжини тіла. У дітей 2-ї та 3-ї груп у віці 6-ти місяців достовірно частіше зустрічається недостаття та надмірно недостаття вага. В 1 рік відмічено позитивну динаміку в усіх групах, але в групах дітей 2-ї та 3-ї зберігається високий відсоток дітей з затримкою ФР. Грудне вигодовування - найбільш фізіологічний метод догляду за недоношеними дітьми.

5. ДІАГНОСТИЧНІ КРИТЕРІЇ АМЕНОРЕЇ НА Т.П ВТРАТИ МАСИ ТІЛА **DIAGNOSTIC CRITERIA AMENORRHEA AGAINST WEIGHT LOSS**

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