of skin and its appendages (40.8%) and unstable blood pressure and heartbeat celebrated every third woman. Hypothyroidism was found in 27.6% of cases, benign breast dysplasia - 51% in five patients (21.6%) marked decrease bone mineral density, which exceeds the average rate of loss. Personalization of HRT in patients with impaired reproductive function in history is determined not only clinical variability climacteric syndrome (CS), but considering extragenital requiring implementation we developed a diagnostic algorithm was the basis for this strategy HRT, in hypothyroidism - the appointment of HRT should hold its pharmacological correction; the pathology hepatobiliary system - use hepatoprotectors; in patients with uterine leiomyoma after surgery and cerebrovascular disorders - application Betaserc; in endometriosis and somatoform disorders - tranquilizers, naturopathic medicines, antidepressants; for the prevention of thromboembolic complications in high-risk individuals - transdermal 17β-estradiol appointment with natural progesterone in the uterus intact; habitat in violation of the vagina and the initial manifestations of urogenital disorders - with local estrogen action - promestryn as monotherapy or in combination with hormone replacement therapy, which increased komplayentnist HRT.

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

Should be implemented in clinical practice a new approach to a comprehensive inspection and management of patients in menopause such as menopause management - 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 bone, positively affect sexual function and libido, reduce the number of side effects due to low dose and have favorable 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.

Hoshovska A.V.

FEATURES OF REPRODUCTIVE AND SOMATIC DISEASES IN PREGNANT WOMEN WITH INFECTIONS OF THE GENITAL TRACT IN THE FIRST TRIMESTER OF GESTATION

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Intrauterine infection is an established fact of intrauterine penetration of infectious agents, viruses, microorganisms that are found clinically, in the laboratory, or shortly after birth, into the ovum,. In most cases intrauterine infection in the first trimester of gestation results in abortion, spontaneous abortion threat, the development of primary placental dysfunction, embryotoxic and teratogenic damage to the fetus.

Underdevelopment of glands, stroma, blood vessels, glycogen in women with evidence of intrauterine infection create unfavorable conditions for the development and supply of trophoblast of the embryo, which is due to the threat of miscarriage and of noncarrying of pregnancy. Selection of the main group was performed among the women who were hospitalized in the gynecological department of Chernivtsi CMH№2 with signs of fetal infection (20). The control group consisted of practically healthy pregnant women without evidence of intrauterine infection (15). Distribution of pregnant women in the main and control groups by age showed that the vast majority of women from the main group belonged to a group of "age prima gravida", namely from 21 to 30 years - 4 patients; 35 years - 7 patients; older than 35 years – 9 women. It should be noted that the vast majority of women in the control group were at the average reproductive age from 21 to 30.

An analysis of social employment of pregnant women showed that the vast majority of patients from the main group were workers - 9 (45%) women, housewives - 6 (30%), students - 5 (25%). In the control group prevailed: employees - 8 (53%) workers - 4 (26%) and housewives - 3 (20%).

Analyzing the stature-weight performance in both groups of pregnant women, the classification into subgroups by weight: under 65 kg, from 65 to 74 kg, from 75 to 85 kg, more than 85 kg, as well as the height, height 160-170 cm, more than 170 cm, we found out that pregnant women in the main group were on average significantly heavier and had symptoms of obesity compared to the control group. There were no reliable differences between the parameters of growth in women of the main and control groups.

Assessing obstetric and gynecological history data it should be noted that the women with symptoms of intrauterine infection had severe menstrual dysfunction compared with women in the control group. The vast majority of women from the main group experienced menarche at the age of 15-16 years while the women from the control group had menarche at the age of 12-13 years. Significant menstrual dysfunction was observed in the main group of women, namely irregular anovulatory menstrual cycles in 9 (60%), primary and secondary amenorrhea in 7 (46%), oligomenorrhea in 6 (40%) when women in the control group had regular 28-30 day menstrual cycle. The main symptom in women with intrauterine infection was chronic anovulation in 11(73%) and long history of infertility in 8 (53%) as opposed to the women in the control group.

The period of pregnancy became much more complicated in women with symptoms of intrauterine infection, namely the threat of abortion in 12 (80%), the threat of preterm birth in 6 (40%), partial detachment of chorion or placenta in 7 (46%) the development and progression of shortening of the cervix and the internal orifice of the uterus 9

(45%), termination of pregnancy and its spontaneous interruption in 3 (15%) in contrast to the healthy women whose pregnancy lasted to the birth term.

Thus, the presence of acute or chronic persistent infection in pregnant women is a risk factor for infection of the ovum, embryo and fetus in the early period of its development. The presence of infection in the first trimester of pregnancy leads to a spontaneous abortion, or to embryotoxic and teratogenic damage to the fetus.

Pryimak S. G.

TREATING PREGNANTS WITH PAPILOMAVIRUS INFECTION

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Recently, Ukraine has been an increase in the incidence of cervical carcinoma (cervical cancer) among young women of reproductive age, especially in the group of women younger than 29 years. The mortality rate among women younger than 30 years who suffer from cervical carcinoma is 8,5%.

Algorithm of treating pregnants with virus infection:

Stage I – the examination: Diagnosis and treatment of other infections of genital and vaginal dysbiosis. - Extended colposcopy. Detection of HPV DNA typing. Cytology (PAP test).

Stage II - the definition of tactics: Indications observation: AAH latent form, vestibular papillomatosis. Indications for treatment, genital warts vulva, vagina, cervix. Clinical management of pregnant women with CIN I should wait and controlling dynamic colposcopic and cytological surveillance control, with the final treatment of the cervix after childbirth. If there are signs of PVI and CIN I-III conducted anti-inflammatory treatment, correction of vaginal microbiota then be repeated PAP test. If PVI signs after treatment, CIN II-III in pregnancy or due to deterioration results colposcopic or cytological study shows cervical biopsy with histological examination and consultation oncologist. In identifying CIN III required mandatory consultation of an oncologist, in case of CIN III in II-III trimesters of pregnancy prolongation possible during dynamic cytological and colposcopy control I every 3 weeks with further treatment after delivery. Indications for biopsy of the cervix during pregnancy is abnormal cytological and colposcopic pictures, suspicious for cancer (non-uniform surface ekzofit, erosion or ulceration and atypical vascularization).

Stage III - a comprehensive examination and determine the tactics in the postpartum period on the basis of colposcopy tsytohistolohichniy reassessment of previous data.

The treatment of diseases associated with HPV during pregnancy is necessary to differentiate the testimony at any time, but preferably in the I trimester. Before using destructive methods of treatment recommended to conduct a comprehensive examination, treatment related inflammatory diseases of genitals. The method of choice for the treatment of genital warts in pregnant women is a radio wave therapy and the use of chemical coagulants - solkoderma, trichloroacetic acid. The application of laser therapy, electrocautery, surgical method. Mandatory treatment for PVI in pregnant women is imunokoryhuyucha therapy. Long-term use of interferon (IFN) and their inducers. IFN - endogenous cytokines that have antiviral, antiproliferative and immunomodulating properties. There is evidence of differences in immune response when infected and highly nyzkoonkohennymy types of HPV. In the presence of HPV 16 th - 18 th types of products, a decline of α-and γ-IFN, increased serum IFN spontaneous IFN production, which leads to an imbalance in cellular immunity and, consequently, to severe disease.

During pregnancy used vaginal, rectal and external agents, systemic medications. Interferon held in the second half of pregnancy. Viferon is the best drug for immunotherapy in pregnancy. It contains recombinant α2-interferon and membrane components - α-tocopherol acetate and ascorbic acid. Viferon is an immunomodulator that affects the processes of differentiation, recruitment, functional activity of effector cells of the immune system and the efficiency of the immune antigen recognition and increased phagocytic and cytolytic activity. To prevent the development of phenomena of effector cells refractory to the action of IFN, systemic administration of the drug to be intermittent. In addition, the proven protective efficacy of IFN in diseases caused by intracellular pathogens, parasites (Chlamydia, Mycoplasma, etc.). Obviously, the effect in this case is also associated with suppression of protein synthesis and activation of phagocytosis.

The issue of labor in women with PVI solved individually. Past studies suggest that abdominal delivery does not reduce the risk of fetal infection (N. Sedlachek, Lindheim S. et al., 1989) described cases of children born by Caesarean section with laryngeal papillomatosis.

Because of the high incidence of PVI in pregnant women, participate in HPV carcinogenesis processes needed to optimize preparing women for pregnance, including a comprehensive examination to identify HPV typing of it and treat HPV - associated disease during pregnancy planning.

Semenyak A.V.

PREVENTION OF COMPLICATIONS OF PLACENTA DYSFUNCTION

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The frequency of placental dysfunction (DP) ranges from 20% to 50% depending on factors that complicate the normal course of pregnancy. Despite the rather large range of drugs used to prevent and treat DP, frequency of