It has been established that the mean concentration of PSG1 in both subgroups with complicated pregnancy is significantly lower than in control group ($p<0,05$). It is true for 6-8 and 12-13 weeks of gestation. The level of PSG1 was higher in subgroup of correction than in subgroup with traditional treatment by the end of the 1st trimester ($p<0,05$). Concerning PAEP it was unveiled that the mean level of this protein at 12th-13th week of pregnancy was higher both in subgroup of correction and control group, comparing with subgroup with traditional treatment ($p<0,05$).

Progressive decreasing of the serum concentrations of the placental proteins is linked with the dysfunction of placenta which is forming. In our opinion, it can cause appearance of more severe disorders in the system of regulation of aggregation of the blood, what might lead to impairment of the blood supply of the fetal egg. The proposed complex of treatment improves the function of the trophoblast.

Byrchak I.V.

PROGNOSIS OF PREGNANCY COMPLICATIONS ON THE BASIS OF CHORIONIC VASCULAR COMPONENT STUDY IN HABITUAL NONCARRYING IN THE EARLY STAGES OF GESTATION

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There has been a stable negative ratio in birth rate and total mortality in recent years in our country, that's why each pregnancy preservation and provision of its favorable outcomes for the mother and the birth of a healthy child are declared at the state level. Today a significant reduction in the total index of population health leads to its decline in general. In Ukraine reproductive losses due to miscarriage are 36-40 thousand annually. In the miscarriage structure the incidence of habitual abortion constitutes from 5 to 20%.

Habitual miscarriage (habitual abortion) is defined as the result of two or more pregnancies ended in the spontaneous abortion. The incidence of spontaneous abortions and preterm deliveries remains stable worldwide, at the level of 10-25%, in 78-80% of cases it occurs in the first trimester. The risk of spontaneous abortion (SA) after the first previous SA is 20-25%, after two spontaneous abortions it is 25-30%, after three SA – 30-35%.

Miscarriage is traditionally viewed as a multifactorial pathology, but the significance and influence degree of various factors is constantly changing. The etiological causes of miscarriages are diverse, among them are: chromosomal abnormalities, inherited from parents or arising de novo; hormonal disorders; infectious diseases; autoimmune factors, which include increased levels of antibodies to cardiolipin and other phospholipids, glycoproteins, native and denatured DNA, thyroid factors, alloimmune factors, in which the cause of miscarriage is the ratio of histocompatibility antigens in a couple, anatomical changes of genitalia (malformations, intrauterine synechia, isthmic-cervical failure, genital infantilism, etc.).

Causes of spontaneous abortion are not always possible to detect, but their determination is a prerequisite for women's future reproductive capacity with the definite prognosis of pregnancy development and such complications of gestation as placental dysfunction, intrauterine growth retardation, and late gestosis.

In recent years, scientists and clinicians are paying increasingly more attention to the aspects of formation and functioning of the mother-placenta-fetus system beginning from the moment of ovum implantation, cytotrophoblast invasion and subsequent transformation of the spiral arteries. Nowadays it is convincingly demonstrated that intrauterine suffering of the fetus begins to occur in the early stages of gestation, when the state of woman's endo- and myometrium causes defective embryo development and extraembryonic new growth, primarily the placenta and placental bed.

With the introduction of three-dimensional ultrasound diagnostic technologies into clinical practice there appeared an opportunity of noninvasive volumetric reconstruction of chorionic and placental blood flow. Diagnostic criteria of the volumetric placental blood flow disorders at different nosology are not developed yet, in the future it would allow to carry out an early diagnostics of the state of uterine-placental-fetal complex and initial forms of antenatal fetal suffering, to reduce perinatal morbidity and mortality of hypoxic-ischemic origin. Hence, the creation of criteria of patients selection especially from the risk group with the complicated development of pregnancy, beginning from the I trimester of gestation is considered to be a topical issue.

Gresko M.D.

DIFFERENTIATED APPROACH TO A COMPREHENSIVE INSPECTION AND MANAGEMENT OF PATIENTS WITH CLIMACTERIC SYNDROME

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In Ukraine, the scientists dealing with menopause, try to destroy the dominant point of view of non-intervention in the natural biological process of aging and passive observation involutive processes. Clinicians are not always paid due attention to the effects of estrogen deficiency in menopause remote time, shown the development of metabolic syndrome, increased risk of cardiovascular disease, osteoporosis. Until now there was no consensus on tactics differentiated approach in the appointment of hormone replacement therapy (HRT) in view of the existing system disorders in women.

Clinical course and systemic disorders in perimenopausal patients who suffered from a history of endocrine infertility and miscarriage, found the prevalence of neurovegetative disorders (84%), exchange-trophic disorders (32%)

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