



Therefore, patients with endometriosis and women with urogenital infections were diagnosed with varying degrees of inflammatory syndrome and bacterial contamination, dysbiotic manifestations and candidiasis. Chlamydia is diagnosed in some patients.

Therefore, patients with endometriosis have dysbiotic changes of varying degrees, which were not detected by routine microscopy smear tests, but require correction. Disorders of microbiocenosis probably play a major role in the worsening of the clinical course of genital endometriosis.

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CHANGES OF THE LEVELS OF MELATONIN AND CYTOKINES IN CASE OF IUGR

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Our purpose was to investigate the levels of melatonin, proinflammatory and anti-inflammatory cytokines in pregnant women with placental insufficiency (PI).

The PI was manifested as the intrauterine growth restriction syndrome of fetus (IUGR) in the third pregnancy trimester. The control group consisted of 20 women with uncomplicated pregnancy in the same term. The blood concentrations of melatonin, proinflammatory cytokines, such as tumor necrotizing factor- α (TNF- α), interleukin-1- β (IL-1- β), interleukin-6 (IL-6), and anti-inflammatory cytokines, such as interleukin-4 (IL-4), and interleukin-10 (IL-10), were studied.

The concentration of melatonin was found to decrease significantly if pregnancy was complicated by intrauterine fetal growth retardation (study group 126.87 ± 14.87 pg/ml, control group 231.25 ± 21.56 pg/ml, $p < 0.001$). The levels of proinflammatory cytokines in the study group were significantly higher as compared with the control group (TNF- α : study group 10.05 ± 1.35 pg/ml, control group 5.60 ± 1.50 pg/ml, $p < 0.05$; IL-1- β : study group 14.67 ± 2.13 pg/ml, control group 3.96 ± 0.92 pg/ml, $p < 0.001$; IL-6: study group 6.91 ± 0.99 pg/ml, control group 2.69 ± 0.99 pg/ml, $p < 0.05$). The same is true about anti-inflammatory cytokines (IL-4: study group 5.97 ± 0.50 pg/ml, control group 3.74 ± 0.62 pg/ml, $p < 0.05$; IL-10: study group 11.40 ± 1.50 pg/ml, control group 4.70 ± 3.20 pg/ml, $p < 0.001$). A moderate negative correlation between melatonin and IL-1- β in the group with PI ($r = 0.3776$, $p < 0.0097$), a closed negative correlation between the same indexes in the control group ($r = 0.6785$, $p < 0.001$), and a moderate negative correlation between melatonin and TNF- α ($r = 0.4908$, $p < 0.02$) were found.

The blood level of melatonin significantly decreases in case of placental insufficiency, manifested as intrauterine fetal growth restriction. Strengthening of the proinflammatory immunity shown as the increasing of the levels of TNF- α , IL-1- β , and IL-6 levels is also present in case of IUGR. Increase of the serum concentration of the anti-inflammatory cytokines, such as IL-4 and IL-10, in our opinion, can be explained by activation of compensatory mechanisms, which decrease the risk of premature labor.

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EVALUATION OF VOLUME AND VASCULAR COMPONENT OF CHORION IN HABITUAL NONCARRYING OF PREGNANCY WITH THE OBJECT OF PLACENTAL DYSFUNCTION PREDICTION

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Placental dysfunction (PD), being the cause of many perinatal complications, remains one of the major problems in modern obstetrics. The development of this pathological condition, caused by the morphofunctional changes in the placenta, is accompanied by distress and delayed fetal growth and is known to be one of the main causes of perinatal morbidity and mortality. Therefore, finding of the new ways to predict the development of the placental dysfunction in pregnant women at risk