group of 28-30 weeks and 6 days of gestation there were no structural changes of the cervix. At 31-33 weeks and 6 days of gestation similar significant differences were found in the content of IL-8, however, structural changes in the cervix were detected in 66.7%, including premature births in 33.3%. It was found that the level of IL-8 in pregnant women with an increased number of leukocytes in the vagina was lower than in pregnant women with a normal number of leukocytes.

Therefore, women with the risk of preterm birth, regardless of pregnancy, have a significant increase in IL-8 several times, which is caused by an infectious factor. During 31-34 weeks of gestation a significant increase in IL-8 to 30.61 ng / ml indicates the possibility of preterm birth in 33.3%. Elevation of IL-8 in cervical mucus to 33.92 ng / ml in the presence of painful uterine contractions during 22-31 weeks of gestation is preceded by structural changes in the cervix.

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POLYCYSTIC OVARY SYNDROME IN THE OLDER WOMAN

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The polycystic ovary syndrome (PCOS) is the commonest endocrine condition among women in their reproductive years. It presents with variable clinical features and has a heterogeneous endocrine profile. PCOS usually presents with a patient complaining of reproductive symptoms such as hirsutism, menstrual disorders or infertility, but already at a young age there is evidence of metabolic disturbances. It is the metabolic dysfunction which poses a considerable health risk to women in their later decades.

Studies which have tried to assess the prevalence of PCOS have demonstrated polycystic ovaries, as assessed on ultrasound, in some 20-22% of women. Not all of them will develop PCOS as it only occurs in some 5-10% of women of reproductive age. Long term follow up is essential because of the possibility of ongoing metabolic disorders which may impact the health of affected women in later life. These include disorders of glucose tolerance and cardiovascular function.

It is difficult to determine why a woman with polycystic ovaries eventually develops PCOS. PCOS tends to cluster in families and it is therefore likely that there is a genetic element to this condition. In the debate between inheritance versus adverse environment, it is recognised that the environmental impact on the development of PCOS is very important. Intra-uterine stressors, events in childhood/puberty and the impact of obesity in adulthood may all influence the development of PCOS. In short, the metabolic environment may impact upon a woman's genetic predisposition and result in the development of PCOS.

There is considerable evidence that women with PCOS may later develop dyslipidemia, impaired glucose tolerance (IGT) or type II diabetes, the metabolic syndrome and ultimately these impact on cardiovascular disease. Both the diabetic related conditions and the cardiovascular factors result in an increased risk for cardiovascular disease and long term morbidity. There is considerable information in the literature about the possible impact of PCOS on late onset disease.

In conclusion, PCOS remains a challenge and a fascinating condition. While most patients present in their reproductive years, often because of menstrual abnormalities or infertility, many only present in their late thirties or early forties and all will need treatment and surveillance into later life.

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ULTRASOUND IMPROVEMENT OF EMBRYON DEVELOPMENT IN PRETERM PREGNANCY

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Pregnancy miscarriage is a serious problem in modern obstetrics, which is one of the most common causes of perinatal loss. That is why the early diagnosis of this disease plays an important