



25 women at 9-12 weeks. The control group consisted of 50 pregnant women with placement of chorion in the body and days of the uterus, respectively in 5-8 weeks - 25, in 9-12 weeks - 25 pregnant women. The groups of patients surveyed were representative.

All patients underwent three-dimensional ultrasound to obtain a chorion volumetric image. Volumetric reconstruction of the choral blood flow was performed in VOCAL (Virtual Organ Computer-Aided Analysis) program with a histogram of a vascular component in a given volume of choral tissue. This made it possible to calculate automatically the chorionic volume and volume blood flow indices by determining the vascularization index (VI) and blood flow index (FI).

According to the periods of the chorion structural formation the data were analyzed separately in the villi formation period (up to 8 weeks) and during the formation of cotyledons (up to 12 weeks).

In the study of VI, which reflects the percentage of vascular elements in a certain volume of placental tissue, we observed its gradual increase in the dynamics of pregnancy in both groups. However, analyzing the data, we see that in the gestation period of 5-8 weeks there is a reliable decrease in the vascularization index in pregnant women with low placenta, compared with pregnant women with normal chorionic placement, respectively  $8,11 \pm 0,11$  and  $15,56 \pm 0,36$  ( $p < 0,05$ ), which is also an unfavorable sign of prognostication for the development of primary placental dysfunction.

In the gestation period of 9-12 weeks, there are more significant changes in this index, we see a decrease in VI, observed 2,2 times. Therefore, blood flow disorders in the chorion are a reliable diagnostic component of the development of placental dysfunction from early gestation.

FI in the chorion in the first trimester of pregnancy gradually increased to 12 weeks of gestation in both study groups. Thus, no significant difference in the main and control groups in the period of formation of villi and during the formation of cotyledons was detected (5-8 weeks of gestation -  $33,3 \pm 1,0$  and  $35,86 \pm 1,2$ ; in 9-12 weeks -  $36,58 \pm 2,9$  and  $44,32 \pm 3,0$  and respectively,  $p > 0,05$ ).

The vascular blood flow definition contributes to the early prediction of the formation of primary placental dysfunction in pregnant women with low chorionic placement and enables to carry out the correction of this pathological condition timely and pathogenetically well-grounded.

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### **CURRENT APPROACHES TO TREATMENT OF FIBROSIS - CRYSTOSTIC MASTOPATHY IN PATIENTS WITH UTERINE MYOMA**

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Recent studies have shown a high incidence of pathological changes in the mammary glands in various gynecological diseases. In 60-92% of women hyperplastic processes of the female genital organs are associated with benign breast diseases. Among patients with mastopathy the incidence of gynecological diseases is 84.6%. This is due to the unity of pathogenesis of the processes occurring in the target organs: uterus and mammary glands. The main links in the pathogenesis of uterine fibroids and benign breast diseases are disorders of hormonal background, activation of cell proliferation signaling pathways associated with the expression of growth factors and neoangiogenesis, as well as inhibition of apoptosis.

The objective of our study was to investigate the state of mammary glands in patients with uterine myoma, the patterns of combination of uterine tumors with various forms of benign diseases of the mammary glands and their dynamics against the background of non-hormonal conservative therapy of uterine fibroids.

A comprehensive gynecological and mammological examination and treatment were completed in 56 patients suffering from uterine myoma. The criteria for the inclusion of patients in the study was the presence of uterine fibroids proceeded with low clinical symptoms, which



allowed initiation of conservative treatment. The exclusion criterion is the detection of malignant pathology of the organs of the reproductive system or other localization.

The age of women ranged from 28 to 49 years (mean age  $38.5 \pm 0.5$  years) including 5.8% of patients of a reproductive age, 38.4% of patients of late reproductive age and 55.8% were in premenopausal period.

Deterioration of the mammary glands was not found in any cases examined. There were also no complications and side effects registered while taking Quinol.

Thus, the analysis of the results of the study showed that pathological changes of the mammary glands in patients with uterine fibroids were manifested in the form of various forms of fibrocystic disease and benign tumors. The most common diffuse form of the disease with a predominance of the fibrotic component is more than half of the patients (54.7%), with the same frequency found in patients of late reproductive and premenopausal age ( $p > 0.10$ ).

Against the ground of conservative non-hormonal therapy of uterine fibroids, there was pronounced positive dynamics in the course of various forms of benign breast diseases. Quinol therapy has been proven to be effective in treating patients with various forms of fibrocystic disease: the purchase of clinical symptoms of mastodynia in 63.4% of patients, a decrease in their severity in 22.5% of patients, normalization of psycho-emotional state in 26.7% of patients. In addition, in 33.7% of women, one year after initiation of therapy, presented positive dynamics of X-ray image according to mammography. The absence of positive dynamics in the state of the mammary glands against the background of treatment with Quinol may be, in particular, due to the fact that about 15% of people due to genetic polymorphism belong to the category of "inappropriate" and are resistant to treatment with this drug.

At the same time, a pronounced therapeutic effect was noticed in reducing the clinical symptoms of uterine fibroids and reducing the size of myomatous nodes.

Quinol, which was used for the conservative treatment of the disease in patients with uterine fibroids, has a pronounced antiproliferative activity. Quinol is an anti-estrogen, blocks intracellular signaling pathways from growth factors and cytokines, and induces apoptosis in tumor cells.

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## **RESULTS OF TREATMENT OF THE SEXUALLY TRANSMITTED INFECTIONS DURING PREGNANCY**

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Recent findings from studies of the reproductive health of the female population show an increase in sexually transmitted infections (STI), which remains an important problem in obstetrics. A feature of the course of pregnancy is asymptomatic course, which leads to both pregnancy complications and the development of complications in the postpartum period.

The aim of this study is to determine the effectiveness of STI treatment during pregnancy to prevent pregnancy complications and the postpartum period.

Clinical and laboratory examination of 50 women with a history of STI who underwent treatment during pregnancy (the main group) and 20 healthy women who made up the control group were conducted.

The main group consisted of women with STI before pregnancy, periodic vaginal discharge. In the maternity of the main group during pregnancy revealed in vaginal smears and cervical canal trichomonas in 25 cases (50%), chlamydia in 21 cases (41%), mycoplasma and ureaplasma in 22 cases (44%), gram negative diplococcus, morphologically similar to gonococci in 11 cases (22%). The women of the control group had no history of inflammatory diseases. Lactobacilli were detected in smears in 18 cases (90%), in two cases the presence of yeast fungi of the genus *Candida* (10%).

For the pregnant y of the main group during pregnancy was prescribed a course of antibacterial and anti-protozoal therapy according to the results of bacteriological and microscopic