



Our purpose was to predict the complications of pregnancy, to identify the causes of formation of RCA.

Clinical and laboratory examination of 50 pregnant women in the first trimester of pregnancy, which were divided into 2 groups: the main (the first group - 30 pregnant women with RCA) and the control (the second group - 20 healthy pregnant women). Extragenital pathology was diagnosed in 40% of pregnant women of the main group, in 5% of the control group. The material for the study were vaginal discharge, cervical canal, scraping of the epithelium from the cervical canal, blood from the vein. Research methods microscopic, bacteriological, statistical, ultrasound results.

As a result no pathologic abnormalities and differences between groups were found in general clinical analyzes. RCG were found in the main group at 7-8 weeks at 40%, at 9-10 weeks at 40%, at 11-12 weeks at 20%, which indicates a higher probability of forming RCA at 7-10 weeks.

RGG in 50% of pregnant women went asymptomatic, in the rest - bloody discharge (26.7%), abdominal pain (13.3%), combined symptoms. In the study of vaginal microcinosis and cervical canal revealed: in women of the control group *Candida* - 4%, *Staphylococcus aureus* - 2%, *Staphylococcus epidermidis* - 12%, *Lactobacilli* - 80%.

Pregnant women in the main group revealed *Trichomonas vaginalis* in 6 pregnant women (20%), who had complicated pregnancy (infectious factor and formation of PCG). In 12 pregnant (40%) vaginal microcytosis is represented by: *Staphylococcus aureus* and *Staphylococcus epidermidis* in 10 women, *Staphylococcus aureus*, *Mycoplasma hominis* - in 2 women, *Lactobacilli* are absent, the number of leukocytes is normal (no inflammatory process, weak response). *Candida* was found in 12 women (40%), which was accompanied by an increased number of leukocytes in 50%, which was absent in the control group. The presence of *Lactobacilli* was detected in 6 pregnant women (12%), simultaneously with *Candida*, without elevation of leukocytes.

Therefore, RCG is formed at 7-10 weeks of pregnancy (80%), with 50% asymptomatic. Extragenital pathology results in the formation of RCG in 40%. Pathogenic microflora were found in 20%, so it was not main in the development of RCG, but conditionally pathogenic microflora was detected twice as often. In the presence of RCG, 40% of pregnant women have *Candida* and 40% of other conditionally pathogenic microflora, in the absence of an inflammatory reaction, indicating an immune factor, in the development of RCG.

Pecheriaha S.V.

DETERMINATION OF CHORIONIC BLOOD FLOW AT LOW PLACENTATION IN EARLY GESTATION PERIOD

*Department of Obstetrics, Gynecology and Perinatology
Higher state educational establishment of Ukraine
«Bukovinian State Medical University»*

Placental dysfunction is the main cause of perinatal morbidity and mortality today. Placental dysfunction should be considered as a decrease in its ability to maintain adequate metabolism between mother and fetal organisms. The formation of numerous placental functions is closely connected with its structure at different stages of the development. An adequate course of implantation, organogenesis is ensured, first of all, by the outstripping growth of the provisional organs, the change of the histotrophic type of the embryo nutrition from the beginning to the yolk, and subsequently to the hemochorial circulation.

Low chorionic placement in the first trimester of gestation carries a potential risk of disturbance of the normal development of the extraembryonic structures, processes of trophoblast invasion, gestational rearrangement of the spiral arteries and formation of fetal placental and uterine placental circulation. Hence, the need to study the features of the formation of the chorion vascular component at low placentation in the first trimester of gestation and to predict the development of primary placental dysfunction and the subsequent course of pregnancy becomes perspicuous.

There were 100 pregnant women under our observation. The main group under consisted of 50 pregnant women with low chorionic placement, including 25 women at gestation 5-8 weeks and



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.

Pryimak S.G.

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

*Department of Obstetrics and Gynecology
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»*

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