



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 ± 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



examination for 7-10 days, drugs that are allowed during pregnancy. In the postpartum period, trichomonads in 15 cases (30%), chlamydia in 9 cases (18%), mycoplasmas and ureaplasmas in 4 cases (8%), gram-negative diplococcus, morphologically similar to gonococcus in 5 cases (10%), were detected in smears. The complicated course of the postpartum period was observed in 26 cases (52%). In the birth of the control group, the postpartum period flowed without complications, the mothers were discharged on the third day in a satisfactory condition.

Insufficient efficacy of STI during pregnancy is the cause of infectious complications in the postpartum period of 52%, which requires timely diagnosis and treatment at the family planning stage.

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MODERN VIEWS ON EPIDEMIOLOGY OF PREGNANCY MISCARRIAGE

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The problem of miscarriage is one of the most important in obstetrics all over the world. Despite a large number of the scientific studies, the level of preterm birth and child loss has a tendency to be increased in the vast majority of countries.

Thus, in Ukraine, the rate of miscarriage reaches 15-27% of all diagnosed pregnancies. In 25% of women of the reproductive age, there is at least one case of pregnancy loss.

According to the Ministry of Public Health of Ukraine, the incidence of miscarriage following the first involuntary abortion is 23%, after two - 29%, and 55% after three abortions. It should be also noted that 85% of fetal loss syndrome occur in the first trimester of pregnancy, 15% - in the second and third trimesters, herein 5-6% are premature births. According to the results of Ukrainian scientists, about 5% of premature births have a term of pregnancy up to 28 weeks, about 15% - 28-31 weeks, approximately 20% - 32-33 weeks, 60-70% - 34-37 weeks of pregnancy. The frequency of pregnancy miscarriages correlates with the maternal age. At the age of 20-30 years the frequency of pregnancy termination is 9-17%, 20% - at the age of 35-39, 40-44 years - 40%, and 80% - at the age of 45 years.

In 184 countries, premature birth rates vary from 5% to 18% of births. More than 60% of premature births occur in Africa and Asia. Ten countries with the highest rate of preterm birth include Brazil, the United States, India, Nigeria, etc. In 11 countries the incidence of preterm birth exceeds 15%, and all of them but two are in Africa. In contrast, the lowest preterm birth rates were recorded in the following 11 countries: Belarus - 4.1; Ecuador - 5.1; Latvia - 5.3; Finland, Croatia and Samoa - 5.5; Lithuania and Estonia - 5.7; Antigua / Barbuda - 5.8, Japan and Sweden - 5.9.

In low-income countries, on average 12% of children are born very early, in comparison with 9% in the countries with higher income. There is a wide variation in the survival rates of preterm infants, depending on where the baby was born. If about 90% of children, born within the term of 28 weeks, die during the first days of life in the countries with low income, then in high-income countries less than 10% of children die, born in the same gestation period.

Tendency to the frequency increase of the preterm labor is observed in 65 states according to the reliable data for the last 20 years. Thus, in the United States the index of premature births constituted 9.5%, in 1981, 2005 - 12.7%, and 17.5% - in 2009.

Premature birth rates also vary across ethnic and racial populations: in the US and UK, African American and Afro-Caribbean women have premature births in 16-18% of cases, compared with 5-9% in Caucasian women.

Thus, the problem of miscarriage is a global one in the world, more than 15 million families, in which the baby is born prematurely, come across this phenomenon. Effective prevention of preterm birth will help to achieve the UN Millennium Development Goals.