



Встановлено, що протигрибкова дія нового класу похідних естерів 4-R-бензилпірол-3-карбонової кислоти стосовно музейних штамів міцеліальних грибів: *Aspergillus niger* K9, *Aspergillus fumigatus* K11, *Aspergillus amstelodali* K12 помірна. Досліджувані сполуки проявляють фунгіостатичну дію у межах від 31,25 мкг/мл до 62,5 мкг/мл, а фунгіцидну – у межах від 31,25 мкг/мл до 125 мкг/мл.

Отже, вивчення біологічної активності нових синтезованих похідних естерів 4-R-бензилпірол-3-карбонової кислоти, свідчить про доцільність відбору їх найбільш перспективних представників, подальшого синтезу та вивчення антимікробної активності.

СЕКЦІЯ 11 АКТУАЛЬНІ ПИТАННЯ АКУШЕРСТВА, ГІНЕКОЛОГІЇ, ДИТЯЧОЇ ТА ПІДЛІТКОВОЇ ГІНЕКОЛОГІЇ

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FEATURES OF OVARIAN RESERVE IN PATIENTS WITH INFERTILITY AND OVARIAN ENDOMETRIOSIS

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An important milestone in the study of the pathogenesis of infertility development in endometriosis of ovaries was the study of its correlation with the ovarian reserve, which is defined as the functional potential of the ovary, reflected by the number and quality of the follicles that have a good response to controlled ovulation stimulation by exogenous gonadotropin. Markers of the ovarian reserve are the level of anti-Müllerian hormone (AMH) in the blood, as well as the echographic number of antral follicles (AFC).

Echography was performed on 100 patients (the main group) with infertility and ovarian endometriosis with the number of antral follicles count using a transvaginal sensor in the first phase of the menstrual cycle in each ovary. All measurements were performed in the morning at free urinary bladder. During the scan, we identified the number of antral follicles in diameter from 2 to 10 mm in each ovary.

Having conducted a correlation analysis of the association of AFC with the age of patients we found a reverse dependence, that is, with age, there was a gradual decrease in AFC in the ovaries of the examined patients, which coincided with the literature data on the general tendency of changes of AFC with age in women.

According to the data, patients with primary and secondary infertility at endometriosis of the ovaries AFC was significantly lower ($p < 0,05$) in both the right and the left ovary (respectively, $4,9 \pm 0,007$ and $4,6 \pm 0,006$, $3,4 \pm 0,004$ and $4,1 \pm 0,005$) compared with the control group (6.7 ± 0.28 and 7.0 ± 0.29 , 6.1 ± 0.27 and 6.8 ± 0.28).

The number of antral follicles in infertility patients with ovarian endometriosis is significantly lower in comparison with patients with infertility in the absence of endometriosis, but the level of anti-Müllerian hormone in the blood in patients with infertility and endometriosis of the ovaries did not differ from its level in the blood in patients with infertility without endometriosis. That is, counting the number of antral follicles in patients with infertility in the endometriomas of the ovaries is not a likely indicator of ovarian reserve, which, in our opinion, is associated with the difficulty of counting follicles with altered topography of the ovary of the endometrium.

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REPRODUCTIVE LIFE PLANS AND CERVICAL INSUFFICIENCY

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Reproductive health, as defined by the World Health Organization (WHO), is a state of physical, mental and social well-being that characterizes the ability to conceive, safe pregnancy, childbirth and the birth of healthy children. One of the factors of miscarriage is isthmic-cervical