genotype and A1 allele was associated with puberty menorrhagia without concomitant pathology of the thyroid (OR=1.60 and OR=1.40, p>0.05), with a low probability of their occurrence against the background of diseases (OR=0.63, p>0.05).

In adolescents with menorrhagia without thyroid disease, the A1A1 genotype occurs 11.7% more frequently than those with thyroid disease ($\chi 2$=4.01, p=0.041) and 15.0% more frequent than in the control group ($\chi 2$=4.54, p=0.033). Whereas in girls with menorrhagia and thyroid pathology, the relative frequency of A1A2-genotype is 9.2% ($\chi 2$=3.97, p=0.052) and A2A2 genotype by 2.5% (p>0.05) above these in adolescent groups. Among girls with puberty menorrhagia, menorrhagia is 10.0% more likely to occur carriers of A1A1-genotype, control ($\chi 2$=9.86, p=0.002), while controlling 18.6% more heterozygote carriers A1A2-genotype than in both surveyed groups ($\chi 2$=12.03, p<0.001).

Voloshynovych N.S.

EVALUATION OF SPECIFIC PREGNANCY PROTEINS FOR PREDICTING EARLY REPRODUCTIVE LOSSES IN WOMEN INCLUDED IN THE ASSISTED REPRODUCT PROGRAM

Department of Obstetrics and Gynecology
Bukovinian State Medical University

Among the main causes of reproductive losses in patients with infertility included in the program of assisted reproductive technologies an important place belongs to the local premature detachment of the chorion accompanied by the development of placental dysfunction, involuntary termination of pregnancy and with its preservation - a high frequency of fetal distress, intrauterine growth retardation and perinatal morbidity and mortality.

The aim of the study was to assess the levels of specific pregnancy proteins (free estriol, β - chorionic gonadotropin and PPAR-A) in the serum of patients with induced pregnancy complicated by local non-progressive chorionic detachment and their fluctuations during the first trimester of pregnancy.

We conducted a clinical-laboratory and ultrasound examination of 60 patients with infertility included in the program of assisted reproductive technologies and with clinical signs of non-progressive retrochorial hematoma during gestation from 6 to 16 weeks of pregnancy (main group). The control group was consisted of 30 women without a complicated gestational period. Serum hormonal studies for placental proteins of free estriol, β - chorionic gonadotropin and pregnancy-associated plasma protein-A were performed in the dynamics of pregnancy at 9-12 weeks and 16-18 weeks using the method of enzyme-linked immunosorbent assay.

According to the results obtained in the dynamics of the first half in women with physiological pregnancy, significant deviations should be considered only in relation to the level of free estriol, which increased by 31.2% in the dynamics of the first trimester of pregnancy. In 69.5% of women in the main group at 8-9 weeks of pregnancy, the concentration of PPAR-A pregnancy protein increased 2.1 times against the control data, and the concentration of free estriol and β - chorionic gonadotropin levels remained virtually unchanged.

Evidence of the above changes is the data of ultrasound evaluation of embryonic structures in this category of women. The following echographic signs of pathology of embryonic structures were revealed: amniotic hypoplasia in 12.8% of patients, chorionic hypoplasia in 17%, fragmented chorion in 9.65%, chorionic presentation in 36.82%, uniform echogenicity of extraembryonic cavities - in 2.8%. The presence of unidirectional changes in the concentration of major markers during the physiological course of pregnancy, while multidirectional changes, primarily PPAP-A and β - chorionic gonadotropin, can predict a complicated course of pregnancy.

The most important for predicting a satisfactory course of pregnancy in the first trimester are ultrasound markers of pathology of the embryo and extraembryonic structures in combination with data from the biochemical panel of pregnancy proteins.